

# IRIS

Identification  
& Referral to  
Improve Safety



**The social value of improving the primary care  
response to domestic violence and abuse**

A mixed methods Social Return on  
Investment analysis of the IRIS Programme

**IRISi**  
interventions

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

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# IRIS Social Value, Impact Framework, Return on Investment and Social Return on Investment



We conducted a one-year longitudinal mixed methods service evaluation of the social value and impact of the IRIS Programme in five varied UK sites.

The evaluation consisted of a scoping review, qualitative interviews, document analysis, meeting observations, follow up survey, a return on investment (ROI) analysis and a social return on investment (SROI) analysis.

## IMPLICATIONS FOR POLICY AND PRACTICE

**For policy makers**

Combining financial and social return on investment analyses with qualitative participant narratives provides a persuasive account of the social value that can be attributed to a service.

**For commissioners**

There is a compelling case for investing in the IRIS programme in terms of the potential financial and social return on investment. The success of the IRIS programme is assessed by a complex range of values and social impacts that go beyond financial

return on investment. This complexity should be considered in commissioning decisions.

**For practitioners**

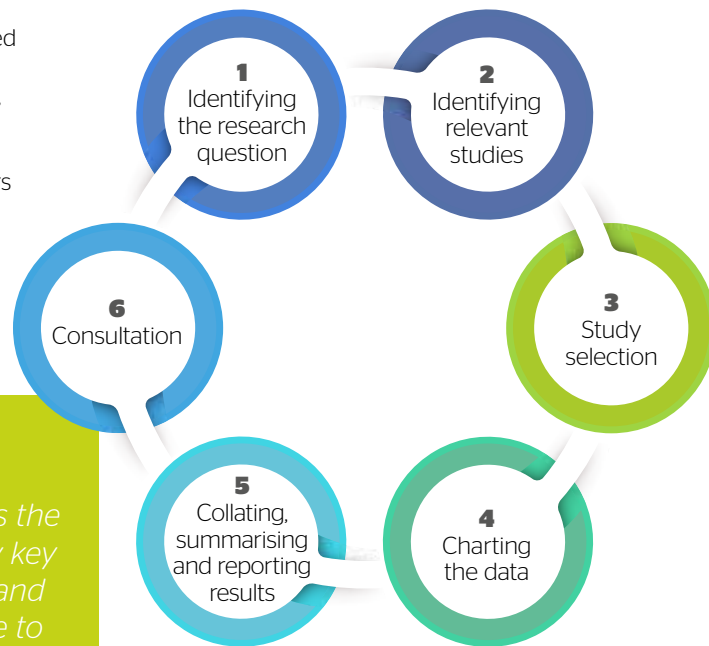
Understanding the social values that drive the programme directs attention to the activities that can improve the readiness of the service landscape, thereby maximising the social return on investment. In this case these were activities that increase professional engagement in the programme and increase service capacity to receive referrals.

## Table of contents

Scoping Review: key concepts, social impact and social value .....4  
Developing a social framework for IRIS.....6  
The IRIS return on investment (ROI).....8  
The IRIS social return on investment (SROI).....9

# Scoping review

The scoping review of the evidence base involved systematically reviewing 1534 papers for relevance, resulting in 20 included academic papers. The findings from these papers were synthesised using 6 iterative steps (Arksey & O'Malley, 2005) to inform and underpin the mixed methods evaluation framework approach.



*“A scoping review is a method that systematically maps the literature to identify key concepts, theories and sources of evidence to inform practice”*

We identified and outlined the following findings from the synthesis:

**‘Social impact’** – papers described multiple ways of measuring the difference that programmes, policies and services can make to target populations.

**‘Social value’** – papers drew attention to how localised and contextual assumptions were important in assessments of the relative importance of a given change. They also highlighted the breadth of actors, factors and contexts (individual, family, community, local/national economy, and environment) that can experience change.

**‘Processes of valuing’** – papers affirmed that it is important to hear a range of voices in different parts of the system, and

to attend to the multiple ways in which valuing gets done.

## In conclusion:

The review highlighted the importance of including multiple voices with differing perspectives on the value of IRIS in the development of our social value framework, both within teams and across geographical settings. We were careful to develop our interview schedule to discuss values that were not immediately visible or usually acknowledged by participants, as well as future imaginaries. Lastly, it sensitised us to an important caveat in this work: that understandings of value are locally negotiated and context-specific, albeit within wider systems of valuing.

## Qualitative Methods

Data collection occurred longitudinally over the course of a 12 month period (December 2020 – December 2021). We utilised a mixed method, multi-phased approach to service evaluation.

