

Overview of the health check tools

This section introduces the health check tools reviewed for this study, their design, purpose and development, and illustrates the varied content of the tools. It also outlines some single issue tools and generic frameworks which might provide a useful reference in the development of health checks. Finally, it considers some new tools under development and captures some learning relating to generic health checks that emerged largely between 2004 and 2006, but which are no longer used.

The tools

An earlier CVAR study suggested that:

Performance diagnosis is usually to be viewed as an integral and essential part of a process of performance improvement rather than a discrete activity.

(Cairns and Hutchison 2005: 6)

Generic health checks were one of five identified approaches to performance management, which considered strengths and weaknesses, and usually led to the development of an action plan and strategies for performance improvement. Copeman (2009) lists six elements of performance management:

- analysis
- planning
- frameworks
- measurement
- monitoring
- reporting.

We found that all current health checks related to the first two of these: analysis and planning, although to a greater or lesser extent they could also provide an integral part of the other processes listed. It is the range in purpose, design and use that suggests the more general term ‘health check’ rather than the more specific ‘quick diagnostic’. The term also reflects the continuous process of assessment leading to change implicit within most health checks, where the diagnostic component is only one element.

The research located 18 face-to-face health checks, and these were the main focus of the research.¹ Of these tools:

- Eleven are quick tools intended for use only by development workers in their development and support work with frontline groups.
- Four are in-depth tools used by development workers in their development and support work with frontline groups.²

¹ These tools were identified largely through a web search. There is little existing shared knowledge about health checks currently in use, and it is not possible to estimate how many others there are that we did not get information on. It is interesting that we found as many health checks fairly recently developed, but no longer used, as we did tools currently in use.

² These include the Staffordshire and Stoke on Trent Consortium of Voluntary Sector Organisations (SCIO) *Health Check* and the Voluntary Norfolk Organisation *Health Check*. These tools are facilitated by a development worker, but each section takes up to two hours to complete. This group also includes the *Croydon Capacity Checking Toolkit* and Surrey Community Action’s *Organisational Health Check Toolkit*.

- Three are tools that could be used either as a quick self-assessment tool, or as part of a lengthier process of face-to-face support.

The research reviewed three additional tools used only for self-assessment. These are referenced on page 12 of the [Tools Matrix](#).

Face-to-face tools

Organisation	Tool
Black Training and Enterprise Group (BTEG)	Baseline Check
Community and Voluntary Partners, Bolsover District (CVP)	Group/Organisational Health Check
Congleton District Voluntary Action (CDVA)	Health Check
Council for Voluntary Service Rochdale (CVSR)	CVSR Service Needs Assessment
Croydon Voluntary Action	Croydon Capacity Checking Toolkit
Dudley Community and Voluntary Service	Building Blocks VCS Good Practice Toolkit
Eastbourne Association of Voluntary Services (EAVS)	Organisational Checklist for Voluntary and Community Groups
Gloucestershire Association for Voluntary and Community Action (GAVCA)	Outcomes Star Chart for Organisational Capacity Building
Halton Voluntary Action (HVA)	DeveloP-IT
Islington Voluntary Action Council (IVAC)	Contact Sheet and Initial Assessment Form
Staffordshire and Stoke-on-Trent Consortium of Voluntary Sector Organisations (SCIO)	Health Check
Surrey Community Action	Organisational Health Check Toolkit
Warrington CVS	Health Check
Warwickshire Community and Voluntary Action (WCVA) – Rugby Office	Organisational Health Check
Voluntary Norfolk	Organisation Health Check

Face-to-face and/or self-assessment tools

Social Enterprise Works (SEW)	C3Quick Perform and Perform Diagnostic (online)
Development Trusts Association (DTA)	Fit for Purpose
Greater Merseyside ChangeUp	GRIPP (online)

The face-to-face health checks identified were developed and used by a wide range of organisations:

- CVS serving a largely urban population (IVAC; Warrington)
- CVS serving a largely rural population (CVP; CDVA; Voluntary Norfolk)
- ChangeUp Consortia (Greater Merseyside

ChangeUp; ChangeUp Cheshire)

- National/network organisations (BTEG; DTA)
- Member organisation offering consultancy services (Social Enterprise Works)

A full summary of these tools, and three self-assessment health checks, can be found in the [Tools Matrix](#).



