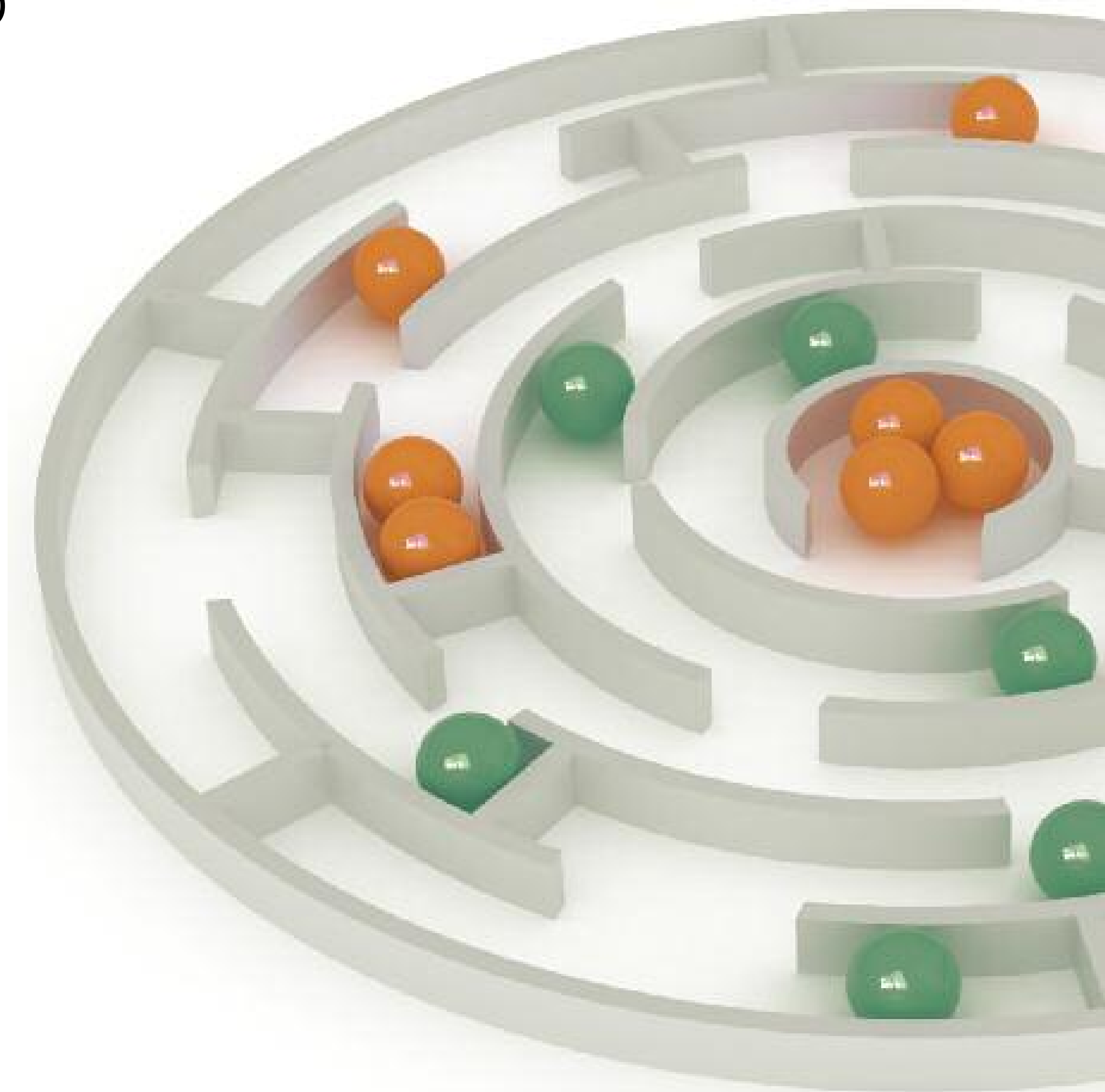
information needs when making complex decisions

summary for the ID



HM Government

department for children, schools and families

DH Department of Health

I&DeA improvement and development agency

We are grateful for the contribution of the Central Office of Information in supporting this research project.

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introduction to the summary report

The IDeA welcomes this report which is the result of a collaborative research programme between central and local government under the auspices of the Cabinet Office supported Customer Insight Forum.

This research demonstrates a collective approach to trying to better understand the multiple factors that a citizen will take into account when making a complex decision on life changing events such as selecting a school or choosing the right health care package.

This research also recognises the role of the different public sector agencies have in helping the citizen make these decisions and that sometimes these agencies consciously work to try to join up information and support and that in other cases, it is left for the citizen to find this support for themselves.

From a local government perspective, we are aware that as the known local public face of government, the citizen will often approach their local council or third sector intermediaries including the local CAB, to get help to navigate the system. Therefore we now need to think collectively more from the perspective of these customers who are in a particularly vulnerable state making a key life decision, so we can better join up the information and help they need whomever they contact.

Local government as the strategic leader for the local community it serves is working closely with local public sector partners through existing Local Strategic Partnerships and Local Area Agreement to bring together the local partners so that they can work more effectively together for their shared customers.

This report is edited from the full report on the Complex Decision Making project. Its purpose is to pull out the findings which have relevance to local authorities and the lessons for the future which this research offers.

The full report is available at www.idea.gov.uk. Where sections have been deleted, this is indicated in the text of the detailed findings.

why is this research so useful now?

Transforming public services is now a major driver in the work of both central and local government and their partners and is essential if we are going to deliver services which are as Sir David Varney described, 'a better service for citizens and businesses, a better deal for the taxpayer'.

Where partners work collaboratively together to join up related services and redesign access so that these services are more responsive to users' needs, then we will contribute to making our localities better places to live and work. The key is to provide services that are organised in ways that make sense to their users and which help users and staff to navigate their way to a successful outcome more efficiently and effectively.

The IDeA was keen to have this opportunity to work with our partners in government – the Cabinet Office, the Central Office of Information, the Department for Children, Schools and Families and the Department of Health – to help public sector partners understand better the ways in which people prefer to receive complex information from central and local government. These organisations currently each separately provide information to help the citizen make an informed decision however; we wanted to identify where we might work more effectively together to better join up and therefore better assist the citizen.

It's now widely understood that accessible and responsive services are founded on a strong understanding of the needs, preferences and aspirations of communities. This means delivering appropriate information at the first point of contact, wherever possible, irrespective of organisational boundaries. It means involving people in designing services which build on their experiences, offering timely information which is layered and signposted and easily digestible – these are some of the lessons of this research for local authorities and their partners, which we hope local authorities will use to support their own learning and improvement.

what is the background to these findings?

The Local Government White Paper[1], the 2007 Budget Report, and recent reviews such as those conducted by Sir Michael Lyons[2] and Sir David Varney[3], have all highlighted the need to:

- improve citizens' experience of public services
- make our organisations more efficient in the way they operate.

As part of local government's ongoing commitment to commissioning and delivering services that meet the needs of local citizens and businesses, the Local Government Delivery Council (LGDC) has been established by local and central government to help jointly shape and drive the transformation of local public services. It is

working with key stakeholders to jointly develop and promote the vision and work programme for transformational government for local government and local public sector partners.

Local government's capacity to fulfil this vision will be reflected in the new central-local performance regime, which focuses the requirements for performance monitoring and reporting into 198 key indicators, including a measure of avoidable contact. This focus on 'avoidable contact', that is a better understanding of the reasons why the citizen has to keep making contact with the public sector in order to access the information and services they need, will help us understand how we might redesign and co-ordinate how we currently deliver services to make this more customer centric.

The Comprehensive Area Assessment is likely to have a strong customer and partnership focus and should drive joining up. Therefore, it will be essential for local government to work in partnership with central government, the Third Sector and other local partners to join up related services so we make it easier for the citizen to get what they need at the first point of contact.

Our success in providing responsive services is dependent on the ability of local partners to secure transformation on behalf of citizens and businesses. Local government has established Local Strategic Partnerships (LSPs) and Local Area Agreements (LAAs) which will enable these partners to work together. We believe that the role of local authorities and their partners in enabling local people to navigate their way through increasingly complex sets of information and decisions will make a substantial contribution towards delivering that transformation.

We welcome this report as it helps highlight the role local authorities currently play in supporting citizens find information to make key decisions about health care and education. This is day-to-day reality both for councils and for our customers who often go to their local council for assistance to help them navigate the system. By understanding this better we will be in a better position to engage with our local partners to jointly look at how we might redesign the information and access to services, to better meet our shared customers' needs.

1 *Strong and Prosperous Communities, the Local Government White Paper*, CLG, October 2006

2 *Place Shaping – a shared ambition for the future of local government*, HM Treasury and CLG, March 2007

3 *Service transformation, a better service for citizens and businesses*, HM Treasury, December 2006

this project arose out of a desire to increase customer focus, put the customer at the heart of government's work and to fulfil the aim of 'joined up' access to and delivery of services. It sought to gain a better understanding of the ways in which people prefer to receive complex information from government and local authorities in relation to complex decisions

The key objective of the project was:

To produce a tool that enables policy makers, strategists and communicators to be able to map the information (channel and content) requirements of the target audience at each stage of the journey, so that they are able to answer the question: "What information does this type of person need at this point in the decision process, delivered through which channel?"

methodology and sample

'scoping' phase

- four group discussions with customers
  - two with education customers – parents and young people
  - two with health customers

main phase

- depth interviews with 44 customers
  - mix of follow-through, follow-up and one-off interviews
  - 18 with education customers: school choice, option choice
  - 14 with health customers: GP, consultant or medical professional contact; long term or routine health conditions, or pregnancy
  - 12 with customers of both education and health
  - range of gender, s.e.s.; including 10 'hard to reach'
- depth interviews with 24 intermediaries
  - seven education
  - eight health
  - nine education and health.
- fieldwork took place across a variety of locations in England between April and August 2007

1. This research indicates that there are many factors which go towards making a decision (or decision making process) complex, and that individuals making the same decisions in apparently similar circumstances might show very different patterns in terms of their processes, propensity to seek information and so on. We believe that a key feature of complexity is that it arouses anxiety in the decision maker, and that the mode of individuals' response to anxiety is helpful in understanding how they deal with complex decisions.
2. We propose a typology of responses to modes of anxiety, segmenting these according to whether the response is active or passive, and whether it is positive or negative. Importantly, this is not a fixed personality typology, and people should not be pigeonholed, because they can shift between response modes at different stages of the decision, in relation to different aspects of the decision and in relation to different decisions. Nor is it a complete explanation of individuals' differing decision making processes, which can be affected by many factors such as their basic personality type, their literacy/education levels, the nature of the decision, their previous experience of decision making and the level and quality of support available.
3. But we do believe that this typology goes some way towards meeting the objective of this research to 'produce a tool to assist policy makers, strategists and communicators'. It is a tool to help understand how people can react in different situations, based on anxiety and the way they control it. For example, we hope that the typology will be helpful when communications materials are being created or revised, and that it will deepen understanding of the important role of professionals in 'mediating' information to customers.
4. However, we do need to sound a note of caution as regards the practical application of this 'tool'. The way that the project objectives are framed suggest almost a mechanistic approach to the identification of information requirements – 'This type of person at this stage in the process needs this type of information'. We believe that this approach is not feasible at this level of detail, for a number of reasons. Perhaps the most important of these are the diversity of the customer audience and their needs, the challenge of making the correct assessment of the customer's current response mode in every situation, and the challenge of having information (especially written information) available at the appropriate time in alternative formats to meet each mode – and identical in approach across the different organisations involved. In an ideal world, this might be a laudable aim; in the world as it is, we feel that a more flexible and realistic approach is required.
5. We believe that a way forward is: to ensure that service providers are signed up to the need to offer information at major 'junction points' of the customer's journey in which they are involved; to make available to them (and to customers doing their own searches) information which is 'layered' – key facts which everyone should know, with check lists and calendars signposting to the availability of information and sources; to 'talk the customer through', literally or metaphorically, that information, highlighting its key elements.
6. We realise that such a process may not be possible in every instance, but we feel that it is something that could be aimed at in situations where professionals and customers meet face-to-face.

