

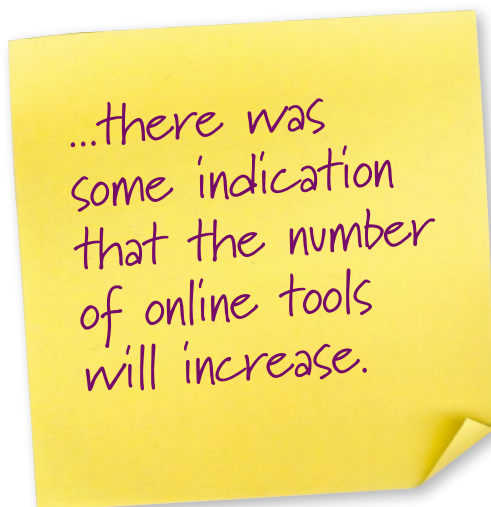


Research summary


Summary findings


 **18 current health check tools** were identified, which were developed and used in a number of different contexts, for example, across a ChangeUp consortium, across a county or borough, or by individual infrastructure organisations. Three of the health checks were available online, and there was some indication that the number of online tools will increase. Four of the health checks were used for self-assessment as well as by infrastructure organisations in the context of support to frontline organisations.


 **19 health checks no longer in use** were identified, including both organisational self-assessment tools and tools used by development workers as part of face-to-face support. In many cases this was because project funding had come to an end, or because of limited development work capacity. However, in some cases complex health checks had been found unsuitable as an initial check and too burdensome for self-assessment purposes.




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 Many of the current health checks were geared towards **small, new** and **developing organisations** and came from a desire to increase capacity in that part of the sector. This meant that more complex tools had become less relevant and simpler and more user-friendly tools have more recently been developed.


 The data suggests that the sector has a **second generation of tools**, often more streamlined than the previous generation of health checks developed during the period 2004-2006, which were often intended as self-assessment tools, or for a more engaged process. This earlier series of tools were often carefully mapped against PQASSO and other quality standards.




New tools responded to particular needs of individual infrastructure organisations and the groups they worked with, and had quite specific original intentions and purposes. Although those designing new tools did welcome learning from other health checks then in use, there was no evident wholesale adoption of other models. While individual approaches and tools are a healthy development, more easily accessible information on existing resources and greater sharing is likely to decrease the current duplication of effort.




The research found **health checks used in a variety of contexts**, often having their origins in, or forming part of a funded initiative. More generally, the evidence suggests that, although funding has been found to develop checks and toolkits, it has been more difficult to get funding for generic capacity building work.



A number of different health check formats were identified, including questions calling for a **yes/no** response, those calling for a more **narrative** response, a series of statements with scales of agreement, and spokes of a **wheel, star or spider** diagram against which levels of progress can be charted. There was evidence that a visual representation is becoming more popular; this is likely to increase within an overall climate of using an outcomes star approach to demonstrating wider infrastructure outcomes.

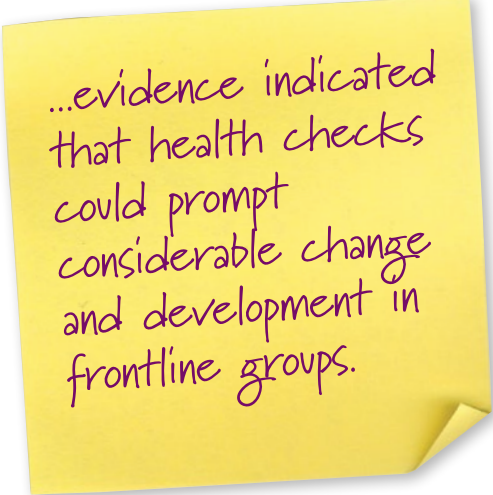


The health check was almost universally seen as a process in which **diagnosis is the initial stage**, but which also comprises prioritising areas of organisational management requiring attention, action planning and follow up. Some health checks were carried out within a structured package of support. Even in this case, they have only rarely required any formal commitment or advance preparation by the group.