Development and purpose

Developing bespoke tools

The current tools were largely developed during 2007 and 2008. The exceptions were the *Croydon Capacity Checking Toolkit*, developed in 2004,³ the Surrey Community Action *Organisational Health Check Toolkit* (2006), BTEC's *Baseline Check* (2004) and the *C3Perform* and *C3Quick Perform* tool, which were developed as part of an EQUAL Partnership programme 2004–2007.⁴

Tools were typically developed by a lead person working together with a small working group. The process usually involved carrying out substantial initial scoping and referencing quality standards and other tools (such as the Archway Connexions' *Voluntary Sector Group Needs Analysis Questionnaire* and Voluntary Action Rotherham's *Health Check*, which are no longer in use). But most development workers stressed the importance of their own local experience, and recent tools have typically been more closely designed to meet the needs of their own members or particular infrastructure needs than those developed between 2004 and 2006.

People develop tools that suit them personally and the needs of the groups they are working with. It's the nature of the sector to do this and it needs to be able to continue to do this. They don't need any more cumbersome big folders.

Gloucestershire Association for Voluntary and Community Action

Surrey Community Action, for example, felt that a new tool should be particularly relevant to the south east, where organisations needed to develop a stronger relationship with local authorities. Voluntary Norfolk designed a tool

to meet the needs of rural groups, while EAVS wanted a tool that would equally serve older established groups, larger groups, branches of national organisations and new organisations that wanted to develop.

We do find that the needs of groups can be quite different in the rural area of North Norfolk compared to groups in the large urban areas of Norwich and Great Yarmouth.

Voluntary Norfolk

A lot of rural groups are often isolated and not well connected through transport, so their access to networks and the way they operate and serve their communities is quite different to groups in towns and cities – it's often very informal.

Eastbourne Association of Voluntary Services

Triggers

For a number of infrastructure organisations, the origins of a new tool lay in a perceived need to develop a more consistent way of doing development work and assessing frontline needs among colleagues. For Greater Merseyside ChangeUp, for example, there was a perceived need to drive forward a standardised approach across infrastructure organisations, and also to ensure that frontline organisations had equal access to services. The tool used by Warrington CVS and adapted by Congleton DVA was developed initially through an initiative of a quality subgroup of ChangeUp Cheshire, aiming to improve quality standards.

The triggers for a new tool varied, but included a new senior manager or development

³ It should be noted that this tool is distinct from the *Capacity Checking Framework*, developed by the London CVS Partnership in 2005. We were unable to find evidence of current use of the *Capacity Checking Framework*.

⁴ The *C3 Perform* tool is a detailed self-assessment tool. Quicker tools were developed in the shape of the *Quick Diagnostic* and the *Perform Diagnostic*, paper-based and online tools respectively, which could be used for both self-assessment and within face-to-face support.

worker coming into the organisation or the availability of a pot of money. For example, IVAC developed an initial in-depth health check as part of a Local Strategic Partnership funding agreement to produce a baseline when supporting groups through an Islington Community Network project. In the case of CVP Bolsover, the development of the new health check was triggered when the Community Empowerment Network and Voluntary Action Bolsover were merged, and there was a drive to build the capacity of the sector as a whole to deliver public services. Social Enterprise Works, based in Bristol, developed the paper-based *C3Quick Perform* into an online version, *Perform Diagnostic*, facilitating the collation of multiple responses within an organisation or across sites, and providing a benchmarking facility with other organisations using the tool.

Purpose

The tools had quite specific and different original intentions and purpose. The suite of *C3Perform* tools arose out of an EQUAL funded partnership programme that had as one of its aims ‘embedding performance improvement

in social economy’ across the west of England. The purpose of the DTA *Membership Health Check* and *Fit for Purpose* (for those not wishing to become members) tools were to enable community enterprises to understand what they needed for trading and self-reliant development, as well as to introduce some degree of conformity in terms of quality of management and service delivery. Greater Merseyside ChangeUp wanted a tool that would drive referral between organisations so that frontline organisations could access specialist advice and support.

Development workers in four of the infrastructure organisations (GAVCA, HVA, BTEG and IVAC) said that they had a clear purpose to provide a baseline against which progress could be monitored. This would enable groups to show that they had made progress but would also be useful for their own monitoring and reporting purposes – meeting accountability needs. Another purpose concerned learning and development – to identify particular stages of development or needs, in order to focus development plans and support appropriately. EAVS stressed the need to prepare organisations for funding, and Voluntary Norfolk emphasised the development of sustainable organisations.

Design



The medical metaphor

Five of the nine tools identified in the CVAR research (2005) as quick diagnostics – providing a snapshot of the organisation’s strengths and weaknesses at a given point in time – were called ‘health checks’. This was a popular description for many of the diagnostic tools developed between 2004 and 2006, and was used by 10 of the 19 tools we identified from this period, but which are no longer in use.