7 We would also make the point that the kind of 'layering' which seems to work well for a range of customer types is ideally offered via the internet: home page → key facts/FAQs → detail → more detail → links to other sources. However, this approach can also be applied to written material – with key facts at the front of the document and further detail following (or signposted). In other words, what we are saying is not that there should be different 'editions' of information for each response type, but that each information unit should be formulated against the objective of maximising its appeal and effectiveness for all response types, bearing in mind that in moments of anxiety, stress or distress, for example even those who usually operate in active/positive mode may have 'jumped' into a negative mode.

8 Another area where we feel that the typology may have a practical application is in the training of those who interact with customers on a day-to-day basis and share the decision making process with them. As mentioned above, we would not want to place an impossible burden on professionals and intermediaries to make the right 'response call' every time. But we do believe that, if they can understand that what may seem like a very unhelpful response (panicky hyperactivity or glum withdrawal) is triggered by the customer's underlying and often unarticulated anxiety, and if they can take on board the particular roles/styles that will help address that anxiety in a mode-appropriate way, then the customer might be able to move into a more positive mode, with a correspondingly more positive decision making process and outcome.

9 This leads on to a further conclusion which, while not strictly within the remit of this research, does have a direct bearing on the way information requirements are identified and met within a decision making situation. This is that many customers are not fully signed up to the 'choice agenda', and the implications of this:

In education, customers seem relatively ready to make decisions – but they are (increasingly?) aware that choice in education (especially of school) is a qualified choice, constrained by availability of places and mediated by the local authority. The implication of this is that management of customers' expectations via greater transparency about the system – for example, as in some authorities talking about 'preference' rather than 'choice' – may be appreciated by customers and lead to a more positive engagement with the process.

In health, the situation is rather different in that many customers do not recognise that they are being invited to participate directly in the decision making process. In addition, many are currently anxious about their capacity to participate more deeply than they do at present. Thus there may be a need for management of customers' processes via a 'middle way': giving the customer as much opportunity as they wish to participate in the decision making, while making it clear that the medical professional has not abdicated responsibility in the process.

10 To return to the core objectives around decision making and information needs, on the basis of this research we have concluded that the issue is not shortage of information per se, but people's awareness of, access to and engagement with information. To move forward with this, we feel that it might be helpful to (more) actively promote a set of principles for those engaged in providing information and support for customers going through these complex decision making processes. Our initial suggestions are opposite, and we would immediately acknowledge that there may be felt to be nothing particularly new here, and indeed that some of our partners in this project may already have such principles in place. But we have seen sufficient evidence of both the helpfulness of such principles and of their absence in some of the scenarios we explored, to convince us that a renewed commitment to their implementation at grass roots levels may be helpful.

11 Within this, local authorities have an important role in deciding what information needs to be made available to people making complex decisions, how this information is delivered, and by whom – as well as in signposting people towards non-local authority sources of information. Given the diversity of the local authorities' responsibilities, it is clear that front-line contact staff need exemplary resources, training and support if they are to provide exemplary service to their customers. The research also highlights the value of local authorities preparing for the obvious 'points of pressure', for example when parents are prompted to start the school application process.

sugggested principles

- Throughout the process (without infantilising or patronising customers) do not overestimate their knowledge and decision making capacity, or underestimate the importance of the decision to them.
- Information should be provided in a timely way – at the appropriate time (ideally at or in preparation for every major 'junction' of the journey), and covering an appropriate timescale.
- There should also be effective channels for customers to request and obtain information at stages in the process when they require it i.e. when they choose to need it rather than necessarily when 'the system' thinks they need it.
- At the outset of the journey, customers should be offered a timeline/calendar/picture of the process, and a check list of tasks and events in which they are to be involved – where the key decisions are going to be, what the procedures are – and ideally they should be 'talked through' with professionals if available and if requested.
- Information should be easily digestible: even very literate people welcome simplicity and clarity (especially in a context where there is anxiety and maybe distress).
- Information should be layered and prioritised, with avoidance of duplication.
- Information should always include authoritative signposts to more information/sources.
- Content, tone and overall 'feel' is important: the key is to keep it positive and avoid unnecessary raising of anxiety levels.
- Involve people who have been through the experience in the writing and dissemination of information.
- Our view is that the internet is almost certainly the way forward: not only because of widening access but because of how it functions as a central search and layering tool.
- So continued efforts to widen internet access should be supported, but in the short/medium term other channels e.g. written will be required – with internet printouts an option here.

overall/background

1

1.1 what is a complex decision?

The focus of this project is, as its title indicates, **complex decision making**. As we talked in depth with education and health customers about their decisions, we developed our understanding of a number of specific factors which may make a decision complex:

- the decision relates to an area of the person's life that is important to them e.g. their children's future, their own health
- the decision has a lot of 'content', several different aspects to be taken into consideration e.g. primary school choice for first choice driven by special health needs of second child
- the process is complicated administratively e.g. there are a lot of forms to fill in, documents to provide
- there are a lot of hoops to jump through, complicated criteria etc.
- there are no obvious right or wrong answers, information may conflict, people may give different advice
- the decision involves a lot of people e.g. different family members to be taken into account in the decision
- there are a lot of options to be considered
- the decision involves a lot of interrelated 'layers' or sub-decisions
- the information needed to make the decision is complicated or technical
- there is limited time available in which to make the decision – the deadline seems too close
- there is a mismatch between people's expectations of the decision process and their actual experience.

Certainly there was consensus among our respondents that many decisions in relation to education and health can in themselves be complex, and this is against a background of ever shifting organisational and technical changes. For example, in the school choice context, criteria such as catchment area 'rules' change frequently: so parents may be thrown into confusion when it is discovered that the school they always assumed their child would attend is now not an option. Even professionals may find it hard to keep up with these changes, therefore it is not surprising if 'ordinary' members of the public can find it difficult to make informed/empowered decisions in a complex world.

Despite the 'consensus in principle' around complexity, it also became clear that there was not a consistent, universal definition or identification of what constitutes a complex decision i.e. not all of the respondents we interviewed considered that the decision about which we were interviewing them was in fact complex. In some instances, this was because they did not recognise either that a decision had been made or that they had been (significantly) involved in the decision. In other cases, circumstances meant that the decision did not in practice involve much of a choice: that choice was more apparent than real.

Conversely, what were initially perceived as relatively 'simple' decisions could become complex when outcomes do not go smoothly or follow expected paths. Perceptions can change in many ways across the course of the decision making process.

Previous experience of making a decision was also an important factor in its qualification as complex or not. Also, the degree of sharing of the decision and the availability of support through the process, and the accessibility of information, advice and guidance could also significantly affect the perception of complexity.

not all of the respondents we interviewed considered that the decision about which we were interviewing them was in fact complex

However, within this varied pattern of perceptions, we did identify a key element which we believe underlines and indeed helps to define complex decisions: that they have the potential power to **generate anxiety in the decision maker**.

This led us to an explanation of phenomena which we had noted during our interviews but had not fully understood at that time:

- that an identical decision in near-identical circumstances can be defined and perceived by one individual as complex and by another as relatively simple and straightforward
- that the definition of complexity, and the individual's response to it, may shift at different stages of the decision making journey
- that (where discussed) there was not complete agreement about which other decisions in life were 'complex'.

This explanation lies in the insights from psychology about the ways that individuals respond to anxiety: that **anxiety is dealt with by defence mechanisms**, and that **individuals vary in the defence mechanisms they employ**. This in turn led us to develop a customer typology which is based on the responses to anxiety which we observed, and which provides one key explanation for the differences in the ways people deal with the decision making processes in which they are involved.

At the outset, we would emphasise that this typology is not intended as the 'total answer' to complex decision making. It is one way – and we hope a useful one – of understanding the diversity of the audience and thinking about how its needs can be met. But it must be borne in mind that there are many influences on how people approach and achieve complex decision making, and potentially many ways of looking at this process.

1.2 a customer typology

We propose a **four-way typology** based on individual responses to anxiety, as demonstrated in this research by their behaviour around obtaining information and making decisions. This incorporates an active/passive spectrum, and describes the ways in which people maintain, assert or relinquish **control** of situations in relation to decision making and sourcing information.

At one end of spectrum, we found respondents who 'craved' information as a way of helping to 'control' their fear of the unknown or to influence the situation/outcome. At the other end of the spectrum, we found respondents (or heard about individuals from intermediaries) who showed limited or even non-existent seeking out of information as they are in a state of 'denial' about their situation.

The four types or, more accurately, modes of response to anxiety are:

- active/negative
- active/positive
- passive/positive
- passive/negative.

The characteristics of these four types are illustrated in more detail in the table on the following page, and examples of each of these 'response types' in our sample are detailed in the full report.

In drawing up this typology, we have tried to avoid the judgmental implication that the negative types are 'bad' and the positive types 'good' – they are intended to be descriptive of response modes from an observer viewpoint.

active		passive	
negative	positive	positive	negative
at worst, panic-stricken frantic searching for information, advice, answers never satisfied – always looking for something new / better / more in contact with lots of people, information sources, channels etc. spreading infectious anxiety around never feel ready to make a decision	balanced, sensible approach proactive information seeking and selection – and able / willing to discriminate between information sources well-managed information gathering confident in ability to make judgements and come to a satisfactory decision	able to find one person / organisation in which they can put their trust / confidence also able to receive the information that source gives them likely to believe that the source knows more than they do make the decision themselves but are heavily influenced by 'the other'	metaphorically or actually close eyes / ears emotionally / mentally isolated won't let people or information in feelings suppressed or denied importance / complexity of decision denied ignore need to make a decision

However, we do believe that the two 'positive' modes (active and to a lesser extent passive) are likely to be the more functional in terms of enabling people to make 'good quality' decisions, that is, where they feel informed, engaged, empowered and satisfied with the outcome.

Conversely, an individual in passive/negative mode who abdicates responsibility for a decision may come to regret this and to blame others if the outcome is not to their satisfaction.

An individual in active/negative response mode may keep changing their mind and may be unable to make a decision at all, or in their panic may fail to take in some vital piece of information which could have made a difference to their decision or avoided a conflict with professional advice.

However, much may depend on how effectively their 'journey' progresses and how well their anxiety is managed by the professionals involved.

A further corollary of this typology is that information-seeking is not always a sign of 'good quality' decision making – although empowered decision making does typically involve acquisition and use of information to a greater or less extent.