There were a number of factors regarded by study participants as key aspects of a successful health check process. These included the quality of the relationship between the development worker and the representative of the group; **sensitivity** and **flexibility** in using the health check; developing a ‘conversation’ around the prompts and **focusing on positive aspects** as well as areas for improvement.

Action plans were influenced by the content of the health check and the general focus and expertise of development workers and their colleagues. The capacity of development workers to follow up with a structured programme of support varied. This research centred on the health checks themselves and their use, allowing only a limited collection of evidence about benefits. However, that evidence did indicate that health checks could prompt considerable change and development in frontline groups.



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Health checks were frequently promoted as providing a **lead-in to quality systems** and in a number of cases infrastructure organisations were using health checks in conjunction with a programme for introducing quality standards such as PQASSO. Where there were no dedicated resources and expertise around introducing quality standards, health checks were less likely to provide a jump-off point for using quality systems as a further performance improvement tool.

For much of the development work with smaller and volunteer-led groups, **strategy and monitoring and evaluation were less of a priority** than meeting legal requirements and adopting appropriate policies and procedures. With one or two exceptions, there was little evidence that carrying out a health check frequently led to monitoring and evaluation and strategy developments.

Several infrastructure organisations had set out to develop a check that could be used to provide a baseline and to assess progress, providing information that could be used for **reporting on the effectiveness** of development work. A small number had incorporated use of the check into their own monitoring procedures. However, use of the check in this way remained to a large extent undeveloped.



Recommendations

National Performance Programme

The National Performance Programme should publicise the research findings about the existence and range of current tools in order to encourage greater sharing of existing approaches, formats, questions and prompts and to facilitate the adaptation of existing tools.

Guidance to development workers should focus on the importance of clarity about the purpose of health checks in informing the design of tools. This should include clarity about whether tools are being used largely for needs analysis, as a pre-quality implementation check, or as a simple quality check for organisations not opting for formal quality systems, or for some other purpose.

The National Performance Programme should use the findings of this research to prompt infrastructure organisations on the importance of areas of organisational management that receive less focus in existing health checks. This includes planning, risk management,

communications and marketing, working with others, and monitoring and evaluation.

Infrastructure organisations

Infrastructure organisations should explore wherever possible the opportunity to integrate information about the outcomes of development work with organisations into their monitoring systems through the appropriate design and re-application of health checks or through an alternative systematic review of progress. This will provide an additional tool to provide a better understanding of, and better reporting on, the difference they have made.

Infrastructure organisations should collect case study information on the usefulness of carrying out health checks within the context of support and development work. This could be provided to help support any individual case for funding for capacity building, and also to build a body of evidence across the sector about the role of such tools.

Health checks – the voluntary sector context

Voluntary sector performance has been a developing theme over the past decade, increasingly so as the sector has expanded and, in a context of a changing funding environment and greater competition for resources, taken on a greater role in the delivery of public services. The Deakin report (1996), the Labour Party *Report on the Voluntary Sector* (1997) and the Treasury Cross-Cutting Review (HM Treasury, 2002) successively focused the voluntary and

community sector on its role in delivering public services, and on its effectiveness. The need to develop organisational capacity has been increasingly highlighted in policy agendas, with a major investment since 2004 in voluntary sector infrastructure through initiatives such as ChangeUp and the Big Lottery Fund's BASIS programme.

In particular, there has been a focus by government, funders and infrastructure

organisations on improving the performance of the sector, and in particular building the capacity of small to medium-sized organisations (Cornforth 2008). In a 2008 research briefing, Charities Evaluation Services noted:

In an environment of increasing competition, and smarter funding application and tendering procedures, many small organisations with insufficient resources, or those unable to frame their benefits in the language of quantifiable outcomes and impacts, have become increasingly vulnerable.

