IRIS

5TH ANNIVERSARY

Identification & Referral to Improve Safety

IMPROVING THE GENERAL PRACTICE RESPONSE TO DOMESTIC VIOLENCE AND ABUSE

A review of IRIS Programmes in England, Wales, the Channel Islands and Northern Ireland to March 2022

IRISi interventions

GLOSSARY

IRISi: IRISi is a not-for-profit social enterprise established to improve the healthcare response to gender-based violence.

IRIS: **I**dentification and **R**eferral to **I**mprove **S**afety. The IRIS Programme was developed to improve the general practice response to **Domestic Abuse (DA)**. It was tested and proven effective as an intervention for women patients aged 16+ who are experiencing or have experienced DA.

ADViSE: **A**ssessing for **D**omestic **V**iolence **i**n **S**exual **h**ealth **E**nvironments. The ADViSE intervention adapted the IRIS Programme for sexual health settings. The pilots were developed as interventions for women patients aged 16+. During the process of developing ADViSE into a commissionable model we agreed with our stakeholders that the ADViSE Programme should be inclusive of and open to all patients accessing sexual health, regardless of sex or gender identity and be broadened to encompass Sexual Violence as well as DA. When we refer to the ADViSE programme, we refer to **Domestic and Sexual Violence and Abuse (D&SVA).**

Please note:

- In most areas the IRIS Programme is commissioned as per the evidence base, as an intervention for women patients aged 16+. In some areas (around one third of IRIS sites), the IRIS service is for all patients aged 16+ who are victims and survivors of DA. As a result, the referral data are not only for patients identifying as women. Consequently, we tend to use gender-neutral language in this report, whilst at the same time reflecting the disproportionate impact of DA on women and girls, as victims and survivors, through our imagery.
- Two IRIS sites included in this report, Devon & Torbay and Northern Ireland, use an adapted IRIS model that also encompasses sexual violence. All other sites use the original IRIS model focussing on DA only. For simplicity, in this report we describe IRIS as a DA intervention.

WRITTEN BY:
Estela Barbosa
Katie Smith
Geisa D'avo
Lucy Downes
Annie Howell
Medina Johnson

DESIGNED BY:
Paula Ragucci

COLLABORATION AND THANKS:

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

IRISi, the IRIS and ADViSE Programmes

Let's work together so we can improve the support for patients affected by Domestic Abuse (DA) and Domestic and Sexual Violence and Abuse (D&SVA)

IRISi is a social enterprise established to promote and improve the healthcare response to gender-based violence. A national, not-for profit organisation, IRISi provides areas with IRIS and ADViSE models, training package, updates to the training, and support to commission, implement and maintain the programmes.

Our flagship intervention, Identification and Referral to Improve Safety (IRIS) is a programme of training and support to improve the response to Domestic Abuse (DA) in general practice, which has been proven cost-effective and sustainable over time. The IRIS programme provides in-house training for general practice teams, DA health education materials and ongoing support for practice teams, and a direct referral pathway for patients who are victims and survivors of DA to a named embedded specialist (called the Advocate Educator, or AE) based within a local, specialist service. Training is co-delivered by the AE and a Clinical Lead, who is a local clinician and a champion for IRIS within the practice. The IRIS Programme is commissioned across areas of England, Wales, the Channel Islands and Northern Ireland, where it is delivered by local IRIS teams.

In 2021, IRISi launched its second intervention, ADViSE, to support sexual health clinicians identify and respond to patients affected by Domestic and Sexual Violence and Abuse (D&SVA).

IRISi works to develop and deliver evidence-based and ground-breaking interventions, aiming to ensure holistic support to victims and survivors of DA and D&SVA, issues that disproportionally affect women and girls. We want to embed awareness within healthcare settings, offering a clear pathway to healthcare professionals so they can better identify and refer their patients to specialist services.

TABLE OF CONTENTS

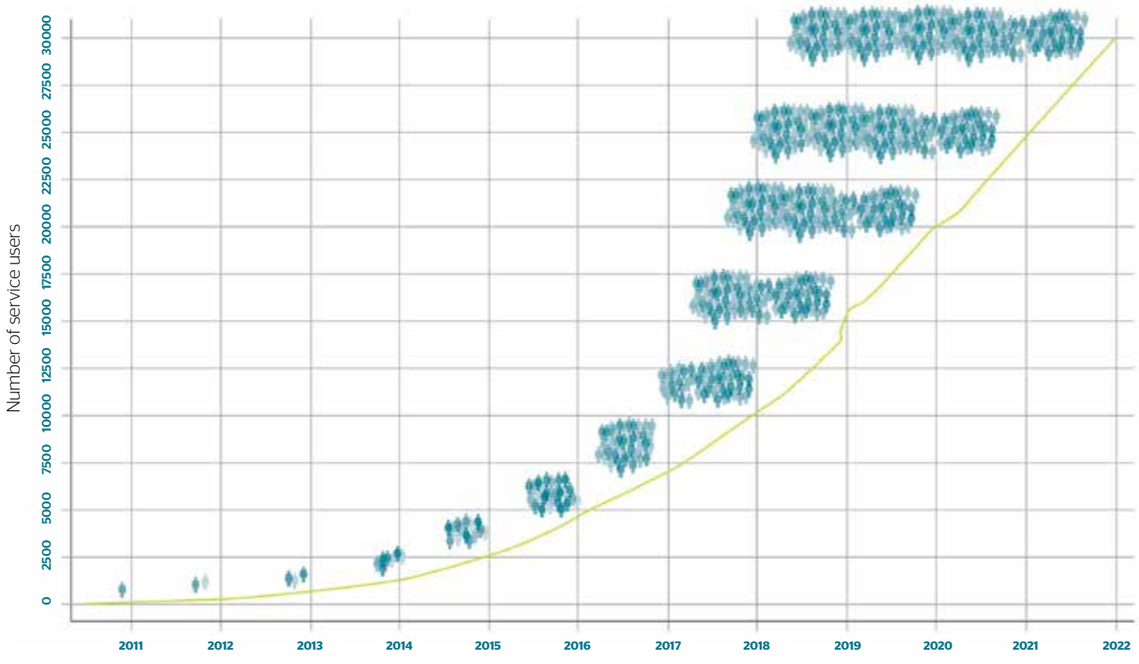
IRIS Programme
National Trends

The IRIS Programme has continued to grow across the UK and now IRISi also offers ADViSE, a programme for sexual health clinics.

MORE THAN **30,000** SERVICE USERS REFERRED TO THE IRIS PROGRAMME

Active areas commissioned and number of referrals

Between **April 2021** and **March 2022**, the IRIS Programme was running in **39 areas** across the UK. Programmes received 5,813 referrals during that period, totalling **30,194 referrals** since the first programme was commissioned.



The IRIS Programme map

The IRIS Programme continued to be commissioned in new sites across England, Wales, Northern Ireland and the Channel Islands.

By the end of March 2022, all but one area of Wales had commissioned the IRIS Programme.

Start date

From 2010 to March 2022, 57 localities commissioned IRIS.
The dates below correspond to the first training deliveries in each area.

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	FEB 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 and Solihull	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
DEC 2020 Greenwich	JAN 2021 Middlesbrough	JAN 2021 Westminster	MAR 2021 Ealing	MAR 2021 Brent	APR 2021 Hammersmith and Fulham	JUL 2021 Gwent	JAN 2022 Denbighshire
FEB 2022 Swale							

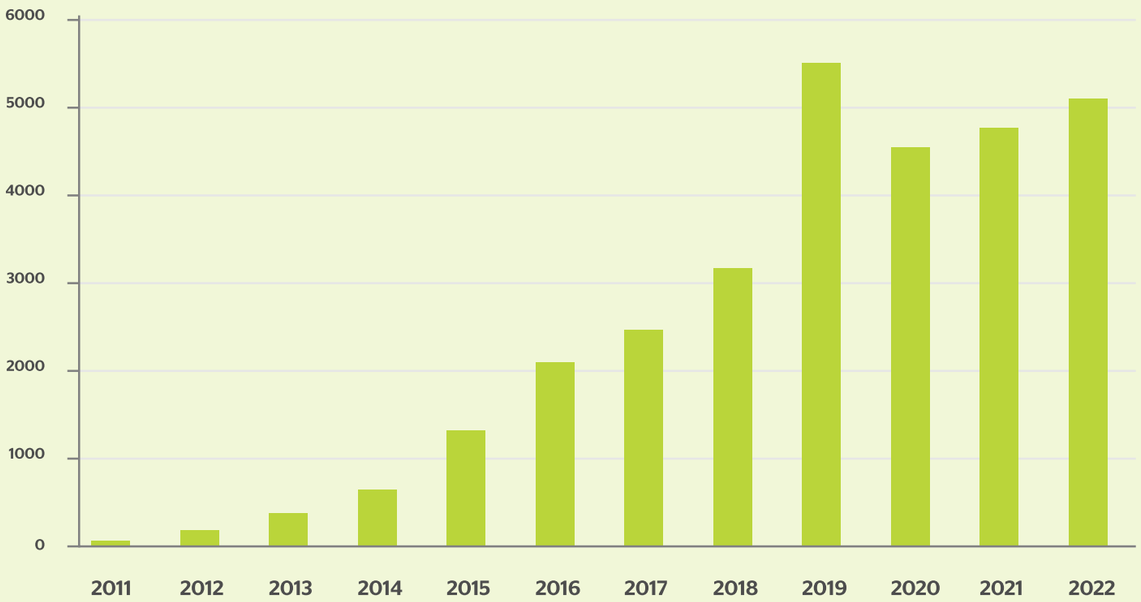
* These sites are no longer commissioned due to funding ending and further funding not being found locally.