It is also important to emphasise again that this is not an over-arching **personality** typology. We believe that individuals are likely to have a habitual or 'default' mode of response to anxiety (modus operandi) based on their underlying personality type. But, within their day-to-day life, people can jump (or be pushed) from one response mode to another, depending on circumstances. For example:

- someone who is usually active/positive may trip into negative response mode if something unexpected happens on their decision making journey and raises their anxiety level to a point which overtops their usual defence/coping mechanisms
- a time imperative can raise anxiety and take someone into a more negative mode
- someone who is usually passive/negative may become passive/ positive if they meet an intermediary (formal or informal) who has the skill, inclination and time to support them through a decision making process by reducing their anxiety level to a point where they are enabled to think.

Previous research has highlighted that some people's own 'negative' experience of education and/or health services can fashion the way they or their children react to service provision in the future, and that this 'negativity' can be related to social class. However, we feel the typology we are proposing is not necessarily dependent on social class, in that it starts from a different premise – one of anxiety – to which anyone, regardless of social class and previous experience, can be vulnerable.

Also, we need to make clear that we are here discussing our respondents' modes in relation to the education and/or health decision(s) we were researching. Intriguingly, there was evidence that respondents could, in parallel, be operating in other modes in relation to other scenarios or even in relation to other elements of the same scenario.

We believe that this typology applies to decision making in both the health and education sectors – and, we hypothesise, to decisions in other sectors too. However, the four response types were perhaps more obvious or extreme in the health sector because of the literally life-or-death nature of some of the decisions here. In education, some parents' decisions were so straightforward that they did not go into what they would see as 'complex decision' making mode. It was only when they did not want their child to go to the 'obvious' school, or when the process went wrong in some way, that the decision became more complex and anxiety-provoking.

Importantly, we believe that this typology relates directly to two key issues of this project: information, and how it is delivered. Each of these types or modes will have different needs and requirements in terms of, for instance, the amount of information they require, how and when that information is delivered, and at different stages of the process.

Leading on from this, we were tempted by the possibility of mapping the four mode-types against the different stages of a particular decision making journey, and identifying the relevant information requirements (content, format, channel) for each 'cell'. However, this task would need the input of education and health professionals to identify, for example, the minimum information that a customer should be given at each stage, perhaps because of legal requirements, irrespective of the customer's own preferences.

Furthermore, this mapping exercise carries the possible implication that each unit of information would need to be produced in four formats to meet the needs of each of the response types: this is clearly unrealistic, both in terms of the amount of information that would need to be produced, and the challenge for whoever was providing the information to identify the customer's response type accurately and possibly within a limited timescale e.g. a GP consultation.

From a service provider's point of view, we do not believe it is possible to 'anticipate' an individual customer's response mode, unless there is an ongoing relationship/more regular face-to-face contact involved. However, this typology might be useful in informing the practice of intermediaries when dealing with clients throughout their 'journeys' and help staff to understand the rationale of the behaviour they may be presented with and how best to maximise the interaction under different circumstances.

We believe a more realistic way forward is as follows:

- information should be produced and routinely made available to the customer which consists of, or at least clearly highlights, the 'key facts' the customer needs to know at that stage of the process – defined by the professionals involved in that process i.e. not entirely customer-led (since the customer does not always know what s/he needs to know). This does not, of course, preclude the involvement of customers in helping professionals define what the customer needs to be told at each stage (in line with established policy). For example, in the health field, the involvement of 'expert patients' can be very valuable, with equivalent initiatives applicable across the board.

- the existence of further information should be clearly flagged up and the customer signposted to potential sources of further information – other leaflets, websites, contact numbers, helpline numbers etc. – enabling the customer to then take responsibility for what and how much information they wish to acquire to aid their decision making process.
- when the customer/professional encounter is face-to-face, the professional should talk the customer through the basic information, ensuring that s/he is aware of the 'Key Facts' and of the existence of further sources: this 'talking through' is especially relevant for 'hard to reach' customers. N.B. Many of our respondents felt that good quality face-to-face contact was both desirable on many occasions and sadly, often not as available as they might wish.

We believe that this approach will maximise the chances that customers will be provided with information that respects the response mode that they are in at the time but also provide the opportunity, where relevant, to encourage them to move from a Negative to a Positive mode.

1.3 other themes/issues

what is the nature of the journey?

Having considered a number of metaphors for the journeys we have been exploring – the game of snakes and ladders, escalators/travelators, streams/rivers with varying currents – we decided that the train track analogy was probably the most apposite, albeit a very complicated track, especially in health.

The picture is further complicated by the fact that there are several 'layers' of track:

- the 'official' pathway as laid out by the organisation(s) in charge of the journey, which is probably quite linear in plan
- the track which people expect and hope for. Again, probably linear, and possibly in principle quite similar to the official pathway
- the track which people actually experience in their journeys which may follow the official/expected path when things go well but which may also include setbacks and breakdowns:
  - unexpected events which override your choices and leave you feeling out of control (like leaves on the line)
  - unexpected diversions down branch lines, to dead ends or around loops which take you through the same stage of the process again (to mix the metaphors, these can sometimes feel like whirlpools)
  - absence of information to help you respond to the situation (the silent train driver).

what is the role of other people?

As suggested earlier, people's individual networks can play an important role in how decisions are made. **Informal networks** such as friends, family and neighbours can be invaluable, providing not just information but advice, guidance (and possibly prejudice). They are often trusted over and above some more official sources, and they can definitely influence major decisions and alter outcome of process. Many of the decisions we were exploring in this research seemed to be made on the strength of locally sourced/informal knowledge and based on locally held reputations e.g. choice of primary school or hospital – often gleaned from informal sources.

Formal intermediaries can also be invaluable, but these are often people with whom one already has a personal (and trusting) relationship such as a health visitor, GP practice nurse or teacher. Formal intermediaries themselves have an ambivalent role in relation to the provision of advice and guidance. Indeed, some feel that they can only give people information and/or talk them through the 'official line', rather than providing the direct advice which some of their customers seek.

Another aspect of the intermediary/customer relationship which is worthy of note is the mismatch sometimes reported between each party's perceptions of the situation. In particular, customers sometimes felt that, while the decision making situation was very new and very important to them, the intermediary tended to treat it as a routine matter, because of their familiarity with the situation. The challenge for intermediaries is that, while they may encounter this situation several times a day, they should not underestimate the importance and the 'novelty' of the situation to the individual customer in front of them.

the importance of time

The objectives of the research include references to 'points in the pathway', changes over time and so on, and in doing so acknowledges the importance of time, timescales and timelines in a decision making journey. However, it is clear from this research that these are not straightforward issues.

It was evident from our customer interviews and reports from professionals and intermediaries that, within the same scenario and at the same stage of that journey, customers vary in the detail and depth of their information needs. Within this, there are many influencing factors including the kind of person they are, the quality of support they have, their cognitive and literacy skills – and the 'response mode' they are in at the time.

Therefore we believe that it is impossible to set up general rules that say 'At this point, people need x' – because, to put it simplistically, 'It all depends ...'.

However, it is also clear that the timing of information provision is an important factor in whether or not it is utilised effectively. Information given too early may be forgotten, while information given too late can be worse than useless. And information which covers too wide a timescale (without guidance on staging) can be overwhelming and unusable.

We believe the learning from this research is that:

- information should be offered at all points where there is a change or junction points in the process e.g. when a school allocation is received, when a diagnosis is made
- information should be divided into time-related digestible chunks: what the customer needs to know now and in the period leading up to the next junction e.g. parents making school choices need to know that there is an appeals procedure, but do not need detailed information about this until they receive their allocation and know whether or not they wish to appeal.

It is also worth reiterating the relevance of time (actual or perceptual) in the definition of what is or is not a complex decision, and the important role of intermediaries in both ensuring that the customer is aware of time constraints and helping them manage the process (or stage of the process) so that it is completed within the time available.

In relation to 'deadlines' set by organisations for compliance with 'filling in forms' etc, it was felt that sufficient time was usually given in the early stages. However, when the process does not deliver what one is expecting, e.g. school choice, then the time allocated to 'rectify' the situation can feel very short, pressurised and insufficient for the task.

customer focus and choice

The move towards improved 'customer focus' reflected in new initiatives in both health and education had been picked up on by many respondents. It is important to note at the outset that, in general, such initiatives were appreciated, even if they were not fully delivering as yet. However, this did not necessarily mean that customers had (fully) signed up as yet for the 'choice and responsibility' agenda.

Although issues around the choice agenda itself fall outside our remit, they did impinge on the extent to which our respondents were on the alert for decision making opportunities and/or took them up when offered. In many instances *either* people are not aware that they have choices (especially in health e.g. there was little evident awareness of Choose and Book) *or* people do not always want to be offered choices, with 'good and local services' being preferred (again especially in health?) *or* people feel that the choices offered are more illusory than real (especially perhaps in education, where school allocation can be dictated by postcode).

For some, there was a feeling that that too much choice (or the wrong kind of choice) can be as bad as too little choice, and there were some comments from both customers and professionals that, in effect, the choice agenda throws back responsibility onto the public: you make the decision and you have to live with the consequences, despite feeling you lack relevant knowledge/information/competence to make an informed decision. People expect and indeed want the 'experts' involved in their decisions to behave as experts – that's what we pay them to do.

In addition, the reality is that not all are motivated to make choices, because of fear, denial, lack of interest or laziness. So, in those situations where completely free choice is not what is wanted, this negates the 'need' for empowered decision making and blunts the motivation to seek out and take in information.

However, it is important to emphasise that negativity around the 'choice agenda', especially in the context of health decisions, was expressed against a background of little awareness and experience among our respondents about how the process works in practice.

It is also important to note that transparency about the way in which the choice process works is valuable, in the sense that, even if customers are not happy about the outcome, if they feel the process has been fair they are more likely to accept it. In other words, 'system owners' (central government, local government) should strive to make their processes and pathways as clear as possible from the customer perspective. In addition, the system and those operating it need to take into account that what is routine for the professionals may well be very new to the customer.

customer experience

As with the choice agenda, the actuality of customer experience of health and education services was not within our official remit. But it does set the context for decision making and it also helps to explain the diversity of our customer 'audience', in that respondents reported a wide spectrum of experience of services – within both education and health. Some were fulsome in their praise of services, while others were frustrated at the processes (and outcomes) they had experienced – with many 'in the middle', with mixed views. This range of experiences in turn affects the way customers approach choice and decision making.

a balance may need to be struck between what you have heard, what you have read/found out from official information and what you see yourself

2

2.1 overview

Please refer to the full report for an overview of decision making in relation to education choices.

2.2 choosing primary and secondary schools: overview

Overall, school choice can seem more 'bewildering' for primary than at the secondary stage. This is especially true if the child has not already entered the system via nursery or playgroup, and/or if it is the first child for whom this decision has had to be made. Going to school is a new phase in a child's and, indeed, the family's life.

Some (even middle class) parents can err on the side of being rather passive in their approach to both information gathering and decision making at both primary and secondary stage. This tends to be positive passivity in that they trust or hope that the system will work for them, rather than negative 'turned off' passivity, as least among the parents we interviewed. Others can be rampant information seekers and almost aggressive and rigorous decision makers.

Active parents will do a lot of research: often online, but also talking to other parents, including those who have children already at school, plus visiting all the possible schools, which is a key influence (discussed in more detail below). These active parents often act as filters of information for other more passive parents who will feed off their research.

