IRIS

Identification & Referral to Improve Safety

IMPROVING THE GENERAL PRACTICE RESPONSE TO DOMESTIC VIOLENCE AND ABUSE

A review of IRIS programmes in England, Wales and Northern Ireland to March 2020 and early findings from the COVID-19 pandemic

IRISi interventions

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COLLABORATION AND THANKS:

Thanks to the whole IRISi team and to all our partner IRIS sites who contribute to this report.

Without the support and commitment of the following organisations, IRIS would not have been possible. Thank you on behalf of all professionals and patients who have benefitted from IRIS.

The Health Foundation Inspiring Improvement

University of BRISTOL

IRISi interventions

IRISi is a social enterprise established to promote and improve the health care response to gender based violence. IRIS is our flagship intervention.

IRIS image (cover) from the Theoi Project website, http://www.theoi.com/Gallery/P21.6B.html
IRIS Athenian red-figured lekythos C5th B.C., Museum of Art Rhode Island School of Design

What is IRIS?

From research to social franchise

IRIS is a domestic violence and abuse (DVA) training, support and referral programme for general practices that has been evaluated in a randomised controlled trial. Core areas of the programme are ongoing training and education for the clinical teams and ancillary staff, clinical enquiry and care pathways for primary health care practitioners and an enhanced referral pathway to specialist domestic abuse services for patients with experience of DVA. IRIS embeds a DVA worker within general practice. IRIS is a collaboration between primary care and third sector organisations specialising in DVA. The IRIS model entails a full-time Advocate Educator (AE) and a Clinical Lead (CL) working with practices with a total population size of up to 200,000.

Highlights

From November 2010 to March 2020, IRIS programmes have:
- Received referrals for 20,544 women;
- Fully trained more than 1,000 general practices.

In response to the COVID-19 pandemic, we have:
- Developed and issued a number of guidance papers;
- Developed webinar versions of all training packages and facilitated sessions throughout for the IRIS network;
- Supported all IRIS sites to adapt their training and IRIS offer.

Behind every IRIS referral is a woman being provided with validation of her experiences and a safe space to articulate what is happening to her

TABLE OF CONTENTS

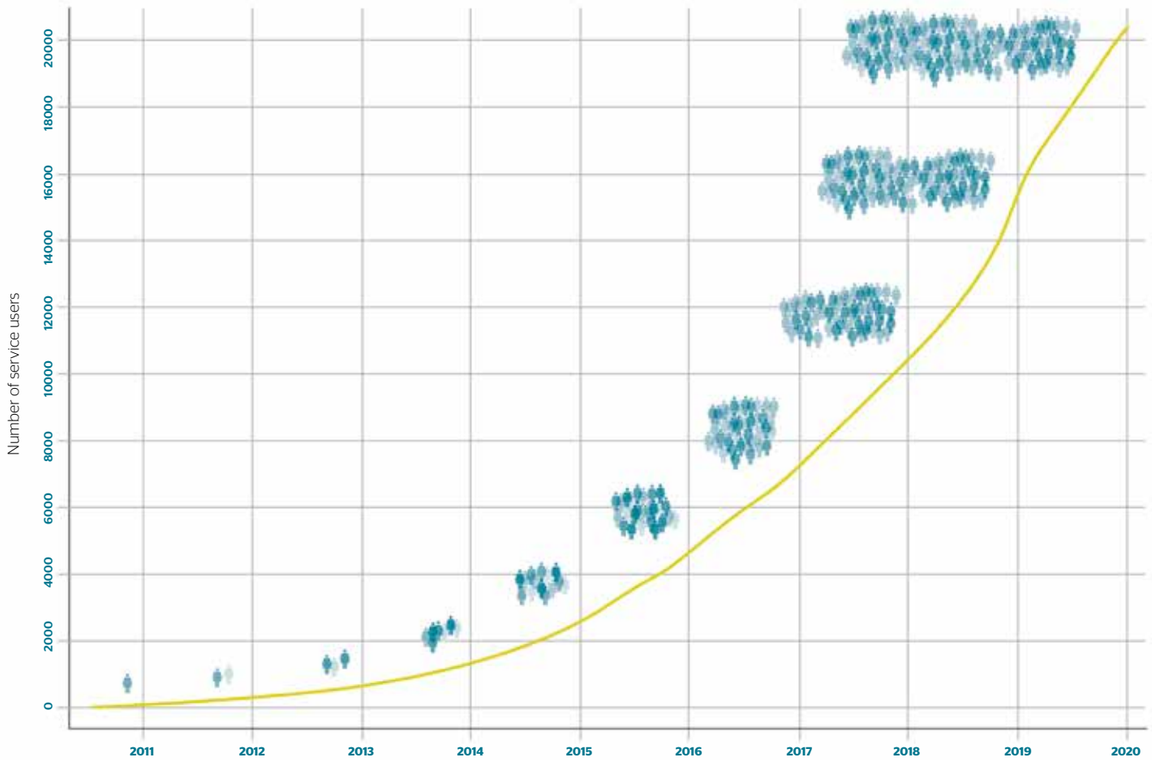
National IRIS Trends

Since 2010-11, the number of IRIS referrals per year has increased 34 fold

National referrals

Between April 2019 and March 2020, IRIS programmes have received 4,943 referrals, totalling 20,544 referrals since the first site was commissioned.

UP TO	CUMULATIVE REFERRALS
NOV-2011	152
APRIL-2013	640
MARCH-2014	1,304
MARCH-2015	2,631
MARCH-2016	4,738
MARCH-2017	7,210
MARCH-2018	10,369
MARCH-2019	15,601
MARCH-2020	20,544



IRIS across the UK

Since March 2019, 7 new sites have commissioned IRIS. While every site is unique, we continue to support each one to increase the identification and referral of domestic violence and abuse to improve the health, safety and quality of life of women and their families. In total, 48 sites have commissioned IRIS since November 2010. There were 32 sites actively referring to IRIS between April 2019 and March 2020.

Start date

From 2010 to March 2020, 48 localities have commissioned IRIS

NOV 2010 Hackney	NOV 2010 Bristol	AUG 2011 Lambeth*	MAY 2012 Manchester	JUL 2012 Nottingham City*	NOV 2012 Southampton	MAY 2013 Portsmouth*	JUL 2013 South Gloucestershire
NOV 2013 Berkshire West*	NOV 2013 Mansfield & Ashfield*	DEC 2013 Enfield	JAN 2014 Cornwall*	MAY 2014 Camden*	OCT 2014 Tower Hamlets	NOV 2014 Nottingham West*	DEC 2014 Vale Royal & South Cheshire
DEC 2014 Cheshire East*	JAN 2015 Bolton	FEV 2015 Islington	APR 2015 Cardiff & the Vale	MAY 2015 Warwickshire	MAY 2015 Sandwell	JUL 2015 East Surrey	JUL 2015 Poole*
JUL 2015 Bath and North East Somerset	OCT 2015 Trafford*	OCT 2015 Cwm Taf	OCT 2015 Birmingham	JAN 2016 Cheshire West	JAN 2016 North Somerset*	JAN 2016 Southwark	FEB 2016 Salford
JUL 2016 Lewisham	NOV 2016 Bromley	JAN 2017 Haringey	SEP 2017 Walsall	MAR 2018 Barnet	MAR 2018 Jersey	AUG 2018 Coventry	AUG 2018 Devon and Torbay
DEC 2018 Dudley	JUL 2019 Kensington & Chelsea	JUL 2019 Blackpool	NOV2019 Waltham Forest**	DEC 2019 Northern Ireland**	FEB 2020 Swansea Bay**	MAR 2020 Barking and Dageham**	MAR 2020 Croydon**

* These sites are no longer commissioned due to funding ending and further funding not being found locally.
** No referral data available for the year ending in March 2020.

Comparison of **IRIS sites**

The data shows the intervention is sustainable over time

Counting Referrals

It is clear that some sites are referring more service users than other sites and we need to remember that not all sites are commissioned to work with the same patient population or have the same amount of worker resource to support the programme.

Average Number of Referrals

The following graph shows the average number of service users referred across all localities after the first referral was made. The number of service users referred is at the end of each period, and the first year is split into quarters Q1 to Q4, each composed of 3 months.

The broad trend is an increasing number of referrals from each locality over time, suggesting no reduction in the value of IRIS even after 10 years.

Due to its large number of referrals, Manchester influences the overall average. Nonetheless, most centres are referring roughly the same number of service users over time, despite their differences in demographics.

