

# How the health check tools are being used

This section reviews the context in which health checks are used by infrastructure development workers in their work with frontline organisations, and the health check process itself. It reports on good practice points, and learning about the key facilitators and constraints to effective use of health checks in organisational development.

## The context for using health checks

The use of tools varies considerably, as do the size, scope and focus of infrastructure organisations. CVSR has 12 development officers, providing development services to over 200 groups per year, using the *Service Needs Assessment* tool. HVA uses the *DeveloP-IT* tool as a regular part of their core development work. All six Voluntary Norfolk development workers work with their health check, using one or two sections at a time.<sup>6</sup>

However, in some cases the tools were used by only one worker – possibly part-time – within an infrastructure organisation, and numbers targeted are sometimes quite small. In some cases the health check provided an entry point, or an essential first step to a specific programme of work. Rochdale CVS was using its *Service Needs Assessment* as an entry point into its PQASSO project, and Warrington CVS was using the tool to provide access into its CRB project.<sup>7</sup>

In many cases the health check is used (and sometimes developed) within the context of a specific project.

The BTEG *Baseline Check* was initially developed as part of a Big Lottery funded

project to support Big Lottery funded organisations in London. Since then the tool had been used in a six-month Capacitybuilders funded project, working with 20 organisations in three English regions (East Midlands, East of England and London). It was being used as part of a funded project which included supporting 12 BME organisations with up to five days of support. Other colleagues had also used the tool on specific projects.

A CVA development worker funded by the Children's Workforce Development Council and the Parenting Commissioner at Croydon Council since 2008 had capacity building as part of her remit and was rolling out the *Croydon Capacity Checking Toolkit* to groups working with children and young people, targeting some 20 groups. The toolkit had been developed in 2004 by the Croydon Quality Assurance Group, including the BME Forum, Croydon Voluntary Action, Croydon Asian Resource Centre and Croydon Council. CVA had been unable to use it until the current project because of lack of funding for capacity building work.

In IVAC, the original health check had been carried out on a one-off basis as part of an

<sup>6</sup> See the [Tools Matrix](#) for more details of individual tools and their use.

<sup>7</sup> The Warrington CVS CRB project was set up to help groups with staff and volunteers working with children and young people to make sure they were checked with the Criminal Records Bureau.



initial assessment in its Islington Community Network project. IVAC had introduced the new *Initial Assessment* tool as part of its programme of support for groups. The intention was to use parts of the tool to gather information from all the groups they were working with.

The Merseyside Disability Federation development worker had been using the *GRIPP* tool since June 2008 as part of funded project, supporting a range of Liverpool-based organisations working with people with disabilities. She had used the tool as a starting point with some 30 groups, 75 per cent of the work being with start-up and grassroots organisations.

### Sharing the tool

Both the *GRIPP* and the *DeveloP-IT* tool are used widely across the Greater Merseyside area. The *C3Perform* tools are also freely available and appear to be used fairly widely in the south west and there is some use in other parts of the country. BTEG has shared its *Baseline Check* quite widely and the research identified some other limited examples of sharing. Solihull Voluntary and Community Alliance staff had visited GAVCA and had adapted the *Outcomes Star* for use with their groups. EAVS had shared its *Organisational Checklist* with other East Sussex CVS, and was planning to work towards wider take up of the tool and its more consistent use across the county. However, on the whole, the research found relatively little sharing of the tool with other organisations.

### Targeting frontline organisations

While some infrastructure organisations had posted the health check on their website, others were more reluctant to publicise its availability because of their own limited resources, and also because the tool was

intended for their own proactive – rather than reactive – support to groups. The dedicated development worker who introduced the Surrey Community Action *Organisational Health Check Toolkit* found a poor response from a substantial amount of publicity, while take up largely came from face-to-face contacts.

Most development workers interviewed were using the face-to-face health checks with the full range of organisations they were supporting. For CVS at least, the largest every-day constituency was small to medium-sized organisations, and it was in these groups that health checks were more often carried out. EAVS found that some 70 per cent of its clients were small community groups, although its easy-to-use *Organisational Checklist* was also applied to larger organisations. Congleton DVA was in the process of sharpening its focus on small groups, largely because of limited capacity. IVAC had a specific project focus on small to medium-sized groups from disadvantaged communities, and GAVCA's *Outcomes Star Chart* was used mostly with smaller groups run by volunteers or employing one or two members of staff.

