

**IRIS in Health Visiting
(iDAHV) Programme
End of Programme Impact
Report
2025-2026**

*Strengthening the health visitor response to
domestic abuse across the London Borough of
Sutton*

Delivery Partner

Sutton Women's Centre

Funded by the Violence Reduction Unit

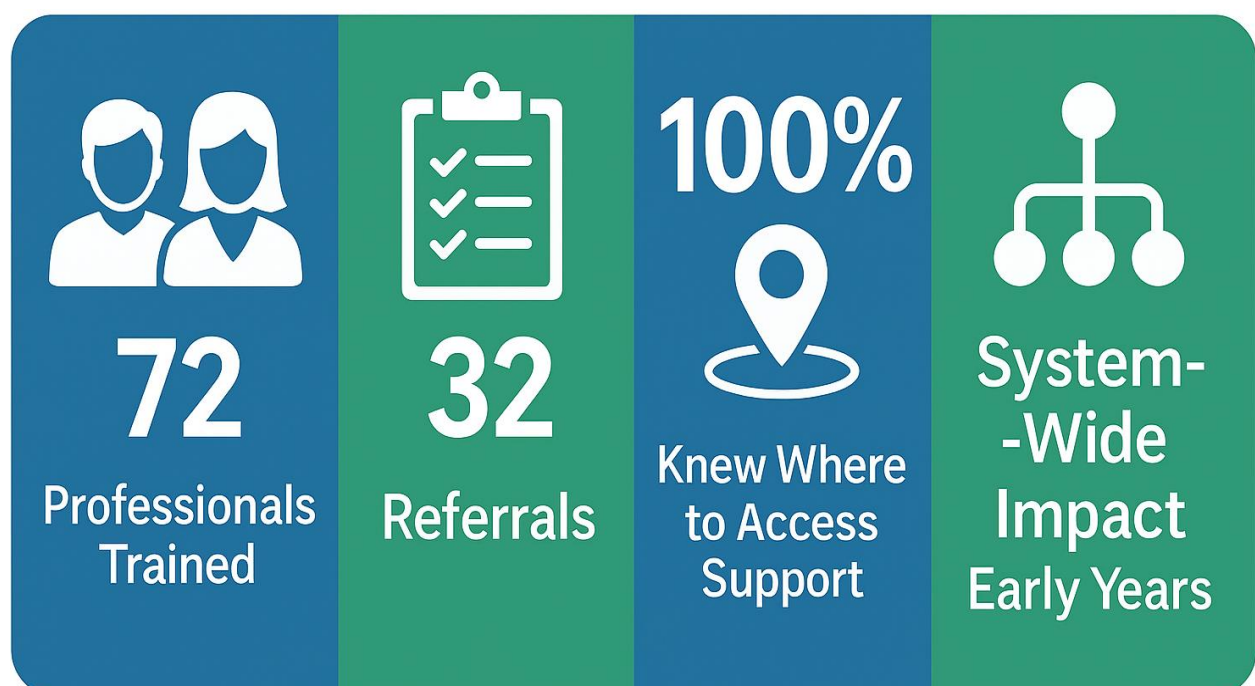
Executive Summary

The VRU-funded **IRIS in health visiting (iDAHV)** pilot has delivered a transformative shift in how domestic abuse (DA) is identified, responded to, and supported within the early-years and health visitor system in Sutton. Between April 2025 and March 2026, the programme, delivered by Sutton Women's Centre (SWC) trained all **72 health visitors and linked professionals** in Sutton to recognise, enquire, and respond safely to domestic abuse, embedding DA awareness at the heart of early-years systems.

Health visitors, who routinely meet families in their homes and maintain long-term engagement through the antenatal and postnatal period, are uniquely positioned to identify domestic abuse earlier than most other parts of the healthcare system. The iDAHV model makes the most of this reach, creating a trusted, proactive pathway for survivors.

