

Report on feedback from advocacy staff of the Irish Advocacy Network on supports and communication provided during the first 13 months of covid restrictions.

IRISH ADVOCACY NETWORK



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Introduction

The Irish Advocacy Network commits to ongoing maintenance and continuance of supports it offers to its' employees. As part of this commitment, it was decided that an evaluation of supports, directive communications and information sharing as experienced by the IAN staff should be conducted. Concerns about the impact of Covid restrictions on the wellbeing and transitional work arrangements (ie; new work spaces) gave momentum to conducting an evaluation. Public, institutional, professional and various industries have raised concerns around employee's wellbeing, health and safety associated with remote working, requirements to adapt, introduce and explain plans, policies and protocols to meet the demands as presented by the Covid restrictions. Recommendations from some of these sources have included staff surveys assessing supports offered to employees as part of evaluative processes.

To that end, the IAN developed a survey questionnaire to capture staff ratings of support, directive communications, plans, policies, protocols and experiences during a specific period since Covid restrictions were introduced.

Recruitment

The Irish Advocacy Network (IAN) staff were invited to participate in an anonymous online survey questionnaire (via google forms), Tuesday 3rd August. Closing date to respond was, Friday 20th August (appendices 1). A reminder to complete the questionnaire was sent to staff, 17th August, 2021.

The survey questionnaire captured the IAN staff experience of receiving support, directive communication and information sharing at three points of time over approximately 13 months since Covid restrictions were introduced. These were:

1. March - May, 2020
2. June - November, 2020
3. December, 2020 - March, 2021

The survey questionnaire invited the IAN staff to share their experience of receiving support and directive communication using 5-point, Likert scale measurements in accordance with:

- a) Personal support (wellbeing)
- b) Supports provided to assist working from home (health and safety)
- c) Support to enable the provision of remote peer advocacy support
- d) Clarity on the IANs plans, policies and procedures to support and promote the availability of remote advocacy to peer advocacy clients

See appendix 2 for specific Likert scale questions.

A total of 4 Likert scale questions were presented under each point of time. One hundred percent of Likert scale questions were responded to totaling 166.

Participants were invited to respond to two opened ended questions at the end of the questionnaire, appendix 3.

Again, 100% of participants responded.



Findings

Fourteen participants from the IAN staff responded to the survey questionnaire. Five charts representing ratings provided by participants in response to the 5-point Likert scale questions at each point of time specified are presented below. As a general measure (in degrees of satisfaction), ratings of 5 out of 5 and 4 out of 5 are taken as positive responses to each question (positive dimension), 3 out of 5 as neutral (neutral dimension), with anything less than 3 representing a negative response (negative dimension). The latter indicating dissatisfaction or potential oversight in relation to supports provided by the IAN toward items covered in each question. Comments in response to the open-ended questions at the end of the survey questionnaire are presented beneath the five graphs. **Several comments provided by respondents were related back to Likert scale responses to better understand negative ratings leading to recommendations.**

The vertical in each chart represents the number of responses toward each Likert scale question, the horizontal line represents the three timelines with each coloured line representing corresponding ratings to the former and latter.

"I cannot think of anything that the organisation could have done better given the circumstances"