Counting referrals over time

Average number of referrals per year.

By counting referrals at each site every year, we can make a comparison around patterns of referrals per commissioned site. While it is clear that some sites are referring more service users than others, we need to remember that sites differ in size and not all sites are commissioned to work with the same number of practices or have the same amount of worker resource to support the programme.

Referrals per year



> *"We all agreed that the training was informative, organised, and presented with sensitivity. The content was pitched to our needs and the pace of the talks given were also just right."*
>
> **IRIS trained clinician***

*Extracted from the evaluation of the IRIS 7 Boroughs project produced by DMSS between 2020 -2022.

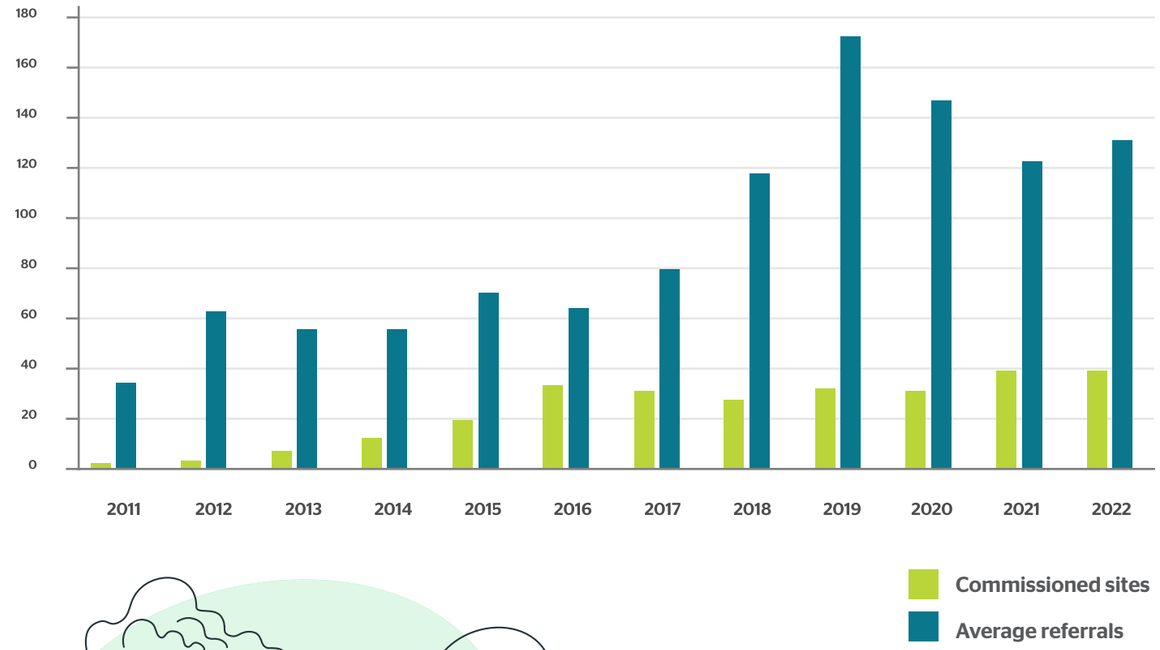
The graph of referrals per fiscal year shows that, while referrals per year have not yet achieved pre-COVID-19 pandemic levels, this number has grown since 2020 and is now once again over 5,000 per year.

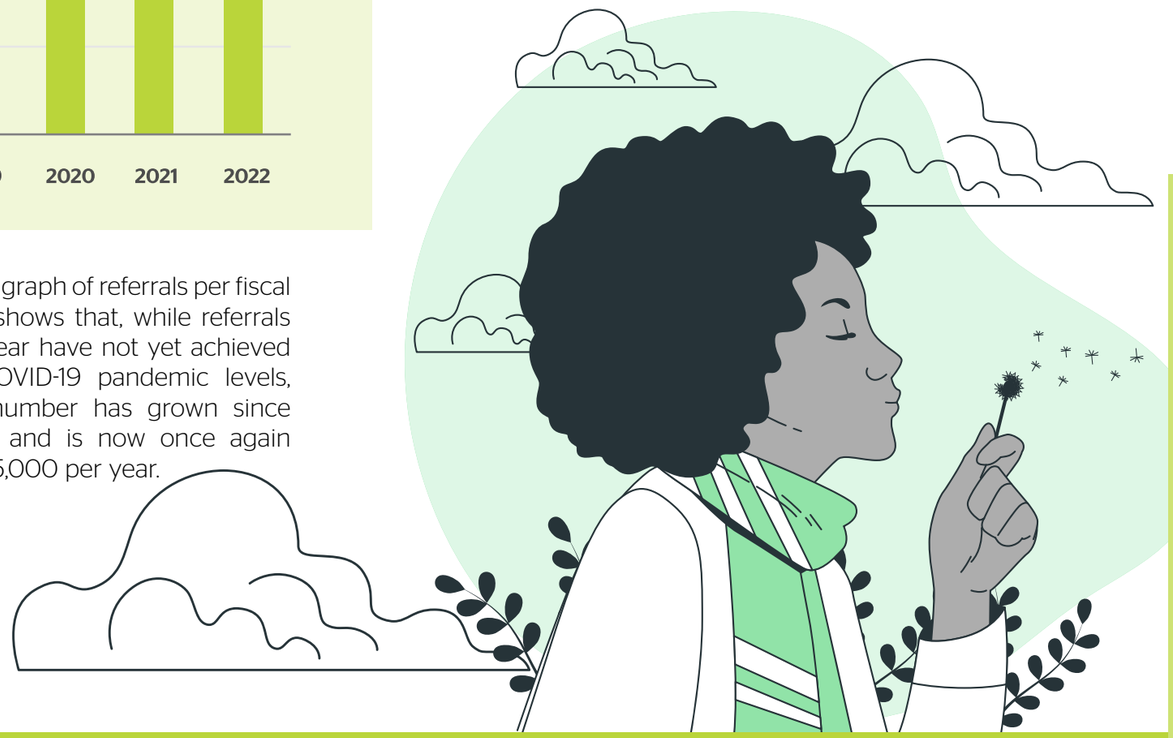
Commissioned sites and average referrals

IRISi has a commitment to supporting all sites regardless of their size and patient population. Assessing 'what good looks like' always takes into consideration resources available to sites. The average number of referrals per year is one of the ways we measure the performance of commissioned sites.

The graph below shows how the number of commissioned sites has grown over time. The varying average number of referrals speaks to the fact that a relatively large number of sites began commissioning in 2021 and 2022. New sites tend to present a lower number of referrals initially. At the same time, our data also reveals that, during and after the pandemic, new sites have been facing more challenges to establish good relationships with general practices, which can also explain the variation in referrals.

Commissioned sites and referrals averages





ADViSE data will be presented in 2022-2023 annual report!

Since the commissioning of ADViSE in multiple sites, IRISi began collecting data on this programme, as well as the IRIS programme. This is the last national report to to cover IRIS data alone. From 2023, the IRISi National Report will include data analyses for both IRIS and ADViSE.

