

# Scaffolding Student Learning in Domestic and Family Violence using a Cross–Sector Field Placement Model



Australia and New Zealand Social Work and Welfare Education and  
Research (ANZSWER) Symposium  
September 2017

# About us and where we practice?

## Brett Davies

Director of Logan & Beaudesert Social Work Services ; Metro South Hospital and Health Service, Queensland Health.

## Sandra Young

Clinical Educator, Metro South(Outer) Hospital and Health Service; State-wide Social Work & Welfare Clinical Education Program; Queensland Health.



- ❑ **Logan Hospital:** 448 bed hospital. Second busiest (often busiest) ED in QLD.
- ❑ **Logan: 313, 785 residents.**
- ❑ **Culturally Diverse:** 72,609 people (**26.1%**) born overseas and 12.8% speak a language other than English at home
- ❑ **Socio-economic Disadvantage:** **31.1%** of population is in the most disadvantaged socio-economic quintile.
- ❑ Logan has **17.6%** of families with no parent employed.
- ❑ Logan has **19.4%** one-parent families.

# Domestic & Family Violence, the Australian Context

- Domestic violence is a gendered crime committed predominantly by males toward females.
- Domestic and family violence is a significant and worsening social, legal, and health issue in Australia.
- 1 in 4 women experienced violence by an intimate partner.
- 9/10 D&FV incidents occur in the shared home.
- Over 400,000 women experienced violence during pregnancy.
- Over half a million women reported that children had seen or heard partner violence.

Department of Communities, Child safety, & Disability Services, 2017

## □ Within Queensland

- 45% of QLD homicides between 2007 and 2013 linked to domestic and family violence. Women killed four times the rate of males (Queensland Coroner, 2014).
- Annual cost to the Queensland economy is \$2.7 to \$3.2 billion (KPMG 2009).
- 71,775 D&FV incidents reported to QLD Police (2014-2015), this equates to 204 reports per day.

2015 NOT NOW, NOT EVER Report

- Special Task Force on D&FV in QLD chaired by Honourable Quentin Bryce AD CVO.
- **2015 NOT NOW, NOT EVER Report**– Putting and End to Domestic and Family Violence in Queensland. QLD Government adopted all 140 recommendations covering health, community, legal (courts & Police) and social support systems response to D&FV.
- **Australian of the Year 2015** – Rosie Batty domestic violence campaigner who articulated the views of many thousands of Australian women when speaking about her own experiences of family violence.



# The Role of Social Work in supporting people experiencing Domestic and Family Violence

- Social Workers have a central role in providing, support, assistance and advocacy on behalf of people experiencing domestic and family violence and are integral to the delivery of government and non- government services.
- In a submission to the Australian Federal government in 2016 the Australian Association of Social Workers (AASW) highlighted ..
  - “ The causes of family violence are complex and include both individual and social factors, such as gender inequality and community attitudes towards women. As a fundamental cause of violence against women, gender inequality is reflected across all aspects of a woman’s life. Governments can address gender inequality within institutions and structures as well as communities and workplaces that receive government funding, and government bodies themselves, by using a gender lens to review existing legislation and policies”. (AASW 2016)*

# Partnership responses to Domestic & Family Violence

□ “Health systems play a key role in identifying and responding to domestic violence. There is growing evidence for the effectiveness of health service interventions to reduce the extent of harm caused by domestic violence, in particular for specialist counselling, structured risk assessment and safety planning...” (Spangaro 2017, Australian Health Review)

□ **System level interventions** are needed to effectively respond to D&FV. The nature of supporting response and recovery in D&FV requires a service partnership approach due to high levels of clinical speciality, the changing nature of services required across the stages of initial response and recovery, and the aspect of recovery over time.



# Why consider a Cross-Sector Placement Model ?

- ❑ Need to change field placements from traditional “apprenticeship ” style placements to contemporary placement models that reflect present day social work practice and increase learning, skill and confidence that prepare emerging social work practitioners for our workforce.
- ❑ Previous experience of this model and test it’s transferability across service areas and successful outcomes for student learning, knowledge and skill development.
- ❑ Placement model offers a dynamic, creative and responsive learning environment that concentrate to the contemporary demands of social work practice and enhances “job readiness” of new social work graduates.
- ❑ The primary purpose of this placement was to increase student capacity, clinical knowledge, referral pathways and understanding of responses to domestic and family violence.

# Establishing the placement model

- ❑ QLD Health State-Wide Social Work & Welfare Clinical Education Program (SW&WCEP) initiated a placement agreement between Logan Hospital and a local D&FV service Working Against Violence Support Service (WAVSS).
- ❑ Discussion with the University re the nature of the placement model, and considerations of student specific interest in DV/FV focus.
- ❑ Develop a placement agreement between the managers of each service.
- ❑ Introduced student to the concept of the placement model and both supervising social workers.



# Scaffolding Student Learning

□ Cross-sector Placement Agreement –clarified roles/responsibilities of field educators, strengthened communication, provided a defined and “known” structure which guided, managed and scaffolded the student learning experience.

□ Co-ordinated meetings at the beginning/mid and end placement junctures with all stakeholders, maintained placement goals for the FE’s/student; strengthened the placement when unexpected changes occurred; and captured learning “in real time” and shaped further learning goals.