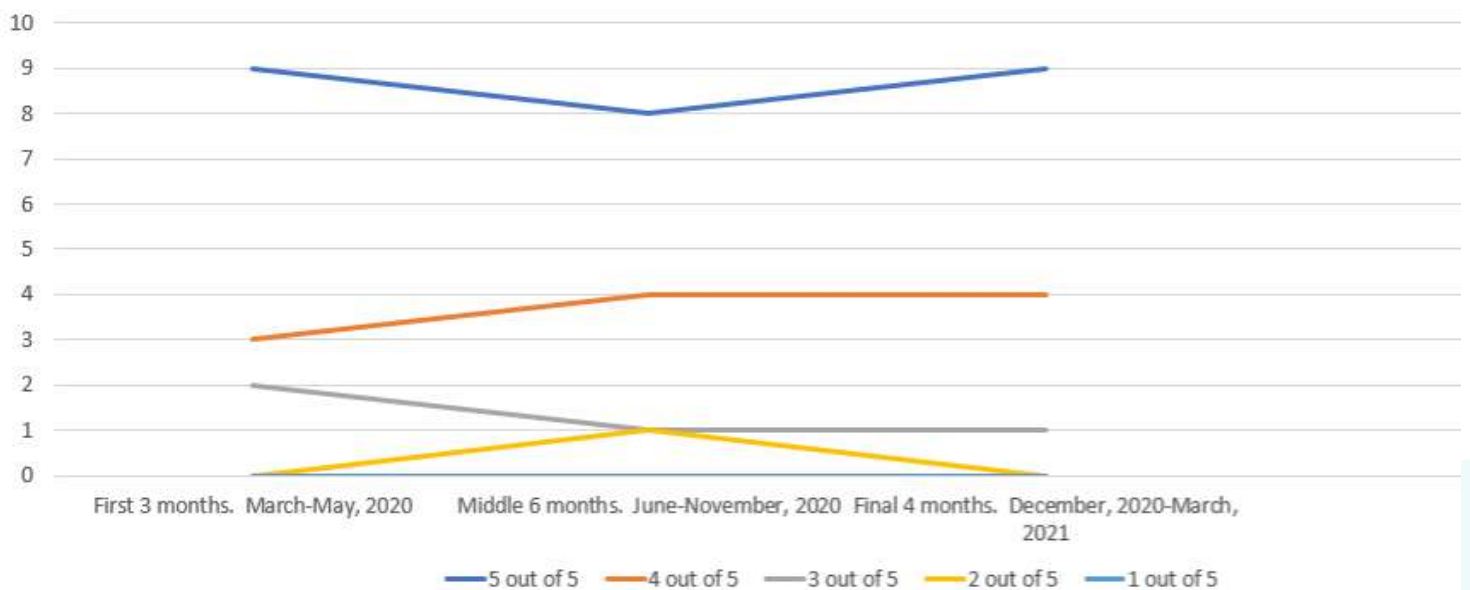


Chart 1

Chart 1 illustrates ratings of personal support towards individual wellness across all three time periods as experienced by the IAN staff.

Chart 1

Did the IAN respond appropriately to personal support needs (specifically wellness)? Comparison ratings over three periods of time.



