

Assessment 2: Viva Voce



UNIVERSITY OF WALES
Trinity Saint David
London

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Lecturer	Eleni Koutsogeorgou
Student	Camilla Torello
Student ID	2010042

Introduction

What impact does the IRIS programme have on Domestic Abuse when considering healthcare practices and service users in the UK

Identification Referral to Improve Safety Programme (Akbari et al., 2021)

It is a programme based on the support, referral and training for the Healthcare professional. (The Health Foundation, 2011)

AIM: to explore the level of impact of the national programme for Domestic Abuse called IRIS in the healthcare setting and their service users.

OBJECTIVE: to review the relevant publication and present the findings and provide the healthcare services and service users a better understanding of the programme

Methods

Systematic literature review of primary research- published and accredited search studies only

Keywords: IRIS, UK, England, United kingdom, Domestic Abuse, Domestic Violence, Primary care, Healthcare professionals, GP, Primary research, Survey, Interview.

Databases: PubMed, UWTSD Library, ScienceDirect, ProQuest

Inclusion criteria: English languages, Uk data only, publication from 2012 to 2022, United Kingdom studies

Exclusion criteria: Non-UK base, Not in English languages, not primary studies, not IRIS related

Literature review

Author(s), title, and year of publication	Aim of study	Methods and Sample size and characteristics	Summary of main findings
Pitt K, Dheensa S.,Feder G.,Johnson E.,Man M.,Roy J.,Williamson E.,Szillassy E. Sharing reports about domestic violence and abuse with general practitioner: a qualitative interview study- 2020	Evaluate the IRIS programme and identify professional attitudes towards report sharing with other services.	Qualitative semi structure interview involving 23 GPs, 6 police staff and 1 partnership manager	Police staff were concerned about sharing information outside their organisation, and GP believe they will benefit from the information given in the management of Domestic abuse
Sohal A.,Feder G.,Boomla K.,Dowrick A.,Hopper R.,Howell A.,Johnson M.,Lewis N.,Robinson C.,Eldridge S.,Griffiths C. Improving the healthcare response to domestic violence and abuse in UK primary care: interrupted time series evaluation of a system-level training and support programme- 2020	Explore the effectiveness of IRIS outside of a trial in merit of healthcare responses in a 4 years period	Observational series study from 205 GPs in 5 London Borough based by daily number of referral and new recorded DVA (Domestic Violence and Abuse) case on EMR (Electronic Medical Record)	144 practices record a significant increase in referrals after the IRIS introduction, no increase in referrals in 61 GP practices. Increase of EMR for a ratio of 1.27% for the implemented Borough

Literature review

Author(s), title, and year of publication	Aim of study	Methods and Sample size and characteristics	Summary of main findings
Bradbury-Jones C., Clark M., Taylor J. Abused women's experiences of a primary care identification and referral intervention: a case study analysis-2016	Report the outcome in the study of women's experience referred in the IRIS programme and review the implication for nurses.	Qualitative interview with 10 women involved in the IRIS referral programme	Women were overall positive about the referral programme reporting empowerment in controlling their safety. Nurses have to recognise the importance of their role in identifying DVA
Lewis N., Dowrick A., Sohal A., Feder G., Griffiths C. Implementation of the Identification and Referral to improve Safety Programme for patients with experience of Domestic violence and abuse: a theory based mixed method process-2018	The study wants to identify the factor that could influence the implementation of IRIS for the NHS and the third party services.	Mixed method process of evaluation: a case study including 100 hours of observation and 19 interviews. 44 document review, a survey with 118 responses 22 qualitative interviews The samples were NHS or practice staff, advocate educators and host organisation staff	The result shows difference in how practitioner approach DVA work and how professional involvement can differ. Less than 50% could identify DVA in their practice. Most staff feel IRIS training is sufficient. The general outcome was IRIS can modify behaviour of NHS and Third sector

Results

- Every article demonstrates an overall positive outcome towards referral, training or level of support.
- The increase in referral can be seen in the studies: Sohal et al.(2020) give quantitative data and Bradbury-Jones et al.(2016) explore it with qualitative findings.
- Bradbury-Jones et al.(2020) highlight the importance of the recognition of IRIS for nurse staff and Lewis et al. (2018) found that less than 50% of their sample size could identify a case of DVA (Domestic Violence and Abuse) in their practice. The healthcare providers, in the majority, are hoping to include IRIS in the normal part of their job
- All the articles stated that GP practices believe that by receiving support from third parties helps them to gain the confidence to treat DVA and create an impact on the patients. The patients' perception was that IRIS makes them feel safer and the programme helps them to build self-preservation
- It has been explored that the knowledge of Domestic abuse was limited before the introduction of the program, and the training provided was not sufficient for the practices to work with confidence

Discussion

- There was an extensive range of articles regarding the topic, as the programme is subject to randomised trials due to the funding research.
- The strength of my research is based on the balance of several expert articles and the mix of qualitative and quantitative research available.
- There was a limitation on the study as I conducted only secondary research. Primary research will have been more tailored to my aim.
- The studies are over two years old, more recent review could have helped to analyse a more recent changing pattern
- The limitation of my studies is based on geographical impact: the review is limited to UK and is not including rural areas.

Conclusion

The IRIS system can be increased in funding as a program that combines direct referrals to Domestic abuse services as it is proven to be effective

IRIS can be easily implemented in practices and the third parties' agencies as long as they work in a collaborative way with the advocate educator

Recommendations:

- expanding IRIS to secondary care and hospitals.
- creates a collaboration with perpetrator target intervention agencies,
- Create the role of educator as a permanent position

Research on IRIS implementation showed:

1

Practices with IRIS saw a 30-fold increase in referrals received by DVA service providers.

2

Practices without IRIS saw no increase in referrals.

3

A 6-month disruption to IRIS led to a 70% reduction in referrals.

4

The IRIS programme is cost-effective for the NHS and cost-saving for society.



(IRISi,2022)

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