Number of referrals per fiscal year per area

AREAS	BEFORE 2011	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	TOTAL BY AREA
BARKING AND DAGENHAM											29	74	103
BARNET								1	61	51	91	108	312
BATH AND NORTH EAST SOMERSET						52	148	128	162	157	350	158	1155
BERKSHIRE WEST*				11	54	6							71
BIRMINGHAM AND SOLIHULL						90	222	286	419	164	689	725	2595
BLACKPOOL*									3	94			97
BOLTON					16	144	142	199	245	348	268	243	1605
BRENT											3	56	59
BRISTOL	40	75	75	83	90	120	161	202	286	276	198	243	1849
BROMLEY							32	116	99	106	92	79	524
CAMDEN*					139	35	7	108	132				421
CARDIFF & THE VALE						119	132	133	156	267	188	239	1234
CHESHIRE EAST*					9	5							14
CHESIRE WEST						10	25	95	101	96	95	117	539
CORNWALL*				1	4	1	3						9
COVENTRY									72	125	150	219	566
CROYDON											30	82	112
CWM TAF						46	144	160	106	133	101	202	892
DEVON AND TORBAY									154	357	241	311	1063
DUDLEY									29	110	105	107	351
EALING											7	50	57
EAST SURREY						22	23	49	45	16	32	43	230
ENFIELD				13	81	42	107	134	112	172	117	99	877
GREENWICH											15	63	78
GWENT												201	201
HACKNEY	25	88	84	110	155	191	127	123	99	122	160	176	1460
HAMMERSMITH AND FULHAM											11	95	106
HARINGEY							15	50	55	63	47	100	330
ISLINGTON					6	52	49	84	132	79	64	7	473
JERSEY								1	38	32	43	16	130
KENSINGTON AND CHELSEA*										37			37
LAMBETH*		25	86	85	125	113	39						473
LEWISHAM*							22	57	84	4			167
MANCHESTER			84	91	137	268	478	759	827	961	740	767	5112
MANSFIELD AND ASHFIELD*				16	36	45	15						112
MIDDLESBROUGH											3	41	44
NORTH SOMERSET*						9	3						12
NORTHERN IRELAND											23	125	148
NOTTINGHAM CITY*			31	52	55	115	21						274
NOTTINGHAM WEST*					17	60	22						99
POOLE*						19	9						28
PORTSMOUTH*				59	90	80	18						247
SALFORD						2	52	126	231	251	213	271	1146
SANDWELL							7	5	71	85	81	106	355
SOUTH GLOUCESTERSHIRE				31	87	88	132	60	189	49	116	109	861
SOUTHAMPTON			27	112	119	87	74	63	64	7	30	23	606
SOUTHWARK						9	65	13	65	46	38	57	293
SWALE												1	1
SWANSEA BAY										11	60	114	185
TOWER HAMLETS					81	149	86	32	109		170	189	816
TRAFFORD*						31	52	87	18				188
VALE ROYAL AND SOUTH CHESHIRE*					26	21			82	112	49		290
WALSALL								36	153	31	97	107	424
WALTHAM FOREST											22	39	61
WARWICKSHIRE*						69	48	75	111	155	186		644
WESTMINSTER**											7	51	58
TOTAL PER YEAR	65	188	387	664	1327	2100	2480	3182	4510	4517	4961	5813	30194

* These sites are no longer commissioned due to funding ending and further funding not being found locally.
**There is a slight discrepancy in programme recorded referrals (72) and those in our database (51).

Training general practices

Primary care response to Domestic and Sexual Violence and Abuse.

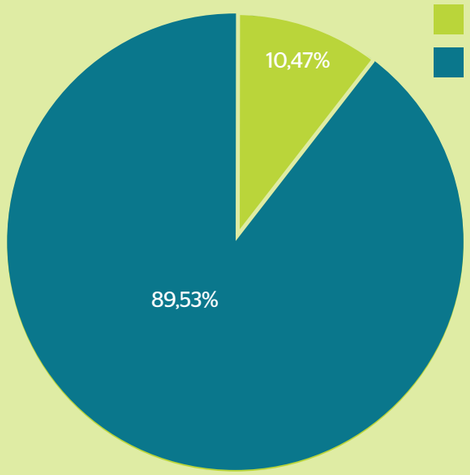
Training clinicians and general practice staff is a core component of the IRIS Programme. In the year ending in March 2022, 1,498 practices had been trained and actively had a referral pathway to provide support for their patients. There were 770 trainings sessions in the fiscal year 2021-22 and a total of 1,031 contacts* between AEs and general practices.

Training: Method of Delivery	Clinical Refresher	Clinical Session 1	Clinical Session 2	Reception refresher	Reception training	Consultation	Other contacts*	Practice meeting	Totals
Face to face	8	14	10	10	34	17	6	9	108
Online	112	202	137	54	189	66	98	64	992
Not recorded						1			1
Totals	120	216	147	64	223	4	104	73	**1031**

*Consultations or other contacts between the AE and general practices may include activities like attending safeguarding meetings or providing advice on individual patients.

Training delivery method

Most of IRIS training in 2021-22 was delivered online, which can still partially be explained by restrictions imposed by the COVID-19 pandemic. While lockdowns were eased in April 2021, throughout the year, many General Practices kept some restrictions in place.



General Practices Trained Each Year by site

UP TO 31ST MARCH OF YEAR	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	TOTAL
BARKING AND DAGENHAM									8	25	33
BARNET							9	2	21	12	44
BATH AND NE SOMERSET				7	5	0	0	0	14	1	27
BIRMINGHAM AND SOLIHULL				8	16	5	22	28	49	23	151
BOLTON			11	10	10	6	11	1	0	0	49
BRENT										19	19
BRISTOL	24	5	1	1	5	4	3	2	0	0	45
BROMLEY					8	17	0	2	0	20	47
CARDIFF & THE VALE				11	2	2	7	5	22	3	52
CHESHIRE WEST				1	3	0	0	0	39	0	43
COVENTRY							17	7	11	11	46
CROYDON									10	0	10
CWM TAF				10	18	10	4	1	0	8	51
DEVON AND TORBAY							18	18	0	0	36
DUDLEY							7	17	2	0	26
EALING									1	66	67
EAST SURREY*				4	1	1	0	0	10	0	16
ENFIELD		9	11	6	5	7	1	1	0	2	42
GREENWICH									14	17	31
GWENT										37	37
HACKNEY	26	9	5	0	0	0	0	0	0	0	40
HAMMERSMITH & FULHAM									0	28	28
HARINGEY						9	11	4	5	2	31
ISLINGTON				15	3	0	1	7	0	1	27
JERSEY							2	3	3	3	11
MANCHESTER	8	3	5	27	13	25	6	1	0	0	88
MIDDLESBROUGH									25	1	26
NORTHERN IRELAND									5	37	42
SALFORD						0	0	1	36	0	37
SANDWELL				10	0	0	12	5	10	9	46
S. CHESHIRE & VALE ROYAL*			1	1	0	0	0	0	13	0	15
SOUTH GLOUCESTERSHIRE		14	11	0	0	0	0	0	0	3	28
SOUTHAMPTON*	12	3	0	0	0	0	0	0	0	0	15
SOUTHWARK				4	2	0	4	10	0	0	20
SWANSEA BAY									15	7	22
TOWER HAMLETS*			11	9	0	1	0	0	3	11	35
WALSALL						11	38	0	4	0	53
WALTHAM FOREST									5	15	20
WARWICKSHIRE						0	1	4	35	0	40
WESTMINSTER									2	0	2
TOTAL FOR THE YEAR	70	43	56	124	91	98	174	119	362	361	1498
GRAND TOTAL	70	113	169	293	384	482	656	775	1137	1498	2996

*No trainings recorded up to 31st of March 2022.

Demographics of IRIS Service Users:
who we support

Supporting service users across England, Wales, the Channel Islands and Northern Ireland.

Service users 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. In 2021, we started collecting this information via a bespoke case management system, IRISi Oasis.

Demographics summary

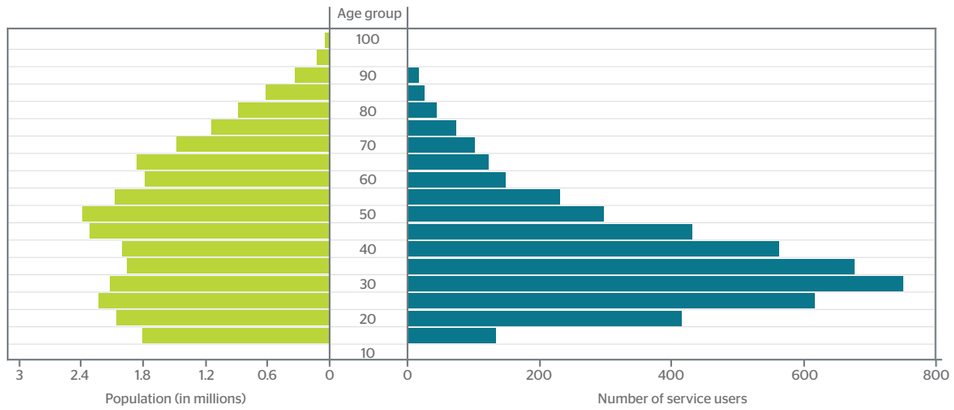
- The average age of service users referred to IRIS was **40.6 years old**. 1.5% of people referred were younger than 20 years old, and 10.6% were older than 60. The oldest person referred to IRIS this year was 97. This reflects a shift towards a slightly older age group than previous years.
- **97.0% of service users referred to IRIS were heterosexual**. As in previous years, this is not representative of the national picture.
- **63.2%** of service users referred classified themselves as White/ White British, **20%** Asian/ Asian British, **8.1%** Black/ Black British, **3.4%** Mixed and **5%** other.
- **40.5%** of service users referred had children and 2.5% were pregnant.
- **13.9%** were disabled, **6.9 %** reported alcohol use and **3.8%** drug use.