Voluntary and Community Action South Bedfordshire explained its use in their *Fit for Action* tool (now no longer used):

Just as doctors know the best conditions for maintaining the fitness of our bodies, so research has found out what creates a healthy organisation.

Some of the development workers working with current tools continued to embrace the medical metaphor, even if the term did not fully reflect the work, as being:

- straightforward
- reflecting a taking stock of vital systems – similar to a medical check
- a familiar term that people could easily understand
- a term that could be identified with positive results – a clean bill of health.

GAVCA may decide to rename its tool a ‘visual health check’ as being more meaningful than the current ‘outcomes star chart for organisational capacity building’:

You need to use language that makes sense to people you are working with.

However, some development workers had deliberately avoided the term, or changed it when redeveloping a tool. The reasons have included:

- avoiding confusion for people whose first language was not English
- avoiding a medical association
- avoiding the connotation of ‘checking up’ on organisations and to emphasise collaborative working instead
- avoiding a static concept, and emphasising the ‘development’ intention.

Whatever terminology was used, most informants saw the process as a diagnostic one – explaining this as finding out the needs, the problems, the weaknesses of organisations, and looking at them in the round. For some development workers, there was a greater emphasis on whether organisations were working to guidelines than for others. A small number felt that they preferred not to use the term ‘diagnostic’ as it sounded as if the expectation were negative, ‘like something

you do to a car.’ The GAVCA development team leader emphasised that, although the process was a diagnostic one, it was two-way:

The development worker is the facilitator helping groups think about their own organisation and how it works.

Many of the informants stressed that, as a diagnostic process, it was not necessarily a formal one. A large number stressed the importance of having a conversation with the client organisation; this is a theme that will be explored in ‘Having a conversation’ on page 33 of [How the health check tools are being used](#).

The importance of design

The health checks reviewed take many shapes. These include hard copy and online tools, simple word documents and published workbooks, visual tools and simple tick-box lists.

Infrastructure organisations had a number of differing design priorities, such as:

- a user-friendly system
(*DeveloP-IT; GAVCA Outcomes Star*)
- short questions that would generate a conversation
(*GRIPP; BTEG’s Baseline Check; EAVS Organisational Checklist*)
- a visual element
(*GAVCA Outcomes Star; DeveloP-IT*)
- a tool that would demonstrate progress (for example, in BTEG’s *Baseline Check* through a numerical rating and GAVCA *Outcomes Star* showing progress visually)
- a tool that could be completed by large groups of staff and volunteers and other stakeholders at the same time, and which could easily collate information.
(*Perform Diagnostic; GAVCA Outcomes Star*)

Personal preferences by those involved in tool development, particularly for a visual tool, were important, but the origins and purpose of the tool most informed its design and content. Research participants viewed the following reasons for bespoke development as important, and as producing distinctive features in their tool:

- The BTEG project officer's remit to work on a Big Lottery funded programme supporting 50 organisations meant she needed a practical system which could track progress, and which would maximise the support offered in a limited time available, reaching areas of real weakness not brought out by other tools.
- The DTA's main drive towards developing organisations that were 'fit for purpose' for trading also meant an emphasis on sustainability, as well as on viability and asset management.
- The EFQM Excellence Model, which formed the basis of the *C3Perform* suite of tools, was seen as a long-term way of developing an organisation.
- The GAVCA *Outcomes Star* is a visual tool rather than a tick list: 'a discussion tool to open up aspects of the organisation, its structures and its needs'. It was designed to be 'approachable and quick and not over wordy and laborious'.
- For Greater Merseyside ChangeUp, the online *GRIPP* tool had to be designed as a generic tool, pitched to ensure that groups would be attracted to use it as a quick self-check, as well as providing questions that would allow expansion and probing when used by a development worker. A brief to keep it short and attractive resulted in a tool with five questions in each of five sections, taking ten minutes to complete.
- For HVA, the tool was built around the spider diagram, which would enable groups to show progress. The development of the tool, *Develop-It*, using the metaphor of the four seasons in four distinct sections, meant that organisations could immediately focus on questions relevant to their stage of development.
- IVAC's new initial assessment tool had been developed as part of a new project, which could lead to more in-depth health checks in specific areas.
- Rochdale CVS wanted a tool that would be particularly geared to the volunteering focus of its Be Involved Youth Project.
- For some tools, such as the Surrey Community Action detailed health check, governance was regarded by the study informant as a key area to work on, the starting point and the building block: 'Things often present as a money issue, but if you dig down you find it is governance.'
- Voluntary Norfolk developed its new tool with topic areas which met the wider needs of groups and of non-BASIS funded development workers, and also to show which of the BASIS skills, confidence and knowledge outcomes they related to.
- The health checks used by Warrington and Congleton CVS were based on *Validation*, a quality tool for work with young people, reflecting an emphasis on procedures, risk management and safeguarding.