Violence Reduction Unit

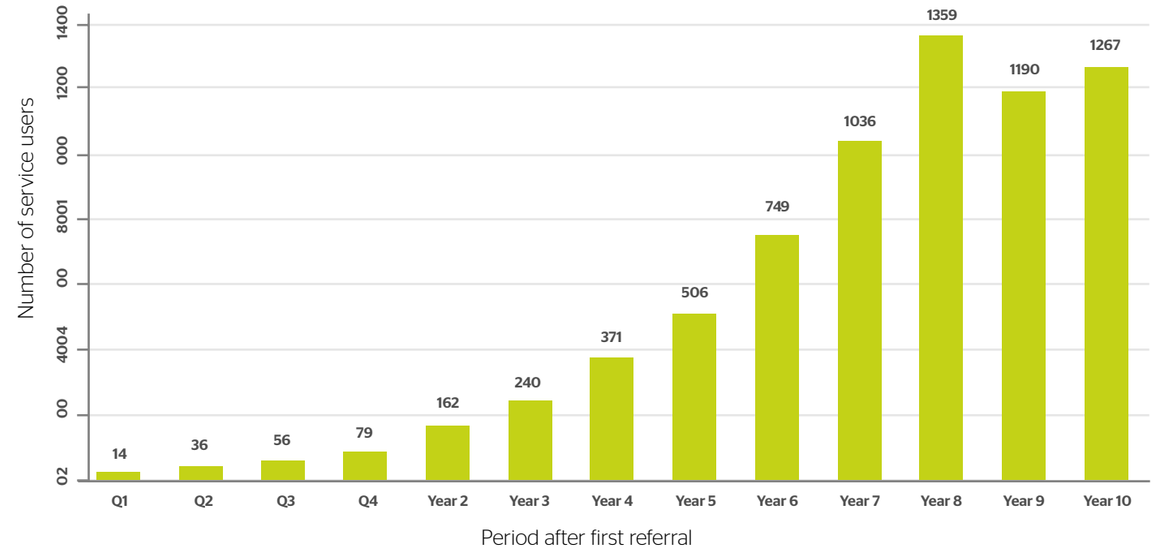
In late 2019, IRISi was awarded a grant by London's Violence Reduction Unit (VRU) to expand the reach of IRIS programmes to seven more London Boroughs: Barking and Dagenham, Croydon, Tower Hamlets (all in phase one of the programme), and Brent, Ealing, Hammersmith and Fulham, and Westminster (all in phase two of the programme).

The VRU was set up in 2018 and brings together specialists from health, police, local government, probation and community organisations to tackle all forms of violent crime and its underlying causes.

At the press launch of the programme of work, Lib Peck, Director of London's VRU, said: "Incidences of domestic abuse are unacceptably high, and the victims need urgent help. That is why we are investing in the IRIS programme, as we know that in many cases speaking to a GP can be a victim's first or only option for seeking help, and this way we can give healthcare professionals the tools needed to spot the signs of domestic violence at the earliest possible opportunity. We are determined to challenge the view that violence is inevitable and demonstrate that it is preventable."

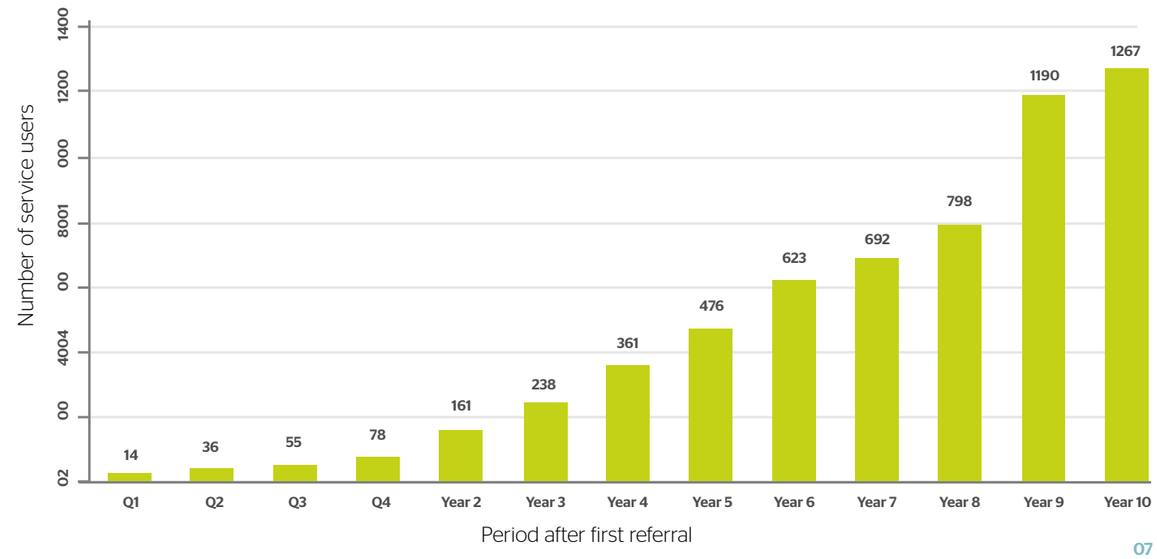
Launching the new programme of work in the midst of the COVID pandemic has been challenging and we are adapting and re-planning month by month.

Cumulative average number of referrals across all localities for periods after the first referral



> *"I have seen that there were agencies that could support people with abuse but I would never have called or seen anyone if it wasn't for my GP referring me to see someone in my surgery. What a difference this has made to my life and future."*
>
> **IRIS service user**

Cumulative average number of referrals across all localities except Manchester for periods after the first referral



Cumulative Number of Referrals by Locality in Quarters/Years after First Referral

LOCATION	YEAR 1 Q1	YEAR 1 Q2	YEAR 1 Q3	YEAR 1 Q4	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	YEAR 8	YEAR 9	YEAR 10
BARNET	7	20	31	52	89	173							
BATH AND NORTH EAST SOMERSET	20	37	54	93	255	359	512	613					
BERKSHIRE WEST*	7	15	26	43	71								
BIRMINGHAM AND SOLIHULL	26	96	145	204	487	765	965	966	1778				
BLACKPOOL	34	99											
BOLTON	19	57	98	124	264	444	687	753					
BRISTOL	23	48	63	81	160	244	340	427	555	770	1027	1299	1409
BROMLEY	14	47	87	122	213	324	353						
CAMDEN*	39	80	120	149	174	188	290	421					
CARDIFF & THE VALE	32	63	93	127	265	388	555	810					
CHESHIRE EAST*	7	13	14										
CHESHIRE WEST	10	35	35	35	122	218	299	331					
CORNWALL*	2	5	5	5	5	9							
COVENTRY	25	62	102	136	196								
CWM TAF	6	48	92	135	287	384	505	591					
DEVON AND TORBAY	17	103	153	194	503								
DUDLEY	29	43	78	100	139								
EAST SURREY	9	18	22	30	58	107	139	155					
ENFIELD	11	23	52	73	126	199	348	437	601	664			
HACKNEY	16	35	55	75	157	257	398	571	724	841	965	1081	1124
HARINGEY	17	36	45	63	102	176	182						
ISLINGTON	12	25	37	51	100	179	307	382	402				
JERSEY	4	11	19	38	70	71							
KENSINGTON & CHELSEA	11	23	37										
LAMBETH*	2	14	38	67	142	223	355	473					
LEWISHAM	4	9	25	34	108	164	167						
MANCHESTER	19	45	72	95	188	318	622	1135	1891	2752	3605		
MANSFIELD & ASHFIELD*	11	21	30	34	85	112							
NORTH SOMERSET*	10	12											
NOTTINGHAM CITY*	14	24	36	45	100	199	274						
NOTTINGHAM WEST*	7	20	33	53	99								
POOLE*	4	8	19	28									
PORTSMOUTH*	9	27	44	59	164	242	247						
SALFORD	2	8	24	37	160	363	623	665					
SANDWELL	7	7	7	7	7	22	83	168	171				
SOUTH GLOUCESTERSHIRE	6	14	34	62	141	236	350	456	606	641	819		
SOUTHAMPTON	15	35	69	97	218	309	394	462	525	546	553		
SOUTHWARK	16	34	49	60	87	147	184	198					
TOWER HAMLETS	49	90	131	170	314	348	424	457					
TRAFFORD*	7	32	41	55	124	188							
VALE ROYAL & SOUTH CHESHIRE	21	38	47	47	47	47	96	203	241				
WALSALL	11	35	71	109	200	327							
WARWICKSHIRE	7	27	53	82	125	197	315	458					
AVERAGE	14	36	56	79	162	240	371	506	749	1036	1359	1190	1267
AVERAGE (NO MANCHESTER)	14	36	55	78	161	238	361	476	623	692	798	1190	1267

At the time of production of this report, unfortunately there was only data available for Q1 and Q4 2019/2020 for East Surrey, and Q2, Q3 and Q4 2019/2020 for Lewisham.

General Practices **trained by site**

More than 1,000 general practices have been fully IRIS trained

In all sites, practices are trained regularly after the initial training. For the past three years, we have reported on the total number of training sessions. Any practice that has received two clinical and one reception training session is fully trained. It is difficult to estimate the number of partly trained practices. We report the minimum number of practices that received some training, as well as those that received full training.
In total, a minimum of **302 practices** received some training between April 2019 and March 2020, of which **120 practices** were fully trained. This increased the number of fully trained practices from **916** in April 2019 to **1,036** fully trained practices.