Age

IRIS reaches older service users who we know are less well represented in specialist DA services. It is a positive feature of IRIS being able to reach an otherwise invisible group of survivors.

Age Pyramid

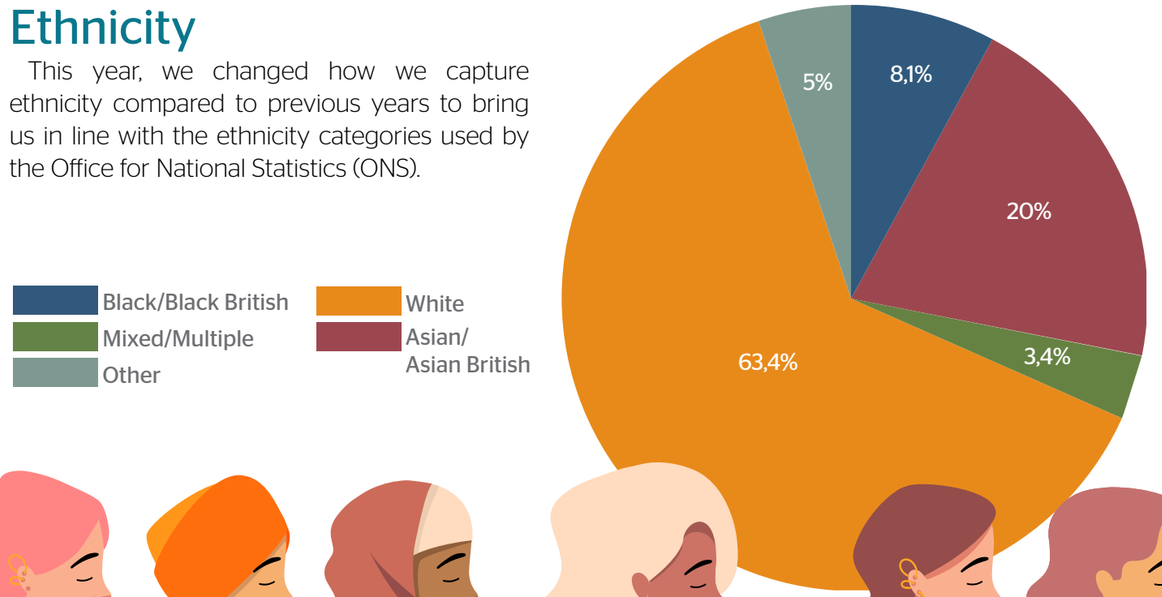
United Kingdom female population *vs.* IRIS service users



The data collected and presented here correspond to all the referrals received from sites, not disaggregated by sex or gender. Therefore, these figures include male, trans and non-binary service users.

Ethnicity

This year, we changed how we capture ethnicity compared to previous years to bring us in line with the ethnicity categories used by the Office for National Statistics (ONS).

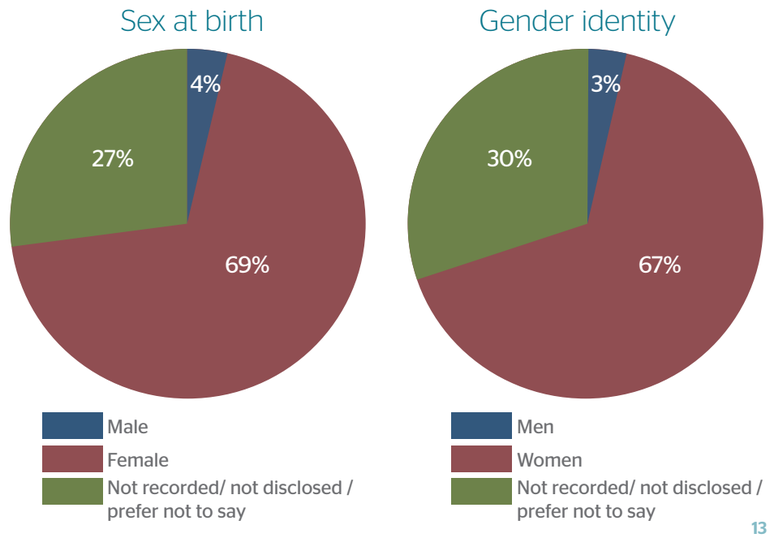


"I found the support really helpful made me feel more confident that I can come out of this with a positive attitude. I sleep much better now feeling much more positive and going to the gym and looking after myself more now and feeling much better in myself. I took on all the advice provided which I have found really helpful."

IRIS service user

Sex at birth and gender identity

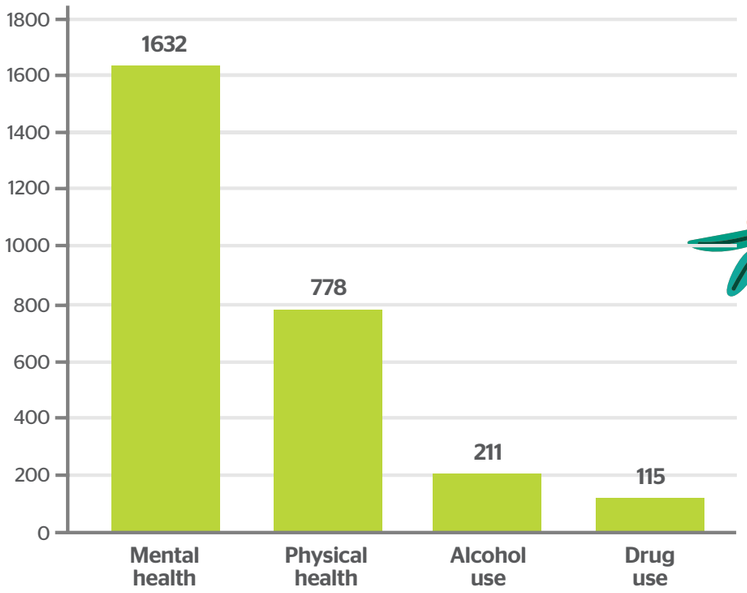
This is the first time that IRISi were able to collect information on sex at birth and gender identity through the Oasis system. We will continue to collect such data and hope to report on them more robustly in future years.



Demographics:
Health-related support needs

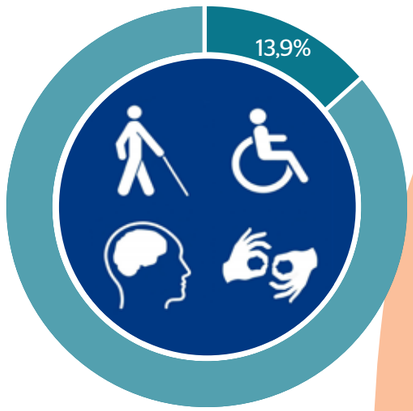
Mental health – Physical health – Alcohol use – Drug use

As the graph shows, the most common health-related support need was mental health. Due to issues on how physical and mental health are recorded in our data system, unfortunately it is impossible to distinguish between missing data and a response of having no mental or physical health support need. This will be addressed and corrected in both our data system and how we record these data moving forward.



Disability

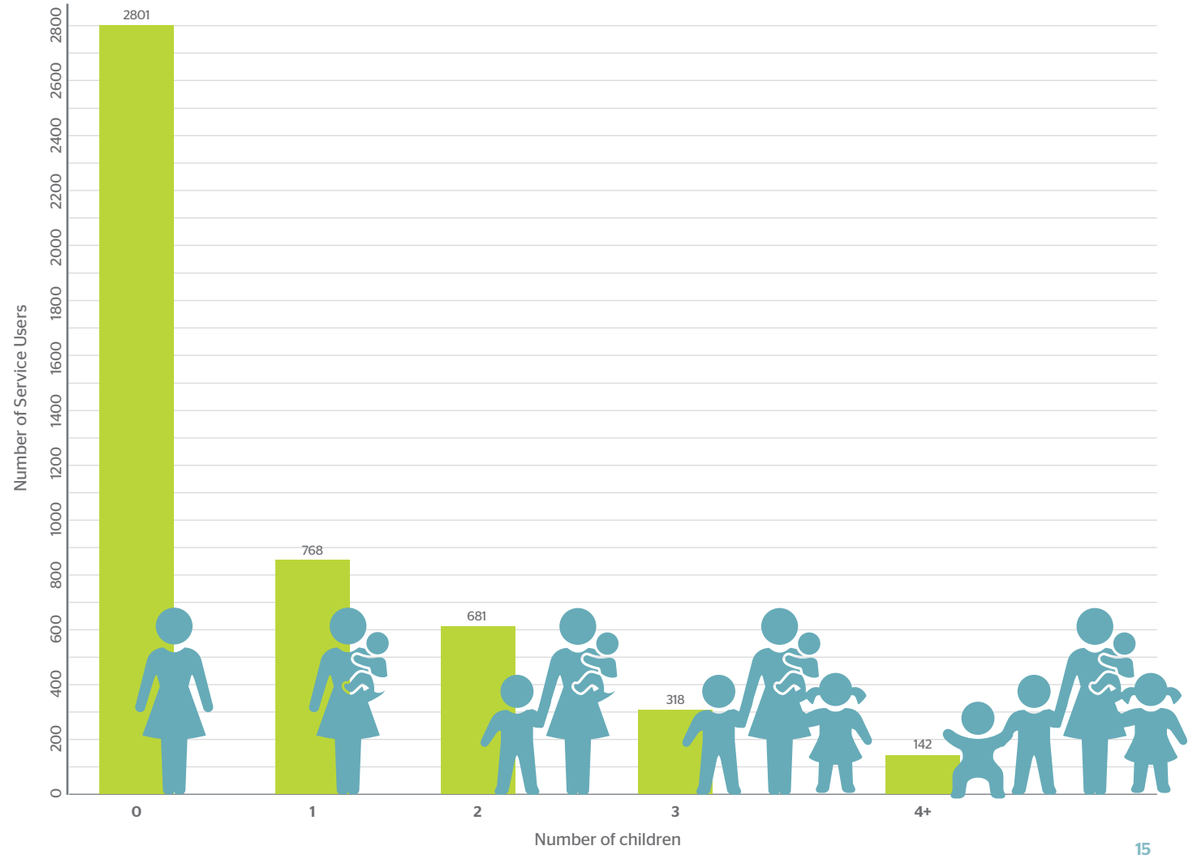
This year, **13.9% of service users referred had a disability**. This is an increase from last year (10.7%) but remains below national population estimates.



