

The background of the slide is a blue-tinted photograph. It shows a white lab coat with a stethoscope resting on it. In the lower half, a pair of hands is visible, one holding a white envelope or document. The overall tone is professional and healthcare-oriented.

THE IRIS PROGRAMME

Introduction to the IRIS programme
for GPs and Primary Care Networks

ABOUT IRIS

IRIS is a specialist domestic violence and abuse (DVA) training, support and referral programme for general practices that has been positively evaluated in a randomised controlled trial. It is a partnership between health and the specialist DVA sector.



Between 2010 and March 2020, IRIS programmes have received 20,544 referrals and fully trained an estimated 1036 general practices across 48 localities nationwide.

THE IRIS MODEL

The model rests on one full-time Advocate Educator working with a patient population of up to 200,000 (usually around 25 practices).



The Advocate Educator is a specialist DVA worker who is linked to the practices and based in a local specialist DVA service.



The Advocate Educator works in partnership with a local Clinical Lead to engage with practices and co-deliver training.



As well as providing training, the Advocate Educator acts as an ongoing consultant for practice teams and is the person to whom they directly refer patients for expert advocacy.

WHAT PRACTICES RECEIVE



In house training for the whole practice team

- Clinical team training – 2x two hour training sessions covering recognising and responding to DVA (including during telephone consultations) and how to refer and record disclosures.
- Administrative team training – 1x one hour training session, covering understanding DVA, responding to patients, resource provision, confidentiality, and safety.
- Refresher training and additional sessions for new staff are available to all practices.



Named contact for patient referrals

Victims and survivors can be referred to the advocate educator. The advocate educator provides emotional and practical support, carries out risk assessments, safety plans and advocates on behalf of the patient as appropriate.



Ongoing support and consultancy

The advocate educator is able to attend practice meetings and provide drop-ins to discuss all aspects of the programme. She is available to support the entire practice and individual professionals on a day-to-day basis by phone, email and when in the practice. Where a member of the practice team is concerned about a patient, the advocate educator is able to provide advice and guidance.

The evidence base for the IRIS model is that it is effective for female patients. Every practice that is IRIS-trained is given a male patient referral pathway so that they will be signposted towards services that support male survivors. Referral pathways for perpetrators of domestic abuse are also provided*.

**With negotiation, local funders/commissioners and service providers may agree provision of advocacy and support for male victims and survivors within the model.*

HOW TO SUPPORT IRIS IMPLEMENTATION

We know that GPs see the need for health based DVA work first-hand and want to provide the best service for their patients. If you would like to see the IRIS programme running in your area, please get in touch with us. You can help us to implement the programme locally by:

Getting in touch with your practice PCN/Cluster lead or PCN/Cluster Clinical Director/Lead and asking them to invite us to give a short presentation at a PCN/Cluster meeting or at a meeting for several PCNs/Clusters.

Contacting the named GP for safeguarding in your CCG/Health Board to flag the need for IRIS/sharing some information about the programme and sharing our contact details with them.

Sharing details of the IRIS programme with your local specialist domestic abuse service.

The IRIS programme is designed to be implemented across a number of practices. Usually, we recommend commissioning IRIS across no fewer than 12 practices.

IRIS may be commissioned across a group of PCNs in an area, a number of practices in an area or a whole local authority/CCG area depending on local arrangements.

IRIS is usually funded and rolled out following conversations with commissioners such as the CCG (Clinical Commissioning Groups, in England), Health Boards (in Wales), the PCC (Police and Crime Commissioner) or the local authority.

Specialist DVA organisations can also apply to become IRIS partners, which means that they are then supported by IRISi to seek funding for implementation in their area.

For further information and support, please get in touch with us via info@irisi.org

www.irisi.org

