

A Day in the Life of an IRIS Advocate Educator

solace

My role:

As an IRIS Advocate Educator, I have a dual role. Half of my time involves supporting and providing on-going training for health professionals in general practice. The aim is to help them understand and respond to domestic violence and encourage them to ask survivors about their experience of abuse and respond, record, safety check and refer. The other half of my time focuses on supporting survivors that are referred by general practice and responding to their needs through advocacy and emotional support.

Generally, I work with standard to medium risk cases while high-risk survivors that come through my service are referred to the IDVA team. Unlike many caseworkers in Solace, I work with survivors for up to a year where necessary!



A typical day

I start work at 9 AM. My first task of the day is to check the IRIS inbox for any new referrals, which I process myself and add to my monitoring spreadsheet. I respond to GPs and agree to update them once I've contacted the patient.

As an IRIS AE, you must aim to strike a good balance every day between outreach and recruitment of surgeries to your training schedule as well as managing your caseload effectively. Keeping organised and on top of your admin is a must, and training days are particularly busy. In the lead-up to a training day, I make sure that all outstanding actions and contact for my current clients are complete. I also go through my training

checklist: confirmation of time and venue attendance lists, updating PowerPoints, sending the practice their training handouts, evaluation forms, and troubleshooting any online materials I may need to use.

As an IRIS AE, your role is also colourful and varied, especially when it comes to training practices. In any training session, I might need to act as a trainer, facilitator, conflict resolution expert, actor (for the role plays we ask the GPs to partake in!) adviser, or advocate. Sometimes GPs are willing to engage and learn, but sometimes they aren't and can challenge your expertise and even disrupt the sessions. IRIS AE's need to be able to navigate both scenarios and never take it personally.

But most importantly, getting to work with a wide range of health professionals and swap and share expertise, stories, and support is really rewarding and I often feel as if every training session teaches me something new as well: whether it's learning how to be resilient, how to think on my feet, how passionate many people are about domestic abuse; or even learning from disclosures made by health professionals themselves.

When it comes to supporting patients that are referred to IRIS, the most unique aspect of the service is the diversity of survivors that we reach. The stories I hear from survivors that come through from GPs are often fraught with complexity- I recently worked with an elderly woman who had never accessed a single service in her life, and had lived with her abuser for 60 years before accepting support. She had used drugs and alcohol when she was younger to cope, and presented with multiple health complications as a result of the abuse she had experienced. While her story made me sad, I also felt so grateful to be involved in the first intervention she had ever had and I was amazed by her resilience, bravery, and her ability to remain kind and hopeful in the face of so much adversity. Because I usually work with clients from the point of referral, I have the privileged position of witnessing them change, adapt, and grow from the point of crisis through to self-assured individuals who have pieced their lives back together against the odds.

It's important to know that as an AE, many of the referrals present with multiple health complications and disadvantages and the age range is vast, from 16 year old survivors of child sexual exploitation to 88 year olds who have lived with abuse their whole lives. I also receive many referrals from BAME communities who feel isolated by other support services but trust their GP to support them and refer them. Staying flexible in your approach as an advocate and being able to identify and navigate the appropriate service and response for your clients is therefore crucial.

To finish off the day, I usually finalise any referrals that need to be made to CSC, IDVAs, MARAC, counselling, or other specialist services; send some emails; and write a to-do list for the next day.

What I love about what I do

Most of all, I love how diverse my role is and how much it has taught me. I have developed so many skills in under a year- from delivering training, attending court, writing witness statements and CSC reports, or advocating successfully with local authorities to get a client re-settled. Like many roles in the sector, the challenges of being an IRIS AE is offset by the rewards. When interventions are successful, and you get to play even a small part in someone's recovery from violence and abuse and see them begin to live, thrive, and trust again- it's the best feeling in the world.

One thing I wish I'd known when I started out

This is an administrative-intensive role!



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