### When is the tool used?

Most study participants stressed that the health check could be applied at any stage in the cycle of an organisation – from start-up to when organisations were considering more strategic issues. More important than organisational life-cycle stage was whether those people involved were prepared to commit to the process. However, when interviewees were probed further, development workers' experience was that an organisation was often drawn into the process when triggered by funding applications or undergoing change; change could include expanding services or staffing, or a move into new premises. In these cases sometimes there

was an awareness that policies and procedures were lacking or needed updating, or a business plan was required. At times the spur was a new manager or crisis management: funding running out; inability to fill volunteer places; or problems with a management committee.

This is consistent with the findings of the CVAR study which noted that:

*One facilitator articulated a commonly held view that 'it is appropriate to introduce the idea of performance improvement when an organisation is at a transitional stage in its life, especially taking on paid staff, taking on a grant or employing staff for the first time... these "trigger issues", rather than pure size, are the crucial points'.*

(Cairns and Hutchison 2005: 36)

## Getting engagement

The study found very little evidence of any formal agreements between development workers and frontline organisations about engaging in the process of diagnosis, action planning and follow up. Most development

workers engaged organisations through an informal explanation of the process. In one case, the role of the development worker was explained as that of critical friend, and there was intentionally no agreement in advance about follow-up, leaving it to the organisation to decide what further input was required.

The head of organisation development at BTEG, engaged in a five-day process of support, introduced the tool at an initial meeting as something that would help groups to identify their areas of strengths and areas they might need to look at. The CVA development worker had an initial conversation in which she introduced the tool, and provided a list of documents that she would review as a paper-based exercise before the health check discussion itself. The Yorkshire Quality Project, which used PQASSO level 1 as an initial check, used a more formal pre-service letter, but this should be seen within the context of a more structured engagement with PQASSO. The Merseyside Disability Federation also had a more formal service agreement relating to the package of capacity building support as a whole, rather than to the health check itself.

## Engaging with a health check: the Development Trusts Association process

DTA has a more formal process of engagement than most. With both the *Membership Health Check* and the *Fit for Purpose* check for non-members, the check process and likely outcomes are initially discussed with a senior officer within the organisations. The process is clearly set out and expectations of how the organisation will manage its participation is agreed. DTA sends the health check or *Fit for Purpose* booklet in advance, which clearly states what the health check is; how the health check process works; who is expected to be involved and the supporting documentation that may be required.

DTA regional advisers are on hand to answer any initial questions. After about one month, a three- to four-hour session is held with the development worker; staff and board members go through the check and an action plan is produced. The organisation may then contract DTA to support the board and staff further through the improvement process. Some local authorities have paid for this support for some organisations. Formal agreements are put in place for this continued support.



## Process



The health check is in almost all cases a series of interlinked processes or stages, in which diagnosis is only one part – albeit an important part – of a whole. These stages are:

- interview-based diagnosis of organisational strengths and weaknesses
- prioritising
- action planning
- follow-up.

### Preparing for the health check

The 2005 CVAR study stressed the importance of good preparation by organisations before involvement in some of the more involved quality approaches and frameworks such as social accounting (Cairns and Hutchison 2005). By contrast, by and large, the process involving the simpler tools did not involve preparatory work by the frontline organisation, or require them to bring documents to the meeting. This came largely from a wish not to overburden the group, and to keep the process informal. One CVS development officer explained that the process was about getting an overall picture of the organisation in the first instance, rather than bringing detailed evidence in at this stage.

The in-depth tools more frequently required organisations to bring with them some basic documentation, such as a constitution, a set of accounts, or funding applications. For both the DTA *Membership Health Check* and the *Fit for Purpose* check, organisations are asked three to four weeks in advance of the session to gather information and documents such as the constitution, business plan, policies, minutes of meetings, a recent set of audited accounts, organisational chart and annual report. Both of the tools outline what documents organisations should have to hand at the first meeting.



Many of the development workers did some background preparation themselves, such as checking the organisation's website, looking for annual reports on the Charity Commission website, obtaining publicity information, or asking colleagues who might have worked with them.

### The right venue

Most of the study informants were flexible about where they carried out the health check, laying importance on a venue that was most practical, and which provided comfort and inspired confidence. One development worker, targeting smaller groups, preferred using the infrastructure organisation's own offices, to avoid distraction from other tasks and childcare. Those needing to access organisational documents as part of the process preferred the organisation's premises, and often this related to more in-depth tools used with more established organisations that had their own premises. Being *in situ* also brought the advantage of getting a greater understanding of how the organisation worked and the challenges staff and volunteers might be facing on a day-to-day basis.