> *"You have allowed me and my children to feel safe again – I can't thank you enough*
>
> **IRIS service user**

Children and Pregnancy

In the year ending 31st March 2022, **40.5% of women referred to IRIS reported having children**. This is markedly lower than previous years (all the figures) and probably related to seeing more older women referred than in previous years, as reflected on page 12. **2.5% of women referred to IRIS were pregnant**, in keeping with previous years.



IRISi celebrates its 5th anniversary

This is everything you need to know about us

01 This is us

IRISi is a social enterprise established in 2017 to promote and improve the **healthcare response to gender-based violence.** We have developed and implemented interventions specially focused on healthcare professionals so they can better identify and respond to D&SVA during consultations. Our programmes also train the administrative staff.

02 This is what we believe in

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.

03 This is what we do

IRISi supports the local commissioning, implementation, and growth of its programmes, including bid development, training for trainers, ongoing support, national analysis and monitoring. We collaborate with partners to develop **innovative, evidence-based health interventions** for those affected by gender-based violence. **We provide expert advice and consultancy in the field of D&SVA and health.**

04 This is the IRIS Programme

Our flagship programme, **IRIS** is a specialist DA training, support and referral programme for General Practices that has been positively evaluated in a randomised controlled trial. Implemented for the first time in 2010, the IRIS programme is an evidence-based and cost-effective intervention to improve the primary care response to DA and is nationally recognised.

05 This is the ADViSE Programme

In 2021, IRISi launched its second intervention. Originating from the IRIS Programme, **ADViSE** (Assessing for Domestic Violence and Abuse in Sexual Health Environments) supports sexual health clinicians to identify and respond to service users affected by D&SVA, and provides them with a simple referral pathway to specialist services.

06 This is our global work

Implement: A European project testing an adapted version of IRIS for emergency departments in six countries.

Response: European project testing an adapted version of IRIS for women's and maternal health services in five countries.

HERA: International project using learning from IRIS to inform work on violence against women and girls in low and middle-income countries.

SafeShelter: European project aiming to ensure development and implementation of child safeguarding policies and processes in women's refuges in six countries.

07 This is the value of IRIS – and goes beyond increasing referrals

Produced in 2022, "*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*" concluded:

- For each pound invested in the IRIS Programme, a **monetary return of £16.79 is expected**.
- For each pound invested in the IRIS Programme, a **social return of £10.71 was expected**.

The study also concluded that "*the value of IRIS extends far beyond increasing referrals to Domestic Abuse services or improving service users' lives*".

08 This is what has been said about us

"We have a big thing to celebrate here, which is a model that works and works for a lot of different people. We need to advocate for the mainstream funding of an initiative like this, which we know works."

Lib Peck, Director of the Mayor of London's Violence Reduction Unit

"Referrals to specialist support went from an average of five per year, to 250 and the scheme has since been rolled out to other health boards."

Article from BBC on the expansion of IRIS in Wales

"I have a lot of enthusiasm for the IRIS programme—the identification and referral to improve safety programme. A trial carried out by Bristol University found that the training programme led to up to six times more women receiving the help they needed, and that it boosted the number of referrals to specialist domestic violence agencies. (...) The evidence is that such training works and IRIS should be universal."

Alex Norris MP

09 This is why we know we can help you – so you can help your patients

Throughout our story, our flagship programme has become nationally recognised. Among others, IRIS was recommended by the **NICE guidance** (2014); the Department of Health and Social Care in **'Responding to Domestic Abuse: A resource for health professionals'** (2017); the **'London Tackling Violence Against Women and Girls Strategy 2022-2025'**; and, more recently, by the **Domestic Abuse Statutory Guidance** (2022) and by **NHS England** (2022). Welsh Women's Aid's **'A Blueprint for the Prevention of Violence against Women, Domestic Abuse and Sexual Violence'** (2020) highlights the positive impact of IRIS; in Northern Ireland, IRIS is cited within the Department of Justice's **'Mid-Term Review of the Stopping Domestic and Sexual Violence and Abuse Strategy'** (2020); and, in Jersey, IRIS is cited in the 'Action Plan' of the **'Safeguarding Partnership Board's Domestic Abuse Strategy 2019-2022'**.

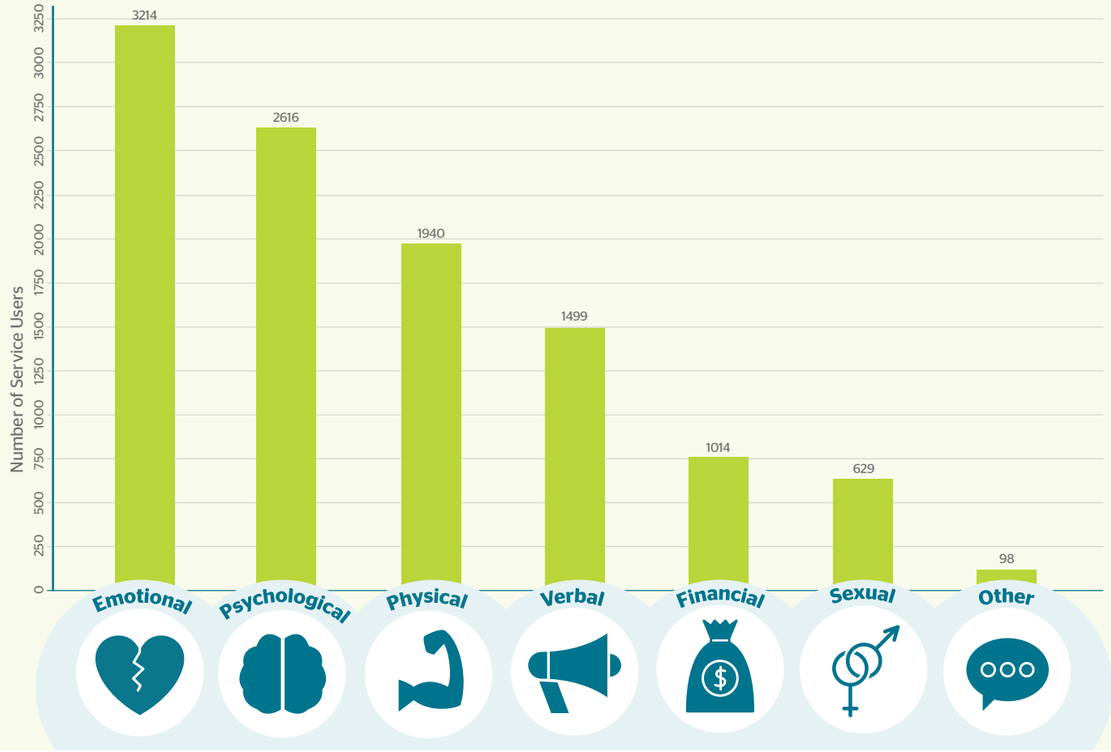
10 This is our future

IRISi was a collaborator on the DRiDVA programme **(Dentistry Responding in Domestic Violence and Abuse)**, using an adapted version of IRIS within dental surgeries. We are also exploring other areas of health including **mental health, fracture clinics, pharmacists and paramedic services.** If you would like to discuss any of these areas or have ideas for more, please contact us.