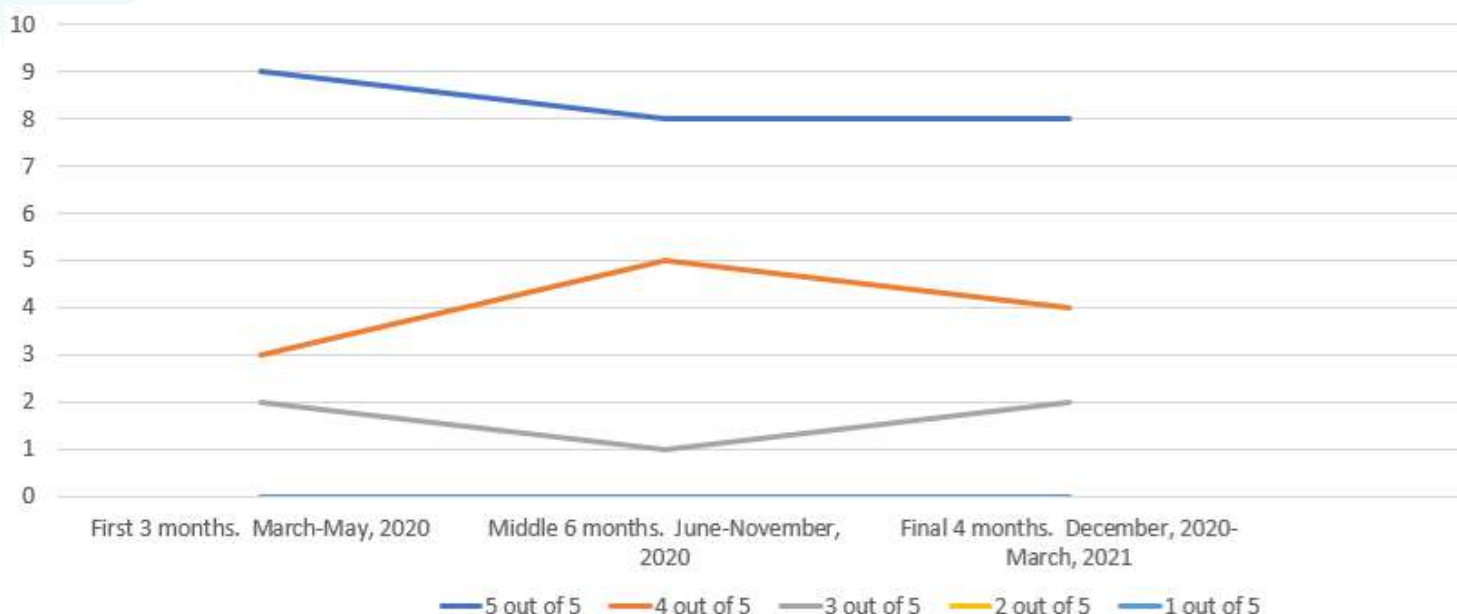
In summary, most participants provided a positive response to question 1 confirming the IAN provided appropriate supports to maintaining wellness throughout the 13-month period covered. Out of the 42 responses to this item, 37 were rated positively, 5 or 4 out of 5 (approximately 89%); 4 were rated neutral, 3 out of 5 (approximately 10%) with a single response toward wellness supports rated negatively at one point of time (2 out of 5; approximately 1%). The negative rating appeared at the mid-point of the time period, June to November, 2020. It is notable that no negative rating was received for the final time period, December 2020 to March 2021 indicating that a resolution was found and/or that appropriate supports toward wellness resumed for this individual.

Chart 2

Chart 2 presents the IAN staff ratings with regards appropriate supports while working from home (specific to Health and Safety) across the three time periods.

Chart 2

Did the IAN provide appropriate support while working from home (specific to Health and Safety)? Comparison ratings over three periods of time.