Those who err on the side of passivity may do so for a number of reasons: they may feel that there are few, if any, real decisions to be made: either there is little choice of schools in the immediate vicinity, or they are 'locked in' to a feeder school system. (Some intermediaries also commented that choice was limited in their areas.) Alternatively, they may just rely on others to do much of the information gathering on their behalf and then base their decision on this often partial knowledge. Or they may 'trust' that the schools are good because they live in a 'good' area (N.B. some parents were caught out by this).

2.3 primary

how do people view the process?

Choice of a primary school is often seen as a very important decision, because it shapes the child's future, and it is always there at the back of the mind from the time that the child is born. It is seen as an important stage in the child's education and early years, when a good grounding is laid down. This was so across the sample, with many parents subscribing to this view regardless of their social class or their particular 'response mode'.

For many, it certainly qualifies on a number of criteria as a complex decision and one which can generate a significant degree of anxiety. It is a huge step for both parent and child, especially the first time round when it is new territory and a strong felt pressure to get the decision right. It can be less anxiety-provoking for subsequent children but this can depend on factors such as the needs of the individual child or preceding children's actual experience of school.

Requirements in relation to primary schools are usually less specific than at secondary stage: it can be more about socialisation and inculcation of values and life skills than about academic achievements per se. Parents generally want their children to be happy and to be able to learn and play. They want them to develop into well balanced, grounded individuals in a safe, enriching environment.

They certainly also want them to be educated in the basic skills – reading, writing, maths – but this differs from secondary school, where the focus is more on specialisms, academic standards, vocational training and so on. (N.B. By agreement, we did not include private schools in this research where the focus on academic achievement in order to gain entrance into the 'right' secondary school might be more prevalent.)

Another difference is that, at primary stage, parents still feel that they can help their children in relation to both work and behaviour – whereas at secondary stage, parents can feel rather out of their depths.

what criteria enter the decision making process?

Numerous criteria play a role in primary school selection, but local reputation is very important: "There is nothing better than word of mouth". Opinions are often gathered from friends, family, parents with children currently at the school, neighbours, their own observations of children in the street, local newspaper articles and so on.

Locality in itself can also be key from a convenience point of view, and because of the social benefits of the child attending a school in its own community. In some areas, it can feel as if there is a range of schools to choose from in the reasonably immediate vicinity, so there is more need to make decisions and exercise choice.

The atmosphere and philosophy of the school is also considered very important, and this is often gleaned from visits where parents will ask a number of questions and attempt to gauge: How do the head teacher/staff treat the children? How do children behave/are they respectful? Is there a good ethnic mix (some parents)? Are there examples of work on the walls? Are the children 'busy'/well occupied? How is the space being used – evidence of endeavours/projects? Is there outdoor space to play? Is the school safe? What are the facilities like? Are there after-school clubs? Is it a home from home/comfortable/welcoming?

Importantly, impressions may change on visiting, and a balance may need to be struck between what you have heard, what you have read/found out from official information and what you see yourself.

On the whole, parents are aware of league tables and OFSTED reports and these may influence their decision (though less so than at secondary stage). Or such information may be used to support a decision which is based more on the ethos and 'feel' of the school.

Another issue for the more forward-looking parents is whether the primary school is it the 'right' feeder school for the anticipated or preferred secondary school.

Other criteria which may enter the decision making process include: faith; class size; school uniform.

Some parents (perhaps the majority of our sample) felt that most state primary schools were of an acceptable standard, so that the choice of primary was not as crucial or as challenging as at the secondary stage. But a minority felt ('knew') that the choice of primary school was crucial, either for their child to get good educational/social grounding or to be in the 'right' feeder for secondary school of choice, and they would therefore put more effort into the choice process.

Again, it would be difficult to say this was a more prevalent attitude in one social class over another but then our cell sample size was not large enough to judge.

Our feeling is that social class was not significant here in that 'working class' parents might be just as aware of the 'quality' of their local schools but might have less options available to them to effect any real changes/choices.

A further element of the decision was whether to 'go private'. All of our respondents were recruited to be in the state sector, but some had considered private schooling for their children at primary stage but had decided against it mainly on cost grounds.

who might actually be involved in/influence the decision?

As noted above, local networks were very important for gathering information to help with decision making around primary school choice.

Parents' own experience or the experiences of other members of family (e.g. grandparents) might be crucial.

Choice of primary school was often thought of as mainly the mother's area of competence, the primary school being seen as a more female environment. The mother would often pick up on school gate gossip and do more formal research, then discuss with the father before the final decision was made. The father might 'sanction' the decision on basis of her research or he might go with the mother to visit the school.

The child is unlikely to have a major input at this primary stage, although some parents did take the child on a 'comfort check' visit to make sure they feel happy about the school.

what decisions have people actually made before the formal process starts?

Some decisions around primary school choice can be made at a very early stage i.e. moving into what is believed to be the catchment area for the desired school(s), either before birth of child or soon after. However, this strategy can go wrong if boundaries or admissions criteria change over time, or if the school's performance/reputation changes over time, as had happened for some of our respondents.

Parents might even consider temporary renting to be in the 'right' catchment area, a strategy which can cause huge resentment among other parents (although local authorities are becoming wise to it).

Some parents were clear that they were exercising their right of choice: they investigated the range of options (if they existed) and might, for instance, move their child from one nursery to another in order to be in the feeder for their desired school. Others did not look further than the local or nearest school, believing that this was all that is available and/or being happy with that option.

Journey time to school could be a factor here.

how do people go about the process and what is their experience of it?

There was much confusion, especially among first-time deciders, as to whether it was necessary to register one's child for primary school as well as actually applying to specific schools and there was some evidence of different procedures in different local authorities to support this. So parents were often unclear.

Some 'register' their child at the time of birth and the school re-contacts them nearer the date of entrance. At the other end of the scale, some did nothing until very near the time of their child's school entry.

Informal networks/word of mouth can be important in alerting other parents, though these may not be so effective if the parent is working full-time.

If the child is already in nursery or playgroup, then the process may be driven by them, e.g. handing out forms and booklets. Once parents are in the system, they can be 'carried along' by it in terms of being alerted as to when to apply, when forms are handed out, etc.

Some local authorities send a letter and/or *Admission to primary school* booklet to all relevant parents. Others make a 'glossy' booklet available in the public sphere, but the parent needs to know that it exists and where to ask for it. Other authorities only offer an 'online' word document or a printed 'handout' (as a cost saving measure when it was discovered that take-up of the glossy booklet was poor). It would seem as if issues around low take-up and cost savings can influence how proactive the local authority is in contacting parents.

Most parents eventually become aware that they have to fill in a form and state their preferences. Again, there were diverse reports of where they then returned the form: nursery, local authority, library, new school, 'County Hall' etc, with some local authorities trying to be flexible.

And, despite there being a formal process in place, some of our local authority interviewees reported that a minority of parents would still turn up on the first day of school and expect their child to be admitted. As this was 'second-hand' information, it is not possible to be certain whether this was from ignorance of the process or through an assumption that a place would be offered.

As mentioned earlier, there was widespread evidence of parental visits: either being taken round by the head or secretary (individually or in small groups) or open evenings. These were not always satisfactory experiences and more informal and personalised visits were often preferred, though this could also be daunting.

There was much parental discussion about what constitutes 'choice', and some local authorities have addressed this issue by clearly using language which states that parents can express their 'preference' rather than make a 'choice'. Among parents, there was talk of strategies when putting down the order of school preference in the hopes of achieving the desired outcome, and reports of some parents frightened not to put down what they had been advised, i.e. the school in their catchment area, because if not, they feared that their child could be sent anywhere.

Specific admissions criteria often only became key once parents had not been given their preferred place.

Despite an often rather haphazard entry to the system, most parents seemed to feel the process was clear once they were actually in it, for example the supporting documentation was clear (if they were motivated to read it), and the deadlines were clear. Although there were a few reports of the form being unduly complicated or obscure, and there were some comments about the pressure to get the form right, especially as it was 'all boxes and school code numbers' (rather than school names). A few parents were caught out by not getting the form completed and in on time, but generally there was felt to be sufficient time to make the decision.

It is also worthy of note that, for some parents (especially 'subsequents'), the application process seemed so routine that they could scarcely remember it.

what formal information, sources and channels do they use?

A variety of **information** was used by parents, especially if they were making a decision from a range of options. This included:

- school brochure – often but not necessarily online – often seen positively as a marketing tool for the school: photos, head teacher, policy, activities, etc. However, not everyone was aware of their existence
- similarly SATs results and OFSTED and league tables were mentioned and sometimes consulted/used/felt to be influential
- some anecdotal knowledge of admissions criteria, such as siblings, faith, catchment area
- little awareness of local authority admissions booklet but this was often welcomed in the interview situation. It is often seen as clear, informative, transparent as to procedures, useful pointers, easy to read (the how, what, where, when, as well as comparative data on different schools)
  - although some examples of the booklet were found to be of a 'dense' presentational style.

However, it is important to emphasise that local reputation can over-ride these more formal information sources – in both a positive and negative way.

A variety of **intermediaries** could be consulted by prospective parents:

- nursery and playschools can be a valuable source of information and even, if appropriate, advice and guidance
- other 'health' professionals, such as health visitors, Choice advisers, community psychiatric nurses, etc and there was evidence of increasing use of mobile phones as a means of easy contact, as well as emailing

- there was also evidence (gleaned from the intermediaries themselves) that other organisations are on the periphery but on-hand to offer support e.g. Sure Start, education welfare officers, FOSS and other 'one stop shop' schemes, head teachers, local authority officers – with their level of involvement often depending on whether they see it as a key role in their work with clients/certain 'vulnerable' individuals.

However, as previously noted, there was also much reliance on local informal sources of information: word of mouth from friends, family, etc and prior experience from previous children or even parents' own attendance at the very same school when they were younger.

A variety of **channels** was used:

- internet – various websites such as BBC, rarely DirectGov – although there was interest when respondents were shown examples of printed pages
- school itself – a visit, written information, the school's own website online
- local authority – usually either written or telephone contact, but occasionally also online information
- library – booklets, and increasing awareness of 'free' internet access
- adverts/information/articles in local newspapers
- mailings.

Of these, direct contact with the school, and website-based information for those with access and internet 'savvy', were the most popular channels.

what are intermediaries' views?

As one intermediary put it, there is a fine line between 'empowering' and 'infantilising' parents in relation to assisting them with school choice, plus a need to keep in mind that parents have a legal obligation to educate their children.

Thus intermediaries often believe that parents need to take the initiative rather than being 'spoon fed', while providers have the responsibility of putting information into the public arena and making 'best efforts' to target their audiences. However, there was evidence in our research that the wealth of (written/internet-based) information is often not known about nor seen by many parents.

Some intermediaries see their role as taking people though the process, i.e. making the decision points and the range of options clear, but they would not see it as part of their role to recommend one school over another.

Perhaps surprisingly, some intermediaries, based in health and/or working specifically with under fives, seemed unclear about the crossover processes to education or did not see it expressly as their role to aid children's transition into the school milieu.

barriers, gaps, opportunities

One issue was that of getting into the system at the 'bottom end'. Once in, information tends to come your way, but the entry can be, as described earlier, haphazard.

Crossing the boundary from the child being the responsibility of the PCT/health authorities to local authority/education can, both from parents' perspective and from intermediaries' perspective, seem like a chasm/different worlds, and yet the child is the same!

One intermediary described as 'good practice' the concerted effort made in her area to alert parents to the need to register, including: mailings to voluntary organisations working with vulnerable families, newspaper articles (as well as advertisements), an item in the council newsletter, advertisements in community centres, etc.