Meeting the needs of a sub-sector: the Development Trusts Association's health checks

DTA staff feel that their *Membership Health Check* and *Fit for Purpose* tools are distinctive in their direct and practical advice around coping with all things that arise from running enterprises. These include financial systems supporting the board and decision making, governance issues being addressed and connections between the community the enterprise is serving and the organisation. The focus developed in the *Membership Health Check* is also reflected in the *Fit for Purpose* tool, which was developed for organisations that did not wish to become members.

Elements covered in the *Membership Health Check* are:

- Engaged in the economic, environmental and social regeneration of a defined area
- Independent, self-sufficient or aiming for self sufficiency and not for private profit
- Community based, owned and managed
- Actively involved in partnerships and alliances between the community, voluntary, private and public sectors.

The tool has a good practice section, and indicators cover issues such as management review and financial risk assessment, not covered by most other health checks.

The *Fit for Purpose* tool follows a different format with five sections:

- Governance
- Enterprise and business planning
- Financial management
- Partnership working
- Policies and procedures.



Format

The health checks reviewed in this study fall into five groups in terms of their diagnostic format, the design containing one of the following:

- questions calling for a narrative response
- questions calling for a yes/no response, sometimes with a comment box, allowing for 'shades of grey'
- a series of positive statements with a scale of agreement, sometimes expressed numerically
- a choice of a range of statements, ranging from negative to positive

- spokes of a wheel, star or spider diagram, against which levels of progress can be charted, usually helped by explanatory statements about levels of achievement.

The Congleton DVA *Health Check* contains an action box against each of the questions, but a relatively small number of tools contained an integrated section designed for the development of an organisational action plan. However, nearly every health check's process contained an action planning component. (See Action Plans in [How the health check tools are being used](#), page 34.) The report template produced on completion of the DTA *Fit for Purpose* tool has the intention of

making the tool clear and easy to use – with a traffic light system, allowing the report to show a red light for areas in serious need of attention.

Some checks focused on essential legal and procedural requirements of good management, while a small number were more obviously concerned with the conceptual aspect and framed their prompts in ways that might generate radical rethinking, or raise discussion about the underlying criteria behind good practice. For example:

- If you want to be different do you have an idea what this might look like? (*Develop-IT*)
- The organisation encourages creativity and innovation at every level. (*Perform Diagnostic*)
- We have evidence that what we do is good and effective. (*GAVCA Outcomes Star*)

The HVA development worker stressed that it was important to have questions that required thought and interpretation. Asking ‘How do you make sure things are done in the right way?’ rather than a closed question led into a more open discussion of the benefits of an operational plan and funders’ expectations.

It is about their understanding of why they need policies and procedures. It is easy to say you need to have this and you need to have that. Then people tend to just borrow from other organisations without knowing why they have to do it. What we don't want is something that just helps them to tick a box. It is about taking them on a journey and about leading them but not doing it for them. It is really important for us that it helps us to nurture the groups so that they have real ownership of it.

Halton Voluntary Action

Even when yes/no responses were elicited from a series of questions, most development workers were keen to emphasise that the process was not a tick-box exercise.

Indeed, in many cases the health check forms were not given to the group, and questions

are used as prompts for discussion, with the tick boxes used by the development worker only. Nearly all study informants emphasised the need to open up discussion and take more detailed notes, and stressed the importance of the approach used in the meeting with the group, rather than the format of the tool itself. One development worker emphasised that even with a tick-list approach:

You don't want to put people on the spot. It allows a discussion and focus on the positive. Then you can get down to what they need to work on. It's important to keep the focus on being upbeat.

Strengths and limitations

We have seen that the tools reviewed were different in intent, design and focus. However, when development workers were asked about the strengths of their tool, there were a number of emerging themes:

- brevity, simplicity and accessibility, particularly for smaller organisations
- flexibility
- its ability to focus thinking strategically
- its usefulness in enabling prioritisation of a few achievable actions
- leading to re-application and measurement of progress.

Merseyside Disability Federation was using the *GRIPP* online tool, which has a simple, open line of questioning, rather than prescription. The development worker emphasised how it could be used as the basis for discussion: ‘It is a good starting point and the more you use it the more you can fly questions from it.’ She also found it helpful to be able to save a completed form from the website into the project file, providing the information required for her own action plans.