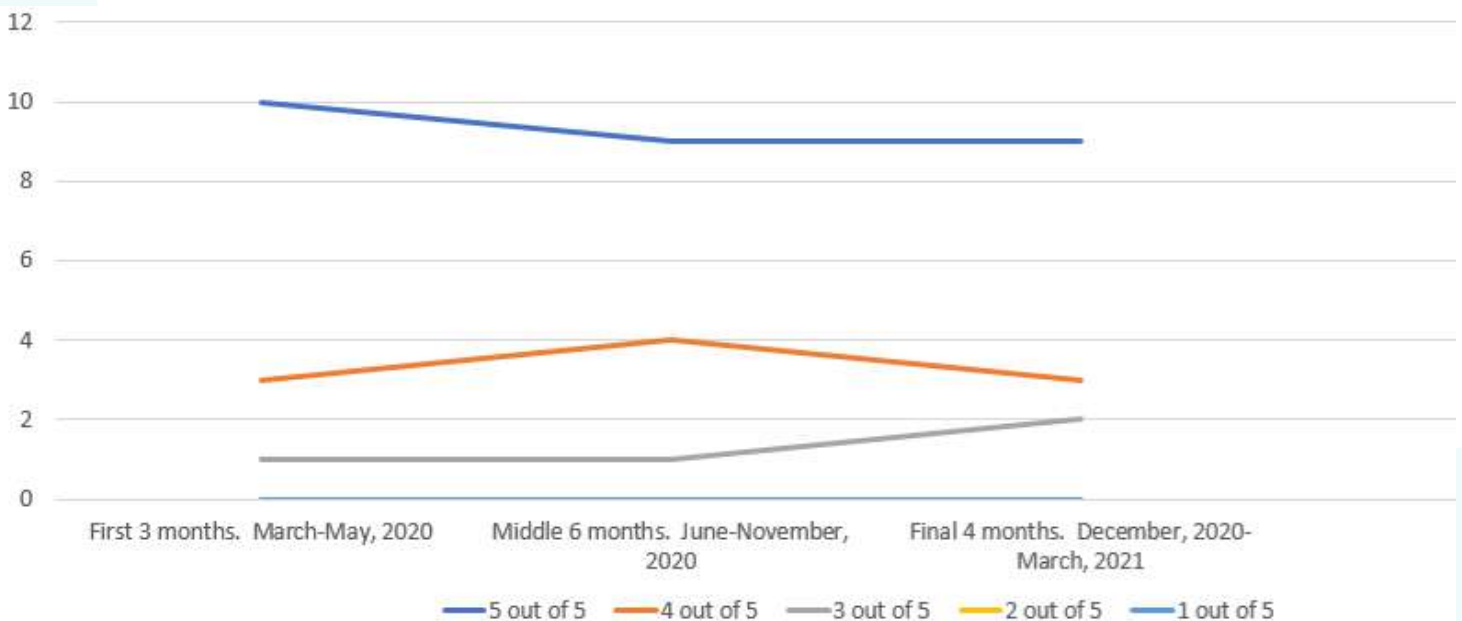
Similar to Chart 1, the majority of participants provided a positive rating to this item confirming supports provided to the IAN staff to be appropriate and sufficient specific toward health and safety while working from home during Covid restrictions across the thirteen-month period. Out of the 42 responses to this item received, 37 were rated positively, 5 or 4 out of 5 (approximately 89%); and 5 were rated neutral, vis-à-vis 3 out of 5 (approximately 11%). No negative rating was registered in response to this item.

Chart 3

Chart 3 presents the IAN staff ratings on the adequacy of support to enable the continuation of remote peer advocacy support offered/delivered to advocacy clients at the three points of time covered.

Chart 3

Did the IAN provide adequate support to enable the provision of remote peer advocacy support (specifically arrangements to enable peer advocacy services to continue to be offered/delivered)? Comparison ratings over three periods of time.



Consistent with Charts 1 and 2, most participants provided a positive rating to this item confirming adequacy of support to enable the continuation of remote peer advocacy offered/delivered while working from home during Covid restrictions across the thirteen-month period. Out of the 42 responses to this item received, 38 were on the positive dimension, rated 5 or 4 out of 5 (approximately 90%); and 4 were rated neutral, 3 out of 5 (approximately 10%). No negative rating was registered in response to this item.