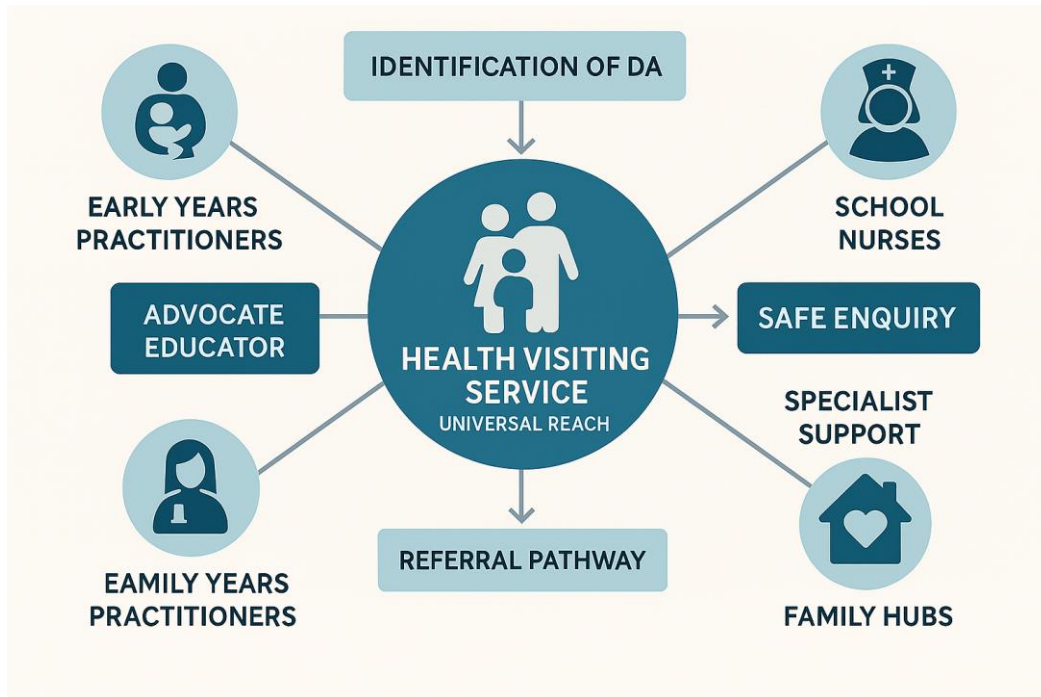
The programme demonstrated significant and consistent need, including **32 new referrals** across the 9-month operational delivery period, ongoing survivor engagement, and strong cross-sector influence, with **school nurses and early years practitioners (EYPs)** requesting DA training after observing the impact of the pilot. Survivor outcomes were overwhelmingly positive, with respondents reporting feeling safer, listened to, and more knowledgeable about how to access further support.

Despite strong outcomes, funding instability across the public health and ICB landscapes presents a clear risk to sustaining this progress. The report outlines a set of commissioning-focused recommendations to secure the future of this vital early-intervention model.



Programme Overview

The iDAHV model embeds specialist domestic abuse expertise within universal health visiting services, enabling early identification, safe enquiry, and timely referral to specialist support across the early-years system.



Why Health Visiting

- Universal access to every family.
- Trusted relationships built through regular home visits.
- Direct engagement during the recognised, high-risk perinatal period.
- Opportunity to identify DA earlier than GPs or hospitals.
- Safeguarding is already a core health visitor function.

IDAHV in Sutton

SWC had existing, established contacts and close working relationships with the local Health Visiting team in Sutton. Having these connections meant being able to secure a passionate and dedicated Clinical Lead as soon as the pilot was announced and securing an experienced Advocate Educator with good contacts in the borough and an established relationship with the Clinical Lead. This had a significant impact on local buy-in within health visiting, early years and school nurse teams and meant SWC had quick sign up to training and engagement in new referral pathways created for the programme.

Programme Impact

1. Health Visitor Capacity and Training

72 professionals were trained, achieving 100% of the health visitor and family hub workforce in Sutton. Trained clinicians **reported increased confidence** in asking about DA and knowledge of referral pathways. This has led to improved safeguarding practice and earlier identification of risk. There was a **rapid turnaround between delivering the training and receiving the referrals**. There was also additional interest and uptake from **school nurses** and **Early Years Practitioners (EYPs)**.



"I really enjoyed the iDAHV training with [AE name]. It was really insightful and was so beneficial to be able to learn more in-depth about domestic violence, the signs to look out for and what our role is in helping and supporting women in these situations."

Sutton health visitor

The clients have been incredibly grateful for the support that has been received by [AE name] and her thorough knowledge of all of the processes that women need to go through when navigating services associated with domestic abuse."

Sutton health visitor

2. Referrals and Survivor Support

32 referrals were received from health visitors and family hub workers across the 9 months the pilot was operational, indicating a clear **need for such an intervention**. Survivors who completed support consistently reported **improved wellbeing and confidence**, in addition to feeling listened to, safer, and more able to cope.

"thank you couldn't have done it without you referring me to all the right people, to [AE name] and [AE name] especially have been amazing and helped so much!" **Sutton service user**

"I would like to provide feedback regarding the support I have received over the past few months. On a personal level, if I hadn't received the support I did, I wouldn't have been able to come to work. This assistance has been truly invaluable to me."