Forms of abuse

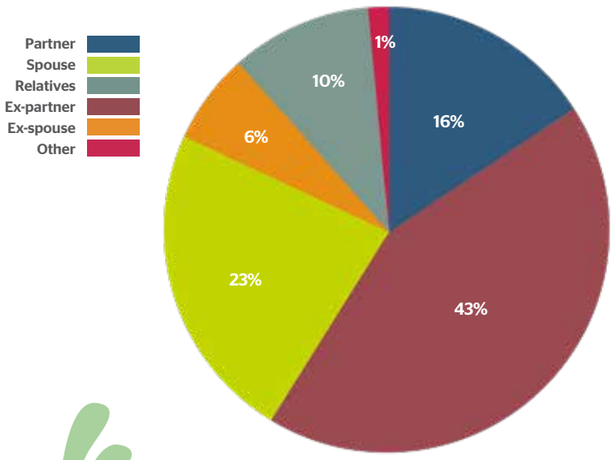
Emotional, psychological and physical are the most common.

In the year ending March 2022, we received information on abuse from **3,668 IRIS service users (62.6%)**. The most frequent type of abuse affecting service users was **emotional abuse (87.6%)**, followed by **psychological abuse (71.3%)** and **physical abuse (52.9%). 87.8%** of IRIS service users reported being affected by **multiple forms of abuse**.



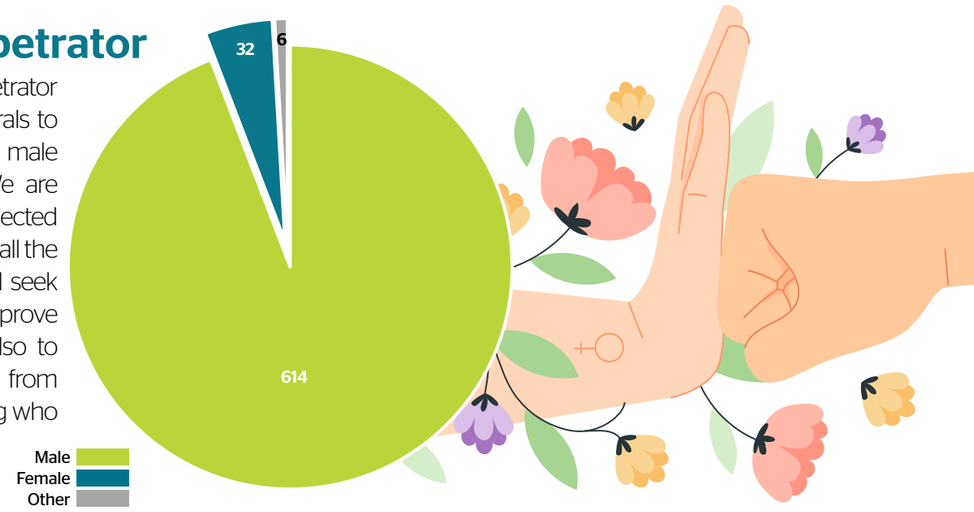
Who were the perpetrators?

Service users may share information about their perpetrator(s) with their Advocate Educator. In line with previous years, the vast majority of perpetrators were **current or former partners/spouses** (88.6%).



Sex of the perpetrator

The sex of the perpetrator was recorded for 652 referrals to IRIS. Of these **94.2%** were male and **4.9%** were female. We are surprised that the data collected on this are so low, just 11% of all the referrals in the year. We will seek to understand this and improve data collection in future, also to better distinguish gender from sex at birth when registering who the perpetrator is.



> *"I was really shocked when my GP explained to me that I was experiencing emotional abuse, I had never seen it as that. It was really good to talk to the AE to better understand what emotional abuse was.*
>
> IRIS service user

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

When a service user is assessed as being at high risk of serious harm or death, the Advocate Educator makes a referral to MARAC (multi-agency risk assessment conference), 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.

The AEs also assess whether the children of the service users referred are at potential risk and whether a referral should be made to children's services.

For adults at risk of harm, the need for adult safeguarding services is also considered.

YEARS	MARAC	CHILD PROTECTION REFERRALS	ADULT SOCIAL CARE REFERRALS
2021-2022	356	499	146
2020-2021	452	346	173
2019-2020	277	185	44
2018-2019	297	208	60
2017-2018	308	185	*
2016-2017	307	182	91
TOTAL	1997	1605	514

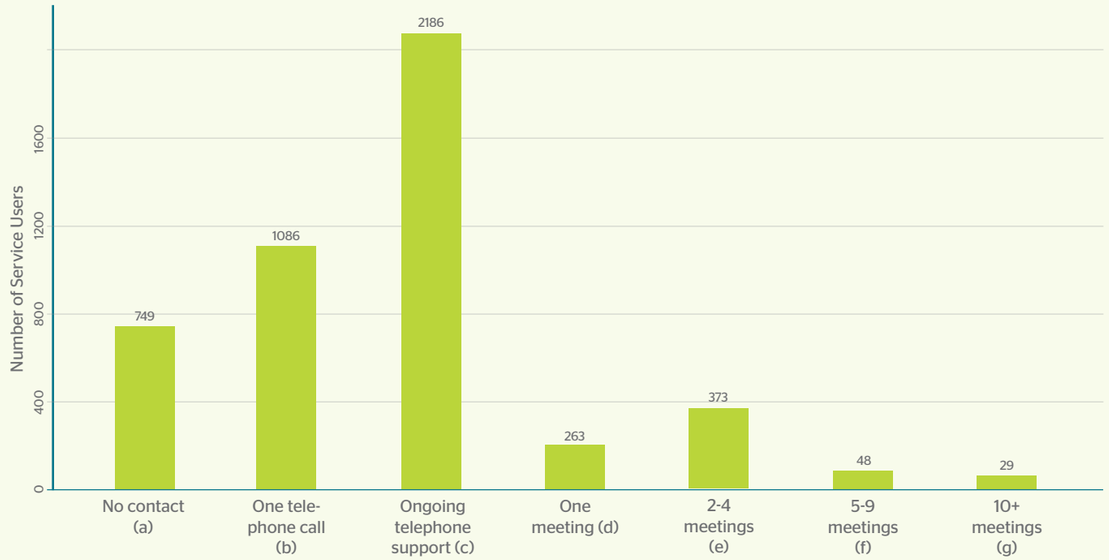
* The total since 2016 does not include data for 2017-2018 regarding adult social services as data for this fiscal year was not recorded.

How we provide support

Supporting service users face-to-face and virtually.

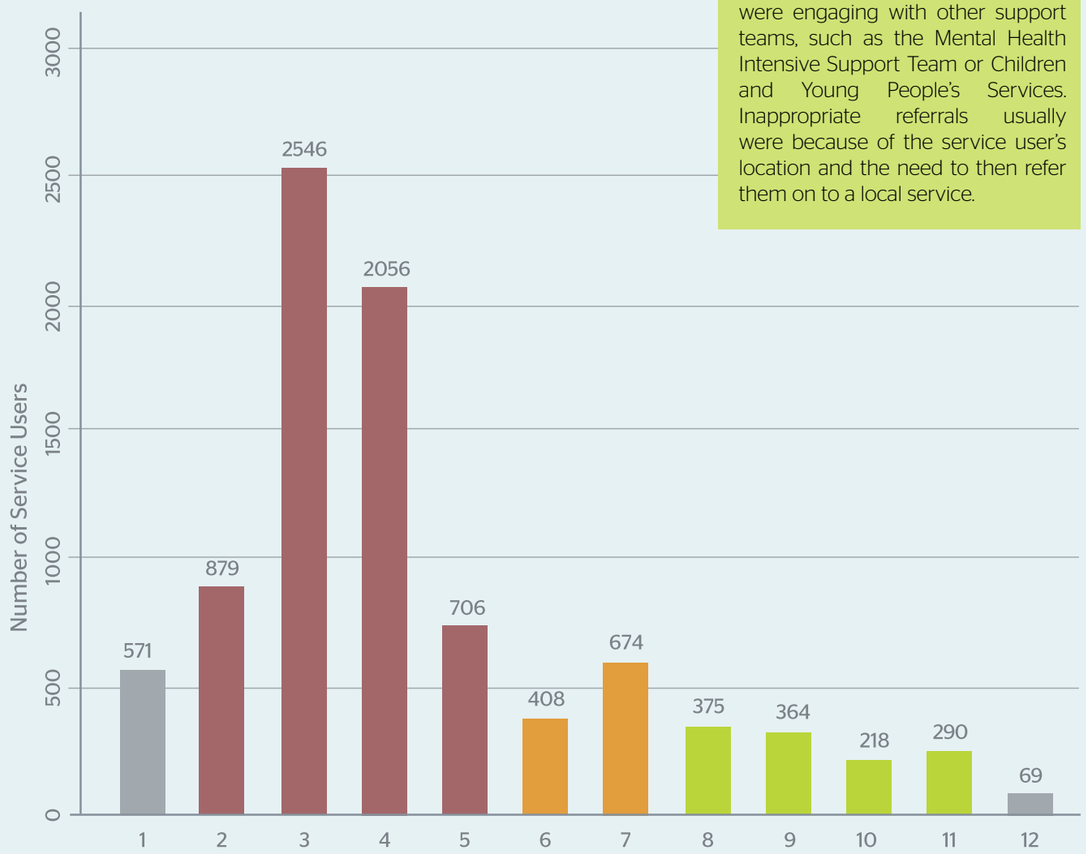
A wide range of support was offered by IRIS AEs, tailored to the needs of each service user. In line with previous years and reflecting changes in practice arising due to the COVID pandemic, online, email and text support was offered to service users. 3,908 referrals had information recorded about the type of contact provided. **77.9% of service users were supported remotely, 13.3% face to face and 305 (7.8%) received both in-person and virtual support**.