> *"Great training. Really well delivered, informative, educational and enlightening. Thank you."*
>
> IRIS trained clinician

The 5 Rs of IRIS training for clinicians

The IRIS programme is based on five clear steps that general practice teams can use in all consultations with their patients when enquiring about domestic abuse. They should:

- RECOGNISE / ASK
- RESPOND
- RISK CHECK
- REFER/ SIGNPOST
- RECORD

General Practices Trained Each Year by site

APRIL OF YEAR	2013	2014	2015	2016	2017	2018	2019	2020				TOTAL
TRAINING TYPE:	Full	Full	Full	Full	Full	Full	Full	Clinical 1	Clinical 2	Reception	Refresher	Full
BATH AND NE. SOMERSET				7	5	0	0	0	0	0	4	12
BARNET							9	3	2	3	0	11
BERKSHIRE WEST							0	0	0	0	0	0
BIRMINGHAM AND SOLIHULL				8	16	5	22	20	8	14	5	59
BLACKPOOL								14	2	12	0	2
BOLTON			12	15	15	7	12	1	1	3	2	62
BRISTOL	24	5	1	1	8	6	4	2	2	3	4	51
BROMLEY					8	17	0	1	2	3	1	27
CAMDEN		6	15	0	0	1	1					23
CARDIFF & THE VALE				11	2	2	7	10	5	5	0	27
CHESHIRE EAST				3	0	0	0					3
CHESHIRE WEST				1	3	0	0	0	0	0	0	4
COVENTRY							17	5	7	5	16	24
CORNWALL		6	1	0	0	0	0					7
CWM TAF				10	18	10	42	10	13	15	13	93
DEVON AND TORBAY							19	18	18	22	2	37
DUDLEY							7	21	17	21	0	24
EAST SURREY*				4	1	1	0	0	0	0	0	6
ENFIELD		9	11	6	5	7	1	1	1	2	8	40
HACKNEY	26	9	5	0	0	0	0	3	5	8	9	45
HARINGEY						9	11	4	4	7	18	24
ISLINGTON				15	3	0	1	7	7	1	5	26
JERSEY							2	5	3	0	0	5
KENSINGTON & CHELSEA								2	2	2	0	2
LAMBETH	15	1	1	2	0	0	0					19
LEWISHAM					1	0	1	1	1	0	2	3
MANCHESTER	8	3	5	27	13	25	6	1	1	1	14	88
MANSFIELD & ASHFIELD		2	6	16	3	0	0					27
NORTH SOMERSET												0
NOTTINGHAM CITY	13	9	2	16	7	0	0					47
NOTTINGHAM WEST			2	9	0	0	0					11
POOLE												0
PORTSMOUTH	2	4	1	0	0	0	0					7
SALFORD						0	0	3	1	1	0	1
SANDWELL				10	0	0	12	7	5	4	4	27
SOMERSET				8	1	0	0	0	0	0	0	9
S. CHESHIRE & VALE ROYAL*			1	1	0	0	0	0	0	0	0	2
SOUTH GLOUCESTERSHIRE		14	11	0	0	0	1	0	3	6	8	25
SOUTHAMPTON*	12	14	15	0	0	0	0	0	0	0	0	41
SOUTHWARK				4	2	0	4	2	3	4	0	13
TOWER HAMLETS*			11	9	0	1	0	0	0	0	0	21
TRAFFORD				4	7	3						14
WALSALL						11	41	3	4	8	12	56
WARWICKSHIRE						0	1	1	3	7	5	4
TOTAL FOR THE YEAR	100	82	100	189	118	106	221	145	120	157	132	
GRAND TOTAL	100	182	282	471	589	695	916		1036			1036

Note: The grand total is the number of training sessions completed up to April of each year. It is unknown how many refresher sessions were delivered prior to 2015, and so no grand total is reported. * Training data not available.

Demographics of **IRIS service users**

Working with women across England, Wales and Northern Ireland

Women referred via the IRIS programme provide demographic information. The data collected includes age, ethnicity, religion, number of children, pregnancy status, mental and physical health. It also includes self-reported disabilities and alcohol/drug use. All sites provided this data in part or in full. We have demographic information for **13,333** women referred to IRIS programmes.

Demographics summary

- **The mean age** of service users was **39.5** years; **25.6%** of service users were aged less than 30 years, **52.7%** were aged 30-49 years, **13.6%** were aged 50-59 years and **8.0%** were aged 60 and above. This is in line with previous reports.
- **57.2% of service users** classified themselves as White British, **13.7%** of service users as Asian, and **10.3%** of service users as British (other). Less than **5%** classified themselves as Black/Caribbean, which is not representative of the UK.
- **97.4% of IRIS** referred service users report being heterosexual, which, as in previous years, is not representative of the national picture.
- **59.1% of service users** reported experiencing mental ill health, generally experiencing depression and/or anxiety.
- **Across all sites, 43.7%** of service users reported having no children under 18, which is significantly higher than last year and closer to the national data showing **50%** of survivors had no children.
- **The number of service users** who self-reported drug **(4.5%)** and alcohol use **(7.1%)** and/or described themselves as disabled **(12.8%)** was reasonably low. This is not representative of the national picture and will be taken forward as a training need for IRIS teams to ensure that they are asking about and collecting this data.

Age

IRIS reaches an older demographic of women who we know are less well represented in specialist DVA services. It is a **positive** feature of IRIS being able to reach an otherwise invisible groups of survivors.

Age Pyramid

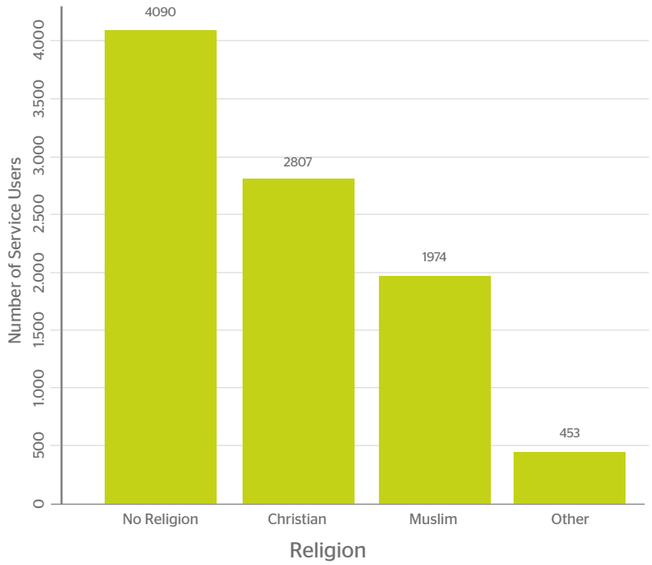
United Kingdom female population *vs.* IRIS service users

Religion

Supporting women of every faith and none

In total, **9,324 service users** gave information about their religion. Nationally, service users described themselves as either Christian **(30.1%)**, Muslim **(21.1%)** or of no particular faith **(43.8%)**. This is in line with our previous reports, although there is a slight increase in the proportion of women with no particular faith.

Similar to previous years, there was significant variability in religion across England and Wales.



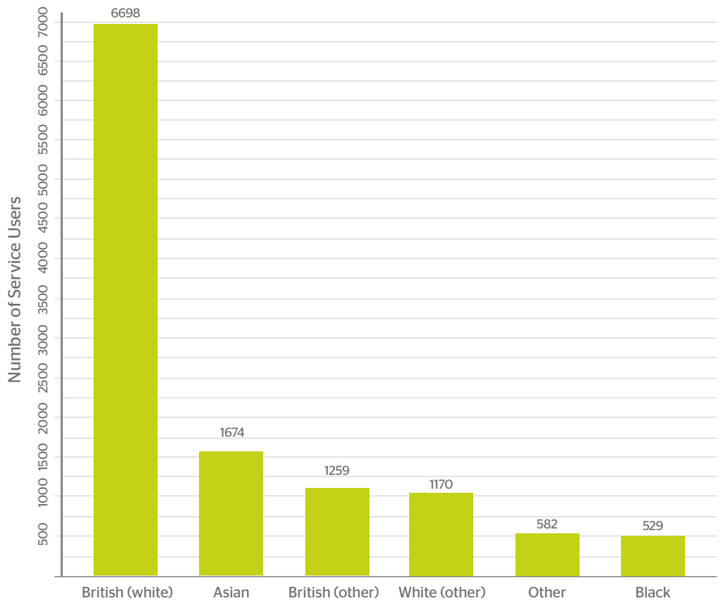
"From the day I fled the domestic violence from my ex-partner I feel a big weight off my shoulders. Staff are amazing and very helpful, nothing is too much trouble. I now feel I have grown my butterfly wings ready to be free. I cannot thank you all enough. My children have become more confident and are able to open up. I am gradually building my confidence and beginning to find myself again. Thank you so much for your help and support." **IRIS service user**

Ethnicity

In total, **12,200** service users gave information about their ethnicity. More than half of service users in all sites described themselves as White British **(57.2%)**. Another **13.7%** described themselves as Asian and **10.3%** as British other.

