IRIS

Identification & Referral
to Improve Safety

IRIS RESPONSE TO THE COVID-19 PANDEMIC

A rapid research report

IRISi interventions

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COLLABORATION AND THANKS:

This rapid research was conceived by Lucy Downes. It was designed and carried out by Lucy Downes and Estela Barbosa. The manuscript was a joint effort by Lucy Downes, Estela Barbosa, Annie Howell and Medina Johnson.
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Any errors or omissions are the responsibility of the research team and not of the research participants.

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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

Highlights

10 things you need to know about this Rapid Research

1 IRIS is a programme of training and support to improve the response to domestic violence and abuse (DVA) in general practice, which has been proven effective and cost-effective and is commissioned across areas of England, Wales, the Channel Islands and Northern Ireland. IRISi is a not-for profit organisation that provides areas with the IRIS model, training package, updates to the training, and support.

2 Until March 2020, all IRIS training, and most of the advocacy and support, was provided face to face.

3 The IRIS programme needed to adjust and be adapted to remote training for primary care professionals and new ways of providing services to patients/service users as a result of the COVID-19 pandemic.

4 This rapid research provides initial evidence around the acceptability and effectiveness of the IRIS programme using new remote ways of working.

5 This booklet is a summary of findings. The full report can be found on our website (irisi.org)

6 We ran four surveys and carried out 15 interviews between June and August 2020. We designed the research using the Lean Impact approach, and analysed the data using a framework analysis.

7 We found that the relevance of the IRIS programme has increased as a result of the COVID-19 pandemic.

8 There was an initial reduction in referrals in March 2020, but the level of referrals rose again to usual levels by July 2020.

9 While technology was initially considered a barrier, most clinicians feel at least as confident addressing DVA over the phone and online, as compared to face-to-face. Service users also felt well supported remotely and attributed their good outcomes to the increased communication and the quickness and responsiveness of their IRIS advocate educator.

10 The learning and benefits of the COVID adaptations will be considered when we are able to resume face to face work and that we expect to run a blended version of the programme as we move in to 2021.

How we did it

Rapid Research Methods

We carried out four different surveys and 15 interviews between June and August 2020. We relied on two methods. We used the Lean Impact approach to design the research and analysed the data collected using a Framework Analysis.

Data Collection

SURVEYS

- **Value of IRIS** (56 respondents*)
- **Clinicians** (115 respondents)
- **Clinical Leads** (25 respondents)
- **Advocate Educators** (39 respondents)

INTERVIEWS

- **5 Advocate Educators**
- **3 Clinical Leads**
- **3 Clinicians**
- **4 Service Users**

* Different stakeholders responded to our value of IRIS survey. In total, the respondents to this survey were: 27 advocate educators, 12 clinical leads, 6 commissioners, 6 service managers and 5 others*.

We have explored the perceptions of value, acceptability and effectiveness of the IRIS programme under new ways of working

*Others include: safeguarding lead, deputy manager, support officer.

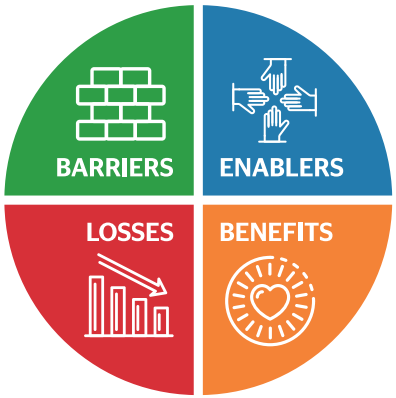
Lean Impact Method

The Lean Impact approach encourages the creation and testing of hypotheses. We have tested four different ones and these are shown below.