Social Enterprise Works found that the Excellence Model framework embedded in their *C3Perform* tools also enabled a more

thoughtful and analytical approach:

By providing examples of excellence, for example in leadership, the organisation can reflect on leadership in the organisation and identify areas for development. Once they have identified what they are aiming for, everything falls into place: 'Ok, excellent leadership – we can do this...'

Social Enterprise Works

There were a number of acknowledged limitations to the different tools, arising from the content or design choices:

- The simpler tools were too basic for larger or more complex groups.

- The more in-depth tools were more relevant to larger groups than smaller ones, requiring adjustment.
- The length of the tool made it difficult to engage organisations in discussion.
- A tool in hard copy only restricted its use.
- Gaps included areas such as resources, marketing, IT and networking.

Some informants emphasised that their health check could be used flexibly, and that any limitations in topic areas covered, or in their relevance to different organisation types, would derive more from the way the tool was used than its content.

Content



Holistic tools

The 2005 CVAR study reported that all groups tended to view performance improvement particularly in terms of developing better organisation management and governance (Cairns and Hutchison 2005). The report found that diagnostic approaches of different types placed considerable emphasis on internal policy, procedures and strategic planning, and on legal matters, financial management and human resources issues; they had a limited focus on the impact of the organisation's performance on service users. The health checks reviewed for this study showed similar characteristics.

We reviewed a sub-sample of the following 11 face-to-face tools for content, all used usually in a 'single sitting' process:

- *Baseline Assessment*, BTEG
- *Health Check*, CDVA
- *Group/Organisational Health Check*, CVP Bolsover

- *Fit for Purpose*, DTA
- *Organisational Checklist for Voluntary and Community Groups*, EAVS
- *Outcomes Star Chart for Organisational Capacity Building*, GAVCA
- *GRIPP*, Greater Merseyside ChangeUp
- *DeveloP-IT*, HVA
- *Initial Assessment Form*, IVAC
- *C3Quick Perform* or *Perform Diagnostic* (online), SEW
- *Organisational Health Check*, WCVA.

Although health check content is blocked out in different ways, and structured within a variety of areas of organisational management ([click here to see the Tools Matrix](#)), it was possible to map these tools against the 12 PQASSO quality areas. The analysis below refers to these 11 tools reviewed in detail for content only, and not to other health checks identified in this report.

Planning

Most tools made reference to a business or strategic plan, although fewer were concerned with operational plans. Both the tools used in the Greater Merseyside area, the *GRIPP* tool and the Halton Voluntary Action *Develop-IT* tool, cover planning quite broadly. In its guidance to completion of the star, *GAVCA* linked short-term activities to long-term aims and objectives, and linked activities to resources. *IVAC's Initial Assessment* tool provides a detailed check against the process elements involved in planning, while the *Perform Diagnostic* asks for an up-to-date strategic plan, aligned to mission and vision and periodically reviewed in consultation with stakeholders.

Governance

The common focus was on the status of the group's governing documents and the effectiveness of board/management committee meetings. Only four checked on clarity of roles, and only four on the operation of committee officers. The *DTA* tools were alone in picking up on how well the committee reflected the profile of the local community and more technical issues such as conflict of interest were not picked up at this high level. The *GAVCA Outcomes Star* was able to address more fundamental issues through its statement: 'The management committee understands their role and make strategic decisions.'

Leadership and management

This was an area that had little attention from the two online tools, with their lighter touch, although *Perform Diagnostic's* question about effective, efficient and sustainable processes was able to bring a wide range of issues into its sweep. *IVAC's* and *HVA's* tools had a greater emphasis on decision making than most, while the Warrington and Congleton health checks looked more closely at procedural details, particularly in relation to health and safety. Half of the tools explicitly identified equal opportunities issues.

Managing people

The differences in approach and format were greatly in evidence when tools were mapped against this PQASSO quality area. Recruitment and employment procedures and legal responsibilities were not always a focus for the tools, and some of the tools made little or no specific reference to volunteers. The *IVAC* tool paid detailed attention to employment procedures, whereas the *GAVCA Outcomes Star*, using a graduated set of statements, was able to take the temperature of the organisation in its people management by exploring issues around staff recruitment, employment practices, disputes, morale, stress levels, motivation and retention and issues relating to volunteers. The *GRIPP* tool devotes one of its five sections to people management and development.

User-centred service

This was not an area much touched on within the tools reviewed. Only four tools asked whether users were consulted or part of organisational decision making. User involvement was one of the spokes of the *GAVCA Outcomes Star*, with levels achieved relating to accountability, involvement, feedback and organisational membership.