### Working with the right people

Many development officers were equally flexible as to who they met with – depending on the nature of the group, and how the group had made contact and engaged with the process. Trustees or a chief officer, or senior members of staff could be involved, or the check could take place at an open meeting. The DTA specified as a minimum the involvement of a senior staff member and the chair of the organisation. By contrast, Warrington CVS did not work with trustees during the initial check because of practical

issues in terms of matching dates, given the development worker's limited capacity. To a certain extent, the nature and purpose of the check itself was important in this. EAVS, focusing on readiness for funding, worked mainly with whoever was completing the funding application.

### Using the tool flexibly

Most development workers felt that the diagnostic process was largely the same, whether the organisation was new or well-established, although one informant felt that a 'tick-box exercise' was more appropriate with newer groups, simply indicating the way forward. More important were issues such as the familiarity of the client group with performance issues and quality and their readiness to engage: 'It can become very evident that some organisations are not even at that stage that they can use it at all.'

Most development workers emphasised flexibility in using the health check. This meant:

- skipping questions where not applicable
- adapting the language so as to be culturally appropriate
- focusing on issues such as governance with newer groups
- focusing on areas of apparent weakness
- changing the order of the questions
- developing the discussion differently as needs arose.

One informant experienced an important difference between working with larger charities and with grassroots groups. Another explained that, for example, whereas the focus for smaller groups might be on working with the need for a budget, for the larger organisations, the focus might be on the need for a fundraising plan. DTA advisers altered their approach where larger community enterprises had a dedicated financial team, for example.

*No one question will be relevant to a volunteer group and a group with 50 paid staff. You need to be aware of who you are talking to and how you ask the question.*

#### Voluntary Norfolk

However, one interviewee stressed that it was important not to make assumptions about need and development based on organisational size. Indeed, some areas of weakness were found to be common across different types and sizes of organisation.

### Having a conversation

The health checks were designed to be used in very different ways. Some were not intended to generate discussion: the CVSR *Needs Analysis* which takes about 10 minutes to complete, was developed as a tick-box exercise. The research found health checks ranging from 10 to 20 minutes to a process taking anything from one to five hours. However, although the expected process time can provide some indication of the type of tool, for one development worker at least, the question was not a helpful one as the length of the process did and should respond to the nature and needs of the group. Indeed, most development workers emphasised that much depended on the amount of discussion generated, and a new group might be quicker. Often the later discussion about what to prioritise was what took most time.

Even with the briefest tools, most of the development officers stressed the importance of the conversation that builds around the formal structure of the tool, leading to deeper analysis about particular issues and challenges.

*We use the tool in quite an informal discursive way, and this helps groups to think things through properly. With a more formal structured approach I don't think you get the full picture. It's about building a relationship of trust with the group and adapting the questions, using language that is relevant to the people you are talking to.*

#### Voluntary Norfolk

## Service delivery

As generic tools, most of the health checks reviewed did not directly engage with service delivery issues, apart from attention to equal access to services in some tools, and a limited attention to user feedback or participation in others. Confidentiality and safeguarding issues were also raised in a small number of tools.

However, other development workers felt that even if questions did not directly touch on service delivery, it was implicit in most of the discussion, and directly raised by questions about human resources, for example.

*We are always thinking about service delivery in all the work we do with groups. We have a high proportion of older people so lots of groups do things like day care, community transport and things like that. It's important to keep in mind the people who will using the service of the group when you are going through things because it does have an impact on the way you ask the questions.*

### Voluntary Norfolk

Some development workers felt that it was appropriate that service delivery was not a focus because they were working with small groups, although aspects might come up in discussion, and there was some consensus that the focus of the health check was on how the organisation was managed – its legal aspects and good practice.

Most of the tools also did not address organisational results – outputs and outcomes of the organisation's work. The exception to this was the *Perform Diagnostic* which, in line with the EFQM Excellence Model criteria, included key performance results as well as people, customer and society results. IVAC's *Initial Assessment* and the *DeveloP-IT* tool also addressed people results.

## Getting underneath issues

Asked whether the quicker health checks allowed the development worker to get beneath the presenting issues to important factors that might be preventing development, there was a varied response. Some felt that a high-level review was not the right time to do that, or that simple yes/no responses did not allow the real issues to emerge. Also health checks with organisations that had become engaged in the process through a major perceived problem might not raise underlying issues.

However, there was general consensus that building trust and a relationship with the group was the important enabling factor in getting beyond presenting problems, and here using the health check tool flexibly was important. For some development workers, teasing out the underlying difficulties was seen as a core part of the job, although they might not reveal themselves until subsequent meetings. One of the participants emphasised: 'Just asking the questions set out in the tool would not get behind the issues. You need to probe to get behind the answers.'

