

Holding fast to collectivist values in a health emergency

As I write this editorial, Aotearoa New Zealand is grappling with an outbreak of the Delta variant of Covid-19. Since a recent returnee from Australia tested positive for Delta in mid-August 2021, we have been under public health emergency measures, with Tāmaki Makaurau, our largest city, in Level 3 and 4 lockdowns for 80 days (at 5 November). The Delta outbreak has resulted in 4034 cases so far. There are so many cases now that those of us in Tāmaki (and probably in Waikato and Tai Tokerau) have to assume that there are Covid-19 cases in our neighbourhoods. We scan the vaccination statistics every day to see if we are getting closer to that magic number of 90% of our eligible population double-vaccinated.

We learned to respond to a rapidly changing style of communication. We observed at close quarters, or via Zoom, how existing inequalities were intensified and how these were revealed in the lives of the people we work with. "Social work relies on understanding and responding to the social world, and addressing inequities in that world" (Keddell & Beddoe, 2020, p. 41). Many aspects of our professional lives have been reshaped by the impacts of the Covid-19 pandemic. The most recent and perhaps the sharpest end of the public health measures is mass vaccination.

While our profession has made many efforts to contribute to supporting families and have practised solidarity across our fields of practice, vaccine mandates have exposed tensions. Social workers have generally supported vaccine mandates. A poll conducted by ANZASW this week provides the following snapshot. The survey was available to social workers over 1-5 November 2021 and there were 1240 responses. The majority (90%) of

social workers are vaccinated or intend to be vaccinated. Only 6% indicated they will not be vaccinated and 2.3% are unsure if they will be vaccinated. The results indicated that 72% of social workers were currently required to be vaccinated (59% because of the Covid-19 Public Health Response (Vaccinations) Order and 13% because of employer policies). In response to the question, "Should social workers be vaccinated to work with clients face-to-face?" 74% are in support of a requirement for social workers to be vaccinated (58% strongly agree; 16% agree) while 11% strongly disagree, 7.5% disagree, and 7.6% were neutral, or not sure.

The Aotearoa New Zealand Association of Social Workers (ANZASW) also announced their position statement, "COVID-19 vaccine and your professional responsibility" today. The preamble makes the association's position clear: "vaccination is a critical part of the Aotearoa New Zealand public health response to the COVID-19 pandemic. Social workers should help to protect themselves, the people they work with, and the wider community by getting their COVID-19 vaccination, unless medically contra-indicated" (ANZASW, 2021).

Many social workers already know they will be required to vaccinate under a mandate and that numerous other agencies will develop their own policies. These mandates are focused on ensuring safety for the people we work with, ourselves and our whānau.

Mass vaccination and vaccination mandates are rational responses to our current crisis. Human rights are important and there has never been any suggestion that individuals would be forced to have a vaccine, or indeed any other medical treatment. However, vaccine mandates are a response to a public health

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emergency, not a matter of abstract intellectual debate. I have been alarmed to observe sentiments on social work social media sites that show positions formed on the basis of mis- and dis-information. The following definitions of damaging information are useful (cited in Hannah et al, 2021):

- Misinformation: “false information that people didn’t create with the intent to hurt others”
- Disinformation: “false information created with the intention of harming a person, group, or organization, or even a company”
- Malinformation: “true information used with ill intent”

I have also found the invocation of human rights and social justice to oppose vaccine mandates disturbing. As the ANZASW position statement states: “[we respect] social worker’s rights to have their own opinions, however, there is no place for anti-vaccination messages or sharing misinformation or disinformation in professional practice, nor any promotion of anti-vaccination claims, including on social media and advertising by social workers” (2021). In addition to this, a human-rights-based approach has to be much more nuanced than simply covering individuals’ rights to have, or not have, the vaccine. Social workers need to reflect on their knowledge about second- and third-generation human rights, those rights which recognise our connections, common needs and shared aspirations. “Second or third generation rights focus on collective rights and responsibilities, rather than just individualistic rights. When considering the collective benefit of vaccination that

it is likely to enable collective health and wellbeing, the benefits to the community become important” (ANZASW Position Statement, 2021).