There was also some talk of pilot databases which allow all professionals to share information on families and to support the vulnerable ones in particular, although understandably this scheme has to rely on parental consent.

One opportunity could be to standardise the procedure. There is an opportunity when parents go to register their child at birth to provide them with a pack, which might contain a list of schools in the area, milestones and triggers in the child's life up to age five, outlining the decisions that might need to be made at each stage – or at least the key elements of the process e.g. that you have to register with the local authority when the child is three. This need not be a detailed guide but used as a signpost to local information sources and services, with contact telephone numbers and website addresses.

More detailed service directories would also be helpful, incorporating signposts to different services, using a layering technique to information provision (see later). In this context, the 'Pregnancy Book' and 0–five booklet (DH) were often quoted by both parents and intermediaries as helpful.

Tools such as calendars and check lists, outlining the processes and key points within them, are always useful and ideally should be included in any written information.

It was also clear that, where feasible, intermediaries should be encouraged to empower parents by talking through information and processes with them, if this is not already part of their organisational style.

2.4 secondary

how do people view the process?

As with choice of primary school, this was again seen as an important decision.

At this stage, parents feel they are really shaping their child's future, making decisions with far reaching implications as the time gets ever closer to the 'important stuff', such as further education and getting a job/career. Acquiring qualifications is seen as becoming an ever important goal and, at this stage, things were described as starting to get more serious, with failure potentially carrying serious penalties. So understandably parents feel it is important to find the right school and to encourage their child to work hard and keep focused, with an underlying fear that many parents have of them going 'off the rails', not just at school but with the other pressures of 'life'.

In some ways the decision can be easier than at the primary stage, because parents feel they know their child's capabilities better by now. But set against this is the possibility that parents are less able now to practically help their children, not only with their school work but with their life decisions, and that part of their growing up is learning to take responsibility for their own decisions. So parents anticipate that there may be 'rocky' teenage years ahead and the many demands that family life makes on everyone could add to the pressures at this time.

Choice of secondary school can be viewed as not only an important decision but also as a complex one. There are many immediate decisions to make, but also awareness that there are many more upcoming decisions to make in the years ahead e.g. GCSE and A level options, University or not, and so on.

However, as most parents are now usually more familiar with the education system than at the primary stage, they are more familiar with what needs to be done regarding applications etc. This is especially true if this is not the first time they have chosen a secondary school. But it can still be an anxious time.

what criteria enter the decision making process?

Local reputation is still an important criterion at the secondary stage, but with a shift from: Is it a 'lovely' school (primary) to Is it a 'good' school (secondary).

The kinds of questions parents ask of the school include: Is it thriving; Is it well disciplined; Is there a uniform; What is their bullying policy; How do the children behave in and out of school?

Locality is still important to a degree, but it can be more acceptable for the child to travel at this stage, in order to gain access to a 'good' school, than when primary schools were under consideration. Indeed, in some more rural areas, travel may be a necessity.

Compared with primary criteria, decisions regarding secondary education seem to be made less on 'soft' data and more on 'hard' data: exam results, league tables, OFSTED reports, percentage of children going on to HE/FE. But the 'feel' of the school may still be a factor.

The intelligence and aptitudes of the child is also an important criterion: finding the right learning environment for the child's capabilities and interests, whether they are academic or otherwise.

Other aspects which may be taken into consideration include: If you have a child already at the school, what is their experience of it – and yours, as parents? What facilities does the school have e.g. IT suites, sports, engineering, drama? What are its specialisms (an attractive option for some pupils/parents, but limiting for others where this might be the only school in area). What does the child want and where are their friends going (N.B. children do not always 'follow' their primary school friends)? Size of school, numbers in class? Does it have its own sixth form? Faith issues? After school activities?

who is involved?

Parents are still primarily in control of the decision making at the secondary stage, although the child may and probably will have a more significant input than at the primary stage.

Fathers are also more likely to be actively involved in the decision, not just sanctioning the mother's decision – especially if it is a boy for whom the decision is being made.

Again, their own experiences of the school might influence the decision, as would that of grandparents or aunts and uncles with knowledge of the school.

what decisions have been made?

Some parents will already have chosen their feeder primary, so are expecting the decision as regards their child's secondary education to be almost automatic.

As with primary, some have very little choice if there is only one secondary school in the immediate area and/or if all primaries feed into one school. Choice may also be severely reduced by one's own preferences and criteria, for example a family who want a single-sex school for religious or cultural reasons.

As mentioned earlier, some parents have moved when they started a family to be in the 'right' area, while others may move during the primary school years in order to position themselves for an acceptable secondary school choice.

There may also have been a very fundamental decision made as to whether or not to continue in the state system or to move to the private sector.

how do people go about the process and what is their experience of it?

Once in secondary school phase, the actual process is often driven by the primary school which starts the process off by handing out forms in the autumn term; it might also provide information on making choices and on the local secondary schools via the local authority booklet. It might also hold parents meetings and one-to-one discussions.

Alternatively or additionally, the local authority may start the process off by sending out a letter with back-up information e.g. information/statistics re school(s).

Many parents also become more proactive at this stage, including conducting some more wide ranging research, but again, this usually depends on how much of a choice there is to make.

For secondary as compared with primary, there can be a more complicated picture of evidence looked for in relation to the decision. Local reputation and local knowledge are still important in gathering impressions, as well as the knowledge one has built up by living in the area. Visits are often made with the child to secondary school(s) (even if this is not first child to attend school) and some schools also offer 'taster days'.

The timetable of events seemed to be relatively clear and give sufficient time for action (except perhaps if one needs to go to appeal), with the first week of March being well known as the date for the notification of results.

There were no complaints about the form itself, how to fill it in and who to return it to, although it appears as if there might be different systems in different areas which makes it difficult for us to generalise. Some intermediaries suggested that there are parents who are bewildered by the form and the process, probably because of literacy issues (but none was interviewed who fell into this category).

As with primary choices, there were again mentions of strategies which were needed when marking the order of 'preferences' in order to obtain the desired result, though these were often dismissed by some intermediaries as 'myth and folklore'.

Again there were issues around catchment areas and tales of local authorities instigating 'priority' areas to overcome catchment problems. Some parents reported that it can also be confusing if one lives near a local authority boundary and is applying across local authorities, as one can encounter different procedural practices.

There was some awareness that the system has recently changed with respect to who is responsible for the admissions process, and some awareness as to the different criteria/procedures in relation to faith schools.

what formal information, sources and channels do they use?

Again, a wide range of **information** was used, including school prospectuses, online school lists and details, OFSTED reports, SATs, public exam results and league tables.

Particular websites, such as BBC for league tables and local authority website for distance criteria, were used by some parents. There was no spontaneous mention of DirectGov but, as in other sectors, there was interest where respondents were shown printouts from this site.

Importantly, hardly anyone had seen or used the *Information for Parents* booklet, but it was perceived as very helpful when it was viewed during the interview, and there were often requests to keep the copy. In contrast, intermediaries reported that the booklet was sent out to relevant parents – but overall there was little real awareness among parents of the extent of or even the existence of the specifically published information available.

Word of mouth and face-to-face information was appreciated by parents, as well as written back-up. It is also worthy of note that not all parents were IT-savvy, and some definitely preferred information in a written format. Of course, this could involve printing off pages from websites and then reading it at their leisure.

Some found it easier to compare data when it is in front of them on paper rather than flicking between screens.

Perhaps a smaller range of **intermediaries** was consulted by parents than at the primary stage. Teachers or the head at the primary school might be consulted, but only in relation to the needs of your child. It is generally accepted that it would be unprofessional of them to talk about 'good' and 'bad' schools. Also the year head at prospective secondary schools might be consulted.

But it was less likely that intermediaries would be closely involved with families at this stage unless they were receiving specific ongoing support.

Parents who were finding the process confusing/difficult might consult the Choice Adviser in the local authority, but others were not aware of this resource.

Possibly a smaller range of **channels** was used than for primary choice. The internet predominated for many, but there was still some significant use of written information/booklets plus knowledge gained from newspaper reports and adverts.

what are the intermediaries' views?

Similar views were expressed as at the primary stage, for example as regards the importance of word of mouth and the choice vs. preference issue.

Many of the providers we spoke to seem to put information out into the public arena but tend to rely on parents finding it. Others take a more targeted approach to delivery of information via the post or via primary schools (although there is no guarantee that schools pass on the Information booklet), and some providers seem to prefer to supply predominantly online material.

Some intermediaries on the periphery of the education field might be involved, especially if they were working with under-achieving young people or dysfunctional families: education welfare officers, Sure Start, social workers, 'one stop shop' schemes, Parent Partnership Advice Centres, etc. Faith leaders could also be involved in schools and therefore in the allocation of places, but this was not universally the case.

barriers, gaps, opportunities

At this stage the child is remaining within education, and so although it is a 'big leap' for the individual, s/he is not crossing organisational boundaries. Where 'good' practice exists, primary and secondary schools seem to liaise 'behind the scenes', and this can make the customer-facing experience seem very well organised in terms of the transition process.

In theory, the provision of information should be efficient. However, it could be argued that the evident lack of public awareness of the bulk of published information means that the system is faltering somewhere in the supply chain.

In addition, there were some comments (from parents and at least one intermediary) that information should be more transparent about the limitations on choice.

Although outside of decision making per se, there were also some comments that practical 'pre-admission' information e.g. about the locker system, mobile phones policy, etc was much appreciated.

2.5 appeals process

2.6 choosing options: overview

2.7 choosing GCSEs

2.8 choosing post-16 options – year 11

2.9 choosing post-18 options – years 12 and 13

For a detailed discussion of the education appeals process and choosing options, please refer to the full report.

3

3.0 health

3.1 overview

3.2 build-up

3.3 GP visit

3.4 consultant visit

3.5 hospital admission

pre-admission

admission

hospital stay

For a detailed discussion of the above findings on experience of health services, please refer to the full report.

hospital discharge

Hospital discharge is one of the few events which some of our respondents spontaneously connected with the local authority.

The decision as to when a patient is discharged is seen as something of a 'grey area'. Sometimes patients want to be discharged before they are medically ready, while at the other end of the scale sometimes patients feel that they are discharged too early – with it not being clear whether the interests of the patient or the needs of the hospital are paramount.

As in other situations, it is helpful if customers are kept informed about the timing of their discharge and given the opportunity to give their viewpoint as a contribution to the decision. This helps to manage a period of anxiety and generate confidence by providing information that reassures.

Discharge from hospital to home (even if fervently desired by the patient), and the period immediately following it, can be an anxious and stressful time. Even when there is to be speedy follow-up e.g. by a community nurse, customers need clear information at the point of discharge on e.g. how they may expect to feel, what they should and should not do – plus a contact number if they have concerns or queries. Although not strictly related to a decision making situation, appropriate information and support can help the customer to feel more in control and able to manage the everyday decisions of ordinary life, especially where an on-going home treatment regime is in place (e.g. oxygen for an OPCD patient) or if medication has been prescribed with possible side-effects (e.g. statins).

In situations where the patient is assessed as not able to be discharged home but needs some form of after-care, this triggers another – potentially stressful – decision making situation. The situation may be distressing to the patient and his/her relatives, and the patient may have limited capacity to participate fully in the decision making process because of their medical condition. There may be disagreement/conflict between the patient (and relatives) on the one hand, and the professionals on the other, as to whether care is the right solution, with the patient having the ultimate right to refuse and to take what a social worker called an 'informed risk' by going home. There may also be complicated negotiations between health and social services personnel around responsibility and funding.

