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Review by the Social Services Inspectorate

of

Family Support Services Staff Self-Appraisal Programme

In the Western Health Board Area

December 2003
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1. **EXECUTIVE SUMMARY**

The Western Health Board (WHB) invited the Social Services Inspectorate (SSI) to undertake a review of a pilot project of a staff self-appraisal system between late 2001 and 2003.

The pilot project involved project staff that provides community based family support services. The staff are employed by WHB, Foróige, Forum and Galway Youth Federation, who provide the services under a joint management model. The aim of the self-appraisal pilot project was to encourage staff to take responsibility for their professional development. Staff holds a range of professional qualifications in the areas of social work, social care, community development, teaching and nursing.

Self-appraisal was one of three initiatives introduced to support professional standards of work and quality services for service users. The others were Standards for Family Support and a Practice Manual. All but a tiny minority of staff volunteered to take part in the pilot project.

Reviewers met with staff at the beginning and end of the pilot. Quantitative and qualitative research methods were employed, including completion of questionnaires, individual meetings and focus group meetings. During the pilot there were on average three meetings between the family support worker and their line manager.

The review found that, overall, staff were satisfied with self-appraisal as a concept and were appreciative that they were given opportunities to build on their professional development. Managers and staff alike stated they thought the Standards and Practice Manuals were extremely useful, adding clarity and standardisation to their work and articulating the focus on the service user. The reviewers recommend these manuals are made available to all staff, not just those involved in the pilot.
Questionnaires and interviews elicited that while the majority of staff felt they were more focused on their work following self-appraisal, a substantial number had difficulties either with the frequency of the meetings, the skills of their line manager in conducting the meetings or felt inhibited due to their line manager facilitating the process.

The reviewers made a number of recommendations, the main one being that self-appraisal become an integral part of the work of the Family Support Project. Meetings should be held annually. It should be mandatory for all new members of staff and existing staff should be encouraged to take part. A small number of facilitators (from regional not local management) should be trained to undertake the role of assisting staff undertake self-assessment. General themes emerging from self-assessment should be fed back to the regional office to assist planning and development. The Western Health Board should review its management appraisal arrangements and see where self-appraisal fits into this configuration.

The Western Health Board and the Regional Family Support Services are congratulated for undertaking this initiative. Resources, both financial and time, have been dedicated to supporting new staff, from a range of professional backgrounds. In so doing, the Board has recognised that their key resources in working to sustain families in the community are their own staff. Supporting staffs’ need for ongoing professional development enhances the service families are offered and the standard of work of staff.

**Recommendations**

- The board should require all new members of Family Support staff to undertake staff self-appraisal.

- The Board should have personnel from regional management undertake the facilitative role in staff self-appraisal. This person/s should be assisted in acquiring the requisite skills if necessary.
Regional management undertaking individual self-appraisal should, from time to time, publish reports of general themes relating to professional development issues. Services delivery should be reviewed in light of arising issues.

Staff self-appraisal should be undertaken annually, unless otherwise agreed.

The self-appraisal practice manual should be revised to bring it up-to-date and to clarify different organisations’ policy and guidance.

The self-appraisal practice manual should be made available to all staff working in family support projects.

Forms used to guide the meetings should be re-designed for the second and subsequent meetings.

2. PROJECT COMMISSION

Shortly after the establishment of the Social Services Inspectorate (SSI) in 1999, the Regional Co-ordinator, Adolescent and Family Support Services, Western Health Board (WHB), Mr. Pat Dolan, approached the then acting Chief Inspector, Mr. Victor McElfatrick, inviting the Inspectorate to review a pilot project that was in the planning process. At that stage the main focus of the Inspectorate was supporting the development of good quality standards in children’s residential centres through inspection, recommendation and guidance. The SSI was also seeking to develop an overview of services for children and their families to better understand services for children in care in the context of overall family support services. Although the invitation by the WHB was outside core inspection work, it was agreed to undertake the review in support of the WHB’s innovative work in this area and in assisting the Inspectorate to keep abreast of general developments.

The pilot project was from the autumn of 2001 to the spring of 2003.
It is important to differentiate this review from inspection work undertaken by SSI under Section 69 of the Child Care Act, 1991. This review is being undertaken following an invitation to do so, and while this report makes recommendations to the WHB, it is the Board’s sole decision whether to accept these recommendations. Ms. Michèle Clarke (lead) and Ms. Ann Ryan undertook the review.