(Ellis 2008: 4)

The importance of performance diagnosis as a first step to improvement was stressed in the document *Improving our Performance: A Strategy for the Voluntary and Community Sector* (Quality Standards Task Group 2004: 23) and in the launch of ChangeUp in June 2004 (Home Office 2004). This was the starting point for the 2005 research carried out by the Centre for Voluntary Action Research (CVAR) for the Performance Hub (Cairns and Hutchison 2005), which gathered evidence about the range and use of approaches to performance diagnosis within the voluntary and community sector. The research noted the importance of the ‘diagnosis phase’ of the range of tools identified, as being primarily concerned with identifying the nature and scale of any organisational problems and weaknesses. The report quoted the comments of participants in one case study, that: ‘if you don’t diagnose first, then you can leap into solutions and attack suspected issues rather than the real issues’. This diagnostic phase could be used to take a broad view of the organisation, assess priorities for action, and how they might be addressed. (Cairns and Hutchison 2005: 78).

Funding through European, regional development and regeneration money, through ChangeUp and the BASIS programme, has provided the opportunity for infrastructure organisations to develop diagnostic tools to support their development work. The increasing implementation of quality standards in the voluntary and community sector during this period also expanded the currency of, and familiarity with, diagnostic approaches; infrastructure organisations in many cases saw the development of initial diagnostic tools as complementary – an initial first step – to formal quality standards.

In his foreword to the 2009 report *Valuing Performance*, the Acevo chief executive officer claims that, given the wide range of resources now available:

There really is no excuse not to set foot on the low-lying rungs of the performance management ladder and there is increasing evidence that the benefits of doing so outweigh the costs.

(Copeman 2009)

The focus on building the capacity of newer and small to medium-sized organisations was consistent with the main target of much of voluntary sector infrastructure work. There was also an increasing pressure on infrastructure organisations to measure the progress of organisations they were supporting, and thereby assess their own outcomes. This study demonstrates that in many cases the need to do this was one of the key purposes behind the development of new tools and their design, although they were not always used as such to maximum effect. Cupitt (2009) emphasises the urgency of the need for infrastructure organisations to demonstrate the difference they make in the current policy climate, and the need for individual organisations to demonstrate their own worth.



Research objectives

The overall purpose of this study was to update the 2005 CVAR research (Cairns 2005) which gathered evidence about the range and use of approaches to ‘performance diagnosis’ within the voluntary and community sector. That research covered a wide range of approaches; as well as generic health checks, it considered approaches focused on particular aspects of organisational management, approaches relating to client impact and quality systems with a diagnostic component. The current research had the intention to focus more clearly on face-to-face health checks used by infrastructure development workers in their support work with frontline organisations, particularly those tools used for quick diagnosis, and to provide learning about the range of tools and suggest good practice in their use.

The objectives of the research were to:

- identify and review face-to-face health check tools used by infrastructure development workers
- examine different characteristics of the tools
- examine the context in which the tools were being used
- examine the extent to which they were used as a first step in performance improvement
- identify good practice
- identify the benefits obtained by using health checks for:
 - frontline organisations
 - infrastructure organisations themselves.



Research methodology

The field research for this study took place between January and April 2009. The research comprised the following components:

1. A review of related literature
2. A review of the following diagnostic tools:
 - fourteen tools used as face-to-face health checks by infrastructure organisations
 - four tools used as both face-to-face health checks and as self-assessment tools.

This review allowed the development of:

- a summary framework of the details and key characteristics of each tool
- mapping of the topic areas and approaches used by each of the tools.

3. In order to provide some context, the following were also reviewed:
 - three health checks designed and used as self-assessment tools by frontline groups
 - five single issue self-assessment health checks
 - four generic frameworks or checklists providing good practice guidance on organisational governance and management
 - nineteen health check tools no longer in use or not currently used because of lack of staff capacity.

A number of new developments were also identified.

4. Semi-structured telephone interviews were carried out with:
 - twelve infrastructure workers using or developing face-to-face tools
 - three development workers/consultants using PQASSO level 1 as a quick diagnostic tool
 - three client organisations of infrastructure bodies interviewed.
5. Shorter interviews were carried out with another ten infrastructure organisations, and a further 19 organisations provided the researchers with information about tools.
6. Eight case studies were developed around contrasting face-to-face health checks.

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