This evaluation focused on five UK locations, selected because they were early adopters of the social franchise approach to replicating the IRIS model, in different

stages of their IRIS journey:

**Greenwich** - Her Centre [www.hercentre.org](http://www.hercentre.org)

**Gwent** - Llamau [www.llamau.org.uk](http://www.llamau.org.uk)

**Middlesbrough** - My Sister's Place [www.mysistersplace.org.uk](http://www.mysistersplace.org.uk)

**Swale** - Support & Action To End Domestic Abuse (SATEDA) [www.sateda.org](http://www.sateda.org)

**Swansea Bay** - Calan DVS [www.calandvs.org.uk](http://www.calandvs.org.uk)

### Our methods included:

- **Analysis of** existing policy documents in each site discussing Domestic Violence and Abuse (DVA)/IRIS, to understand how social value is described (e.g. commissioning guidance, DVA strategy)
- **Online interviews** with (n=18) IRIS stakeholders to understand what the value of IRIS is for different people involved in planning and delivering the service. Stakeholders included: Advocate Educators (n=5), Clinical Leads (n=5), heads of service (n=3), commissioners (n=5). In terms of years of experience, stakeholders varied, with 5 having worked in the field of DVA for less than a year, and 13 having more experience. Interviews lasted between 20 minutes to an hour and were audio recorded and transcribed.
- **Observation of** a steering group meeting at each site to understand how value was discussed and measured over time among wider stakeholder groups.
- **A follow-up** anonymous online survey with previous participating stakeholders (n=17) developed using Microsoft Forms to further refine our social value framework. This included Likert scale and open-ended questions and took around ten minutes to complete. This had a 62% response rate.

## Analysis

We applied a framework analysis methodology to interpret our data (Gale et al., 2013). We developed an analytical coding framework based on preliminary readings of the data, using the findings from the scoping review to sensitise us to representations of social value and social impact. We inputted this into a Microsoft Excel matrix, with codes in the columns and data from interviews, documents, observations and free text survey responses entered as individual cases in the rows. The framework was refined during wider team discussions and adapted iteratively.



# Qualitative findings

Our analysis developed insights about the guiding values and social impacts of IRIS. Guiding values were significant to all involved in the delivery and commissioning of the IRIS programme, but are not immediately quantifiable. Social impacts were specific ways of observing and measuring the change or difference that IRIS related activities make.

We identified three guiding values which informed assessment of IRIS: **contributing to optimism about addressing DVA; improving visibility of DVA in the primary care system; improving connectedness between institutions with a DVA agenda.**

We identified five direct social impacts that were used to judge the success of IRIS: impact of professional response to DVA; impact on service user outcomes; improving interactions between patients, GPs and local DVA support services; compatibility of the programme with local infrastructure; and credibility of the work among local stakeholders.



Guiding social values		
<b>OPTIMISM</b>	Promoting a sense of hope about addressing DVA	"In the last three years [pre-IRIS] there have been [a total of] 34 referrals... When IRIS got up and running we already had 34 in less than a year" "I think we're all wanting, really wanting this to work, particularly when you end up with domestic homicides"
<b>VISIBILITY</b>	Raising the visibility of DVA as in issue in the primary care system, helping to identify service users who would otherwise be missed	"I find it particularly worthwhile reaching those clients we have never spoken to before" "I have received referrals for patients who were not known to specialist DA services especially those who have been in 10+, 15+ years abusive relationships"
<b>ALIGNMENT</b>	Improving alignment between the values and priorities of organisations working towards addressing DVA at a system level	"I noticed everything was very siloed... We're now thinking how the services align so there is a 'DA offer' not a 'service offer'" "IRIS is here to do what IRIS is here to do - a GP referral service"

Social impact		
<b>PROFESSIONAL ROLE</b>	Increasing the confidence and ability of healthcare staff to engage with and help patients who are affected by DVA	"It goes from nothing, no conversations about abuse, to something" "The woman said "nobody has ever asked us about domestic abuse before". Who else in the community would have picked that up? Who else would have contact with all three family members? GPs are in a unique position to know everyone"
<b>SERVICE USER OUTCOMES</b>	Increasing referrals into services, leading to social outcomes for patients including: improved feelings of safety and availability of support, de-escalation of abuse, and reduced medicalisation of social issues	"If they go and access support via a GP and have a response fairly quickly then that is life-changing and life-saving" "After we had provided one particular practice Clinical 1& 2 training, it generated 11 referrals the first week from that practice and two a week after that for 4 weeks. so that is 19 women who are now aware of the support available to them and are now known to specialist DA agencies"
<b>CONNECTEDNESS</b>	Introduction of new forms of connection for service provision and information sharing between service providers, service users and healthcare professionals	"IRIS is that vital bridge between client and service and that bridge is in a safe space in primary care" "It's helpful, it feels like there is another connection that helps us keep the client engaged and find out if there is anything going on"
<b>COMPATIBILITY WITH EXISTING INFRASTRUCTURE</b>	Possibilities for flexibly integrating the programme within existing local systems	"We are implementing this at one of the most challenging times that any of us have experienced" "All surgeries have been contacted about the training highlighting that it meets their safeguarding requirements"
<b>CREDIBILITY</b>	Legitimacy of the service among local stakeholders, and contribution of service to overall credibility of DVA activity	"IRIS is a ready-made model with an evidence base. That's rare in primary care" "Because we have been accepted and welcomed by IRIS[i] as an organisation that's good enough to deliver this on their behalf, it makes us more credible"