ACKNOWLEDGMENTS

The reviewers are indebted to Ms. Sue Kane, Regional Office, Adolescent & Family Support Services, Western Health Board, and the administrative assistance provided by Ms. Michelle Burke and Ms. Stephanie O’Connor of the Western Health Board in the course of the field-work.
3. **DESCRIPTION OF SELF-APPRAISAL PILOT PROJECT**

3.1 **Background**

There are nineteen different projects and services that work with adolescents at risk and/or offer family support in the Western Health Board region. They are managed by the Western Health Board, Foróige, Galway Youth Services and Forum, through a joint management forum. The range of projects includes family support, neighbourhood youth projects, Springboard, community development, adolescent support and family group conferences. The projects have various titles and three employers however the work they undertake is similar and the skills required are drawn from the same professional pool. The differences that have developed are, in the main, due to historical reasons, funding streams and local differences. The projects are co-ordinated by the Regional Co-ordinator, Adolescent and Family Support Services, an officer of the Western Health Board.

These services grew in the mid to late nineties and staff numbers increased from four to fifty three by 1999. Managers sought to put in place policies and practices which would support adolescents and families. The services were to be equitable, accountable and of a good standard. The two main strands of this were the development of Standards and Criteria of Family Support Services, which were mandatory, and the introduction of a self-appraisal pilot scheme on a voluntary basis for staff across all services managed by the Regional Co-ordinator.

It is interesting to note that a feature of the development of these services is the range of professional backgrounds and training from which teams are comprised. Typically, staff may hold qualifications in social work, child care/social care, community development, psychology, nursing, teaching and youth studies. All of these qualifications have some core common areas but their formation and focus differs. In these circumstances the development of agreed common standards supports a diverse range of professionals to
work co-operatively rather than stressing the differences of their qualifications and practice.

The WHB introduced three measures to support professional work in the area of Family Support Services, these were;

- Standards for Family Support Services;
- Self Appraisal Policy and Practice Manual for Family Support Services;
- Pilot Self-Appraisal Project.

3.2 **Self-Appraisal**

Self-appraisal is defined by the pilot literature as ‘The continuing process whereby project staff can monitor their practice and performance through a procedure of goal setting, action process and personal review in collaboration with their line manager. It is usual to enact the process of self-appraisal through regular reviews of at least six monthly intervals.’¹

The differences between self-appraisal and supervision are described as ‘supervision is in part the process of ensuring that one enlists support in achieving ongoing professional goals whereas self-appraisal is the measurement process or tool for ascertaining whether those same goals have been achieved.’²

It is important to note that general definitions of supervision include professional self-development. This reviewer understands self-appraisal to differ in that its emphasis is on self-appraisal as a stand-alone exercise and to appreciate that it attracts a greater focus than if it were included in a supervision meeting.

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When it was introduced in the pilot, self-appraisal was described as a process whereby a professional worker is facilitated in a non-judgemental meeting to review their professional development in order to support them in their work. The intention was that the professional identified issues for discussion. These could include professional strengths, weaknesses, long-term career direction, training requirements and developmental issues.

Reviewers were informed that the rationale behind the introduction of self-appraisal was that, although professional supervision was a regular feature in the projects, this tended to focus on case management and resource issues and, in general, little emphasis was placed on professional development. The rationale recognised that the type of work undertaken on projects is based, in the main, on interpersonal skills and relationships between worker and client, frequently in situations where deprivation and difficulties are rife, and this can lead to stress and burnout. One of the aims of self-appraisal is to encourage workers to take personal responsibility for their professional development and hopefully this will assist them in sustaining high standards of practice over a lifetime of work. An understanding was that issues of case accountability and relationships with management could deter a worker from identifying professional issues such as gaps in skills in the normal working forum with management. In recognition of this, self-appraisal was perceived to offer an alternative forum for workers to identify professional developmental issues and how to deal with them.

