Understandings of Inequality

Achieving equitable public services online workshop

June 24th 2020

10:00am-12:30pm

Partnerships for Social Justice

#Inequalities @LSSI @HeronNetwork @yourorganisation

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Workshop Programme

10:00 Welcome Chair: Sarah Salway University of Sheffield
Introduction to the platform Arkadiusz Zadka University of Leeds

10:05 Understandings of Inequality: what does the existing research tell us?
Morgan Campbell and Ghazala Mir, University of Leeds

10:20 Q & A through chat feedback

10:30 Wendy Bottero: "*Why do people so often put up with inequality - and how can it help us to understand why they sometimes don't?"*
Q & A through chat feedback

11:00 BREAK

11:10 Breakout Groups *facilitators from each network to explore: what works to reduce inequalities, challenges, evidence gaps and organisations interested in research collaboration*

12:00 Recommendations, feedback from facilitators **and next steps**

12:30 Finish

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Setting the context

- We know public service systems can replicate and reinforce social inequities through discrimination and exclusion.

- This is clearly evidenced in the responses to and outcomes of the current COVID-19 crisis.

- Whist there are many different ways of understanding social inequities and injustices we don't fully understand how those working in public service systems such as healthcare, education, local government and criminal justice define, understand, and address social inequity.

- The goal of Partnerships for Social Justice is twofold:
  - Describe the existing evidence for how inequity is framed and addressed within public service systems.
  - Use this evidence to develop future research directions along with recommendations for how existing good practices can support improved equity within public services.

What does the existing evidence tell us?

- **How should we define inequality**? What does **inclusion** look like? H**ow can change be measured**?
- To what extent do public service practitioners and policymakers **understand the complex interplay** of social, institutional and individual factors that help maintain inequities?
- What **examples from COVID-19 policy and practice** illustrate current understanding?
- **How can we generate shared understanding** to support equitable practice and **what prevents this**?
- What are the **priorities for future rese**arch in this area?

Scoping review

Two key databases – meta-reviews only

Abstract screening - 460 reviews + 44 COVID19 references

– 34 articles reviewed

Most literature focused on:

- Education/healthcare – less on police/local government
- Gender
- BME and indigenous populations; immigrants and refugees
- LGBTQ people
- Older people/Young people
- Primary/Emergency healthcare

Definitions of inequality

- "**differences in health outcomes that are systematic, avoidable and unjust**...**largely created by social factors** such as governmental decision-making, public policy, culture..." (Kovach et al. 2019: 2).
- **Routine exclusion** from health or **significant barriers** to it (Doctors of the World 2020).
- Social disparities refer to the **unequal distribution of resources** in society that in turn **affects the living and working conditions of certain populations** (Marmot 2010).
- "Health inequalities refer to differences in health that result from **a systematic lack of resources and thus are "socially produced (and therefore modifiable) and unfair"** (Whitehead and Dahlgren 2006: 2)

- Few specific definitions and frameworks.
- **Inequity / inequality/ disparity/difference.**
- Often framed as disadvantage linked to **structural causes.**
- Most articles overlooked any kind of **intersectionality or intersectoral collaboration.**

Multilevel factors - examples

Macro/Societal

- Negative assumptions (eg that indigenous people are impoverished or don't take care of themselves).
- Hostile policy environment.
- Prejudices against immigrants, refugees, asylum seekers.

Meso/Institutional

- Inability to access services eg lack of transport., language
- A "deficit paradigm", blaming students for lack of achievement.
- Health care only recognising biological sex - difficult for transgender people to have proper medical records.
- Non-representation eg.absence of Aboriginal people in nursing workforce
- Gender stereotypes - affect 'belief' in /support for a rape case.

Micro/Individual

- Language barriers.
- Poor existing health.
- Lack of trust in service; acculturation stress.
- Lack of system literacy
- Inability to pay for services (e.g. health).
- Poor health outcomes.
- Living in precarious housing
- Low aspirations.