The three guiding values - whilst providing important insights into the additional perceived value of IRIS - are difficult to measure or quantify with readily available routinely collected or research-generated data. This is a key challenge that researchers and stakeholders face when attempting to fully comprehend the social value of a complex, community-based health intervention in numerical analyses.

The social impacts we have illustrated are more suited to an economic assessment of social value. Assessment of progress against these values was different in each site. However, despite being contextual and locally situated, four out of five of these impacts were found to be quantifiable and were therefore used to underpin a social return on investment analysis.

# The IRIS Return on Investment (ROI)

## Demonstrating efficiency in monetary investments

Return on investment (ROI) is a performance measure used to evaluate the efficiency of an investment in monetary terms. It only takes into consideration monetary costs and monetary benefits, and thus, is considered useful as a comparative measure between investments. Mathematically:

$$ROI = (\text{Net Programme Benefits}) / (\text{Programme costs})$$

## Estimating costs and benefits

On average per site the IRIS Programme cost £97,926 and covered a target population of just over 230,000 women.

The benefits of the IRIS Programme were measured in terms of prevention of future costs, i.e. by identifying and referring victims of domestic violence and abuse, the IRIS Programme prevents further abuse and aggravation in the severity of abuse. The programme benefits were estimated based on the formula:

$$\text{Net benefit} = \text{Average referrals} \times \text{unit cost of abuse} \times \text{probability of reduction of abuse}$$

For the purposes of this evaluation, we used 62% as the probability of reduction of abuse, which is the average between 59%, the figure obtained from Refuge (2021) and 65%, the figure from the IRIS trial modelling. (Barbosa et al., 2018)

### Unit cost of domestic violence and abuse per victim for the Year 2020/21

COMPONENT	COST IN £ (2020/21)
Physical and mental health harms	£26,147
Lost economic Output	£7,796
Health Services	£1,291
Specialist-DVA services	£398
Police	£694
Criminal Justice	£183
Civil Justice	£75
MARACs and Housing	£5
Prevention: Governmental Awareness Campaigns and Domestic Violence Disclosure Scheme (DVDS)	£5
<b>Total</b>	<b>£36,595</b>

After considering both costs and benefits, for every pound invested on the IRIS Programme, more than £16 of return was achieved.

$$ROI = 16.79 \text{ or } £16.79:£1$$

# Social Return on Investment (ROI)

## Monetising social value

## Identifying the social impact of the IRIS Programme

A Social Return on Investment (SROI) is a methodology used to estimate the net social value created by organisations, which are not normally included in a traditional Return on Investment Analysis due to their inherent difficulty in translating into a monetary figure.

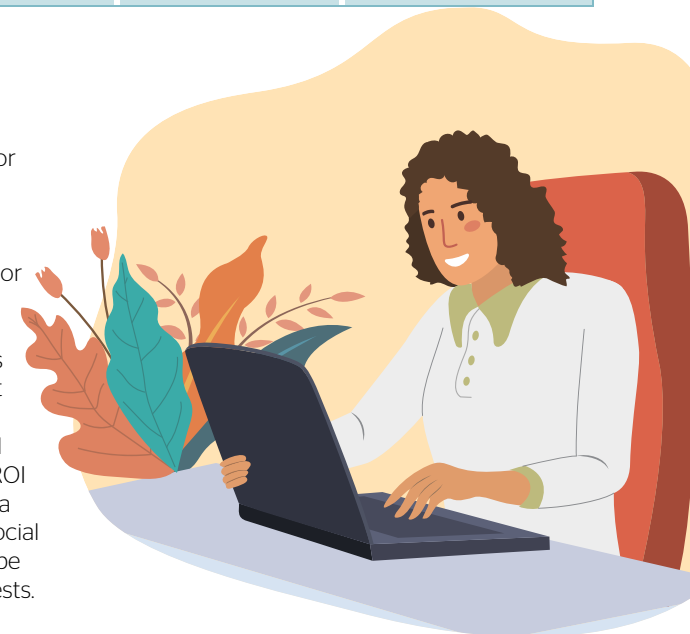
In order to carry out the SROI, we relied on the measures of social impact that were defined by the framework analysis. While the guiding values of the IRIS Programme were significant to all involved in the delivery and commissioning of the programme, they are not immediately quantifiable, therefore cannot be included in the SROI calculation.