Learning and development

This area was touched on briefly by only two-thirds of the tools, through questions about encouragement or take up of training. The *Perform Diagnostic* approached the question broadly, raising issues of encouraging a culture of learning, supporting people through training and development and encouraging creativity and innovation.

Managing money

Financial management was a common more detailed focus of all the health checks, although here the light-touch online tools were more focused on the high level rather than the detail of budgets, financial reporting and auditing, forecasts and planning – depending on discussion to bring these more

detailed issues to the fore. The *Perform Diagnostic*, for example, queries whether an organisation has ‘sound financial systems and controls.’ DTA, with its emphasis on fitness for trading, covers the key aspects of financial management, asking whether income and expenditure projections are based on ‘real data’, and the *GRIPP* online tool asks whether organisations have ‘good financial record keeping so that funders and trustees receive regular accurate reports on the finances of the organisation.’

Communications and promotion

This was not an area receiving great attention in the health checks reviewed. The open questioning of the *Develop-IT* and *GAVCA Outcomes Star* tools permits wide interpretation and discussion,⁵ but for the tools using more closed questioning around policies and procedures, this aspect of organisational management was largely overlooked. Only one asked whether there was a marketing strategy.

Managing resources

The two online tools covered this area with broad-sweeping prompts about the adequacy of resources, their efficient use and planning for requirements, permitting of elaboration and discussion. There was little detailed attention to premises and other resource issues. The *Congleton DVA Health Check* covered Information Technology, but this was not an area picked up by most of the tools.

Working with others

A number of tools did not address this issue. Where they did, it might involve a brief check of any networks joined. However, the *DTA Fit for Purpose* check was more thorough-going

in this area, asking questions at a number of levels. BTEG asked whether networking and partnership was as effective as it should be, and *Develop-IT* explored the headline question ‘Do you link up with the right people?’ *GAVCA* has recently added ‘Representation in your sector’ and ‘Working with others’ as additional topics for its *Outcomes Star*.

Monitoring and Evaluation

Monitoring and evaluation were excluded entirely from the *IVAC* tool. In some there was a simple question about monitoring and the *DTA Fit for Purpose* check and the *Perform Diagnostic* both raised questions about collecting information in order to improve. The *EAVS* health check asks ‘How do you know you’ve done a good job?’ and ‘How do you evaluate the difference you’ve made?’ *Develop-IT* asks about keeping a record of work and satisfaction and, in its Winter section, more substantially about measuring success, goals and targets and whether the organisation can ‘show you have made the difference or changes you set out to achieve’. The *Warwickshire CVA Organisational Health Check* asks about the implementation of a quality system, but this was not seen elsewhere.

Results

The *Perform Diagnostic* is alone in addressing results fairly comprehensively, with questions relating to key performance results – whether the organisation can measure its outcomes and impact and compares favourably with other organisations – as well as customer and society results. The *IVAC Baseline Assessment* looks at more detailed questions of people satisfaction.

⁵Promotion and Marketing (External) and Communication (Internal) comprise two of the spokes of the *GAVCA Outcomes Star*.



Single-issue tools

The study identified five single-issue tools which offer more detailed guidance and may be useful in the development of more generic health checks.

Dudley Volunteer Centre: Volunteer Involvement: a Health Check for Organisations

This check comprises a series of questions within 10 sections, covering issues such as support and development of volunteer contribution, policies and procedures, volunteer roles, volunteer recruitment, induction and supervision.

Charity Commission: CC8 Internal Financial Controls Self Checklist for Charities

In this checklist (www.charity-commission.gov.uk/Library/publications/pdfs/cc8quest.pdf) the Charity Commission suggests an annual review of performance by charity trustees against a series of questions. Areas covered include accounting requirements, budgets, postal receipts, fundraising events and campaigns, banking and custody procedures.

Institute of Fundraising: Fundraising HealthCheck

The health check at www.fundraisinghealthcheck.org has two data entry forms: 'net income' and 'investment'. Each data entry form is split into income streams, for example, individual giving, legacies, corporate. The health check produces a report giving predictions for each income stream over the next 12 to 18 months and provides some general advice to help inform budgeting and thinking.

NCVO Sustainable Funding Project: The Sustainable Sun Needs-analysis Tool for Voluntary and Community organisations

This is a star or wheel type visual tool around seven different areas integral to long-term sustainability, such as planning and financial

management. Organisations can work together with a funding adviser to plot organisational health and consider future development.