Understanding of complexity

Where discussed - awareness of the intersectoral experience of inequalities and need for integration across policies and services

- Need for '**Health in all policies**" (Heimburg and Hakkebo (2017) *[doesn't address fundamental drivers of inequality – Lynch 2020]*
- Universal access to health care in the US (Kovach et al 2019) *[doesn't address **longstanding underlying issues of inequity**]*
- **Restructuring of the system** for integrated and cultural care (Lerner and Robles 2017)
- Need to **include racism as a factor in policy discussion** of causes and implications of COVID-19 (Becares and Nazroo 2020)

How are inequalities being addressed? *[challenges]*

- **Redistribute** power and decision making *[implementation challenge]*
- Sensitivity **training** *[questionable effectiveness]*
- **Adapt to needs-** values, ethnic matching, involve families, social support *[time scale]*
- Improving '**health literacy' -** targeted information, translation *[funding/capacity]*
- **Standardized care** – based on clinical need

How to generate shared understanding?

- Not explicit in non-COVID-19 literature reviewed.
- Most review papers emphasize future directions for research (limitation of the review method?)
- Integrating health services with social services an implicit suggestion - unclear if this translates into shared knowledge.

COVID-19

Differences in infection, mortality, health risk and economic impact

MACRO – discrimination, racism; hostile and punitive policy environment

MESO - Institutional and systemic discrimination: ***exposure to risk. data sharing, targeting for punitive policy***

MICRO - Socioeconomic disadvantage, stress, vulnerability to infection and mortality (homelessness, comorbidity; ?Vitamin D); **digital exclusion**; **overcrowded** housing

Racial discrimination as "single underlying cause" of BME inequities: co-occurring processes; across a person's life course, transmitted between generations (Becares and Nazroo 2020)

COVID-19 Recommendations

Macro/Societal

- **Cross government infrastructure**
- **Co-produce/scale-up** prevention interventions.
- **Suspend 'hostile environment'** policies
- Learn from other countries
- **Robust data collection**
- Culture and faith as **assets**
- National **good practice repository** on inclusion.
- National **metrics for accountability**

Meso/Institutional

Inclusion as core business

- Accountability for equality data –
- Representation: debias processes , "positive action" approach
- Organisation culture

Evidence based action plans

- Measurable, time-limited

Outreach to at risk groups

- Accessible guidance, improve trust
- Risk assessments
- Sustainable housing
- Inclusion of children in education
- Welfare checks, destitution prevention

Micro/ Individual

Health literacy

Vitamin D supplement ?

Priorities for future research

Capturing the experiences and perceptions of excluded groups:

- Participatory research to develop solutions
- Barriers to access and socioeconomic determinants of health
- Beyond access to experience of services
- Underresearched populations –homeless, prison populations, vulnerable migrants

Capturing the experiences/perception of more public services roles:

- Research currently on select stakeholders (e.g. doctors, school principals, policy makers).
- Inclusion of public service workers at all levels for greater understanding of how inequalities are perpetuated

How to create inclusive services

How can we measure change?

Improvements in /extent of

- Shared decision making and patient-centered care.
- Diversity among clinicians
- Community partnerships
- Trust in the system
- Increased use of the service
- Integrated health care
- Care pathways
- COVID-19: infection and mortality rates, severity and economic impact;
- Quantitative school metrics eg remaining in school, college participation

More issues for discussion…..

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1. Linear progress towards inclusion?

2. Importance of history and political dimensions of inequity

3. Competition v alliances between excluded populations

References

Berg et al. 2009
Cameron et al. 2012
Fenton et al 2020
Francis and Adams 2010
Garg et al. 2020
Leidel et al. 2015
Lerner, and Robles 2017
Lindsay et al. 2019
Karkouti 2016
O'Brien 2019
Parratt, and Afroditi 2017
Kirk et al 2017
Kline 2020
Rozendo, Salas and Cameron 2017
Kovach et al 2019
Lomazzi, Jenkins, and Borisch 2016
Nelson et al 2009
Von Heimburg and Hakkebo 2017
Cash-Gibson and Benach 2017
Estrada 2015
Maleku and Aguirre 2014
Zestcott, Blair, and Stone 2016
Brady and Johnson 2014
Iton and Shrimali 2016
Macleod and Nhamo-Murire 2016
Saletti-Cuesta, Aizenberg and Ricci-Cabello 2018
Sass et al. 2009
Sentell, Vamos, and Orkan 2020
Smith et al. 2011
Stevens 2015
Pelleboer-Gunnink et al. 2017
Reynolds and Bacon 2018
Riehl 2008

Thank you

Questions and responses

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Why do people so often put up with inequality?