One development worker, using PQASSO level 1 as an initial health check, felt that issues to do with leadership and staff morale did emerge from the process. Another development worker felt that using the health check was helpful in starting a discussion, but that a number of meetings, including meeting with a committee, were needed before really understanding a group.

## Action plans

One of the key parts of the process takes place after the questions have been asked, and the forms completed. This involves working with the group to identify priority areas for action, and how best to support the group given the time and other resources available.

One participant noted:

*As a development worker you are prioritising in your mind as you go through the health check, but the job is to help the group to prioritise.*

All development workers carrying out health checks reported taking notes during the meeting, and these might be amplified following the meeting and used as the basis for a report back to the group. One informant stressed the importance of the development worker's perceived independent role in this. In some, but not all, of the cases groups were given a copy of the completed form. The BTEG *Baseline Check* has a section – Question 9 – which acts as a summary, and most frontline organisations photocopy the results of this question for their records. In many cases the tool was not handed out to groups at all, even as a blank copy. In HVA, the *DeveloP-IT* toolkit, which is in hard copy, is not handed over to the group, and the completed copy acts as a tool for the development worker. The group gets a copy of the action plan.

Action plans may or may not have a deadline for completion. Sometimes the prioritised actions are limited: the IVAC process involves five action points, and in the GAVCA process there is a maximum of seven. In most cases notes are taken at the meeting, with the action plan written up in the office later on and sent back to the group for approval. DTA has software that analyses the answers to the tool and highlights areas for action. In the EAVS health check, action points arise as the check is completed, and there is space on the form for them, but EAVS is unrepresentative in putting an emphasis on the organisation itself setting an action plan. More generally, the consensus is that only action that has been discussed and agreed in the meeting should be put into the action plan. Where structured support is offered, usually there is an agreement about the amount of support that can be given in the amount of days available.

### The action planning process – Voluntary Norfolk

After the health check meeting, the development worker types up the notes from the meeting and recommends a limited number of points for action, with timelines for their completion. These are then sent to the staff, trustees and/or volunteers from the meeting to agree or amend and both parties sign off the document. If something does not happen by a particular date, the development worker goes back to find out what the problem is.

The CVSR *Needs Analysis* is not followed by a formal action plan, but the information about needs is referred back through a service delivery form to relevant workers within CVSR, who will follow up with support. For a minority of the other tools reviewed, the process did not produce a formal action plan and, in a few cases, limited capacity meant that there was no structured follow-up beyond sending some policies and procedures or doing some signposting.

### Follow-up by infrastructure

In some cases, the follow-up support was limited: 'Some just get on with it and are very good at doing it themselves. Others need more support'.

We have noted that some infrastructure organisations were providing a structured programme of support, related to the priorities of the action plan (BTEG, DTA, Compass Disability Services; CVA). The CVSR *Service Needs Assessment* led to referral within CVSR to particular sources of expertise. Integral to the *GRIPP* tool's report is an

indication of where an organisation can go for further support within the Greater Merseyside ChangeUp consortium, leading to a greater coordination of support across the area.

In cases where there is no structured programme of follow-up, there are a number of strategies. These include:

- sending out personal invites to available training where a pattern of deficits is noticed
- putting on specific training
- discussion with colleagues
- using the completed check list as a personal action plan in order to send relevant information.

Possibly inevitably, support is sometimes stronger in areas where the infrastructure organisation has a particular expertise or resource, such as a community accountant or a volunteer centre.



## Reviewing progress

Six of the development workers interviewed repeated the use of the tool as a means to check progress. The spider diagram in the *DeveloP-IT* tool was designed to chart progress and may be re-done every quarter, while in the use of some tools there is one repeat check only. BTEG workers may use the summary Question 9 of their tool to mark progress, but find that it can be difficult to get an organisation to engage in further assessment once a finite programme of support has ended.

A further five of the development workers interviewed said that they did a follow-up check as a matter of good practice, but did not necessarily use the tool again. In two cases, where a limited amount of follow-up support was available, it was not possible to review progress in any formal sense: 'It is not a tool that you go back to. It is a one-off. Having the summary, you could do follow up, but we just don't have the capacity to do that. We rely on hearing from them about progress made'.

## Good practice in carrying out the health check

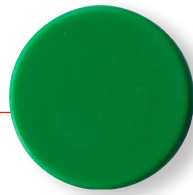
While flexibility in using the tool and the importance of developing a conversation were most commonly cited as important, a number of other pointers to an effective process were offered:

- Build relationships with the organisation before starting to work with the tool.
- Choose a quiet environment with no distractions.
- Have a maximum of three people at a meeting.
- Pick out specific areas to focus on.

- Ask questions the right way.
- Avoid being too challenging or offending with criticism.
- Always include the positives.