During the pandemic, IRISi support and being part of the IRIS network is relevant and perceived as valuable	The confidentiality of consultations with general practitioners can be ensured in phone and video consultations	IRIS training is effective and desirable when delivered remotely	Patients/Service users find remote advocacy effective and desirable

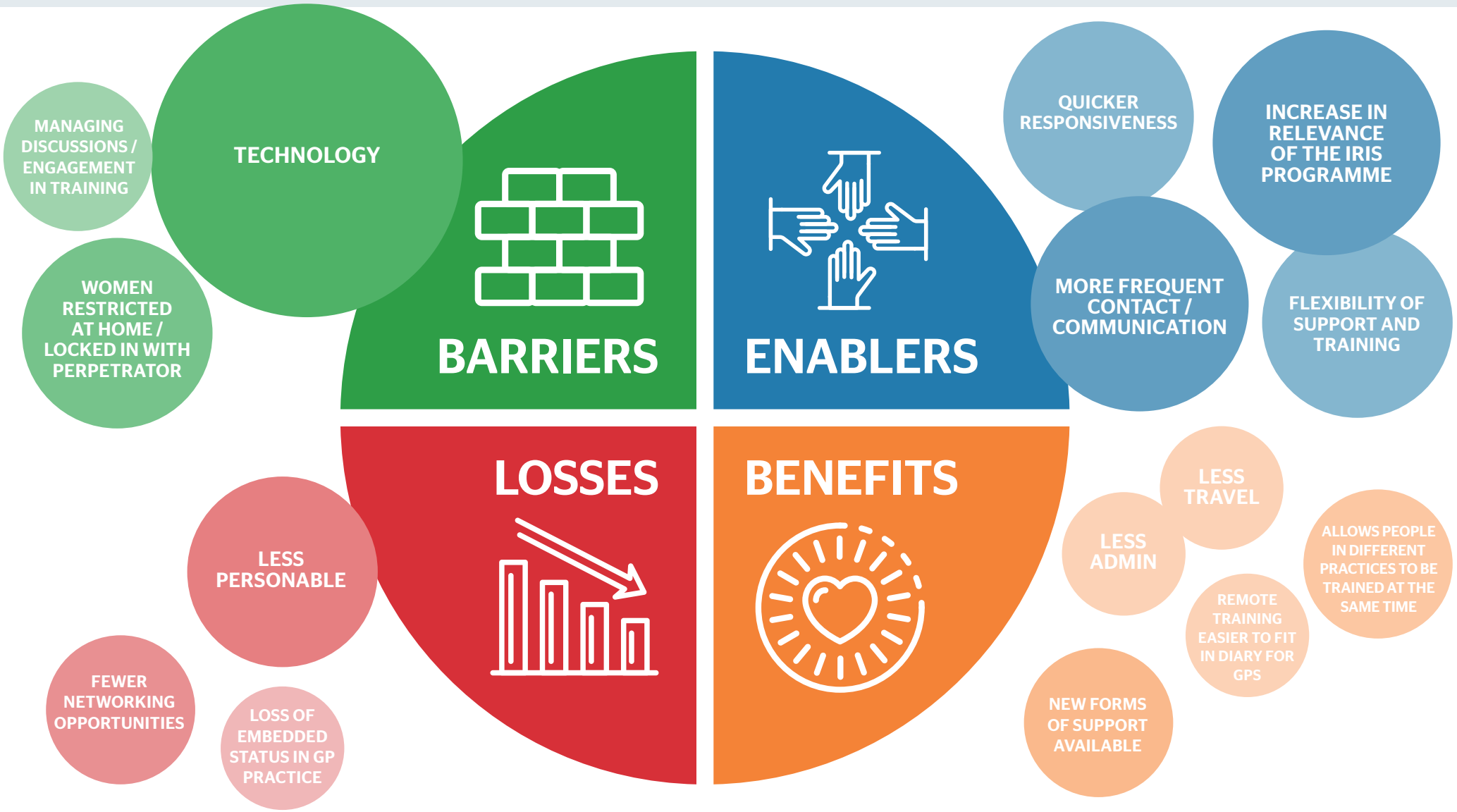
Framework Analysis

The framework method provides a systematic and flexible approach to analysing qualitative data. We have used a simple matrix as our analytical framework, and explored the following four themes as they apply to the IRIS programme: barriers, enablers, losses and benefits.



Framework Analysis Results

Technology was mentioned as the most frequent barrier to the change from face-to-face training and support to online training and remote support. The most frequently mentioned loss was the ability to read body language and facial expressions during training, during consultations and during support sessions. The increased frequency of communications and quicker responses were considered the most important enablers of change. The availability of new forms of support and the ability to train clinicians from different practices jointly were considered the main benefits of the IRIS online and remote programme*.