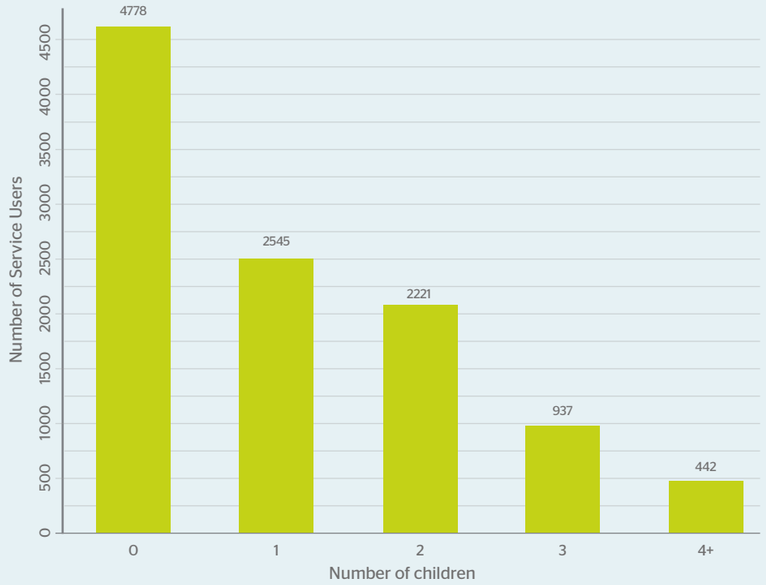
While most services users were White British, some sites were much more diverse in terms of ethinicity.
- Birmingham had the highest proportion of Asian service users **(31.1%).**
- Southwark had the highest proportion of African/Black/Caribbean services users **(27.8%)**.
- Enfield had the lowest proportion of White British service users **(7.6%)**.

Ethnicity of service users across all sites and years



Children and Pregnancy

In total, **10,923** service users disclosed whether they had children, and **12,255** service users disclosed whether or not they were pregnant. Nationally, **56.2%** of service users reported having at least one child, and **3.3%** of service users were pregnant at the time of referral to IRIS, which are slight decreases from the previous report.

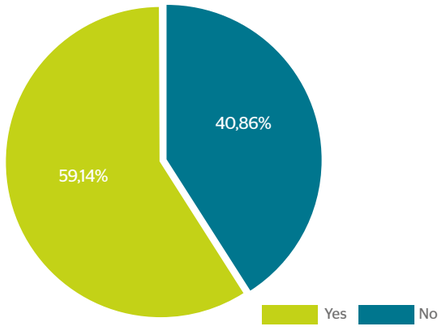


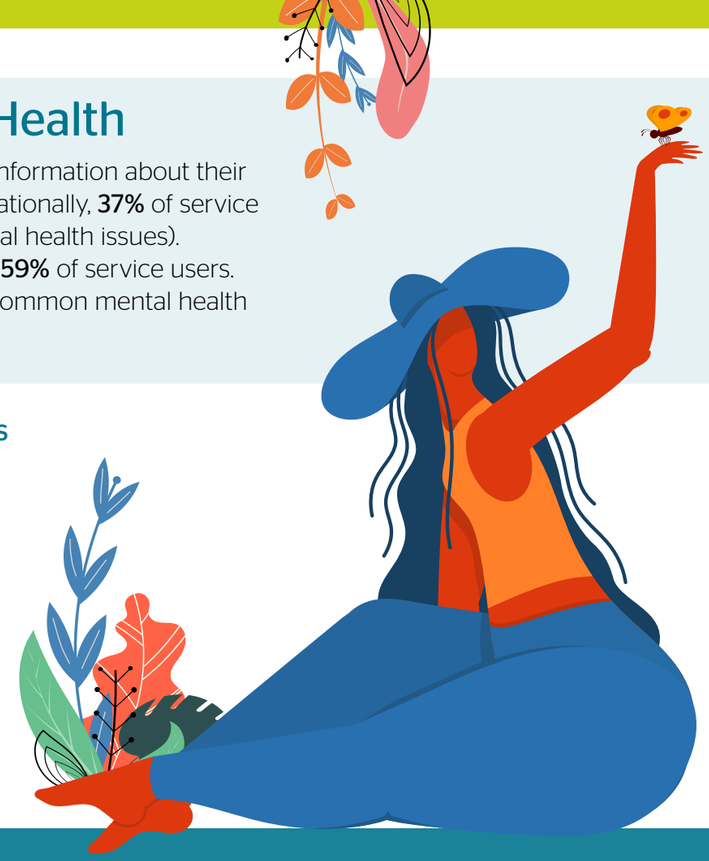
Physical and Mental Health

In total, **11,646** service users provided information about their health, including mental health issues. Nationally, **37%** of service users reported ill health (excluding mental health issues).

Mental health issues were reported by **59%** of service users. Depression and anxiety were the most common mental health issues reported.

Prevalence of mental health issues



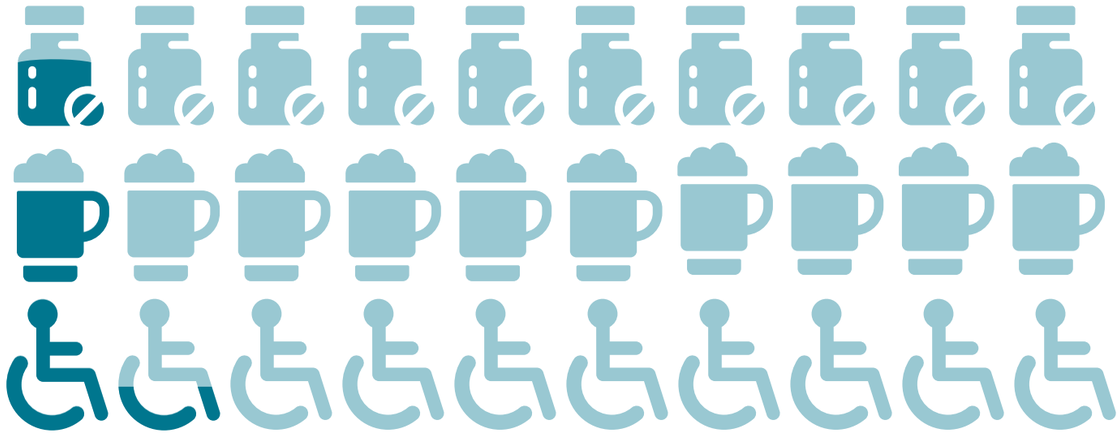


"I would just like to thank you for organising the support for my patient. She said that she was quickly welcomed and non-judgemental (this is crucially important to her) support was offered. It's wonderful when agencies can work together to offer the support that our patients definitely need."

IRIS trained clinician

Disability, Drug and Alcohol Use

The number of service users who self-reported drug **(5%)** and alcohol use **(8%)** and/or described themselves as disabled **(13%)** was low. This is not representative of the national picture and will be taken forward as a training need for IRIS teams to ensure that they are asking appropriate questions and collecting this data.



COVID-19 Pandemic and IRIS response

IRISi Statement on Coronavirus

IRISi and local IRIS teams have inevitably seen the impact of Coronavirus on the IRIS programme and their work.

In March 2020, all general practices closed their doors, appointments were moved from face-to-face to virtual, all IRIS training in practices paused and any development work with potential new IRIS sites was hibernated. AEs followed guidance from their employing agency on how and where they should be working, encouraged practices to postpone rather than cancel training and supported patients via telephone and video sessions.

We were all working in an unknown landscape that was moving and changing by the day.

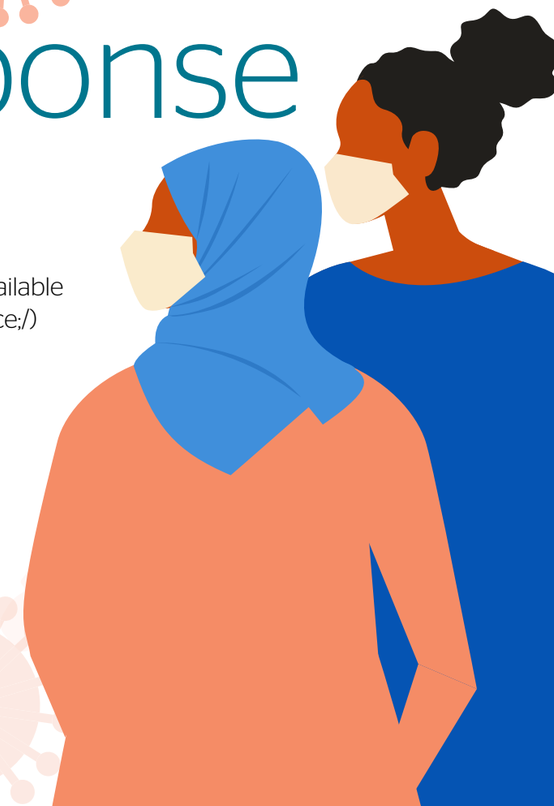
In three months, we moved from a fully face-to-face IRIS programme to a fully virtual programme. At the time of writing, we are merging these two approaches to create a blended programme which will develop and adapt as we run it and learn from it.

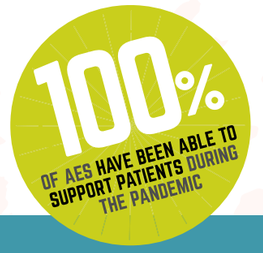
We thank IRIS partner organisations, local IRIS teams, funders and commissioners for their support and flexibility.

New ways of working

Following lockdown, IRISi:

- Developed and issued a number of guidance papers (all available here: https://irisi.org/all-resources/covid-19-guidance-and-advice;/)
- Developed webinar versions of all training packages and facilitated sessions throughout for the IRIS network;
- Supported all IRIS sites to adapt their training and IRIS offer from lockdown in March 2020 to date;
- Initiated some rapid research to understand the impact of changing programme delivery of an evidence-based model;
- Participated in national meetings and responses to the pandemic within the VAWG sector.