Finally, Covid-19, and the vaccine campaign, has exposed just how deeply ingrained health inequalities are in Aotearoa. The tail of unvaccinated people will be in the most economically deprived regions and suburbs, and those are, for the most part, regions where Māori and Pasifika people live. The combination of low vaccination rates and higher rates of respiratory and cardiovascular disease, means that Māori and Pasifika families will continue to carry the largest burden of ongoing Covid-19 illness and unfortunately likely deaths, as shown in Table 1, a snapshot of cases.

Social workers must resist the ideological confusion that is present in some calls for ‘freedom’, especially the cries of ‘my body my choice’, that represent muddled messages from populist leaders whose ideological base is as slippery as an eel, but fundamentally rooted in right-wing beliefs. Many of those arguing most passionately for bodily autonomy, for example, are on record as opposing abortion and supporting ‘conversion therapy’. Right-wing populism is predicated on preserving and strengthening the rights of dominant cultures at the expense of others.

The populist leader highlights the deficiencies of contemporary democratic systems and claims that he will fix them in their favour—sometimes by disposing of political processes, limiting human rights, and appealing to specific forms of nativism over universalism and globalism. (Voss et al., 2018, p. 113)

Table 1. Current Cases and Hospitalisation by Ethnicity (Ministry of Health, 5 November, 2021).

Prioritised ethnicity	Total cases	Percentage of all cases	Cases who have been hospitalised	Percentage of all hospitalised cases
Māori	1449	36%	79	28%
Pacific peoples	1343	33%	12	45%

What unites people behind populist leaders is often not something positive they have in common, but that they share a mistrust in the elite and see government as being to blame for current frustrations, or they find solace in attacking a common enemy who are seen to be doing the work of a malign state. Voss et al. (2018, p. 113) argue that, “by tapping into the emotions and frustrations of disenfranchised people, logic and facts seem irrelevant”. Rather, false *facts*, dubious sources, outright lies, and “unethical, amoral, and aggressive and discriminatory behaviour previously not tolerated” are all employed when the leader speaks to the understandable anxiety and fears of people, even when those fears have themselves have been created by the repetitive promulgation of false explanations. This has been visible in Aotearoa New Zealand when health professionals and community leaders have been attacked while delivering vaccination programmes. Social workers who deeply understand social justice will do all they can ensure that collectivist solutions to our current Covid-19 crisis are employed. We are very fortunate to have a strong public health response, and the last few weeks have shown us, almost too late, what Aotearoa New Zealand can achieve when we properly support and resource Māori and Pasifika community networks.

*Nāku te rourou nāu te rourou ka ora ai te iwi –
With your basket and my basket, we will sustain
everyone*

Introduction to this issue of the journal

In “The *koru* model: The stages of biculturalisation for foreign-trained social workers in Aotearoa New Zealand”, Barbara Staniforth and Helene Connor (Te Atiawa and Ngāti Ruanui, Ngāti Rahiri and Ngāti Te Whiti) recognise their own lived experience as well as draw on participant interview data from 20 social workers in Aotearoa New Zealand. The aim of their research was to explore the perspectives of foreign-trained social workers, who moved to Aotearoa and

engaged in social work practice, about their experiences of biculturalisation. Approximately 10% of registered social workers in Aotearoa New Zealand have received their social work training overseas. The authors describe biculturalisation as “settling into a country with a bicultural mandate for social work practice” and the article has a particular focus on the stages that the participants went through as they navigated new terrain working within a bicultural framework with Māori. These stages have been developed into the *koru* model, utilising the symbolism of the *koru* to demonstrate the four stages that many foreign-trained social workers may go through in respect to learning about, and implementing, bicultural practice in their *mahi*. The model is accompanied by original sketches and clearly illustrates the four stages: newly arrived, early growth, unfolding knowledge and full frond. Challenges and tensions for foreign-trained social workers are highlighted in the article and, while most social workers are committed to ongoing processes of self-exploration, the transition to practice in a country with a bicultural mandate may not be an easy one.

“Tawaf – cleansing our souls: A model of supervision for Muslims” by Selina Akhter presents a unique approach to social work supervision for Muslims in your Aotearoa New Zealand context. In this reflective account, Selina employs a kaupapa Māori framework and rangahau (a Wānanga response to research). Rangahau is the traditional Māori methodology of inquiry utilising mātauranga Māori and āhuatanga Māori – traditional Māori bodies of knowledge from the context of a Māori world view. Critical self-reflection and use of reflective journals are used as methods of the rangahau. A model of supervision is presented which is tawaf, a ritual of haj – one of the pillars of Islam. Muslims (who follow Islam as a religion) perform haj (pilgrimage) to receive *hedayet* (spiritual guidance) to cleanse their *nafs* (soul). In this model, the phases of tawaf have been applied to structure and guide social work

supervision for Muslim social workers. Tawaf represents the Islamic worldview and aims to deconstruct and reconstruct supervisees' practice and assumptions. This will be used in the context of cultural supervision with Muslim social workers by Muslim supervisors.