For the five identified measures of social impact, we have sought to find a monetary figure that conveyed the benefit of the measure.

Measures considered for inclusion in the SROI			
CATEGORY	MEASURE	INCLUDED IN SROI	REASON
Guiding social values	Optimism	No	Not quantifiable
	Visibility	No	Not quantifiable
	Alignment	No	Not quantifiable
Social impact	Professional role	Yes	
	Service user outcomes	Yes	
	Connectedness	Yes	
	Compatibility with existing infrastructure	No	No monetary benefit or opportunity cost found
	Credibility	Yes	

## Net Social Benefit

Wherever possible, we relied on previously conducted Social Return on Investment Analyses or Economic Evaluations to obtain such values. Unfortunately, we were unable to find a monetary figure either in terms of benefits or opportunity costs for the impact measure 'compatibility with the existing infrastructure'. While this measure should increase the net benefit of the IRIS Programme, it happens at the system level, and thus, by not including it in the SROI calculation could be considered a conservative approach, i.e. the social return on investment is likely to be more than this calculation suggests.



Net monetary benefit estimates by social impact measure				
MEASURE	BENEFIT*	TYPE	INCLUDES	SOURCE
Professional Role	£5,112	Net benefit	Value of AE / Clinical lead and streamlined pathway between health and specialist service. Proxy based on value of Education Welfare Service, which offers streamlined relationships between schools and Social Care.	University of Sheffield SROI
Service User Outcomes	£10,182	Net benefit	Improvements in health, safety, social wellbeing and economic wellbeing	Refuge SROI analysis
Connectedness	£231	Opportunity Cost	Cost of holding a MARAC meeting including stakeholders from health, specialist services, police and social care	Manchester Unit Cost template (police)
Credibility	£264	Opportunity Cost	Opportunity cost of time of GPs when dealing with DVA patients (IRIS trial = 2.75 hours saved; £88 per hour)	PSSRU Unit Costs for Health and Social Care

\* per woman in 2020/21 ££



### Attribution Calculation

In a SROI, attribution is defined as an assessment of how much of the social impact was caused by the contribution of the relevant organisations or its people. In this report, attribution was calculated using the responses to specific questions on the follow up anonymous online survey (n=16) developed using Microsoft Forms, which had a response rate of 62%.

## SURVEY QUESTIONS

For the measures included in this SROI, the following questions were asked:

- Thinking about the social impacts of IRIS, how much does 'Improving clinicians' professional response to DVA' contribute to the overall success of the programme?
- Thinking about the social impacts of IRIS, how much does 'Improving service users' outcomes' contribute to the overall success of the programme?

- Thinking about the social impacts of IRIS, how much does 'Improving connections between clinicians, patients and DVA services' contribute to the overall success of the programme?
- Thinking about the social impacts of IRIS, how much does 'Building the credibility of the IRIS programme with stakeholders, participants and commissioners' contribute to the overall success of the programme?

Attribution scores by social impact measure			
MEASURE	AVERAGE	MIN	MAX
Professional Role	9.13	7	10
Service User Outcomes	9.19	8	10
Connectedness	9.38	8	10
Credibility	8.94	7	9,75



### Calculating the SROI

Similar to the ROI, the SROI is defined as:

$$SROI = (\text{Net Social Impact Benefits}) / (\text{Programme costs})$$

However, the Net Social Benefits are a function of the average number of referrals in a year, the total social benefit per woman and the attribution expressed as a rate. Mathematically we have:

$$\text{Net Social Impact Benefit} = \sum_{\text{Social impact}}^{n=4} (\text{Average referrals} \times \text{net social benefit} \times \text{attribution rate})$$

**The results of this calculation show that for every pound invested in the IRIS Programme, a social return of £10.71 was obtained (SROI ratio of £10.71 : £1)**



# WHAT DOES IRIS ADD LOCALLY?

This study demonstrates that the value of IRIS extends far beyond increasing referrals to DVA services or improving service users' lives. There is a compelling case for investing in the IRIS programme in terms of the potential financial and social return on investment.

**ROI = 16.79 or £16.79:£1**

**SROI = 10.71 or £10.71:£1**

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