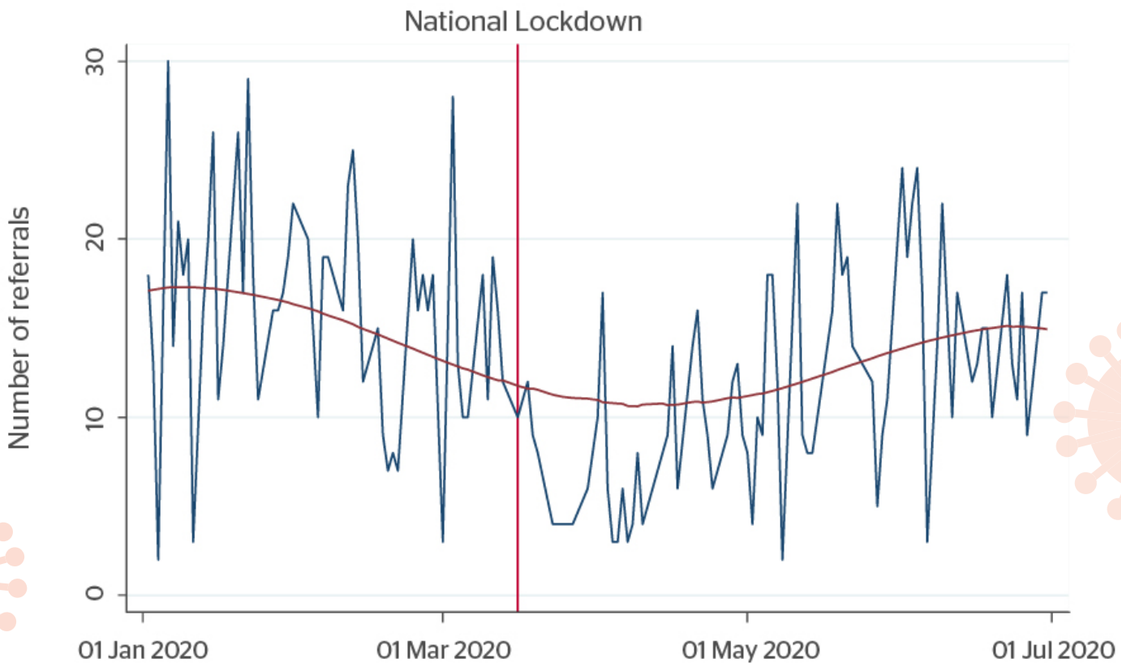


The results of the Rapid Research will be on our website: *www.irisi.org*

Between April and July 2020, the National Domestic Abuse Helpline saw a 50% increase in calls since lockdown, with a 400% increase in web traffic. As usual routes to support and safety are shut down or limited, ***general practices*** *have been playing a vital role in responding to patients who are known to be at risk of DVA, making the IRIS programme more relevant than ever.*

Impact on IRIS services

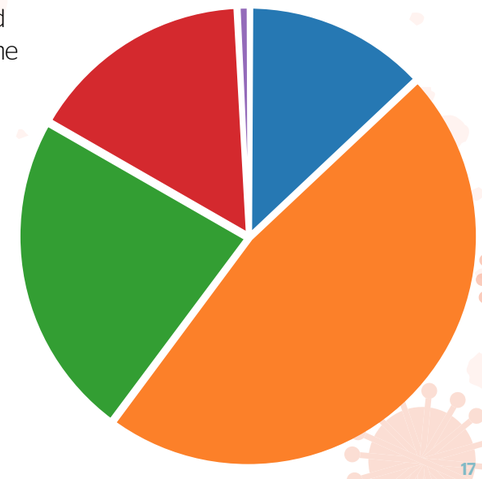
Even though most IRIS programmes were initially impacted by the national lockdown, most quickly resumed supporting women and found news ways of working. Our national data shows an initial reduction in referral cases followed by a renewed increase in referrals.



Telephone/video consultations and DVA

In a survey with *115 clinicians*, we have found the minority of clinicians, *16.7%, felt somewhat or very unconfident* identifying and asking about domestic violence and abuse (DVA) during telephone / video consultations. We will continue to adapt our materials and train clinicians to improve on these levels of clinician confidence.

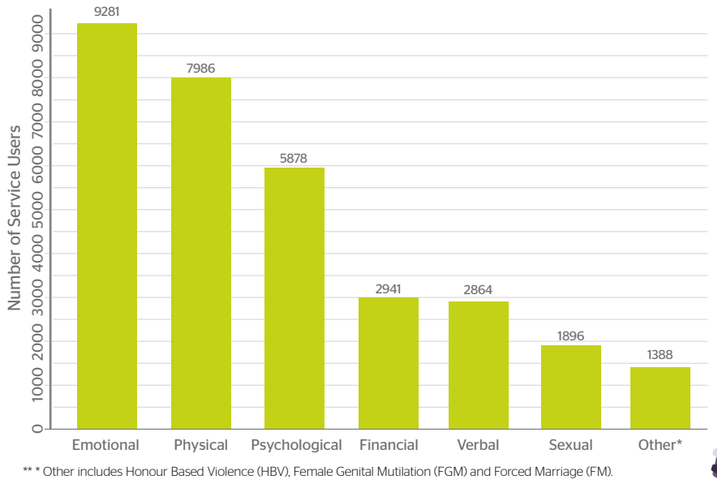
Very confident	13%
Somewhat confident	47%
Neither confident nor unconfident	23%
Somewhat unconfident	16%
Very unconfident	1%



Type of Abuse Experienced

Physical and emotional abuse are the most common

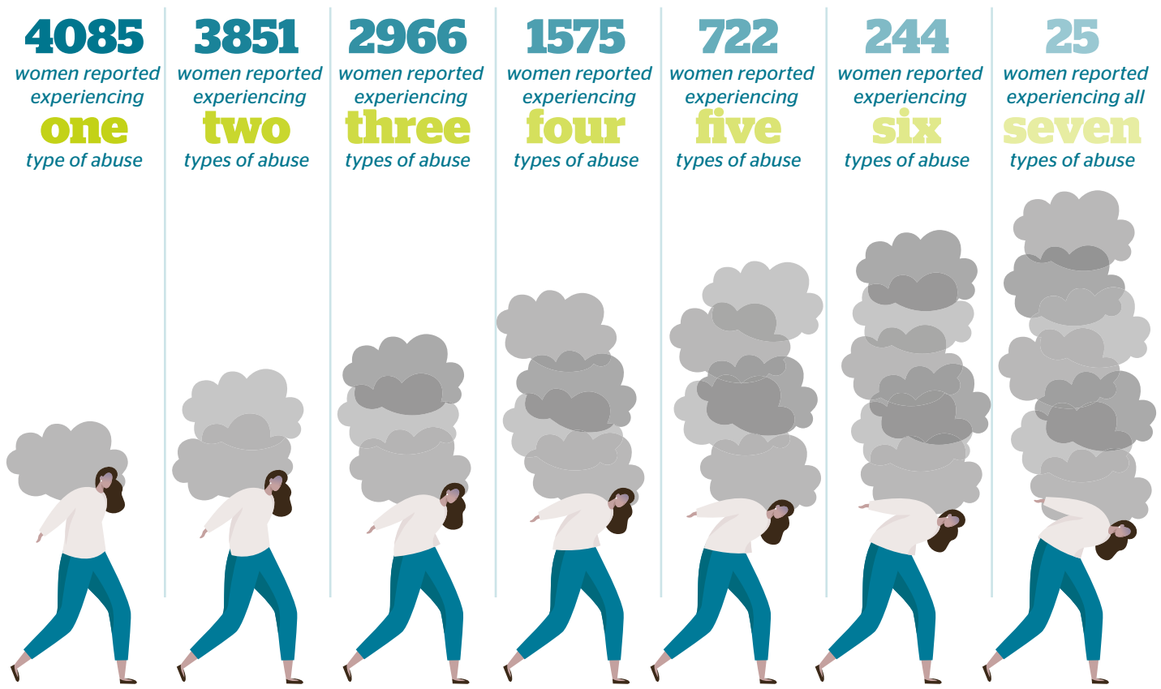
We have information for **13,468** service users on which type of abuse affects them. Type of abuse was recorded differently by site, and some sites did not record this information. As such, differences between sites were not explored. The most frequent type of abuse experienced by service users was emotional abuse **(68.9%)**, followed by physical abuse **(59.3%)**.



** * Other includes Honour Based Violence (HBV), Female Genital Mutilation (FGM) and Forced Marriage (FM).

Multiple Abuse

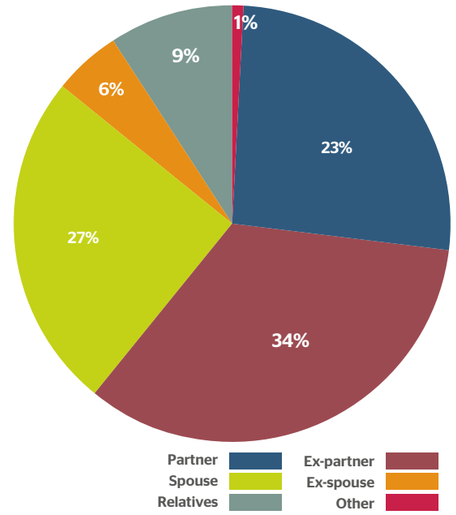
Consistent with findings from the ONS Crime Survey, we find that IRIS service users are also subject to multiple forms of abuse. Just under **70%** of service users for whom there is information have experienced more than one type of abuse.