Choice of a care home is seen as an important and complex decision but one which may be significantly affected by availability and cost constraints – especially if there is time pressure. Within this, social workers have an important role in providing information and general guidance, but are clear that it is the customer's choice – albeit then supported (or not) by an agreement to fund.

appropriate information and support can help the customer to feel more in control and able to manage the everyday decisions of ordinary life

At some point following discharge – depending on factors such as speed of recovery, availability of support – the patient will begin to be able to take back control e.g. formulating questions for the next medical consultation.

As already noted, hospital discharge is one of the few events which some of our respondents spontaneously connected with the local authority. Some were aware of or had experienced pre-discharge assessments for packages of care involving services such as home help or adaptations. Some were aware of or had experienced (for relatives) admission to residential or nursing care. However, there was often confusion among customers as to where professionals involved in discharge planning came from, who they were employed by and so on.

Professionals involved in these situations (e.g. social worker) were clear that decision making was vested in the customer/potential service user or their relatives if they were not able to take decisions for themselves. Their own role was to carry out assessments, refer on where appropriate, and supply information e.g. names and details of residential homes or specialist services like helplines: they could not advise or guide customers or their relatives in terms of the choices they made. However, they (or more accurately their employing authority) did have a significant impact on choice where there were funding decisions to be made e.g. the authority could refuse to fund the chosen placement.

Direct payments, where the service user is allocated a fund to use as s/he wishes to buy in services, do put control back with the user but did not seem to be widely in use as yet (we did not meet any such users in our sample).

Referral to self-help groups can also be beneficial.

3.6 further consultations/admissions

3.7 contact with other medical professionals

3.8 contact with complementary practitioners

4.0 pregnancy and childbirth

5.0 education and health overlap

For a detailed discussion of the above findings, please refer to the full report.

information overview

6

role of information

As may have been gleaned from the detailed accounts of decision making in education and health, the role of information – and its sources and channels – varies in relation to the type of decision scenario, the stage reached in the decision making process and for different anxiety response types.

For example, information provided about schools to assist with school choice/preferences will differ from information about the procedure for appeals.

There are (at least) two key roles for information: as part of the education and learning process, to achieve informed decision making and as reassurance/confirmation/support around a decision that has already been made. The focus of this project is on information for decision making, but cannot necessarily make a sharp distinction here from the customer viewpoint. For one thing, a search for information in one area can be a diversion or distraction from becoming better informed in a more anxiety-provoking area i.e. information-seeking and -receiving is not always a rational activity!

There are also two key ways in which information may be acquired: it may be sought/looked for, and it may be offered by someone else.

information search

There are various stages in the search for information.

The search typically begins with informal networks e.g. partner, parent, friends – and the internet may also increasingly be used at this early stage. Then there may be a more active 'self search' – again online, possibly library (though we heard little about library use from our respondents). Then expert information (plus advice, guidance or indeed solutions) will be sought from experts e.g. GP, careers adviser. (N.B. the sequence can vary e.g. some people will go straight to experts, others never will.)

Intermediaries were also aware, professionally and personally, of this 'multi-layered' approach to information acquisition.

Within this, there will be variations according to people's 'learning styles' and the typology described earlier, for example:

- people in passive/negative mode will not make any searches at all
- people in active/positive mode may make extended but 'well managed' searches.

Key barriers to initiating an information search and to taking on board proffered information were identified by intermediaries as:

- low levels of literacy
- established habits of informal information-seeking
- lack of support through information-seeking process including lack of 'interpretation' of information
- lack of confidence/self-esteem/narrow horizons/lack of aspirations.

it is important that information given to customers is as honest and transparent as possible so that they can make genuinely informed decisions

access to information

It was clear from our interviews that many people were unaware of the wealth of published information that exists in the education and health spheres – including information that they would have found useful in their decision making processes.

In addition, many respondents did not have a clear idea (beyond the obvious) as to where to go for information, though when pressed they could make suggestions such as library, local council, local health establishment (probably not PCT or NHS/Hospital Trust HQ), internet, possibly the CAB (more for financial or legal issues).

Some respondents spontaneously called for 'one stop shop' approach to supply of written and other information. This seems an 'obvious' solution but in reality a challenge to achieve.

The internet obviously addresses this need for 'centralisation', being a one stop shop solution where people have access to and familiarity with this channel. It is clear that the internet is increasing in popularity as an information channel across all sectors of population. Even respondents classified as 'hard to reach' were aware of where access was available to them – and organisations such as the advice centre included in this research have as part of their mission extending internet access to a wider audience.

Professionals were also very keen on the internet, reporting that it has changed their lives in relation to meeting their own and their customers' information needs.

However, there is concern – especially but not only among professionals – about the sheer amount of internet-generated information (especially via Google), and about the challenge of distinguishing between good and bad quality information.

It is therefore helpful if, when informing themselves prior to making a decision, customers can be given direction on trustworthy/reliable sites by formal intermediaries and via recommended publications.

Intranets can also be useful once one is inside a system.

Currently there is still a significant need for written information but this will continue to diminish, replaced by internet printouts. There may also be scope for more 'creative' use of paper formats such as folders and cards.

Offering information in CD or DVD format may also be appreciated. This has an 'accessible' feel, and offers in some senses a bridge/halfway house between written and internet formats i.e. it is good for indexing and layering.

Once one is 'in the system' (especially education but also health), access to information is in theory easier – but even then, this could not be relied upon.

information gaps – and overload

We found many instances of 'gaps' or missed opportunities when information was needed but either was not available or professionals were seemingly not alert to possibilities. This may reflect time constraints, or overestimation of what customer would already know.

Having said this, it is also clear from the research that 'information overload' can be as much of a problem as 'information shortage', and that this is often related to a lack of signposting and interpretation, also format issues as well as sheer weight of information.

People can be overwhelmed by the information they are given. They may be given too much at the beginning of the process, and perceptions of 'too much information' can also be related to the mode the individual is in at the time.

There are also issues around accessibility and the level of literacy required which can lead to a feeling of being overwhelmed. One possible response to this would be the development of 'information pathways'.

a way forward?

In an ideal world, information should be paced/staged and matched to the customer's psychological need at the time but, as discussed earlier, this is probably an unachievable target – certainly so where there is not ongoing professional or intermediary involvement.

It is unrealistic to expect professionals (in education or health) to be able on every occasion to assess what mode the person is in and exactly what information will suit their needs – especially at initial/early consultation. As discussed earlier, a more achievable strategy may be:

- for each stage, professionals should identify what are the 'key facts' in the situation – the minimum the customer needs to know
- either the customer should be given just these key facts, with signposting to further information
- or, if it is necessary for some reason to give them fuller information at that point (e.g. if it is the only opportunity), then the key facts should be pulled out to the front of the document
- in either case, wherever possible, the intermediary should offer 'personal signposting' to maximise customer engagement.

With this strategy:

- people in passive/negative mode may ignore – as is their right
- people in passive/positive mode may read and feel grateful
- people in active/positive mode may read and follow up some of the paths to further information
- people in active/negative mode will add it to all the other information they are already collecting.

The value of the information provider 'talking the customer through' the information being provided was a continuing theme: pointing out key sections, checking for understandability, flagging up sources of further information etc. As discussed elsewhere, this can include offering guidance in/facilitation of the customer's decision making process.

It should be noted that this is different from the provider/intermediary giving advice or guidance about what the decision should be or indeed making a recommendation. Many customers expect and look for this, but many intermediaries are clear that they need to remain outside the decision making process, which is the customer's responsibility.

The reverse was also true: that where information is being given verbally, it is helpful to have written backup for future reference.

Where possible, it is also helpful if people can have one designated/named contact person to go back to for further information and guidance in their decision making process.

Some intermediaries (e.g. midwife, choice adviser, health visitor, practice nurse) placed good face-to-face support, in conjunction with written information, at the heart of their role and practice, recognising its importance to their clients. In other situations, resource constraints or the very nature of the system meant that such personal help and guidance was not available.

Intermediaries also commented on the importance of 'outreach work' i.e. not waiting for people to come to them with an information request (community midwife, PALS, choice adviser, health visitor, advice centres). However, they can feel under-resourced in terms of time and/or materials to carry this out effectively (e.g. *The Pregnancy Book* was reportedly in short supply at present).

Another example of 'intermediary initiative' was that where the issue was 'non-standard' and not covered in an available leaflet, they would search for and tailor information to meet the need of the client – or refer on to a more appropriate agency.

sourcing information

The research team's individual endeavours at sourcing information visits included visits to local authority offices, district council offices, libraries, CABs, GPs as well as internet searches. This work showed there is a great deal available in a written and internet form but that the signposting, organisation and supply of materials were very patchy and never comprehensive. At worst, there was a lack of helpfulness and efficiency among potential information providers e.g. receptionists at one local authority office were unaware that the *Choosing a School* booklet existed. At best, some people were extremely helpful, making contact with relevant departments, offering phone contact numbers and providing information from their own resources.

Overall, therefore, we conclude that the problem is not lack of information per se, but that: people do not know it exists; people do not know where to find it; people can be limited in their capacity/willingness to read/absorb/use information.

There may be a particular issue with written literature, a significant proportion of which seems to be 'wasted' i.e. not distributed, not noticed, not picked up or not used in an effective way. The challenge is either to get it to people more effectively or take other approaches. Our own researches found leaflets displays which were often ill-organised, with no clear divisions or signposting to sections.

information 'rules'

The familiar 'rules' for information apply as much here as anywhere, for example:

- sectioning
- headings
- white space
- bullet points
- simple language and avoidance of verbosity – appreciated even by those with high levels of literacy
- as attractive a presentation as can be afforded but without excessive 'glossiness'.

The content and tone of the information is, of course, really important. Content should be customer-focused and coherent (not 'cut and pasted' from a variety of sources). Jargon should be avoided and, where it is necessary to use 'technical' terms, these should be explained. (Part of the challenge to remember that what is routine for the information provider may be very new to the customer.)

The approach should be honest but positive (e.g. avoiding mention of death in the first paragraph of a health handout). One respondent described her preferred tone as 'gentle' – others may prefer a more assertive tone.

It is important that information given to customers is as honest and transparent as possible so that they can make genuinely informed decisions. One example, given by an intermediary, was of a young man with a chronic and probably terminal condition, who had not been given the 'full story' by his doctors and was making plans to go to university: the intermediary thought he might make a different choice if he knew the likely limits of his lifespan.

There are important links here to the proposed accreditation standards (IAS) which DH are currently developing, which include the importance of good evidence bases.

The order of information within a document can be important. For example, in relation to the Choose and Book booklet there were some comments that important information about hospitals' performance on e.g. infection control was towards the back of the book and could be missed.

influences on 'engagement' with information

The source of information is an important influence on whether it is read and how much is taken in. Government or 'official' sources are often but not always respected (e.g. NHS Direct). Commercial sources are often but not always questioned (e.g. BUPA).

Another important factor influencing customers' engagement with a particular piece of information is its perceived 'saliency' or relevance to them – well illustrated by responses to the Choose and Book booklet. Respondents in our research for whom hospital admission was not currently an issue tended to be rather critical of it – a 'glossy booklet' focusing on 'side issues' such as car parking. Respondents who were facing a hospital admission or had recent admission experience tended to be more positive – recognising the relevance of e.g. parking to the reality of a hospital stay.