Most service users stayed in touch with their Advocate Educator for several months. The average length of support was 68 days.



> *"[The Advocate Educator] telephoned and made me feel at ease and gave me time to talk through what my issues were with no judgement. I was listened to and information was validated, we then got together a plan of what I could do to help myself in between calls and scheduled further appointments.*
>
> IRIS service user

Type of Support



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.

1 No contact
12 Inappropriate referral

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

6 Referral to an external specialist domestic abuse support service or helpline
7 Referral to another external agency

8 Criminal justice intervention
9 Civil justice intervention
10 Survivors' Group
11 Other

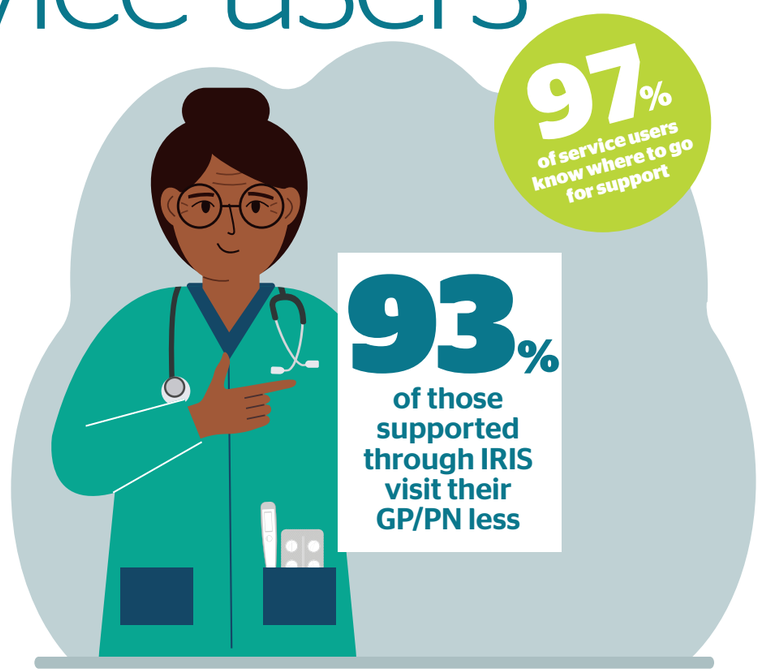
Information about the type of support provided was recorded for 3,975 service users. The most frequent type of support provided to service users was **emotional support** (64.1%), followed by **advice and information** (51.7%). As in previous years, many service users received **multiple types of support** (62.5%), reinforcing the complex nature of Domestic Violence and Abuse and the range of support necessary to best meet the needs of service users.

Feedback from IRIS service users

Changing lives, one at a time.

At the end of the period of support, services users are asked to provide feedback on their experience of IRIS.

We acknowledge the challenges of collecting feedback from service users: service users may not complete the 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 and explore the best ways to collect it.



97% of service users know where to go for support

93% of those supported through IRIS visit their GP/PN less

I feel a lot better than I did. I never used to leave the house and was nervous in public. Now I have good days where I can go for walks and see friends without feeling anxious or having panic attacks.

I phoned my doctor and spoke to my female doctor I had a break down and told her what was going on. She referred me to [name of AE]. I came forward myself. For my children as I knew they were struggling.

90% OF SERVICE USERS FEEL MORE ABLE TO COPE

"This has been a liberating journey, from wondering what I had experienced after talking with my doctor, to fully understanding the type of abuse that I had been experiencing for YEARS!! This has been the best service.

IRIS service user

"Thank you for the consistency, this has really helped. I used to call my doctor so often, I don't do this anymore – it has given me the space to talk at my own pace.

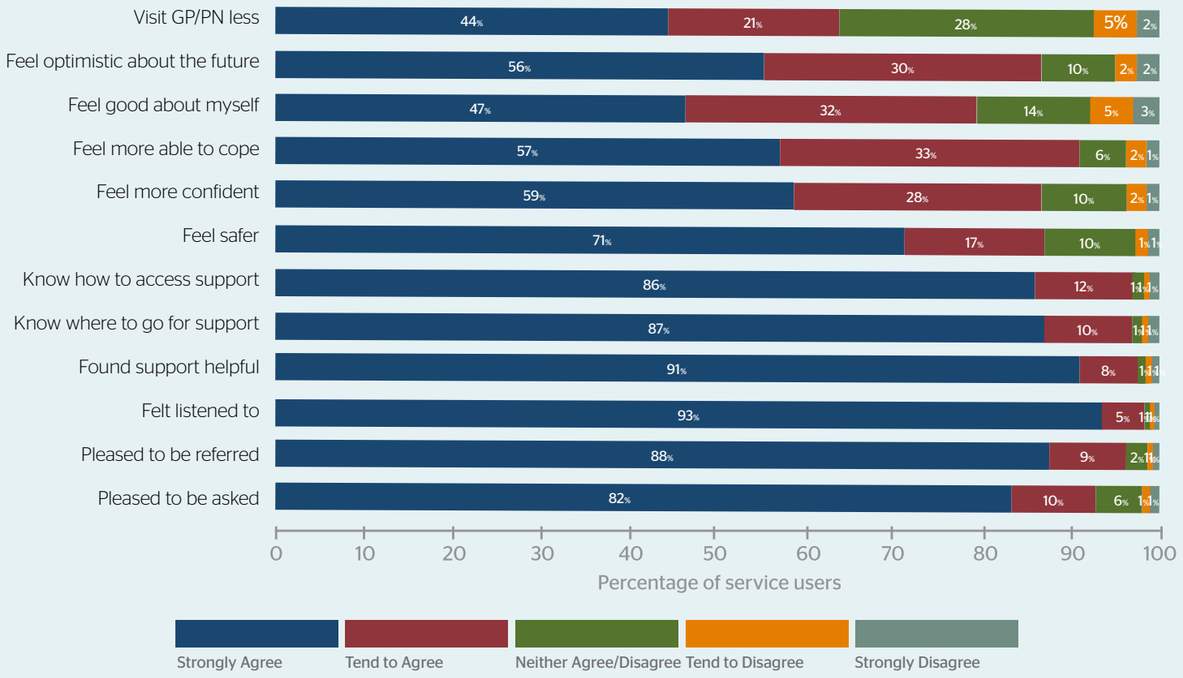
I was referred through my GP and was assigned a supporter very quickly. I felt I was given the time to talk, I was listened to attentively and most importantly I was believed.

99% *of service users found the* **support provided** *by their IRIS Advocate Educator* **helpful**

I feel happy again, you gave me all the strength I needed, and now I am no longer sad, I feel good about the future, thank you so much.

My GP was really understanding and I appreciate being asked if I wanted to speak to someone privately about what was happening.

Feedback from IRIS services users



Training Feedback from General Practice Teams

Findings from Training Evaluations.

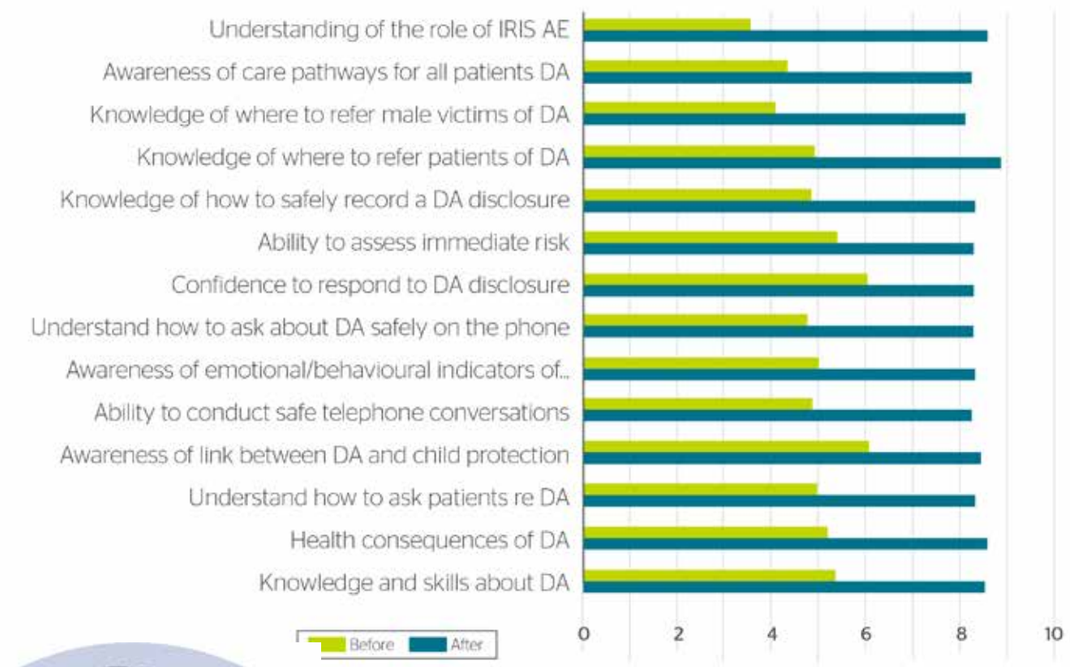
In the year ending March 2022, **89.6%** of training sessions were delivered online and **10.4%** of training sessions were delivered face-to-face.