*What was important was the way that she put things across. She knows her stuff....With someone not so informed you would not have the same confidence. This is very important, because they are stripping you down to the bare bones. You have to be prepared to be open to criticism. But there is a right and wrong way to do it.*

Sandbach Talking Newspapers



### What worked well: one development worker's perspective

One worker indicated a number of factors that led to a useful process when carrying out a health check. These were:

- good briefings before starting the process
- being in the organisation's space, which meant being in their comfort zone
- being quite informal
- bringing out shy volunteers' opinions
- opening people up
- providing structured feedback
- presenting bullet-point reports that were easy to assimilate
- giving short presentations to the board and to staff meetings
- working around the organisation's timetable.



*It's about empowering organisations so, going through the health check process, options are explored. It's not about CVP doing it for them, though they are there to provide support.*

CVP Bolsover

*It's about being flexible, making the imposition of public service and business standards user friendly, allowing the sector to keep their independence and do what they are good at, serving their communities.*

CVP Bolsover

## Successes and barriers

### Critical success factors

Most development workers felt that the key to a useful process was winning hearts and minds and transferring ownership – the important element in that being how they engaged as development workers with the organisation. Buy in from staff, volunteers and the board and commitment to the action plan were crucial.

*Once you've introduced people to the tool and got the process going there is usually complete focus and understanding. It results in very lively meetings. People have enjoyed using it, being challenged by it, and having 'light bulbs' go on as they begin to understand what they need to do.*

Gloucestershire Association for Voluntary and Community Action

It was clear from the interviews that the relationship between the development worker and the client organisation was crucial. It was felt important for people to feel they had been properly represented in the notes and summary of the health check. Often the question of ownership is seen as something that will happen over time, as the action plan is adopted, and it is hoped the organisation will buy into it.

For some development workers, involvement of board members from the outset was important, but in other cases a more pragmatic approach was taken. The first contact with the group was often through a key staff member and board members might be met later in the follow-up and support process. The EAVS development worker,

for example, offers to meet other staff and committee members, but that does not always happen. The Yorkshire Quality Project, working with PQASSO level 1 as an initial assessment, uses a letter template explaining why they are embarking on the process, and encourages people to share this with relevant stakeholders – making it clear that the management committee would need to be involved. There was some evidence that the entry point to the organisation could at times be more important.

*I try to make sure other people are involved in the health check if needed or appropriate. I have become a bit more savvy in realising that it might not go anywhere because the right people are not involved.*

#### Congleton District Voluntary Action

There were a number of tips offered about critical success factors:

- Use a formal tool in an informal way to build the trust.
- Ensure that there is some willingness at the start, but recognise that it may take time for the enthusiasm of one or two people to become infectious.
- Keep the process relevant to people, organisations and situations.
- Engage with the organisational culture.
- Use the right language and communicate well.
- Keep meetings interesting.
- Be a critical friend – having a balance between honesty and being discrete.

### Barriers to success

An understanding within the client organisation of the benefits of having a good performing organisation was crucial, and if it did not exist, this might be a critical barrier: ‘You go to some places and you know it is not going to work.’

One development worker was sceptical about achieving change:

*On the whole people don't want to change. They run a programme of activities. They have a long waiting list. They just want to get more money to offer more activities.*

Although most interviewees stressed the importance of discussion, two commented on the difficulty of getting organisations to engage in discussion, rather than solutions, and to follow through on the action plan. Time and resources available to the client organisation were key constraints, but other issues were identified, such as:

- not being used to discussing things in the group
- lack of leadership skills
- lack of understanding and skills to manage change
- needing to face a particular crisis which becomes the priority
- inability to see beyond the immediate problem
- feelings of despondency if low scores were given in a number of areas.

These findings about enabling and constraining factors are consistent with results from research reviewing Charities Aid Foundation's grants programme of capacity building small and medium-sized charities – which provided five days of consultant-led organisational review and support. The report found that important factors in successful processes included consultant competence, a flexible and customised process of assessment, timeliness of the intervention and the competence and readiness and buy-in of the client organisation. The research found that capacity building was more likely to be effective if the client organisation was not in the midst of a major project or crisis. (Cornforth, 2008).

The development of action points or an action plan was a common output from the health checks reviewed, although the process itself was varied, as was the structure and amount of follow-up support that could be offered. A common element in all health checks was the importance of flexibility – in how and where the health check was carried out, in

who took part in health check meetings, and in the use of the tool itself. This was reflected in the difficulty in saying how long it took to carry out a check: it varied. The important issue was how to make the health check most appropriate to organisational needs and to work with underlying issues.

## References

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