Website Criteria™

A website health check can be downloaded at www.websitecriteria.com. It asks questions around seven areas:

- strategic issues
- management
- content and features
- marketing and promotion
- usability and design
- revenue and savings
- technical issues.

Generic frameworks providing guidance on organisational capacity

Most of the health checks identified in this study had referenced quality standards such as PQASSO (Practical Quality Assurance System for Small Organisations), Quality First or specific volunteering standards in their design and development stage. The study identified a small number of background documents that might also be useful to reference. These are:

Charity Commission: The Hallmarks of an Effective Charity

This document provides indicators around six hallmarks:

- Clear about its purposes and direction
- A strong board
- Fit for purpose
- Learning and improving
- Financially sound and prudent
- Accountable and transparent.

McKinsey Capacity Assessment Grid

This grid developed by the US Venture Philanthropy Partners (www.venturephilanthropypartners.org) is designed for nonprofits to assess their capacity, to be used in conjunction with the Capacity Framework, which explains the seven elements of organisational capacity:

- aspirations
- strategy
- organisational skills
- human resources
- systems and infrastructure
- organisational structure
- culture.

Lawrie, A (2000), Developing Your Organisation, The Directory of Social Change, London.

This publication provides an example of a simple health check with 20 questions.

Hutton, C and Sexton, S (2007) Is it Seaworthy: Assessing and Funding the Capacity of Voluntary and Community Organisations, Governance Hub.

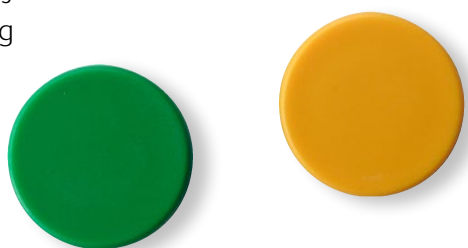
This more recent publication was intended as a resource for those assessing and supporting

organisational capacity within the voluntary and community sector. It contains a discussion on organisational capacity and some case studies. The publication also provides a list of standard checks and evidence in six key areas, together with some prompts to dig deeper. Areas covered are:

- vision and direction
- financial management and accountability
- approach to risk
- valuing and supporting people
- managing change and development
- commitment to quality.

These prompts could be useful in the development of a health check wishing to open up discussion rather than provide a quick tick list. For example, ‘Is the organisation clear about its vision and direction?’ is followed by the prompt ‘Can you describe the communication between the board and staff?’

The list also covers areas such as approach to risk (in considerable depth), change and development, sustainability issues and exit strategies, areas not covered by many health checks reviewed in this study.



New tools

In the infrastructure organisations interviewed, some of the tools had emerged as refinements, or developments, of previous health checks used. For example, IVAC’s *Initial Assessment tool* replaces a previous health check, developed in 2002, and GAVCA used a more detailed health check before introducing the *Outcomes Star*. North Tyneside VODA has developed a new health check database, designed to provide flexible access to different areas of organisational good practice. This

replaces a number of previous individual health checks, including the ‘Fit for Purpose’ health check.

Where more streamlined tools had been introduced, we did find some plans to supplement them with more detailed add-ons, and other plans to make tools more widely available, for example through an online version or by exploring their commercial potential. There were also two health check

tools which were still in the development stage, and which we were unable to draw into this study.

The developments show some indication of a continued move towards lighter-touch tools, the visual model of a star/wheel/spider beginning to appear more frequently. Tameside 3rd Sector Coalition is piloting a new star tool, and Nottingham CVS is also exploring the idea of using a star approach in a new tool. The drive is towards tools that are

quicker to use and that can provide a visual presentation of organisational performance, rather than a written report. The tools also offer the potential of clearly showing organisational progress – and infrastructure outcomes – if the process is repeated. This trend towards an outcomes star approach is likely to continue if the outcomes star is introduced into measurement of infrastructure performance overall.

Bradford Community and Voluntary Service is updating its in-depth ECHO (*Essential Checklist for a Healthy Organisation*) self-assessment tool as part of an ERDF-funded programme of work, so that it functions as a tool for infrastructure development workers to use in their face-to-face work, and to make it more applicable to organisations that are trading. The tool will be mapped against PQASSO 3rd edition. Bradford CVS also intends to make the tool available online so that it can also be downloaded and used for self-assessment. A quick assessment tool will be developed to sit above the more in-depth tool.

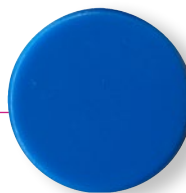
Greater Merseyside ChangeUp is exploring the commercial potential of its online GRIPP tool, which could be adopted by other consortia or large infrastructure organisations. Greater Merseyside ChangeUp has also developed an online diagnostic which assists third sector organisations to identify products and services from which they could generate income.