And how can it help us to understand why they sometimes don't?

Wendy Bottero (University of Manchester)

Why do people put up with inequality?

- ‘apparently general acceptance by the majority of the population of considerable levels of social and economic inequality’ (Pahl et al., 2007:1).
- ‘I have always been astonished […] that the established order…ultimately perpetuates itself so easily, apart from a few historical accidents, and that the most intolerable conditions of existence can so often be perceived as acceptable and even natural’ (Bourdieu, 2001: 1–2).
- ‘the relationship between inequality and grievance only intermittently corresponds with ... the extent and degree of actual inequality ' (Runciman, 1966: 286).
- grievance ‘far more widespread than instances of protest’ (Edwards, 2014: 16)
- ‘why do some aggrieved people become mobilized, while others do not?’ (Van Stekelenburg and Klandermans, 2013: 888–9).

Social analysis often frames the problem as one of ‘acquiescence - what forges it?

3 solutions

- Coercion/force
- Symbolic legitimation/symbolic domination
- Powerlessness and practical constraint

all explain why people put up with inequality but then struggle to explain when and why they don’t

- Collective steering of practices

From coercion to symbolic legitimation

- ‘Why… does a subordinate class seem to accept or at least to consent to an economic system that is manifestly against its interests when it is not obliged to by the direct application of coercion or the fear of its application?’ (Scott, 1990: 71)

- Legitimation of inequalities when seen as (i) result of natural differences between people (talent, ability or effort), OR (ii) the result of external, objective forces beyond our control (market forces, technological change etc)
- Inequalities become ‘self-evident’ facts of life, problems too big to change
- If inequality is inevitable or unchangeable – becomes taken-for-granted
- ‘a more effective…means of oppression’ than coercion, as the ‘taking-for-granted’ of inequality means ‘that which goes without saying’ also ‘therefore goes unquestioned’ (Bourdieu, 1992: 115; 1990a: 68).

Criticisms

- Underestimates levels of dissent and conflict that occur, & makes dissent hard to explain, how do ideologically dominated groups ever manage to rebel?
- Understates role of domination/coercion/constraint
- domination ‘can operate on many occasions more through compliance or brute force than through tacit consent’, as power relations ‘can be clearly understood and still not contested where individuals do not see viable alternatives without tremendous risks’ (Swartz, 1997: 220–1).
- people can be ‘critical, even…sceptical, of … values and beliefs, and nevertheless continue to conform to them’ (Eagleton, 1992: 113–4).
- Boltanski (2011) argues such approaches (i) overstate people’s blindness to power relations, (ii) underestimate their critical capacities (iii) overstate the extent to which power is reproduced by people incorporating dominant norms

From symbolic legitimation to powerlessness & practical constraint

- economic clout and coercion remain powerful organising forces in liberal-democratic societies
- ‘individuals and groups often see clearly the arbitrary character of power relations but lack the requisite resources to change them’ (Swartz, 1997: 289).
- Analysts mistake *appearance* of compliance for consent – widespread levels of discontent and ‘everyday resistance’ but concealed because of 'the vital role of power relations in constraining forms of resistance open to subordinate groups’ (Scott, 1989: 54).

= Risks and costs to dissent or protest (affect disadvantaged most)

- constraints on dissent not just a question of coercion, but also of the routines, obligations and commitments of ordinary life which keep people in unequal arrangements

- Coercion or anticipated coercion
- Powerlessness, lack of collective capacity, resources and poor institutional leverage
- Everyday obligations and commitments

Powerlessness and practical constraint

- lack of collective capacity, resources and poor institutional leverage limit struggles of the disadvantaged
- ‘quiescence’ also ‘enforced by institutional life’, by the daily routines, obligations and social sanctions which constrain people (Piven and Cloward, 1979: 14).
- stigmatised populations severely constrained, with no ‘escape’ from their situation and few viable political resources for struggles for recognition (Tyler, 2013)
- Often, the only effective exercise of dissent comes from ‘collective refusal’ and disruption
- But risks of non-compliance = ‘profound’, not just from repressive responses, but also because it disrupts ‘the very activities that members themselves need to sustain their accustomed lives’ (Flacks 2004: 141–2).
- social dislocation can enable popular insurgency - because when ‘the structures of daily life weaken, the regulatory capacities of these structures, too, are weakened’ (Flacks, 1976: 11)