In recent years there has been considerable scholarship exploring the connection between humans and animals with a focus on human/animal relationships alongside the growing understanding of the need for social work to be cognisant of animal welfare as part of community wellbeing. In the introduction to the special issue on social work and animals, Adamson and Lowe argued that an "animal inclusive gaze can tell us more about us as human beings, including issues of attachment, abuse, and disaster, and the role that companion animals play in wellbeing, shaping our behaviour as they are, in turn, influenced by us". (2020, p. 5). In another contribution to this study, "The role of connection in the efficacy of animal-assisted therapies: A scoping review", Sharron Beggs and Rob Townsend outline a scoping review of the literature and research exploring the history, efficacy, and currency of animal-assisted therapies as they have developed in recent decades within human services and social work programmes.

In "Does helping hurt the helper? – An investigation into the impacts of vicarious traumatisation on social work practitioners in Hawke's Bay, Aotearoa New Zealand", Sue Hanna and Samantha Smith report on a research project investigating the impacts of vicarious traumatisation (VT) with a small sample of frontline social work practitioners in the Hawke's Bay region of Aotearoa New Zealand. The participant social workers did report VT resulting from work with clients with histories of trauma but also identified self-care strategies to support their wellbeing. A workplace culture that recognised VT, clinical supervision, the Employee Assistance Programme (EAP) services and supportive supervisors and managers were also important.

In "Defining, teaching, and practising diversity: Another hegemonic discourse?" Susan Beaumont, Stephanie Kelly and Lee Smith explore how social workers engage with diversity. The authors note that, "respect for diversity is a primary principle of the social work profession; however, the term *diversity* has been critiqued as meaningless and is often linked with cultural competence". The qualitative study was guided by the research question, "What are the factors that inform Aotearoa social workers' practice when engaging with diversity?" The study participants, while acknowledging the importance of social work education and practice with Te Tiriti o Waitangi to the forefront, could not seem to connect this knowledge with diversity in practice contexts. The authors argue for a more critical approach to the definition of diversity as underpinning social work education and competency frameworks.

Viewpoints

Globalisation and neoliberal ideology produce an uncertain, precarious economic and ecological world. The number of people around the globe displaced due to intense human conflict, and climate disaster are at record levels, and Aotearoa New Zealand is among many nations in its humanitarian response, providing resettlement services to a quota of refugees. Social work knowledge and practice wisdom is integral to this work, and in a Viewpoint, Hawa Fitzgerald offers a thoughtful reflection on her experience working with former refugees and the multidimensional contextual knowledge required to respond effectively to the needs of our newest residents and citizens.

Social workers recognise strength in diversity as well as the dynamics and impact of structural forms of racism and exclusion, making the profession well suited to respond to the complex needs and experiences of former refugees and other migrants. Fitzgerald reflects on her experience of developing knowledge specific to this context—knowledge of

countries of origin, cultural and religious backgrounds, traditions, languages, and the unique migration story of each family. Resettlement social workers understand the political landscapes and histories of the lands from which refugees have arrived and have insight into the unique Aotearoa communities into which they settle to begin new lives. Fitzgerald emphasises the need for social workers to learn the language of migration, the key concepts and definitions of terms used to reflect the various ways in which people who come to this country to live. She also reinforces the role of cultural self-awareness on social work decision-making in this field, and the reality that only practice experience can offer the opportunity to develop contextual knowledge necessary for work in this complex field.

In “Locating my pou”, Vanessa Oatley provides a critically reflective narrative describing the events in her personal journey to starting her PhD research on how Pākehā statutory care and protection social workers can improve their practice with whānau Māori. Vanessa uses storying and metaphor to capture the framework of ideas that underpin and drive her research process. This viewpoint provides an excellent example of researcher reflection underpinning rigorous, thoughtful social work research on challenging topics.

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