3.3 **Steering Group**

A steering group was established to manage the pilot project. It was chaired by the Regional Director of Child and Family Care and had representatives of managers and staff from all organisations. This group oversaw the development of the Standards for Family Support Services, the Practice Manual for Family Support Services and the staff self-appraisal pilot project.
3.4 **Participants**

There were forty-eight participants involved in the pilot self-appraisal. Thirty-three staff were WHB employees, thirteen were working with Foróige, and the Galway Youth Federation and Forum were each represented by one staff member. Staff were invited to become part of the pilot and, in agreeing, signed a contract indicating commitment for the duration of the programme.

3.5 **Manual**

A manual (ring folder) entitled ‘Self-Appraisal Practice Manual’ was distributed to all projects part-taking in the pilot and staff members were invited to access it there. The manual has twenty-one sections ranging from induction, mission statement, charter of rights, time management, supervision versus self-appraisal, work practices, referrals and procedures and forms for different activities.

3.6 **Standards**

At the same time as the pilot self-appraisal scheme was being established, a set of Standards for Family Support Services was introduced. Abiding by the standards was not voluntary; all staff members were obliged to incorporate them in their work. Standard statements made explicit the standard that a client of the service could expect. Indirectly they offered guidance to managers and staff of the service as to what is expected of them and what they could expect by way of supports. Standards also supported professional development as they infer levels of practice requirement and how staff members are expected to deal with their clients, colleagues and managers.

3.7 **Training**

All staff working in the projects were given a copy of the standards and all staff participating in the pilot were given a copy of the Self-Appraisal Practice Manual.
Additionally, all staff involved in self-appraisal, both those undertaking it and their managers, were offered a shared day’s training.

3.8 **Self-Appraisal Meetings**

During the pilot period the vast majority of staff involved had three self-appraisal meetings. All staff had their self-appraisal meetings with their line manager. There were a substantial number of staff who were both appraised and the appraiser as they have line management functions. All staff that responded to questionnaires were also receiving professional supervision.

4. **Methodology of Review**

The review was conducted over the course of a year. Review methods included quantitative and qualitative methodology, including baseline data, questionnaires, focus group interviews and individual interviews. All written material applicable to the project was also reviewed. This report was submitted to the Board for factual accuracy prior to publication.

4.1 **Review of Written Material**

Reviewers had access to

i. Self-Assessment Practice Manual
ii. Standards and Criteria for Family Support Services
iii. Self Appraisal Form
iv. Letter introducing the pilot scheme to staff members

4.2 **Introductory Meeting**

The reviewers met with the majority of staff involved with the project in three focus groups in two venues in March 2002. The purpose of the meetings was to inform them of
the remit and time of the review of the pilot and to elicit base-line information regarding supervision and self-appraisal.

4.3 Questionnaire

All forty-eight staff taking part in the pilot self-appraisal programme were asked to complete a questionnaire in September/October 2002 and forty were returned. Respondents were not asked to give their names and they were invited to state the title and length of time in their post if they were not concerned regarding identification.

The questionnaire elicited quantitative and qualitative information, which both has a stand-alone value and was used to inform the questions in the focus groups and individual interviews.

4.4 Focus Groups and Individual Interviews

Sixty per cent of staff taking part in the pilot were randomly invited to take part in focus groups and forty per cent were invited to individual interviews held in February 2003 in Swinford, Co. Mayo and in Galway city. Three focus groups with eight participants in each group were held in two centres. Where possible, line managers and staff members were not invited to the same meeting. Ten individuals were randomly invited to take part in individual meetings with reviewers. Individuals invited to interviews represented both those who had attended a focus group and those who did not. The focus groups lasted one hour and the interviews approximately forty minutes.

4.5 Meetings with Managers

Individual meetings were held with five senior managers in the Western Health Board and Foróige in early April, 2003.
5. **Findings**

5.1 **Written Material**

The self-appraisal manual is a comprehensive document, essential for all staff members to ensure they are informed of organisational policies and procedures. It contains information supplied from both employing organisations. In some instances, where policies are different, the section heading holds both sets of policies. However, this is not consistent and it is unclear where there is only one set of documents if this applies to all services or if there is one set missing. There is also evidence in the section on job descriptions that the available literature has been gathered from a number of sources. Whilst praising the ease of access to information in the manual, the reviewer noted that some job descriptions dated from the mid-nineties and so the pay scales and perhaps the holiday entitlement was outdated. In the opinion of the reviewers the manual should be updated. Examples of policies or forms that are considered best practice from individual projects are included in the manual as examples and useful guidance to others.