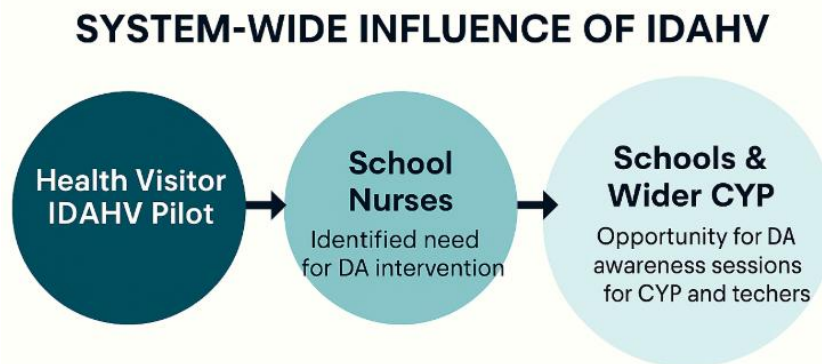
Health visitor service user



3. System-Wide influence at a local level

The iDAHV programme provides a framework for improving healthcare outcomes through proactive, integrated systems. This works at a local and national level. It **shifts reactive care to a preventative model** by focusing on three primary drivers; early identification in a health visiting and family hub setting, reduced escalation to crisis, and stronger multi-agency collaboration. These drivers ensure that healthcare providers and commissioners, such as UK ICBs can effectively meet their safeguarding duties, fulfil health inequalities mandates, and prioritise preventative interventions.

The pilot also highlighted a need for collaborative working across early years education and secondary school settings, with school nurses proactively requesting IRIS training and EYPs seeking additional DA learning. There was a clear ripple effects across schools, clinics, and family hubs.



4. Alignment with UK Government VAWG strategy

The alignment between the national “**Freedom from Violence and Abuse strategy**”¹ and the IRIS programme in a health visiting setting is rooted in a shared “**whole-system approach**” to early intervention. The government’s strategy emphasises the role of frontline public services in **identifying DA early**, where health visitors and early years professionals are uniquely positioned as trusted, regular points of contact for families. By implementing the IRIS model, which provides specialist DA training and a direct referral pathway to an Advocate Educator, health visitors, family hub workers, and early years staff can move beyond simple signposting to active, evidence based identification. This directly fulfils the strategy’s mandate to embed specialist support within everyday healthcare settings, ensuring that survivors who may not engage with the police but do engage with family services are reached before abuse escalates. Furthermore, this collaboration transforms family hubs and health visiting teams into “DA-aware” environments, providing the exact infrastructure - clinical leadership, expert advocacy, and rigorous governance - that the national strategy identifies as essential for halving violence against women and girls (VAWG) and protecting children within the home.

¹ <https://www.gov.uk/government/publications/freedom-from-violence-and-abuse-a-cross-government-strategy/freedom-from-violence-and-abuse-a-cross-government-strategy-to-build-a-safer-society-for-women-and-girls-accessible>

School Nurse and School Training Insights



What started as a focused project for health visitors quickly grew into something wider reaching. As the IRIS health visitor pilot gained momentum in Sutton, word began to spread. School nurses, who work side-by-side with health visitors in local clinics, saw the value of the programme and reached out with a clear message: **"We need this, too."**

Recognising this need, the SWC iDAHV team stepped in. After finishing their scheduled training for health visitors, they carved out space in the third quarter for a special session dedicated to school nursing. The results were immediate. Eight nurses attended, and every one of them walked away feeling more confident in spotting the signs of domestic abuse and, more importantly, knowing exactly how to help a child or young person in crisis.

From Clinic to Classroom

The impact didn't stop there. One nurse was so moved by the training that she requested a session for a local secondary school. She pointed out that teachers are often the first people a student trusts with a disclosure, yet they frequently feel unequipped to handle those delicate conversations. To meet this need, SWC funded a new training session for school staff from funds outside of the VRU.

A Clear Path Forward

The lesson from the iDAHV pilot is simple but powerful: there is a deep, unmet need for domestic abuse support across the entire journey of a child's life, from their first years through to adulthood.

The pilot has proven that the IRIS model isn't just for one area in health; it is a flexible, life-saving tool that can be adapted for anyone working with young people. Whether it's an early-years practitioner or a secondary school teacher, the need for a clear, safe pathway to help is universal.

The Future

IRISi and SWC are working closely to find the permanent funding needed to keep this momentum alive. We aren't just looking to finish a pilot; we are looking to ensure that health professionals in Sutton have the tools to protect the families they serve.

Challenges and Lessons

AE Caseload

An important consideration when implementing this service nationwide, is the estimated client caseload. During the pilot, it has become evident that clients referred into the service for domestic abuse support often present with higher levels of complexity than those without young children.