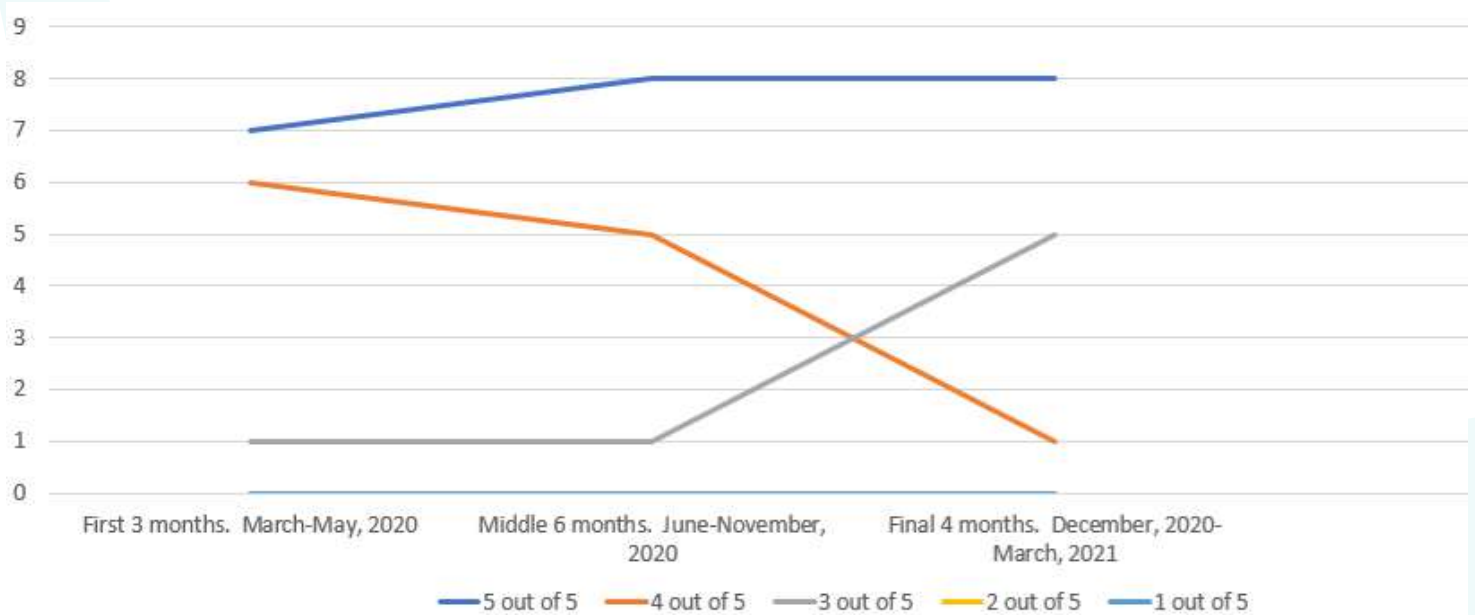


Chart 4

Chart 4 illustrates the IAN staff ratings on clarity and direction about its plans, policies and procedures to support and promote the availability and delivery of remote advocacy to peer advocacy clients over the three points of time covered.

Chart 4

*Was the IAN clear about its plans, policies and procedures to support and promote the availability of remote advocacy to peer advocacy clients?
Comparison ratings over three periods of time.*



Overall, out of the 42 responses to this item received, 35 were rated positively, namely 5 or 4 out of 5 (approximately 83%); and 7 were rated neutral, 3 out of 5 (approximately 16%). No negative rating was registered in response to this item. The first two points of time were consistent with Charts 1, 2, and 3 with the majority of participants registering a positive rating to the IAN providing sufficient clarity and direction to staff with regards plans, policies and procedures to support and promote the availability and delivery of remote advocacy to peer advocacy clients over the thirteen-month period covered in the survey questionnaire. However, there was a noticeable decline in ratings from the first two points of time against the final point of time, namely December 2020 to March 2021.

The drop involved a decrease in the number of positive responses registered in the 4 out of 5 ratings from 6 and 5 (first 3 months, March to May 2020 and middle six months, June - November, 2020 respectively) against a single response registered to this rating for the Final 4 months (December, 2020 - March 2021). Further, there was an increase of the number of 3 out of 5 ratings, with 1 registered for each of the two time periods (first 3 months, March to May 2020 and middle six months, June to November, 2020), increasing to 5 over the final period covered, December, 2020 - March 2021. This drop in positive ratings (specifically 4 out of 5) and increase in neutral ratings (3 out of 5) is considered in the discussion below.

Summary statistics of Likert scale ratings

To summarise the Likert scale ratings as represented through the four Charts. From the 166 responses to the Likert scale questions received, 102x 5 out of 5 was registered = 61%; 45x 4 out of 5 = 27%; 20x 3 out of 5 = 12% and 1x 2 out of 5 registered = 0.5%.

The final chart (5) below illustrates overall ratings when they are consigned to the positive, neutral and negative dimensions of satisfaction from the anonymous survey questionnaire.