This is a further indication of the importance, in situations where professionals are giving information to customers, of their selecting information which is currently relevant to the customer and of highlighting this relevance to them as a means of engaging them with its content.

As discussed elsewhere, timeliness is also an important factor in determining whether or not a customer engages with and uses a piece of information.

Another aspect of engagement with information is that we heard in several contexts about 'older people' being more willing to defer to others' expertise and less keen on becoming informed in depth about their situation than 'young people'. In part, we believe this to be an over-generalisation and a stereotype, and that older people should be offered/provided with information as assiduously as anyone else. But we also believe it may be a 'cohort issue': even if it is currently true that on average older people are more deferential/less information-hungry than their juniors, the upcoming generations of older people have grown up in a different world and are likely to carry their propensity to ask questions and their wish to be actively engaged in decisions into their older years.

Overall, there was a significant degree of agreement between what professionals/intermediaries and customers thought constituted a 'fit for purpose' piece of information, but there were also some discrepancies, usually in relation to language, 'denseness' and tone. For example, a local authority intermediary was happy with the 'portal to services' on her authorities website: customers (and at least one other professional) felt it contained too much jargon and/or was cold and unwelcoming in tone.

you may (within a situation of developing trust) need to tell the customer more than they think they want to know

7.1 overview

Both health and education intermediaries seemed to view their role in similar ways and to take very similar approaches. They primarily see themselves as impartial information providers and – for some – counsellors. As discussed earlier, they are there to help the customer (or service user) understand the system and to go through the process using available information to make informed decisions. As part of this, they may need to get the customer to sort out their own priorities, understand where they stand in relation to any criteria/rules and thereby come to a decision.

Some health intermediaries e.g. midwife, practice nurse, health visitor were in some respects an exception from this general pattern. Where they have a particular ('official') health agenda, they will give clear (unasked for) advice.

Similarly in social work, where there are legal obligations such as child protection issues or financial criteria, the social worker may give very clear guidelines as to expected behaviour, requirements and so on.

There was also evidence of some intermediaries finding it difficult not to be drawn into more personalised or active recommendations – for example, a nurse who uses her own experience of childbirth when discussing labour options with women. We have also previously noted that, while most if not all professional intermediaries endorsed the principle of customer choice, it was not always easy for them to remember to operationalise this in practice.

Some intermediaries, particularly those involved in 'problem-solving' services like PALS and Choice Advice, may start from a very different perspective compared to their customers. The customer may be angry and upset, with a very narrow focus, because they have not got what they want and/or feel they have been denied choice. In this situation, the intermediary is objective and has a broader perspective and, if all goes well, the client comes to understand the bigger picture and where they fit in, feels less like a victim and begins to see that they may still have choices.

More broadly, intermediaries can play an important part in relation to the two negative modes described in our typology, moving them into more functional ways of operating.

Where people are in active/negative mode, the challenge for the intermediary is to manage their anxiety and structure their thinking and information-seeking in order to achieve a calmer approach to their situation.

Where people are in passive/negative mode, the challenge for the intermediary is to offer them sufficient support and reassurance to enable them to face their anxiety and be able to think about their situation: one intermediary commented that in this situation you may (within a situation of developing trust) need to tell the customer more than they think they want to know.

Intermediaries may be drawn into customer decision making processes which are not directly related to their role, although they may impinge on it e.g. helping fill in forms or providing information for a housing application. The extent to which they do this, and the degree of information-seeking and provision in which they engage, can vary. This may also happen in their private life – being asked for advice, guidance or information (based on their professional role) by family, friends or acquaintances. There was some ambivalence about this, with at least one intermediary saying that she 'took the safest route' e.g. confining herself to giving advice to visit the GP.

7.2 intermediary pen portraits

For pen portraits of the intermediaries interviewed in this research, please refer to the full report.

examples of good and bad practice

8

In this section, we offer some selected examples of good and poor practice in each of the sectors researched. See full report for the complete list of practice examples.

The assessment of whether a particular piece of information or an action by an intermediary is 'good' or 'poor' used a variety of evidential bases viz:

- customers' comments on information and actions that they had personally encountered in their decision making
- customers' comments on information materials collected by the research team and used as stimulus (but not previously seen or used by customers)
- intermediaries' comments on their own information materials and activities
- intermediaries' comments on stimulus material shown them by the researchers (but not previously seen or used by intermediaries)
- retrospective assessment – looking back at information and actions in the light of the research team's learning from our analysis and interpretation work (but not necessarily based on direct respondent comment).

It should be noted that some of the examples in this section may seem very 'basic' to the reader, but they are included because in each case we encountered at least one instance where basic principles in relation to information or intermediary activity had not been adhered to in practice.

education

information – good practice

examples of good communication of 'general' information

Directgov website: education and learning home page in particular, printed out pages of which was shown to some respondents who thought it had good clear headings and showed good layering. (N.B. No customer had seen this site.) This allows easy navigation of the site and signposting allows user to reach relevant pages quickly and simply. Obviously internet sites are available at all times in terms of when parents are 'ready' to carry out their school searches – be it the year the child is born or the term they rise five.

A local authority in the SE – **schools and learning** section of website: a comprehensive collection of information pages that take parents through the whole process with clear and easily navigated links to related sites. This site was mentioned by one couple who had used it and found it very helpful. They were computer-proficient and said how well they thought the site was put together, with easy links and lots of encouragement to apply online. The researcher subsequently visited the site, printed off some example pages and showed these to other respondents, who especially praised the search facility for all primary schools within 10 miles of a postcode, direct links to individual school sites and clear timelines showing what to do and when to do it by.

each case we encountered at least one instance where basic principles in relation to information or intermediary activity had not been adhered to in practice

examples of good provision of information around school choice

***Choosing a school* booklet** (where seen by respondents) – the local authority booklet was often thought to be a (potentially) comprehensive and informative source of information about school admissions criteria and useful to have in a printed format as some people find this format easier to use than 'flicking' between the internet pages of different schools to see how admissions criteria compare. Some (but not all) were judged to be clear and easy to absorb all the different information concerning the different schools, as well as providing clear general information re procedures and deadlines. As most of our respondents had not seen these booklets in advance of the research, their perusal of them in the interview situation was necessarily often cursory but many requested to keep the copy for their area. Local authorities seem to produce this document at an appropriate time each year but awareness of it was more of an issue than timeliness.

A clear, impactful **double page spread advertisement** in a London local authority newsletter distributed to all homes in the borough, alerting parents to the need to begin the process of secondary school application and giving basic facts about the process and key dates, with contact details (including phone, website) for further information (seen by research team only).

information – poor practice

examples of poor information re school choice

The 'Applying for a school for your child' **website** of a local authority in the South of England: had not been seen by the relevant respondents, but when printouts were shown to them, was felt to have very dense language and layout, with poor 'layering' and signposting. This view was supported by intermediaries to whom the printouts were shown.

A local authority in the Midlands – their **booklet** *Applying for a primary school : Information for Parents*: contained all the relevant information, but looked and felt like a weighty tome that, despite an index, felt as though it needed to be read from cover to cover. The researcher picked up this booklet and its secondary school equivalent in the local library. One respondent who had been applying for a primary school said that she had seen it, but there was little evidence that she had used it (or the online equivalent) in depth. Another respondent who had been applying for a secondary school had a copy in her file which she thought had been sent to her (though she was unsure). It looked pristine, and the respondent said that she had not really studied it because she believed that all of the information in it was available online, her preferred channel. At the debrief workshop, when the research team were comparing notes, it was clear that some booklets collected from other areas were more succinct and accessible.

intermediaries' actions/interventions – good practice

i.e. where the intervention of a person involved in some part of the chain of service provision can make a positive difference to the outcome – of information search/use or a decision.

examples of 'general' good practice

Local authority receptionists knowing what information is produced by their authority and having this information readily available and/or helping the enquirer by telling them where they could find it. If they did not have the information to hand, making a phone call to the relevant authority who might. For example, when researcher visited Bedford Council offices, the local authority receptionist was extremely helpful, produced all relevant information on choice of schools and rung PCT to get information on hospitals in the area. N.B. This level of service was not universal. From a customer point of view, the researcher felt well served, encouraged to ask further questions, potentially empowered to move on and research the information given and know that there might be a receptive ear who would point the customer in the best direction if further help was needed in the future.

Pilot scheme being tested in a 'deprived' local authority where a database is being compiled which parents sign up to which allows all professionals in contact with a family to share information, so that a health visitor from a PCT may liaise with a school nurse/teacher over a child's diet, health needs, early behaviour problems etc.

intermediaries' actions/interventions – poor practice

i.e. where the interaction between the service user and service provider left room for improvement e.g. hindered or at best did not facilitate information search/use or decision making process.

examples of 'general' poor practice

Several examples where researchers visited council offices and found **local authority receptionists** not having information available re school choices and not even being aware of the booklet that the authority produced. Also not helping the enquirer by telling them where they could find 'other' information, e.g. on PCT. Gave the impression that this wasn't their responsibility (or that of the local authority) so why should they assist.

Lack of **cross-over/liaison** between education and e.g. health (e.g. at age five) where more 'informal' information gathered over a five year period of contact with a family is not/cannot be passed on to education (obviously this is not the case with children on the at risk register).

Similarly, an example of a **health visitor** who had little formal contact with nursery schools and the education department in order to give information out to parents of young children about school application procedures, school choice booklets, deadlines, etc. She had collected a mass of local service provision information for herself but there was no formal interchange of written information which she considered could have been useful if she had known about its existence, not only to inform herself but to pass on to parents.

examples of poor practice around school choice
A mother whose child had not been offered a place at their chosen primary school was on the 'continuing interest list' for her first choice school and rang the local authority to see if the position had changed. The person she spoke to wasn't familiar with the situation or the school in question and didn't know the geography of the area. When challenged on her lack of information, her (reported) response was '... we're people in an office doing a job...'

Only being shown round school with secretary on a **brief visit** to a prospective primary school, when an appointment with the head was what was preferred. The prospective parents did not feel that they were given the due time and attention and necessary insights about the school, for example re bullying policy, etc and were not offered the opportunity to ask questions of a more personal nature regarding the needs of their child.

health

information – good practice

examples of good communication of 'general' information
Two recent examples seen by researchers of PCTs (apparently) **working more closely** with the local authority: A4 flyer (double sided) distributed as a door drop with local authority material outlining recent developments and plans for the future; PCT ad for 'Super Health Centres' that are planned for near future on back cover of local authority bi-monthly residents magazine, published and distributed by local authority.

examples of good provision of information for adults with long term and routine health conditions
Examples of materials which were obtained by researchers and shown to respondents as relevant – respondents had not been given them during their health journeys:

- NHS Direct website: health encyclopedia/ gallstones – clear headings, good paragraphing, good layering and links (though language does require good literacy levels)
- BBC News website: health/multiple sclerosis – question and answer format
- BUPA website: fact sheets/multiple sclerosis – question and answer format, use of bullet points, reassuring tone
- London local authority booklet on *Active Living* – bright cover, good print size, clear layout
- NHS booklet *Choosing your hospital* – hospital information clear and focuses on relevant issue for patients and visitors i.e. travel, parking
- collection of booklets published by an organisation dealing with different aspects of living with HIV and AIDS. Detailed and sometimes technical information layered by specific subjects (e.g. stigma/mental health/anti-viral drugs) and includes advice and referral contact details.

local authorities: overview

9

Many of our respondents seemed somewhat baffled about the way that various public bodies fit together – exacerbated in some instances by apparent similarities/crossovers in names. There was a lack of clarity as to if/how the local authority links with the PCT and NHS Hospital Trusts, or how these are linked with central government. There was also a perception of complex, constantly shifting organisations, boundaries and responsibilities – and of differences across areas, which confused the picture even more.