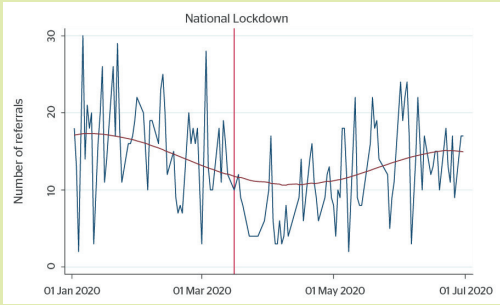
*The results from the Framework Analysis convey perceptions from the interviewees as is standard in qualitative research.

The IRIS Programme under COVID-19 circumstances:

Adaptations to online IRIS training and remote support

Impact on Referrals

There was an initial decline in referrals in March 2020 and these rose again to usual levels by July 2020.



Confidentiality, disclosure of domestic violence and abuse and remote consultations

All clinical leads and most clinicians feel at least as confident in addressing domestic violence and abuse over the phone and online.

Clinical leads

Very confident	68%
Somewhat confident	20%
Neither confident nor unconfident	12%
Somewhat unconfident	0%
Very unconfident	0%

Clinicians

Very confident	23%
Somewhat confident	49%
Neither confident nor unconfident	19%
Somewhat unconfident	9%
Very unconfident	0,1%

Adaptation to online training

There were mixed perceptions around training. 48.7% of advocate educators*, who deliver training for general practices, felt that clinicians would take more from IRIS training in its online form, while another 48.7% were concerned about difficulties in concentration, engagement or technological difficulties in online delivery of training.

*39 advocate educators responded to our survey.

> *"The benefit of online is that we can offer training for people who've never done IRIS training, as well as the update rollout programme and mop up sessions."*
>
> **IRIS clinical lead**

> *"It's different when you're in the room with someone. I think when it's a screen, people are slightly more shut off, and sometimes even when you're face-to-face you struggle. It's like "Come on, somebody talk to me.""*
>
> **IRIS advocate educator**

100% of clinicians were able to find a quiet place to do the online training

> *"During the pandemic, practices are more interested in getting the IRIS training."*
>
> **IRIS trained clinician**

The value of IRIS

Different ways of working, even more relevance

We found that the relevance of the IRIS programme has increased as a result of COVID-19 for three reasons: (1) increased reporting and prevalence of domestic abuse, as a result of lockdown and social distancing; (2) the quick-responsiveness in the adaptation of training and advocacy support to remote or online by IRISi and the local IRIS teams; and (3) the fact that the usual routes to support are more difficult to reach or access or are no longer available.

INCREASED INCIDENCE OF DVA

QUICK RESPONSIVENESS AND NEW GUIDANCE

GPS AS ONE OF THE ONLY ROUTES TO SUPPORT

Value of IRIS survey

94.5%
WANT TO SEE IRIS COMMISSIONED IN THE LONG TERM IN THEIR AREA

89.1%
THINK IRIS IS DESIRABLE AS IT IS PROVEN TO BE EFFECTIVE

38.2%
WANT MORE OPPORTUNITIES TO ENGAGE IN DEVELOPMENTS AND IMPROVEMENTS WITH THE IRIS PROGRAMME

Remote advocacy and support

New ways of supporting women

71.8% of advocate educators reported providing additional emotional support to service users, and 41% provided additional advice and information on legal, welfare and housing services.

ADVOCATE EDUCATORS

Remote Support:
100% of AEs have been able to support service users remotely;

Emotional Support:
71.8% of AEs increased the emotional support they provide to service users;

100% of interviewees felt the IRIS programme had become more relevant since lockdown

SERVICE USERS

Safety:
100% of service users felt well supported by AEs since/during lockdown

Preferences:
Service users who started support before lockdown had a preference for face-to-face; but service users who started support after lockdown did not have a preference

Convenience:
50% of service users who started support after lockdown feel remote is more convenient / easier.

> *"After we've had our phone call, she's giving me a time and a date and if I needed to get hold of her, all I'd have to do was text and she answers really quick."*
>
> IRIS service user

> *"We have phone calls every week, and I think if I wanted a phone call twice a week, three times a week, she'd accommodate it."*
>
> IRIS service user

> *"We do a video call once a week. If I got something to say or she's got a reminder for me she'll WhatsApp me with the reminder."*
>
> IRIS service user

"I just want to make sure the IRIS programme is running to the best of its ability"

IRIS trained clinician

IRISi interventions

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