Relationship with Perpetrator

In total, **13,333** service users disclosed information on their relationship with the perpetrator of abuse. The vast majority of perpetrators **(90%)** were current or former partners/spouses. Current partners and spouses **(50%)** were more likely to be the perpetrator than ex-partners and ex-spouses **(40%)**. In another **9%** of the cases, the perpetrators were related to the service user: parents, grandparents, children and siblings. In only **1%** of cases, there was no relationship between the service user and the perpetrator of abuse.

There were many instances of multiple perpetrators, and in-laws also contributed to the domestic violence. Most service users **(97.4%)** reported being in heterosexual relationships.



> *"I was unaware of what types of abuse I have been going through and it has opened my eyes for a better and brighter future for my unborn child and myself. Thank you for everything. It has been appreciated."*
>
> IRIS service user

Referral to Multi Agency Risk Assessment Conferences (MARAC) and safeguarding services

Onward referral for high risk women and children

YEARS	MARAC	CHILD PROTECTION REFERRALS	ADULT SOCIAL CARE REFERRALS
2019-2020	277	185	44
2018-2019	297	208	60
2017-2018	308	185	*
2016-2017	307	182	91
TOTAL	1189	760	195

When service users are assessed as being at high risk of DVA, they are referred to MARAC (multi-agency risk assessment conferences), where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.

Where children are at potential risk, a referral is made to CYPS (Children and Young People Services). Referrals are also made to the MASH (Multi-Agency Safeguarding Hub) for both patients and their children.

Referrals are also made into adult safeguarding services where a service user is considered particularly vulnerable.

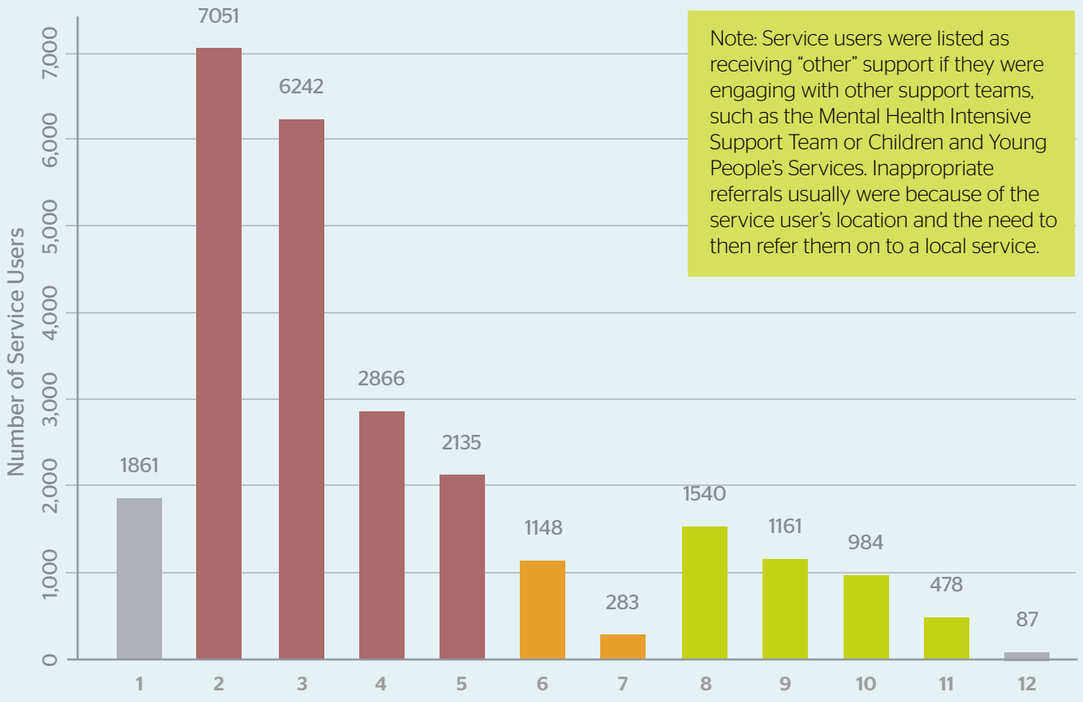
** Data on adult social services for 2017-2018 was not collected.

IRIS support

How we support women

Type of Support

We have information on the support received by a total of 20,262 service users. A wide range of support was offered by IRIS AEs, with emotional support (45%) and advice and information (37%) being most commonly accessed. Many service users (65%) received multiple types of support and 28% were referred to other services. 2 in every 3 women accessed multiple forms of support. This reflects the complexity of DVA and the range of support necessary to best meet each woman's individual needs.



Note: Service users were listed as receiving "other" support if they were engaging with other support teams, such as the Mental Health Intensive Support Team or Children and Young People's Services. Inappropriate referrals usually were because of the service user's location and the need to then refer them on to a local service.

No support
1 No contact
12 Inappropriate referral

General support
2 Emotional support
3 Advice and information including housing, welfare, legal
4 Brief acknowledgement of experience
5 Referral to another service in-house

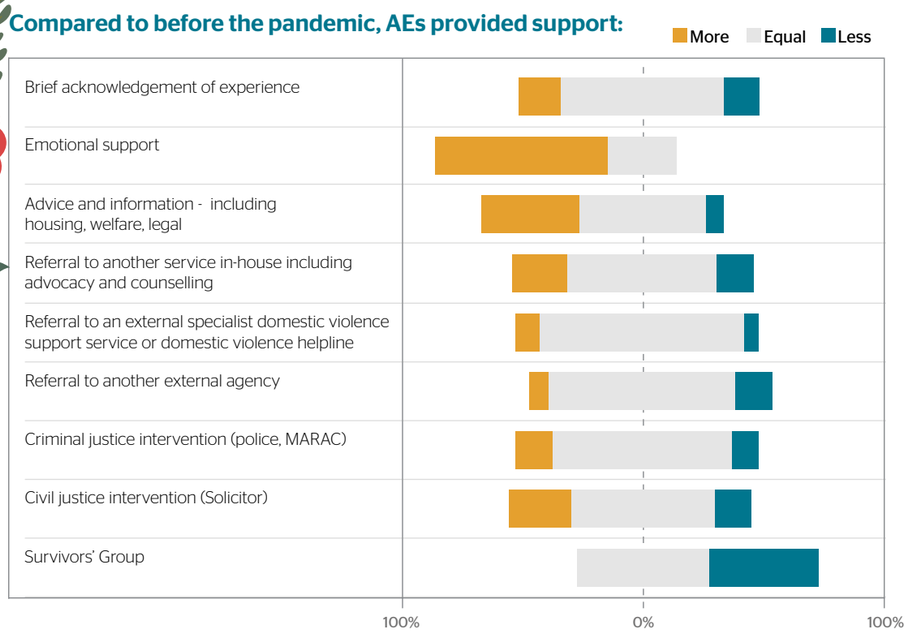
DVA support
6 Referral to an external specialist domestic violence support service
7 Survivors' group

Other support
8 Referral to another external agency
9 Criminal justice intervention
10 Civil justice intervention
11 Other

Supporting women during the COVID-19 pandemic

All IRIS programmes had to move all support to being fully remote as a result of the COVID-19 pandemic. While most of the support provided hasn't changed, advocate educators feel that they have provided additional emotional support and advice and information to service users since the start of the pandemic.

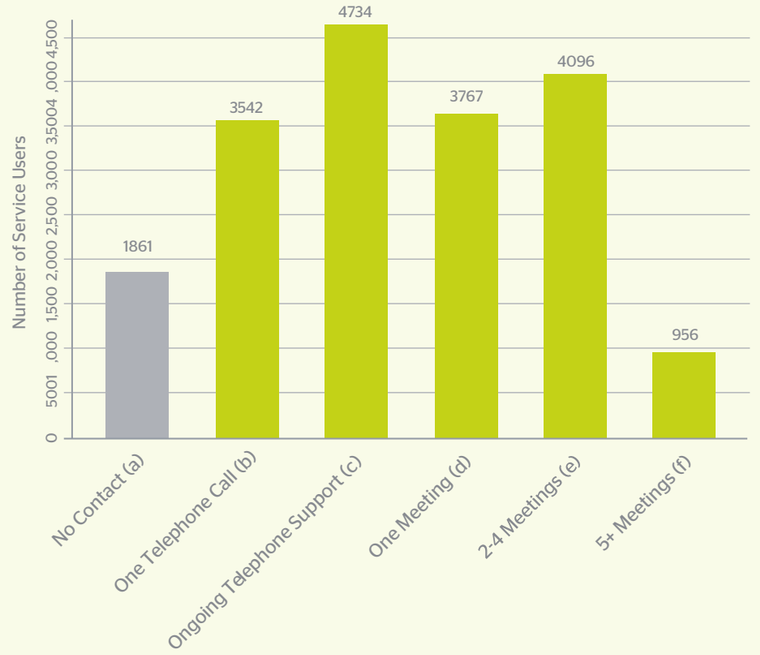
Compared to before the pandemic, AEs provided support:



Contact and Length of Support

We have information from 20,262 service users on the length of support they accessed. Service users were offered both telephone and face to face support, before the UK went into national lockdown in March, 2020. Unfortunately, no contact was possible with 1,861 women (9.2%). This is a low "no contact" rate with more 9 in 10 of all women referred to an AE across the IRIS sites receiving specialist support.