Implications

- relations of inequality can be reproduced without widespread consent or legitimation
- routine ‘resistance’ and everyday non-compliance suggests compliance and conformity are provisional, contingent and constrained
- conformity is often pragmatic and tells us very little about people’s level of recognition of, or indeed support for, relations of inequality

- ‘individuals and groups often see clearly the arbitrary character of power relations but lack the requisite resources to change them’ (Swartz, 1997:289).
- ‘Too often, individual reflexivity and impetus to change are conflated. Most people much of the time do not have control over the circumstances in which they find themselves, nor do they consider as sensible alternative courses of action.’ (Warde, 2014: 295).
- ‘If our failure to assail and demolish the existing power structure indicates a general approval for its existence, then presumably we also approve the Bass Rock, or Ben Nevis, which likewise we have failed to assail and demolish. And indeed there is a useful analogy lying latent here. If we could understand the sense in which we tolerate the mountain, acquiesce in its existence, drive round it instead of hacking through it, we might have a template for understanding something of our toleration of a distribution of power’ (Barnes, 1988:125).

Collective steering of practices

- '…the degree of personal control and initiative available to the individual is overestimated' (Warde, 2016: 101)
- 'the repetition of performances, in a similar fashion, by a great many different actors, establishes a way of doing things which is constraining upon others who seek to participate in the activity' (ibid: 150).
- The stability of social arrangements arises from 'the pressures people exert upon each other', from 'people themselves, holding each other into some degree of conformity in practice' (Barnes, 1988: 42, 43).
- Because we must 'recognise' social arrangements as 'what they are' in order to organise our activities, we adjust our actions accordingly and, regardless of our opinion about them, in so adjusting we often help to reproduce them.
- dominant practices and values take effect through how they form the 'known' environment which people must negotiate and to which they adjust their practices

The weight of collective compliance

- People ‘go along’ with social arrangements for a great variety of reasons, and we cannot assume that this indicates support for them
- People often engage in shared practices grudgingly, cynically, perfunctorily, as a matter of rote or a necessary evil.
- pressures of collective steering of practices (weight of other ordinary people’s compliance)
- self-interested activities of the powerful or the privileged often less important in sustaining unequal social arrangements than the conformity of everyone else
- But if the stability of social arrangements arises from the collective steering of practices and the pressures ordinary people exert on each other, this is also the means by which it can be undone.

Social practices as constraining and enabling collective accomplishments

- Participants may evaluate a system negatively, 'and yet…still see their own individual conforming actions within the system as the best possible' (Barnes, 1988: 41).
- 'Every individual has an incentive to a high level of conformity so long as all other individuals manifest a high level of conformity' (ibid: 37).
- In situations 'where subordinates are divided' each group 'will find it difficult to do anything but comply so long as it calculates the consequences of its own actions in isolation' (ibid: 99),
- however such arrangements are always vulnerable to 'concerted deviance or concerted innovation' (ibid: 42).
- From this perspective, 'the consciousness of subordinates does not need to be "raised"…so much as co-ordinated' (Rafanell & Gorringe, 2010: 620)
- 'Why is it that in so many cases the potential for concerted disruption never becomes actual? It is because to act in concert requires communication, shared routines, organisation, direction, control, and such things are often both technically difficult and risky to establish' (Barnes 1988: 43).

Require solutions to the problem of acquiescence which also explain when and how people can – and do - dissent

- Coercion/force
- Symbolic legitimation/symbolic domination
- Powerlessness and practical constraint
- Collective steering of practices

Questions

Break/Breakout groups

- **Challenges and good practice** - what works and what prevents implementation of good practice?

- **Priorities for service development –** short, medium and longer term goals for service development in this area; gaps in evidence and potential research questions

- **Designing development research –** what kinds of research design would support service development while modelling equitable practice? What insights and expertise do we need to draw on? Examples of design eg implementation research; research into practice models

- **Research collaboration –** which organisations would be interested in acting as sites for research in areas identified

Recommendations and feedback

Next steps