□ SWWCEP Student Tutorial Program

Queensland Health 

### Cross-sector Shared Student Placement Agreement

Title of placement:	Cross-sector Placement Model with focus on domestic and family violence		
Organisation:	Working Against Violence Support Service (WAVSS) Logan	and	Logan Hospital
Primary Field Educator:		Primary Field Educator:	
Student name:		University:	
Date of placement:	12 <sup>th</sup> July 2016	to	20 <sup>th</sup> November 2016

**1. Reasons for shared placement**  
Provide a description of how the shared placement will contribute to the student's learning and each organisation's service goals.  
Cross-sector placements maximise the utilisation of workforce resources within organisations; increase workforce capacity; provide new placement experiences consistent contemporary Social Work practice and provide a unique opportunity for students to learn and increase their Social Work identity across differing yet complementary service domains. Cross-sector placements provide a student the opportunity to explore their framework for practice within two contexts and increase the student's understanding of working with a particularly client group and how non-government and government based services respond and interact together.

**2. Broad overview of shared placement**  
Describe how the placement will be shared. For example:

- **Where will the student be on which days of the week or in which weeks of placement?**  
Danielle's placement will be shared in 2 x 5 week blocks. (the student will attend placement Monday – Thursday each week and is expected to attend 7.5 hours daily)  
1<sup>st</sup> 5 weeks with WAVSS  
2<sup>nd</sup> 5 weeks with Logan Hospital
- **Specific projects or research activities allocated to each organisation.**  
No specific projects or research identified however it is expected Danielle will develop a presentation Social Work service delivery within each agency and present this to the opposite service.
- **The focus of student learning in each organisation**  
WAVSS:  
The focus of the student learning will be to WAVSS practice framework (broad) for working with women and includes observing intake processes, organisational culture and protocols (e.g. daily morning intake meetings, responses to DV crisis (phone, walk-in and responding to referrals), engaging in community events.

# The student's story/experience

## Strengths:

- ❑ Placement strengths – a richer understanding of both sectors; provided learning and insight into scope of social work practice across practice domains and frameworks.
- ❑ Increased knowledge of boarder systems re supporting people experiencing domestic and family violence.
- ❑ Beneficial to have two FE's – exposure to different frameworks for practice, student found this helpful in the development of her own practice framework.
- ❑ The student was offered a position with WAVSS at the end of placement!

## Challenges:

- ❑ Placement challenges – limited time in each context = feelings of not feeling proficient in either organisation.
- ❑ University studies completed throughout the placement period did not accommodate for the new creative placement model.

# Benefits and learnings of this placement model

- ❑ Supervision, support, and continual communication are keys to scaffolding learning and assisting the student navigate the successful transition between the two organisations with minimal disruption to learning.
- ❑ A student may “flourish” in one context over the other.
- ❑ The model increases the student knowledge base re systems, language, how to affect change and professional networking.
- ❑ The Cross-Sector Placement Model offers an opportunity for student’s and Field Educator’s to learn more about service delivery within each organisation, which in turns provides insight/appreciation of operational structures and frameworks for practice.
- ❑ Strengthened partnership/networking between the two organisations. Shared knowledge between the two services enhanced referral pathways.
- ❑ Increased a richer understanding of how both sectors compliment each other in the boarder response to people experiencing domestic and family violence.

# Thoughts for the future

- ❑ Development of additional learning tools to support student clinical reasoning and the transition from one context to the other.
- ❑ Greater collaboration between schools of social work and Cross-sector focused placements. ( LeGeros et al. 2012)
- ❑ Further Cross-sector placement partnerships between Logan Hospital and WAVSS.
- ❑ Social Workers are leaders in responses to D&FV. The cross-sector placement model helps to strengthen current strategies and to identify new opportunities. Future cross-sector placement opportunities include:
  - Health Justice Partnership
  - New SW D&FV HRT position
  - D&FV training within/across QH

# References

- ❑ Agllias, K. (2002). Keeping Safe: Teaching Undergraduate Social Work Students about Interpersonal Violence. *Journal of Social Work Practice, Vol. 26, No.2, pp.259 -274*
- ❑ Australian Association of Social Workers. (2016) *Federal Election 2016: Family Violence submission.*
- ❑ Bent-Goodley, T.B. (2007). Teaching social work students to resolve ethical dilemmas in domestic violence. *Journal of Teaching in Social Work, 27(1-2), pp.73-88*
- ❑ Martin, A . and Hughes, H (2009) *How to make the most of integrated learning for students. Massey University, New Zealand.*
- ❑ Queensland Government, Department of Communities, Child Safety and Disability Service (2017). *Domestic and Family Violence Common Risk and Safety Framework.*
- ❑ Queensland Health, Statewide Social Work and Welfare Clinical Education Program (2015). *Social Work Field Education Guide.*
- ❑ Queensland Health, Statewide Social Work and Welfare Clinical Education Program (2016). *Cross-Sector Placement Agreement.*
- ❑ Queensland Health, Stepping Up to Domestic and Family Violence (2016). *Domestic and Family Violence Strategy for Redlands Hospital, Wynnum Health Service and Marie Rose Centre.*
- ❑ Simmons School of Social Work, Volume 2.2 October 2012 [fieldeducator.simmons.edu](http://fieldeducator.simmons.edu)
- ❑ Spangaro, J. (2017) *What is the role of health systems in responding to domestic violence? An evidence review. Australian Health Review, CSIRO Publishing, (pp a-g).*
- ❑ State Government Victoria (2013). *The Best Practice Clinical Learning Environment (BPCLE) Framework. Department of Health Victoria.*