Many service users received telephone support as well as had face-to-face meetings. This year there was an important increase in the number of women having 2-4 support meetings. An additional 1,787 women received this form of support, which equates to an increase of 77.3% from last year's figure.



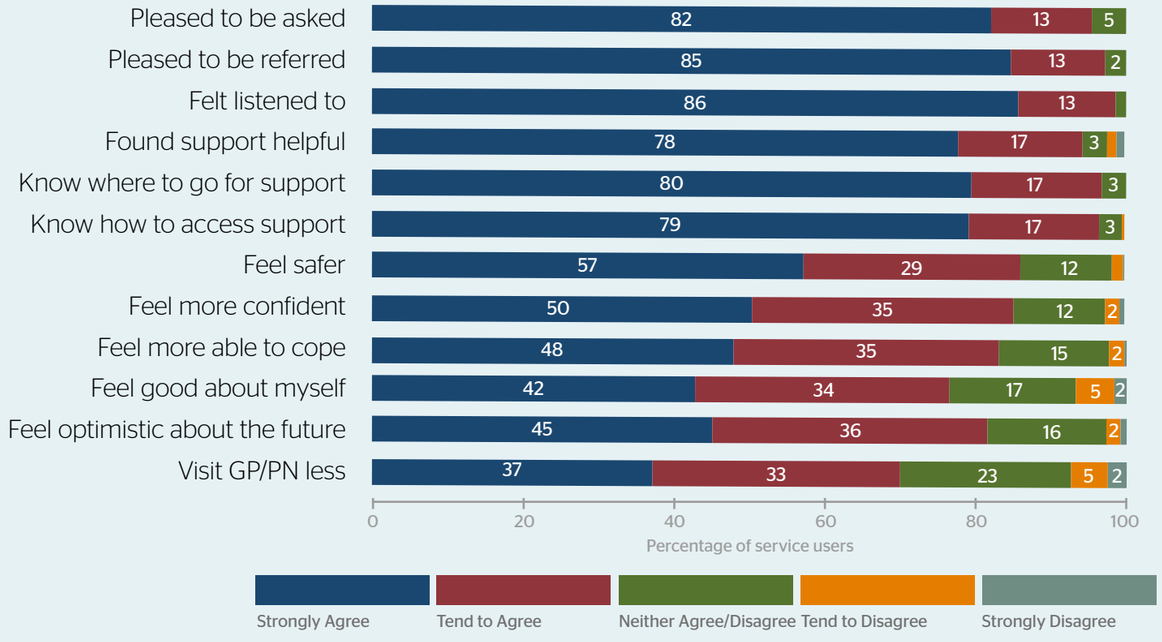
Feedback from IRIS service users

How the IRIS service is perceived

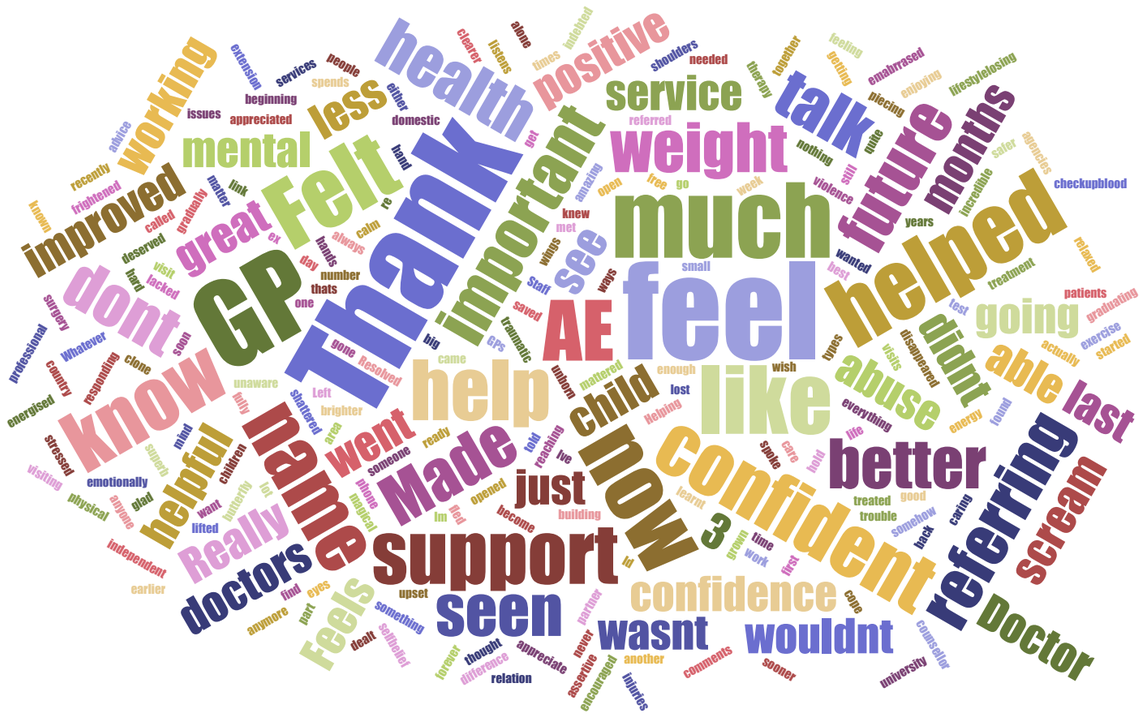
IRIS programmes received feedback on the support we provide from more than 1,500 women. Similar to previous years, IRIS service users were very pleased with the service provided.

98% of women are pleased to be referred to the Advocate Educator.

Feedback from IRIS services users



We acknowledge the challenges of collecting feedback from service users: women may not post or hand back completed forms; AEs may not know when their last session will be with a service user or the service user may cancel; and it may not be safe to post a final feedback form to service users.
Ongoing training with existing localities and training with all new localities will continue to reinforce the importance of collecting this data.



"It could be a week before we spoke but I always knew you were there. I saved your number as 'Helping hands', felt like you were reaching through the phone to hold my hand."

"It didn't matter if it was something small or traumatic you treated it as important - if it was important to me that was all that mattered."

"Thank you so much for your help, you have helped me a lot. I am upset not to talk to you anymore. My mental health feels much better. I feel more positive and more relaxed. It is good to know you are there to talk to, I don't feel alone. I know I would not have this help in my country. Thank you."

"You're the best thing that has ever happened to me. Dr D kept insisting I talk to you, now I can finally now see the light at the end of the tunnel."

"My GP is quite superb, if we could clone her that would be great, she listens and actually spends the time that's needed with patients, she really does care. I've been to the doctors a few times in the last few months, and some doctors just want to get you out, if it wasn't for my GP I wouldn't have seen the advocate educator and I wouldn't have been referred to other services either."

"I feel my physical and mental health has improved, I visit the GP less, and I feel that my child is safer now."

"When I first met the advocate educator I just wanted to SCREAM! I felt emotionally shattered and as if somehow I deserved my 'treatment'. As the visits came and went my 'scream' disappeared, I felt calm and positive about my future, I felt more energy and learnt better ways of responding to comments made by those who didn't fully appreciate what I had gone through. Thank you."

"Thank you very much for all your support. I feel more confident and able to cope. I have recently started working again, which I am enjoying. I don't see my GP as much as before; I feel less stressed."

"I was told that you are not a counsellor, but I would like you to know that you have helped me more in 3 months than in the last 3 years of therapy, you are magical, thank you!"

"I was unaware of what types of abuse I have been going through and it has opened my eyes for a better and brighter future for my unborn child and myself. Thank you for everything it has been appreciated".

"I lacked confidence and self-belief. I don't know how she did it, but my advocate educator found the part of me that I thought was lost, thank you."

