IRIS and IRISi, the story so far... successes, challenges and learning

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&

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A decade of IRIS...

2007 IRIS RCT

2011 Developing our commissioning guidance and train the trainer course

2013 Building the brand, developing the commissioned services

2017 IRISi

From tiny acorns...

Current network of:

- 54 Advocate Educators
- 35 Clinical Leads
- ~30 commissioned sites

By July 2016

514 IRIS DVA Aware Practices
5,446 women directly referred

Today:

Over 800 IRIS DVA Aware Practices
Over 8,000 women referred

We are building a best practice response to DVA within primary care

The IRIS model

Advocate Educator (AE)

+

Clinical Lead (CL)

On-going training and support

+

Single point for referral

+

Care pathways including safeguarding children & adults

+

Medical record prompts (HARK)

Health education materials

+

Clinical inquiry

+

Validation

+

Immediate safety check

+

Documentation

Identification

+

Referral

Advocacy

Emotional & practical support

+

***A*ccess to services**

+

IRIS trained & supported practices

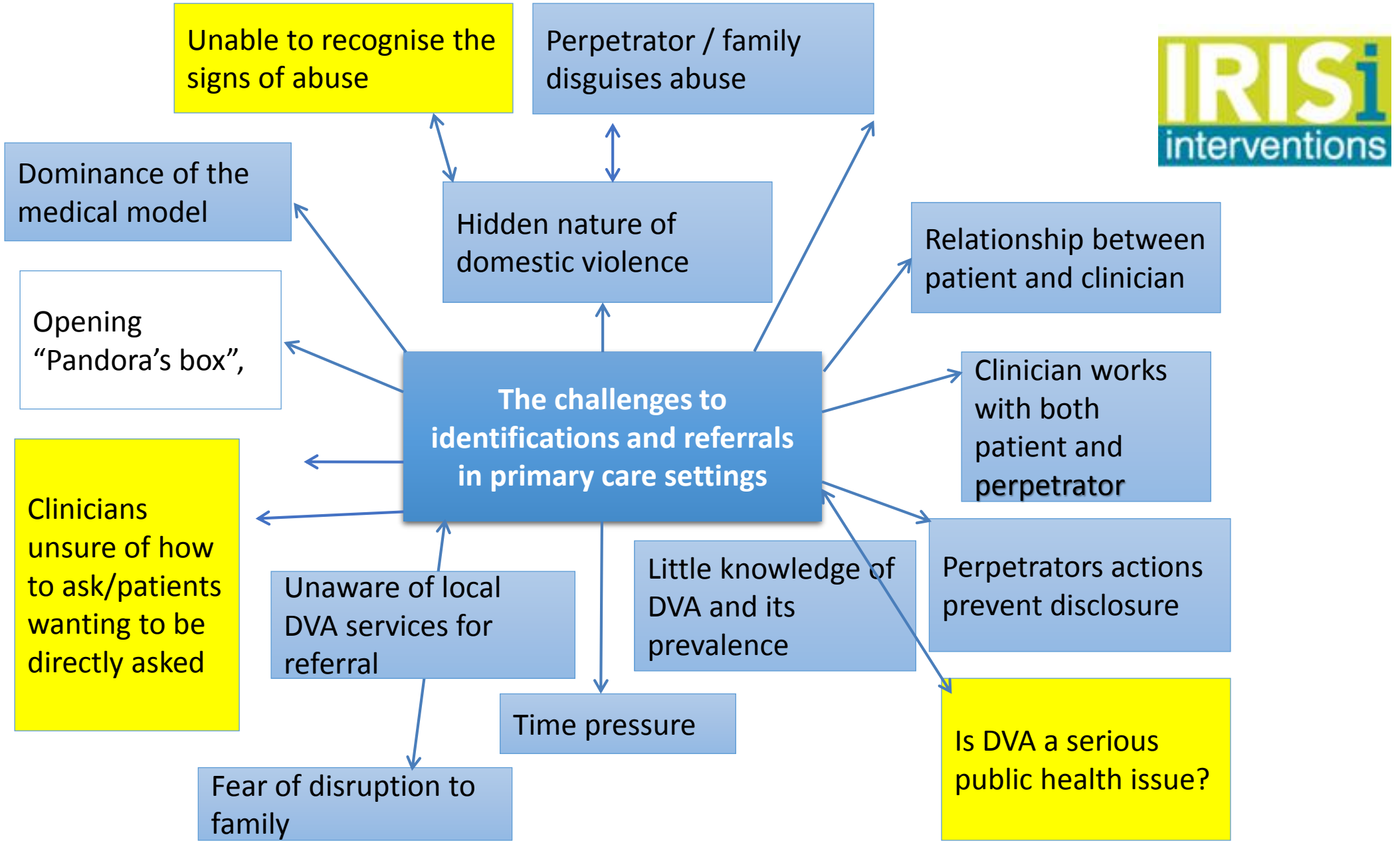
Reduced abuse

+

Improved mental health & wellbeing (QoL)

Engaging practices

- Deliver in-house training to individual practices
- Have a named contact person from the project (in IRIS this is the AE)
- Ensure buy-in from key practice staff (e.g. practice manager)
- Be visible at the practices; consider meeting women there if safe
- Ask referring clinicians to encourage their colleagues to use the service and to share positive experiences
- Share case studies
- Be flexible and treat each practice individually while remaining true to the core elements of the model


Unable to recognise the signs of abuse
Perpetrator / family disguises abuse
Dominance of the medical model
Hidden nature of domestic violence
Relationship between patient and clinician
Opening "Pandora's box",
The challenges to identifications and referrals in primary care settings
Clinician works with both patient and perpetrator
Clinicians unsure of how to ask/patients wanting to be directly asked
Unaware of local DVA services for referral
Little knowledge of DVA and its prevalence
Perpetrators actions prevent disclosure
Time pressure
Is DVA a serious public health issue?
Fear of disruption to family

Over to you!

Questions

Discussion

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