Halton Voluntary Action is planning to develop and license its *DeveloP-IT* tool to other councils for voluntary service and local councils, and to explore its potential for small businesses. Staff envisage its development as an accessible online tool.

InformLeeds – a network of development workers in Leeds – has developed a single health check which can be used by all members of the network. The health check has a linked signposting and referral system to appropriate follow-up support, which includes a carbon copy form completed by the development worker. This is leading to better access to support for groups and streamlining of the delivery of infrastructure support across the city. A directory of development workers and areas of expertise is in development.

IVAC anticipates that its *Initial Assessment* tool could lead to more in-depth health checks in specific areas, such as finance and quality. Staff have started to develop these as they are running a project in both these areas, and this is likely to lead to a fuller, more complete health check.

Tameside 3rd Sector Coalition (T3SC) promotes a free health check on its website. The check is based around a star/wheel, with positive statements relating to spokes on the wheel. The tool has taken account of PQASSO indicators, and has been developed for work predominantly with small and newer groups, often with no staff, as staff encourage the more established ones to implement the PQASSO standards. T3SC has opted for the star/wheel model so that groups would focus on issues other than funding, and so that both they and the group could see progress over time.



Tools no longer in use

One of the striking findings of the study is the number of tools that were either never convincingly used after their development and piloting, or which have fallen into disuse. We found 19 health checks, most developed in the period 2004 to 2006, which were no longer being used. Most, but not all, of these were detailed documents, often mapped against PQASSO and other quality standards. Some were published toolkits.

The research followed up the eight UK-based generic health checks identified in CVAR's 2005 report. Four of these were no longer in use:

- Derby CVS *Health Check*
- Community Council of Shropshire *How to Health Check Your Organisation*
- Northamptonshire CVS *Management Overview Test (MOT)*
- Tamworth CVS *Group Health Check*.

The research could find no evidence that the South London CVS Partnership *Capacity Checking Framework* was being used. This was a published toolkit reviewed by the 2005 CVAR study.

The IVAC health check had been replaced by the new *Initial Assessment*. Only the BTEG *Baseline Assessment* and the DTA *Membership Health Check* remained current, supplemented by the new *Fit for Purpose* tool for non-members.

The study also reviewed health checks listed on NAVCA's SKiLD website (www.navca.org.uk/services/learningopps/skild/healthchecks/Home.htm). Of the eight health checks listed on the site, the study could identify only two – the Warrington CVS *Health Check* and the Rugby CVS *Organisational Health Check* as still in use. Those no longer operational are:

- CASE Kent *Health Check Sheet*
- Archway Connexions *Voluntary Sector Group Needs Analysis Questionnaire*
- Voluntary Action Rotherham's *Procurement Team Organisation Health Check*
- Stockport CVS *Towards Sustainability and Beyond*
- Nottingham CVS *Organisational Health Check 1*
- Nottingham CVS Change Management *Service Organisational Health Check*.

Given the time and other resources put into these tools – in some cases without obvious benefit – there is learning to be drawn from it.

- Tools were often introduced as part of project-based funding, and no resources were found to continue the implementation of the health checks.
- Tools relevant to a specific project and targeted client group had limited use for more general capacity building as priorities (such as the drive towards readiness for procurement) changed.
- Development worker capacity more generally was frequently reduced or limited, highlighting the anomaly of funding being available for short-term project and resource development, but not for generic capacity building itself.
- Workers introduce their preferences into the development and design of tools; tools identified too closely with one individual often did not survive when he or she left the organisation.
- Very detailed tools were often found too onerous for frontline organisations.
- Frontline organisations did not perceive the benefit of engaging in a lengthy exercise which mirrored a quality process,

but did not bring the benefit of adopting recognised sector standards. This has been seen increasingly as PQASSO and other quality standards have been introduced more widely within the sector.

- Published documents that contained lists of resources and contacts quickly became dated.

This chapter has looked at how health check tools have developed different areas of focus, diagnostic approach, designs and formats to meet quite distinct and individual intentions and purposes. The tools often illustrate a different focus in relation to the development of frontline organisations and also the extent to which they were designed to develop, and to monitor the benefits of, support services by infrastructure organisations. The number of new tools identified was matched by the number of many relatively recent health checks no longer in use. In part this reflected loss of resources to carry out the service, in part changing needs, and in general, a move towards lighter-touch models that could serve as a complement to quality systems, rather than a substitute.

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