Chart 5

Chart 5
Summary ratings according to dimensions of satisfaction

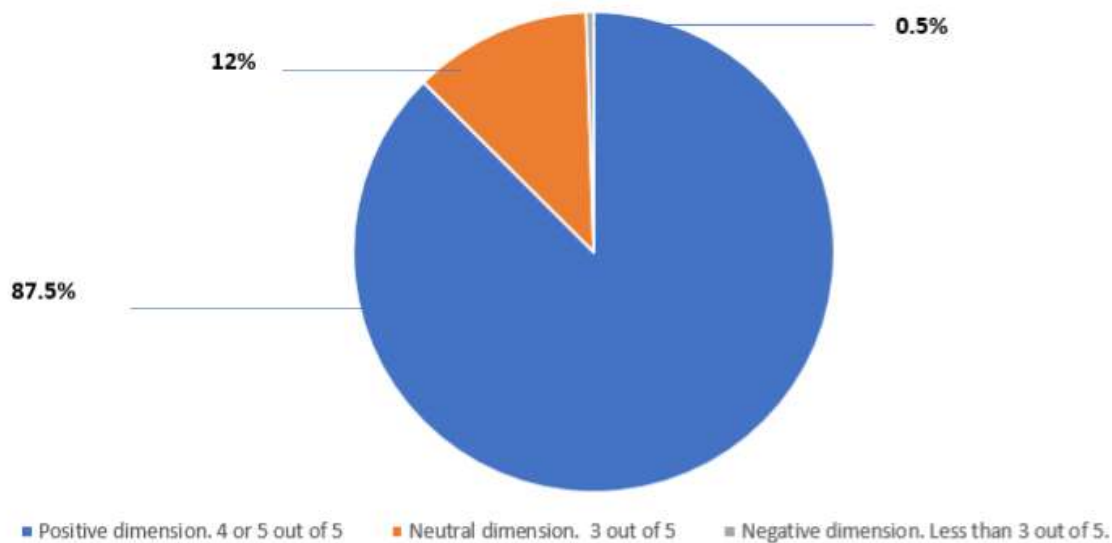
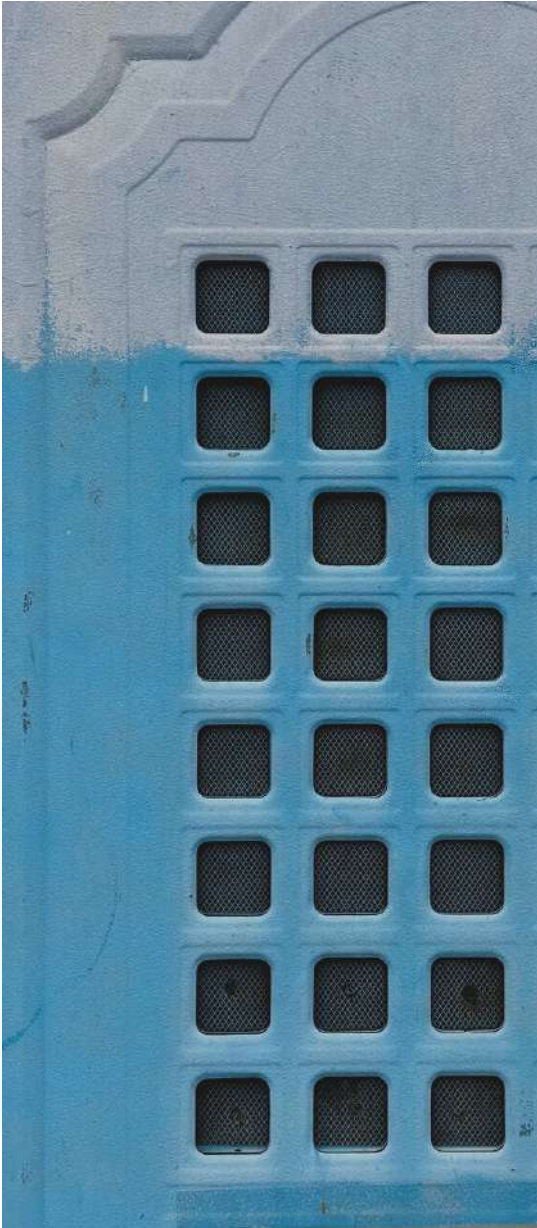