Although the manual is undoubtedly useful in the self-appraisal process, in the main it is a stand-alone guide to policy and practice in both the Western Health Board’s and Foróige’s child and family support services.

In the opinion of the reviewers it should be made available to all staff, irrespective of whether they part-take in the self-assessment process. It may be that it was given this title as it was launched at the same time as the pilot however it is recommended that the title should be changed to Family Support Services Policy and Practice Manual.

There was much praise from staff for the production of this document. They said it was helpful to have this information available in one pack. They appreciated the clarity which written documentation supplied over anecdotal accounts of their organisations’ policies.
The simultaneous development of the standards for family support work and a practice and policy manual provided staff with clarity on the standard of work they should provide for their clients. The policy and practice manual outlined how these standards were to be delivered in their day-to-day work and gave useful information relevant to staff regarding conditions of service in their respective organisations. The pilot of the self-appraisal programme was a third supportive arm of the development of the service.

5.2 Questionnaires

Forty-eight questionnaires were sent out and forty responses returned. This is a very high percentage for an anonymous postal questionnaire. The questionnaire asked twenty-one questions.

In summary, respondents were positive about self-appraisal as an opportunity to focus on their own longer-term professional development. The majority of respondents said that supervision dealt mainly with case management and issues of accountability. Negative comments were largely related to the dual mandate of the line manager as supervisor and appraiser and the frequency of self-appraisal meetings.

5.2.1 Length of time in post

Of the forty respondents, twenty-one staff were in post between one to five years, seven were there less than one year and seven were in post longer than four years. Five respondents did not complete this section.

5.2.2 Documentation

Thirty-seven respondents said that they had been supplied with the draft standards and the self-appraisal practice manual; two said they had not been supplied and one did not answer. Of these thirty-seven, only two respondents admitted to not having read them. Thirty-five responded that they had understood the manual.
5.2.3 **Supervision**

Thirty-three said they had supervision prior to spring of 2000, five said they did not and two did not answer this question. Twenty-five staff said they had supervision on a monthly basis, four on a six-weekly, four on a bi-monthly, one on a three-monthly and six at longer intervals.

5.2.4 **Self-Appraisal Meetings**

All responses bar one (no comment) said they had at least one self-appraisal meeting. In response to the questions about the frequency of self-appraisal by September-October 2002; ten staff members had one self-appraisal meeting, twenty-four had two, three had four and two did not respond. Twenty-three respondents said the meetings were helpful, six said very helpful, nine said ‘OK’, there were no responses to it being unhelpful and two did not respond.

5.2.5 **Impact of Pilot Project**

The questionnaire offered respondents five options to the question ‘In what way does self-appraisal impact on your professional work?’ Thirty replies said it made them more focused, one more client centred, one more empathetic, six said it had no impact on their professional work and two did not respond.

5.2.6 **Other Issues**

The questionnaire asked if there were any issues from your work practice that were not discussed in either supervision or self-appraisal. Twenty-nine said no but nine respondents answered in the affirmative. Two did not answer.
5.2.7 **Skills**

A question that asked if, in the respondents view, the person undertaking their supervision and self-appraisal had the necessary skills to undertake this work elicited a positive response from twenty-seven, a definite no from one reply only and seventeen said they thought that only some of the skills were present. Twenty-seven responses had no problems regarding confidentiality but five had definite problems and seven said they had problems sometimes. Thirty-eight said records were kept, one said they were not and one did not respond.

5.2.8 **Gains**

Twenty-nine people said they had gained professionally from the process of self-appraisal, twenty-one said they had gained personally, only six said they had not gained professionally, and eleven responded that they had not gained personally.

5.2.9 **Changes to Pilot**

The final question asked what if any changes they would like to make to self-appraisal. Eight commented on frequency, seven on format and five on content. The majority of written comments in the ‘other section’ commented on the duel role of supervising line manager and self-appraiser. Some stated that as they had excellent supervision and as such professional development was already discussed, they did not need self-appraisal as a separate feature. Some others said that if they had not discussed an issue in supervision they were not going to do so with their line manager in another format. The issue of trust and separation of role was mentioned a few times.