Participants complete a pre- and post-training form to rate their knowledge and understanding of DA. 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.

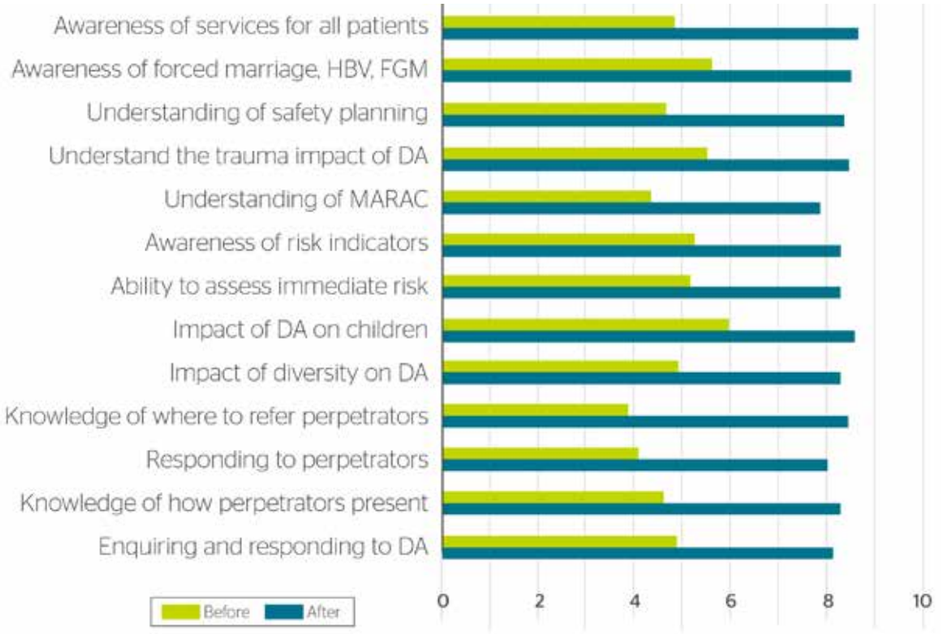
More than a **3.5** point increase in ability to conduct safe telephone conversations

> *"This training is brilliant. We have plenty of women who suffered from domestic abuse but were neglected for some clinicians didn't know the signs. From now on we need to be vigilant and to be aware of any issues.*
>
> IRIS trained clinician

Clinical 1 Training



Clinical 2 Training



> *Met all my expectations and more, shocked by the association between health conditions and Domestic Abuse. Many patients are coming to mind.*

> *So happy to have attended this course. Will definitely be using every thing I've learnt in my future consultations especially the information on the phone.*

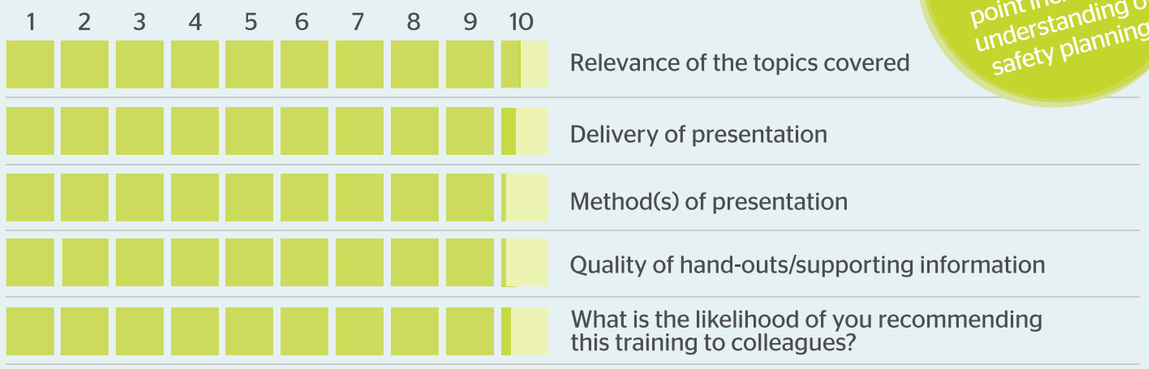
> *Thank you for an informative session on a very important topic. I feel much more confident in practising clinical curiosity and how to approach the topic with patients.*

> *Excellent - I have really found this useful for my role on how to identify and ask the right questions to anyone who could be potentially be suffering from any abuse. Thank you!*

Delivery of Training

The majority of clinical staff are happy with the training they receive. The graph summarises their feedback on training delivery from both clinical session 1 and clinical session 2.

Average **3.6** point increase in understanding of safety planning



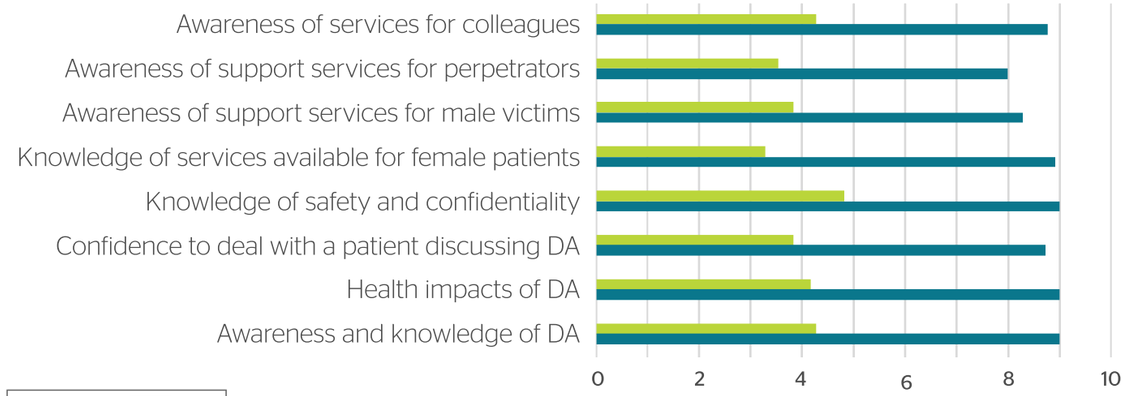
Training feedback from non-clinical staff and refresher training

How non-clinical staff at general practices feel about IRIS training.

Reception training

As well as training clinicians, IRIS Advocate Educators also train GP reception teams who may also respond to patients experiencing DA. Feedback from reception teams is collected before and after the training session.

9.2 OUT OF 10 RECEPTION STAFF WOULD RECOMMEND IRIS TRAINING TO A COLLEAGUE



"The training really opened my eyes and I realised just how much I didn't know. Really informative and has given me a true insight of the warning signs and how to address such issues.

IRIS trained staff

Meet the IRISi team

Working to promote and improve the healthcare response to gender-based violence.

MEDINA JOHNSON
Chief Executive

ANNIE HOWELL
IRISi Development Director and Deputy CEO

LUCY DOWNES
Network Director

SALLY HARRISON
Senior Support Officer

MOLLY ADAMS
Support Officer

DR SHIM VEREKER
Contracts and Programme manager

ELLIE VOWLES
Business Development Manager

HANIYA CHAUDHARY
Development Manager: Social Franchising

CHARLOTTE CHAPPELL
ADViSE Lead & Senior Regional Manager

MEL GOODWAY
IRIS Lead & Senior Regional Manager

EMMA WILLIAMSON
Regional Manager

HAYLEY FERNS
Regional Manager

KATIE SMITH
Data Analyst

GEISA D'AVO
Comms & Marketing Manager

HEATHER GA
Regional Manager

*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.*

Let us help you so you can help your patients

Don't forget to follow us on:

@irisintervent
@IRISiUK
@irisintervent
company/irisi-interventions

IRISi interventions

CONTACT US

info@irisi.org

www.irisi.org