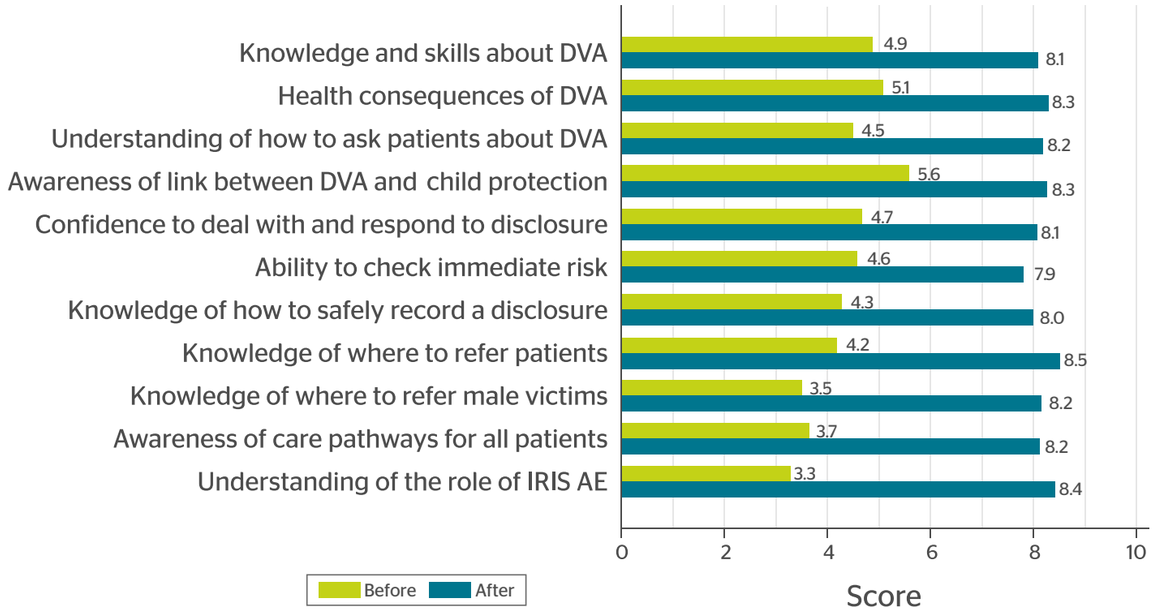
Feedback from General Practice Teams

We have asked clinical staff and reception staff who have attended IRIS training how they feel about it. Participants complete a pre and post-training form to rate their knowledge and understanding of DVA. The assessment of their knowledge was out of 10, with 1 representing no knowledge of a subject, and 10 representing complete knowledge of a subject. We have now received more than **20,000** completed training evaluation forms.

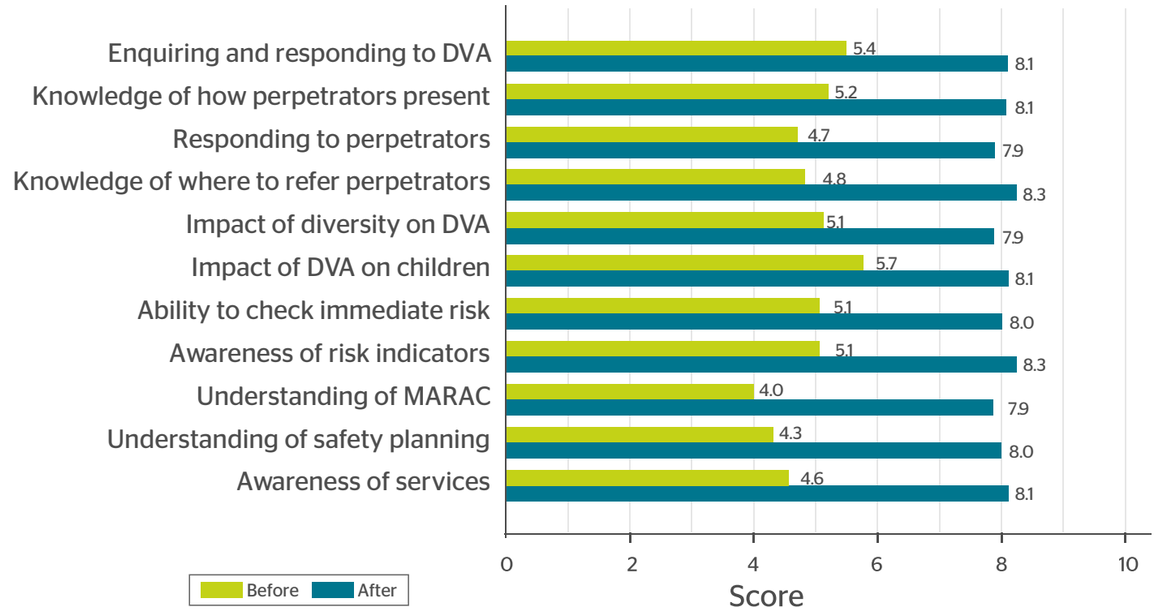
3 to 4 point
increase in perceived knowledge on DVA **after** training

"This was excellent and invaluable and addressed a real hole in our learning. How amazing to have this resource in primary care- thank you and well done."

First Clinical Session Evaluation



Second Clinical Session Evaluation



Simple concept, easy to do and big impact."

Great! Where was this years ago! Good to empower us as GPs to feel we can do more about this now."

A good application of real world data and 'what to do' compared to standard training which is easily done and forgotten.

This will be an asset to the surgery."

"The aim of IRIS training is to offer a simple referral pathway into specialist support for clinicians and healthcare practitioners."

CLINICIANS WOULD RECOMMEND IRIS TRAINING TO A COLLEAGUE
19 OUT OF 20

Excellent to bring attention to a difficult and frightening topic that often feels overwhelming to GPs."

What do clinicians think about IRIS training?

We have analysed the free text comments clinicians gave in our evaluation forms. We found that:
- More clinicians enjoyed and found role play useful than didn't;
- The majority of clinicians wanted the sessions to be longer and more frequent with at least annual updates;
- Many clinicians commented on how the course and learning will change their practise;
- Most clinician were shocked at the DVA statistics and prevalence;
- Clinicians like to be able to put a face to the name of the person who will be supporting their patients.

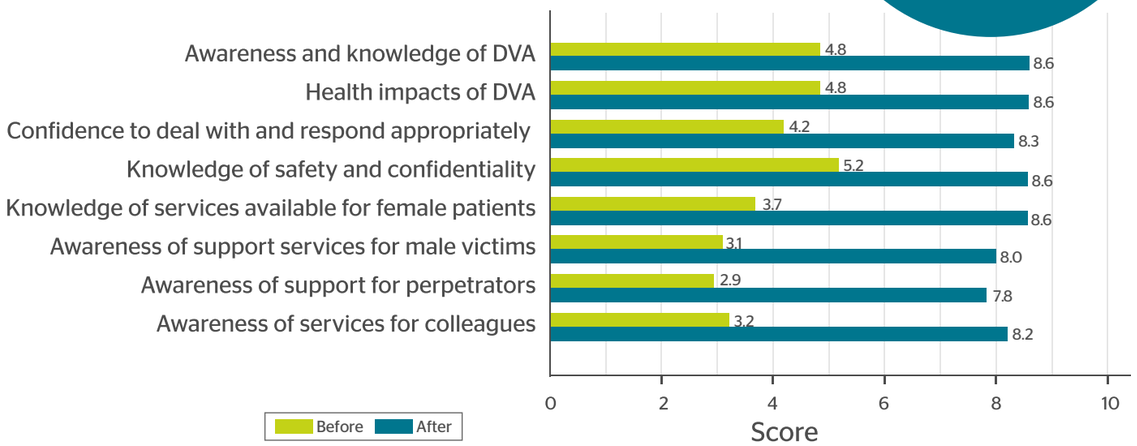
Feedback from non-clinical staff and refresher training

Reception teams and annual updates

Reception training

We have have also received feedback on our training for GP reception teams. Reception staff often also have to respond to patients experiencing DVA. It is pleasing to see that reception teams feel they gain so much from IRIS training.

> *"Great training. Really well delivered, informative, educational and enlightening. Thank you."*
>
> **IRIS-trained staff**



Refresher training

> *"Excellent information regarding coercive control. I will be using the wheel during my consultations.*
>
> **IRIS-trained staff**

Meet the IRISi team

Working to promote and improve the health care response to DVA

MEDINA JOHNSON
Chief Executive

ANNIE HOWELL
Programme Director

LUCY DOWNES
Project Lead
Social Franchising

MEL GOODWAY
Regional Manger

ALLIE BAILEY
Comms & Events Manager

ELLIE VOWLES
Development Manager: Social Franchising

ESTELA BARBOSA
Data Scientist

DR SHIM VEREKER
Contracts and Programme manager

HAZEL GUMBS
Regional Manger

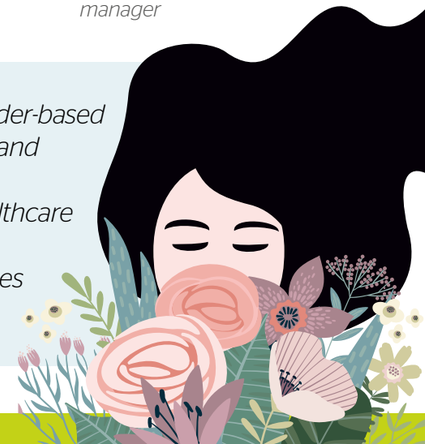
RUTH O'LEARY
Project Manager - Pathfinder

CHERYL BAKER
National Support Officer

NAOMI HAWTHORNE
Regional Manager

(Some of our team prefer to not include their photos)

*Our **vision** is a world in which gender-based violence is consistently recognised and addressed as a health issue.*
*Our **mission** is to improve the healthcare response to gender-based violence through health and specialist services working together.*



"Very educative and informative training. I am now equipped and aware of how to do more on domestic abuse"

IRIS trained clinician

IRISi interventions

@irisintervent

@IRISiUK

@irisintervent

CONTACT US

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