Chart 5 presents that approximately 87.5% responses were registered as positive ratings, represented in the positive dimension (scoring 5 or 4 out of 5); 12% responses registered as neutral ratings, represented in the neutral dimension (3 out of 5) and 0.5% responses registered as negative ratings, represented in the negative dimension (2 out of 5). These findings confirm accomplishment in the IAN in supporting staff over a 13-month period since Covid restrictions were introduced. Specifically in the areas of wellbeing, health and safety, enabling the provision of remote peer advocacy through supports, clarity and direction provided through its plans, policies and procedures. This was confirmed further when analysing comments provided in response to the open-ended questions at the end of the survey questionnaire.

Open ended questions



The great majority of comments were complimentary toward the IAN in its support to staff in relation to wellness, directive communication and information sharing: "I cannot think of anything that the organisation could have done better given the circumstances" and "In my opinion the Organisation stepped up to the mark, kept me in employment and negotiated what was uncharted waters in unprecedented times.; ""IAN provided a wide range of supports. I found access to VHI Assist most helpful."

A small number were neutral eg; "nothing to add", with several raising concerns and/or issues experienced during the 13 month period covered in the survey questionnaire. The latter included: "Having team meetings on a daily basis at the beginning was too much. I felt tied to the laptop which affected my self-care." One respondent indicated they experienced personal difficulties and challenges during remote interactions where personal challenges arose. It is difficult to ascertain if this occurred because of the Covid restriction or despite them.

One comment assumed as a suggestion to: "Provide group support independant of supervision". It is unclear what this specifically means but might be taken as a call for internally operated/organised peer-peer group supervision.

Conclusion

From the findings of the survey questionnaire, it can be confidently stated that essentially, the IAN met the support needs of its staff over a 13-month period since Covid restrictions were introduced. Ratings from the Likert scale questions in the areas of wellbeing, health and safety, the enablement of the provision of remote peer advocacy, clarity and direction provided through the organisation's plans, policies and procedures were notably positive as presented in the five illustrative charts. Comments left at the end of the survey questionnaire confirmed the positive ratings registered in the responses to the Likert scale questions.

The most notable exception to the trend toward positive responses appeared in Chart 4, where a falloff in positive ratings toward plans, policies and procedures specific to the final time-period, December 2020 to March 2021, was noted. This presented as a decline in positive ratings (specifically 4 out of 5) and increase in neutral ratings (3 out of 5). This downward shift in rating highlights the importance of the IAN in ensuring it is clear in its communications to its staff providing clarity and direction specific to its plans, policies and procedures to maintaining sound operations to support its workforce and enable the continuation of the delivery of its peer advocacy services while Covid restrictions continue to apply. It is imperative to focus such efforts when considering any remodelling, as may be necessary due to the ongoing Covid situation, of the delivery of peer advocacy by the IAN.

Put in context, it is possible that the falloff in positive ratings, Chart 4 was due to conversations and discussions with staff around this critical time where the potential for remodelling the IAN peer advocacy services was being considered. As the government began talking up the easing of restrictions due to the roll out of the vaccination and other mitigating factors, the IAN began to have

conversations with staff on the possibility of returning to face-to-face peer advocacy. This involved the delivery of a blended service, at least for the interim, possibly integral to the long-term future of service design and delivery. This contextual change to practicing peer advocacy may have created various insecurities and ambiguities among a number of staff. Equally, Covid restrictions had been enforced over the 13-months covered in the survey questionnaire; the constant shift in government strategy, information and inconsistent messaging over this period may well have left a number of the IAN staff somewhat despondent, jaded and unsure. The uncertainties presented here appear to be associated with future plans and necessary adaptations of the IAN's policies and procedures to ensure the viability on the delivery of the IAN peer advocacy services into the future with directive actions to support its operations and staff practices.