5.3 **Focus Groups and Individual Interviews**

Focus groups, occurring some six months following the questionnaires, affirmed the main findings of the questionnaire, although the complexity of issues was illuminated.
Overall, staff commented positively regarding the introduction of self-appraisal. It was viewed as their employers taking a long-term view of their professional needs and as an expression of an understanding of the stresses, difficulties and complexities of the work of family support services in a community setting. Summarising the views of the focus groups, the majority of staff said they saw value in the self-appraisal programme and wanted it to continue if some key changes were made. The majority of staff wanted to undertake self-appraisal with someone other than their line manager.

A criticism of self-appraisal from some staff was that there was not a common agreed understanding of its function across all managers and staff. There were different views regarding how self-appraisal could or should fit into the staff/line management position with their supervisor.

Differences were aired regarding perceived conflict of the role of line manager and staff, in helping staff to develop a greater understanding of their professional development. In the main, staff said that problems regarding its function could be resolved if there was role separation between line managers and those offering self-appraisal.

Staff who were happy with their supervision said that self-appraisal was either not necessary or at best an opportunity to develop topics already covered in supervision. This group said they had excellent supervision with their line managers and reported that professional development was an integral part of supervision. Some of this group said that it could be advantageous to have occasional meetings to focus exclusively on professional development, but they were content that this would occur with their line manager.

Overall, staff were happy with the concept of self-appraisal but requested a change from the line manager undertaking self-appraisal for the following reasons:-

- They did not have sufficient confidence or trust in their line manager to disclose any vulnerabilities they recognised in their own professional development;
• They felt their work status, if in temporary posts or if applying for promotional posts created a conflict of interest in their line manager if they were also carrying out their professional self-appraisal;

• They said their line manager did not have the appropriate skills to carry out the role of self-appraisal.

Additional changes suggested during interviews were that the frequency of the self-appraisal meetings during the pilot was too regular. Staff said the form supplied was useful for the first meeting, but that a different form was required for any subsequent meetings, which looked at following up issues already raised.

Several staff said that although the self-appraisal project was voluntary, their perception was that it could be held against an individual if they did not sign up. A common view was that if it was to proceed it should be part of work practices for all new employees.

A recommendation that the facilitator of self appraisal should be based centrally, with no direct line management role or part in appointments or promotions could fulfil the duel mandate of neutrality to individuals whilst feeding themes and more general issues back to management from time to time. If this recommendation were implemented, it would also allow that person/s develop skills due to their exposure to the work.

5.4 Recommendations

a) The board should require all new members of Family Support staff to undertake staff self-appraisal.

b) The Board should have personnel from regional management undertake the facilitative role in staff self-appraisal. This person/s should be assisted in acquiring the requisite skills if necessary.
c) Regional management undertaking individual self-appraisal should, from time to time, publish reports of general themes relating to professional development issues. Services delivery should be reviewed in light of arising issues.

d) Staff self-appraisal should be undertaken annually, unless otherwise agreed.

e) The self-appraisal practice manual should be revised to bring it up-to-date and to clarify different organisations’ policy and guidance.

f) The self-appraisal practice manual should be made available to all staff working in family support projects.

g) Forms used to guide the meetings should be re-designed for the second and subsequent meetings.

5.5. Interviews with Managers

Individual interviews with five senior managers in the Western Health Board and Foróige endorsed the idea of self-appraisal with modifications. Some managers stated that the services they supervised had incorporated the concept of self-appraisal within staff supervision or performance appraisal meetings. Other managers said that the emphasis on a discreet meeting of self-appraisal on professional development was welcomed as it was a neglected area within supervision. Managers were already aware that many staff had reservations undertaking self-appraisal with managers, due either to concerns regarding their manager’s facilitative skills or that the information gathered at these meetings could be used in a different context to that intended.

Managers said they thought it was overly burdensome to continue with the frequency of the pilot and thought annual meetings would be useful. There were some concerns at the usefulness of self-appraisal for the minority of staff that may not recognise areas for self-
development and may be misguided in their professional development without the benefit of feedback from their line manager.

Managers of the service were aware that the major critique of self-appraisal was that line managers undertook the facilitative role. This was found by many staff to be unhelpful and to inhibit the appropriate use of the meeting. The challenge identified by managers for the Western Health Board is to create an environment in which self-appraisal is best utilised and yet ensure that issues discussed by staff members connected to their professional development and service operation are fed back to both central and local management.