> "It never makes sense to me how all the services fit together and who provides what – there's all these different county councils and education – all of it all over the place – I wouldn't know where to start."
>
> (Primary/South East)

> "We lived in a different borough before and I just couldn't get any help... But as soon as we moved into this borough, they were on the case straightaway and they haven't left since."
>
> (Year nine/London)

While this confusion was most prevalent in our customer segment, it was also felt by some intermediaries.

> "There are frequent changes – it's one of the biggest things – you work in the sector and it's difficult. What does it feel to parents – it can be a struggle...
>
> "Families are in the centre of a raft of services but it assumes that all the services are talking to each other – and often no-one is linking it all."
>
> (Voluntary organisation)

> "We liaise quite a lot with social workers because we have many patients under the care of social workers..."
>
> "Are they local authority?"
>
> "Yes, I think they are, yes, I'm not quite sure myself, but I think they are, yes... It changes all the time and I get confused..."
>
> "Do you feel clear what the local authority does?"
>
> "No, I don't think I do, no."
>
> (Community nurse)

This was reflected in a lack of certainty about who delivers which services. The customer interface tends to be directly with those who deliver the service (with a shadowy organisation behind it). We understand that this is reflected in the significant proportion of incoming calls to local authority contact centres which are not in fact related to the local authority's services.

To an extent, therefore, our understanding of the local authority's role in our respondents' scenarios (let alone their own understanding) was handicapped by their not always knowing where particular professionals had come from e.g. OTs could be hospital or community based.

When asked, the local authority – or 'council' – was most readily associated with bins and street cleaning, possibly housing, libraries, and perhaps some benefits.

> "I don't really think of the library for the sort of information (on schools). I didn't know that the library had free internet until you said so – sounds promising."
>
> (Primary/South East)

Not surprisingly there was also an association with education/schools – though even here there was some confusion given the awareness that (some) schools are now becoming autonomous. In the education decisions being explored in this research, parents and young people were inevitably involved with the local authority. There was some awareness that one might send the school application form off to the council, but even this was not clear as there were other possibilities too, for example direct to one's preferred school. People were aware that the local authority is involved in the school choice process (less so for faith schools) and in the appeals process. The local authority needs to be contacted in relation to EMAs, free school meals, school uniform grants (where offered), transport and student loans (another area of imminent change) – but there was patchy awareness of these services.

> "I wouldn't have a clue where to phone for schools – probably look in the county council leaflet with all the phone numbers."
>
> (Appellant/South East)

> "I know the local authority provide grants."
>
> (Year 11/North)

> "People seem to know about free school meals – there's quite a high take-up and there's quite a lot of publicity attached to that."
>
> (Local authority admissions)

One or two education respondents had had contact with local authority social workers due to family problems.

> "There is an outside agency person who comes into school to see him (son), that is quite regularly... He's from what's called the BEST Team... He goes to an anger management school, it's just for two weeks... it is a programme, he does his normal lessons, the youth and community and the anger management ..."
>
> (Year nine + health/South West)

There was good awareness of Connexions but its current and future relationship with local authorities was not known.

> "They (Connexions) help you with everything, help you write your CV, fantastic with everything, with me and my oldest son."
>
> (Year nine/North East)

Young people may seek out services such as a community centre after they have left the support of their school (but would not necessarily be aware if it was a local authority service).

At their clearest, people see the local authority as the 'system owners' for education with ultimate responsibility for schools – although by no means everyone knew precisely how the system operates.

At their most negative, people can see the local authority as 'judge, jury and hangman' in relation to school choice – but again, by no means every parent is as definite as this about the system.

Apart from when they were specifically involved in education decisions, respondents were often rather baffled when asked about local authority involvement and could not think how this could be relevant in their situation.

"Contact them about what? I don't understand what I'd be in contact with them for."

(Pregnancy/London I)

"(Local authority) I've never needed them, I've never had any dealings with them... it's just that mysterious building that you pass by when you're going on holiday... I don't think I'd have any questions that they would be able to answer."

(Secondary/East Midlands)

"Have you had any dealings with the local authority in relation to your health?"

"No, not really, nothing springs to mind."

(Long term health/South East)

"I haven't had any dealings with the local authorities, well unless you mean the schools."

(Appellant + health/East Anglia)

Even some professional intermediaries whose work brought them into contact with some sections of the local authority were vague as to what else would come under the organisation.

"(Local authority role?) I don't know, that's way beyond my knowledge I'm afraid... they have to give approval for planning permission but where they come into the education provision is beyond me, I don't understand the system."

(Faith leader)

Local authorities come into the picture very little as far as health is concerned.

Again, there was a lack of understanding of the system and of who does what – and an implied potential for stronger communications between local authorities and health provider.

In health, there was a tendency to see local authority involvement as only necessary if there are additional (social) problems e.g. a single mother who approached the local authority because she needed accommodation, and was then also advised on her eligibility for benefits.

"It depends on the problems they (patients) have... If they have loads of problems, they need a social worker sometimes."

(Practice nurse)

Intermediaries such as the education welfare officer and practice nurse also spoke about links between health and housing/accommodation services, for example a refugee family in overcrowded private accommodation, or a frail elderly person with no family support needing residential care on discharge from hospital. Welfare rights and environmental health were also mentioned.

"(Local authority) A lot have their own welfare rights department, similar to us. They're supposed to be independent. People who have problems can see them and they take on their case but with cuts, only the really needy get any advice."

(CAB)

"Occasionally we have dealings with environmental health... I had a woman complaining about the pigeons outside her window, saying it was a health issue...
I explained it was an environmental issue...
I agreed to contact the council for her..."

(PALS)

"Like most services you don't work in isolation... Usually there are mitigating circumstances, complexities (in school non-attendance)... Housing issues, the roof leaking."

(Education welfare officer)

We heard many instances of good relationships, liaison and communications between health and local authority personnel, and between education and other local authority departments.

"Quite a number of social services are based in this building as well... Obviously there are overlaps, what is a health matter, what is social care. We have to make the appropriate decision. If it was a 90 per cent social care matter and 10 per cent health matter, then they would meet and we would get the information from that 10 per cent. Then back to social services, because they would lead. If it was 50/50, we would make a decision with the client as to how they want to handle it. Would they prefer to maintain contact with one service, if so, which one, or would they prefer both to sort out the issues ..."

(PALS)

But inevitably there was recognised to be room for improvement. Sometimes systemic/organisational issues could hinder 'working together'. These included

- lack of co-terminosity in boundaries (sometimes/potentially exacerbated if the Choose and Book process means customer chooses hospital outside 'own' area)
- changes in/lack of clarity about responsibilities.
- one gateway for referrals which was administratively efficient but which could diminish direct contact between different professionals
- cumbersome administrative procedures
- resource constraints.

"We could send the *Choosing a School* booklet to the PCT – I don't think we do at the moment – I will think about that."

(Local authority admissions)

"We phone social workers... and housing sometimes... but I don't have anybody that I know there."

(Practice nurse)

"We have a single point of entry and all referrals come through there now."

(Social worker – adults)

"(liaison with health authorities) It was proving so time consuming and difficult dealing with all the authorities and agencies, sitting on the phone waiting to talk to all the relevant people to get things done that this became an impossible burden."

(Faith leader)

"(GP contact) No, not really... they sometimes ring maybe if there's a problem with benefits or something but we don't ring them to ask for letters because they want a fee!"

(CAB)

Recognition of and work with overlapping health and education scenarios may be inhibited by the reluctance of different organisations/departments to talk to each other and share information. Local authority intermediaries complain that medical professionals take refuge in 'confidentiality' – but presumably this situation can also arise in reverse. There may also be issues or problems when respondents cross from one government department, local authority or PCT to another.

There were some comments from local authority employees in our sample about the implications for them of the increasing emphasis on 'customer service'.

For example, in one authority, it is now policy for social workers to carry a 'comments and complaints' pad around on visits to give to clients. This can cause tensions where this 'customer service' stance is paralleled by cutbacks in resources/services.

There was low awareness and very limited use of local authority websites, though there was some praise from those who had used them. Usage of other .gov sites was somewhat higher although by no means a majority.

"It's easy to find (information) on the Local Government website, that's very good, it's got information on all the schools and links to all the OFSTED reports."

(Appellant + health/East Midlands)

In terms of ways in which local authorities could strengthen their involvement in information provision for complex decision making, there is potential to turn the significant number of 'inappropriate' calls into a positive element: they indicate that the local authority – the 'Town Hall' – is a visible and known entity within the community, and that local authorities have an important role in not only providing information and guidance on their own services and responsibilities, but also in signposting enquirers to other services and organisations e.g. the relevant local PCT. Our respondents' reports – and our own experiences when contacting local authorities for information – suggest that there are variations in the extent to which contact centres are geared up for this role and workers are trained to provide this signposting/onward referral service and indicate that this may be an area for potential improvement.

Linked to this, there may also be a role for local authorities, because of their relative visibility, to pick up on people who have slipped through the net of other services and organisations: for example, young 'NEETs', or people who have health issues but are struggling to locate and access PCT services.

More broadly, we noted differences between local authorities in terms of their proactivity in getting information to their residents. For example, some authorities sent out the *Choosing a school* booklet to prospective parents, while others required parents to pick them up from libraries. It is clear that the former strategy maximises the possibility that parents will read and benefit from the information provided, but we are of course aware that there are cost implications which may preclude some authorities from adopting this more proactive strategy in this and other areas of their information provision.

Leading on from this, visiting libraries in the course of our own information searches for this research led us to wonder whether this valuable community resource is being exploited to its fullest extent. Our evidence is anecdotal and subjective, but we do feel that libraries could play a stronger role in relation to, for instance, the 'hard to reach' who, while they may be aware that libraries have facilities such as free internet access, may not feel confident of the welcome they will receive. Our library visits also flagged up the importance of information being well-organised in order to maximise successful access, with some examples seen of haphazard and poorly labelled displays.

One area of development where local authorities can play an important partnership role is in relation to 'one stop shops' whose role inevitably includes the provision of information for members of the public engaged in complex decision making. We encountered several good examples of such centres in our research, but we were also made aware of the complexity of the 'one stop shop' operation. The provision of a good 'one stop shop' service demands not only excellent internal management, staff training and so on, but also the commitment of all relevant organisations (including local authorities) to being proactive in ensuring that such centres have relevant, up-to-date information on all aspects of their services.

appendices

recruitment screeners

topic guides

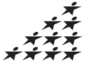
stimulus material examples

see full report for these appendices

IDeA
Layden House
76–86 Turnmill Street
London EC1M 5LG

telephone 020 7296 6600
facsimile 020 7296 6666
email info@idea.gov.uk

www.idea.gov.uk



***Local Government** Association*

The Local Government Association is the national voice for more than 500 local authorities in England and Wales. The LGA group comprises the LGA and four partner organisations which work together to support, promote and improve local government.

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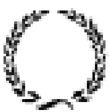

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