Speculatively then, it appears that there is a need for certainty surrounding the delivery of peer advocacy practices going forward and an increased need for clarity in the IAN's strategic direction to fulfil this endeavour. This should be reflected in the IAN's policies, procedures and plans to enhance certainty in the areas outlined, communicated with the aim to enhance levels of confidence among its staff.

Given that some of these concluding comments are speculative in nature further consideration is required to devise ways to understand and respond appropriately to any ongoing concerns the IAN staff may have going forward where modification and potentially remodelling of its peer advocacy services is required. In order to facilitate this process a number of recommendations are laid out below.

Recommendations



1. Present the findings of the survey questionnaire to staff.
2. Facilitate a conversation with staff based on the following questions:
 - What are the personal uncertainties and concerns with regards potential remodeling/modifications of the design and delivery of the IAN peer advocacy services going forward?
 - How can we improve communication in any transition toward a remodeling of the design and delivery of the IAN peer advocacy services?

Specifically related to several comments provided in responses to the open-ended questions at the end of the survey questionnaire:

1. How regular should online meetings occur if a similar national event occurred again?
2. Are there any specific supports you think required to facilitate the transition above and/or a similar event to Covid occurred again?

Appendices

Appendix 1

Dear all,

We hope this finds you well. As part of the IAN's monitoring and evaluation of supports to staff during Covid we have constructed an online survey questionnaire. We invite you to complete this by clicking on the link below:

<https://docs.google.com/forms/d/e/1FAIpQLSc32->

[RLBbCNk0JlObOah6vwzaW5gycMb06Z_kVLXORFqKWhEg/viewform?usp=sf_link](https://docs.google.com/forms/d/e/1FAIpQLSc32-RLBbCNk0JlObOah6vwzaW5gycMb06Z_kVLXORFqKWhEg/viewform?usp=sf_link)

You will see that the questions relate to the first significant period of Covid, the period we are currently evaluating. Closing date to complete the survey is Friday 20th August. The survey questionnaire should take no more than 10 minutes to complete and is completely anonymous.

We look forward to receiving your responses.

Regards,

Jim Walsh

Appendix 2

During the initial three months of Covid restrictions (March 2020 – May 2020):

1. Did the Irish Advocacy Network respond appropriately to your personal support needs (specifically wellness)?
2. Did the Irish Advocacy Network support the transition to working from home?
3. Did the Irish Advocacy Network provide adequate support to enable you to begin providing remote peer advocacy support?
4. Was the Irish Advocacy Network clear about plans, policies and procedures to support and promote the availability of remote advocacy to peer advocacy clients?

During the middle six months during Covid restrictions (June – November, 2020)

1. Did the Irish Advocacy Network continue to respond appropriately to your personal support needs (specifically wellness)?
2. Did the Irish Advocacy Network continue to provide adequate support to enable you to work from home?
3. Did the Irish Advocacy Network provide adequate support to enable you to continue to provide remote peer advocacy support?
4. Was the Irish Advocacy Network clear about plans, policies and procedures to support and promote the availability of remote advocacy to peer advocacy clients?

Appendices

During the final 4 months of the period for the survey (December 2020 – March 2021):

1. Did the Irish Advocacy Network continue to respond appropriately to your personal support needs (specifically wellness)?
2. Did the Irish Advocacy Network continue to provide adequate support to enable you to work from home?
3. Did the Irish Advocacy Network provide adequate support to enable you to continue to provide remote peer advocacy support?
4. Is the Irish Advocacy Network clear with its plans to support you with the transition toward providing a blended peer advocacy service to advocacy clients?

Appendix 3

Open ended questions:

- What did the Irish Advocacy Network do well to support you during the period covered in this survey?
- What might the Irish Advocacy Network have done better to support you during the period covered in this survey?