As referrals are made via health visitors, clients must have at least one child under the age of five. Due to the nature of domestic abuse, many of these families are also involved with Children's Social Services or have had referrals made as a result of the child witnessing and being the victim of abuse. This frequently results in a significant number of additional meetings and multi-agency involvement, which advocates should be attending as supporting the client. Therefore, the caseload held should be reviewed to ensure it accurately reflects the level of demand and complexity of the work, ensures the capacity of the AE is not over-stretched and that the safety and wellbeing of the clients are paramount.

Adaptions to training

Sutton Women's Centre (SWC) amalgamated Clinical 1 and 2 training sessions together facilitated by the Clinical Lead and the Advocate Educator. They made this decision based on the time and capacity of the health visitors.

Following on from the training, SWC then attended the Health Visitors' team meetings 6 weeks after training was completed. This enabled them to discuss any questions, concerns and potential referrals.

SWC were also asked to facilitate another training session for Clinical 1 and 2 training for Sutton school nurses. SWC ran 2 sessions and both had great feedback. This training brings the total number of professionals trained during this pilot to 80.

Data quality and improvements

The current national IRIS database is not set up for health visitor specific data. A data improvement project would need to be implemented in order for health visitor and EYP specific data to be input and used for reporting. This would require resource in terms of funding and time, in order to be ready for national roll-out of the programme.

Funding Sustainability

The future of all IRISi programmes is increasingly shaped by cuts to health budgets, which are directly affecting the ability of Integrated Care Boards (ICBs) to commission or sustain programmes such as the iDAHV pilot. This financial instability is already visible across existing IRISi programme sites, where no future funding has been secured. As ICBs face competing statutory pressures, programmes such as iDAHV risk being deprioritised despite strong outcomes.

Why iDAHV must be commissioned long-term

1. Identifies domestic abuse earlier than other health settings

Health Visitors engage with all families, often in their homes, during the highest-risk perinatal period. This enables disclosure **before crisis** escalation.

2. Delivers clear, measurable outcomes

- Improved survivor safety, wellbeing, and confidence.
- Increased professional capability and earlier identification.
- Consistent referral flow demonstrating unmet need.

3. Supports multiple ICB priorities and wider NHS priorities in the 10-year plan

- Safeguarding
- Mental health (perinatal)
- Reducing health inequalities
- Early intervention and prevention
- VAWG and public health responsibilities

4. System-Wide benefits beyond health visiting

- School nurses and EYPs now actively engaged.
- iDAHV has proven adaptable to broader children's services.
- Supports multi-agency safeguarding partnerships.
- Supports ambitions in the VAWG strategy and cross government department working.

5. Represents strong social value

- Avoided crisis intervention.
- Reduced GP attendance.
- Earlier safeguarding action.
- Better mental health outcomes for parents and children.

6. Without funding, long-term impact will be lost

Without sustained investment, DA identification levels will fall, referral pathways will weaken, and survivors will lose trusted access points at a critical life stage.

Conclusion

The iDAHV pilot has demonstrated that early-years DA identification is both feasible and highly impactful. To protect families, prevent escalation, and strengthen the early-years workforce, this programme must be embedded as a core part of the health visiting service. Sustaining this progress requires long-term investment, strategic alignment with ICB priorities, and use of the IRISi accreditation framework to guide commissioning and quality assurance.

iDAHV Programme Recommendations



1. Multi-year, collaborative funding approach

Secure the future of iDAHV by establishing a multi-year collaborative funding model across public health, family hubs, and local authority. A multi-stream approach reduces dependency on ICB budgets alone and reflects the landscape of DA prevention in early-years settings. This directly achieves some of the ambitions in the national VAWG strategy.

Recommended action:

- Build a joint commissioning framework linking VAWG, safeguarding, perinatal mental health, and early-years system priorities.
- Position iDAHV as a core safeguarding component within family hubs.

2. Early and strategic ICB engagement

Strengthen relationships with ICB leadership by explicitly aligning iDAHV with statutory duties including safeguarding, reducing health inequalities, duty to collaborate, and delivering early intervention across the perinatal pathway.

Recommended action:

- Provide commissioners with evidence of hidden DA identified by health visitors through universal home-visiting contacts.
- Align outcome measures with ICB priorities (perinatal mental health, prevention, population health).

3. Workforce training and professional development

Ensure sustained capability across Health Visitors and EYPs by embedding DA content within core training and induction processes.

Recommended action:

- Integrate domestic abuse modules formally into HV induction and EYP Continuous Professional Development (CPD).

4. Development of IRIS for School Nurses

The iDAHV pilot evidenced a need for a DA intervention in the wider early years and school system.

Recommended action:

- Develop an IRIS for School Nurses programme in collaboration with experts in early years and school networks, in addition to nursing specialists. I.e. The Royal College of Nursing and SAPHNA.