

Speech by Ruth Stark, IFSW Global President on WSWD, Geneva.

On WSWD acknowledge and celebrate the art and science of social work that supports positive social development.

Today we particularly focus on the part of our Global Agenda that takes the theme the dignity and respect of all peoples. This is central to how social workers work. Before we can do any work with people we have first to engage that person. We have to accept that person, treat them with dignity and respect, regardless of any actions or illness or anything that underlies the discrimination that goes on in our societies. You will find this principle of accepting the person without condoning actions or situations in all text books and codes of ethics that underpin the profession.

Social workers are involved in peoples' lives from the cradle to the grave. We may have short term interventions but they are best seen in the long term outcomes for people. I often think it helps to be lateral thinker to be a social worker as we have to see that particular issues for the person in a much wider multi-dimensional matrix.

For social workers it is not just the ending of the HIV/AIDS as a killer disease but the impact of the aftermath for the societies that have been devastated by this natural disaster. We had it with the plague in Europe, spread by the movement of gerbils; we had it with Smallpox in regions of the world that devastated indigenous and first nation peoples. We have it now when one country wars with another or when it wars within itself or when a typhoon hits diverse island communities in the midst of our oceans.

The task in rebuilding coherent peaceful communities, supportive of each and every member, where there is peace and self-determination, is to co-construct a work plan that brings together the people of the community and the technical skills of the social workers who can help them focus on what can be changed to achieve their goals. This will inevitably also mean working with individuals in that wider context as each person may make their journey at a different pace from the others.

The first task is to recognise where people are currently in their emotional and psychological well-being. Many of the survivors of HIV/AIDS will be going through the emotional roller coaster of grief and loss, this will include denial, pain, anger, guilt, relief, depression, reconstruction before returning to hope and optimism about the future. The art of listening is fundamental to getting that engagement with people to be able to begin to trust and work together. How we listen may be through art & pictures, music, dance – particularly important when working with children or the vulnerable, for whom words are difficult when asked to express their emotions. In this journey through emotional pain people will often share their most vulnerable, innermost and secret thoughts. They expect that their trust in you will not be betrayed by sharing confidences that they have not sanctioned. This is a very privileged position that we have and must not be abused. That would negate that respect and dignity for the person on which our work is based.

If we do not recognise this important part of the process in working with the outcomes of catastrophes like HIV/AIDS or Ebola we fall at the first hurdle and any perceived positive outcome will not be long lived.

The second task is to understand the complex matrix in which people currently live, this is where the skill, knowledge and expertise of the social worker is evident. This is the

application of the Social Science that we study at university. This includes how societies and communities work, the expectations of compliance and learning to live with each other. It also covers when societies are malfunctioning, when corruption or discrimination are preventing people work together for the greater good. It includes the study of issues like power and control, what drives people to take certain actions. Understanding all the competing issues surrounding the person or the community, what is not working well, what can or cannot change is part of our role. We do this analysis with the person and together we work out the route to the co-construction for change. Again if we do not engage people in this process they will not own it and it will be short lived.

From a social work perspective we work with two levels – the here and now of where people understand their situation - but then to journey with them through a process that brings together their reality and our knowledge to a sustainable future. The linking element is the social relationship we evolve with each other – it is quite a strange relationship in many ways - as one young person described it ‘you are probably my best friend in that I trust you but you are a professional friend – I can never call you Ruth, you will always be Mrs Stark’. We work with people in some very privileged and intimate parts of their lives, at times of greatest tragedy, we work to take ourselves out of people’s lives when they have reached a better place. We have to make sure that the beginning, middle and end of that relationship is helpful to that person, not one of over dependence, but one that empowers that person or people in their future life.

Now however I want to focus on a darker side of the HIV/AIDS issue. There is an increasing movement in some countries to make homosexual acts illegal and to institute the death penalty. This does not help eradicate HIV/AIDS. People who are threatened and live in fear, do not reach out for help, they hide. They live in the shadows of their societies. So another strand to the social workers role is advocating and educating all those concerned with the real issues that can undermine societies. Social Workers are required to be active in informing politicians, the media and the general public about what we know from our frontline work is harmful not just to the individual but the collective communities in which we work.

My last issue for you to consider is that of competing human rights. Social workers work with them all the time. If you have a parent with HIV/AIDS they have rights as a person in their own right as does the child. One is the right to family life and the other is the right of the child to live with the parent. But supposing the parent reaches a stage where they can no longer in your judgement look after the child adequately but the parent does not want the child removed from their care. The state, through you as the social worker, has to protect the child. How do you make that judgement call and what support is there for you in making these critical decisions in weighing up competing human rights?

As you listen to other contributions during the day and you think about the questions you want to ask the various speakers here are some issues I would like you to take into consideration:

1. What is the impact on each person with HIV/AIDS – how open are they to talk about how they got the virus, what do their family, friends and neighbours attribute the cause of the health problem? Are people fearful or open about their condition? What needs to be in place to help them?

2. What is the impact on other family members – partners, parents, children? How do they understand what is happening to their loved one? How are they dealing with sickness in their family, has this led to poverty or exclusion from their communities? Who will care for the children if left parentless?
3. Are we losing generations and how will this affect the functioning of societies? Think of the impact of lost generations in our history, how can we co-construct that work plan to build social capital in these areas?
4. What is happening in their community or at government level? What supports are around to help people locally influence their or are people in isolation?
5. What is happening at governance level? How is this impacting on the community

In conclusion

Social workers work with people through the emotional and psychological journeys through the trauma of HIV/AIDS whether as the person who is affected or a partner/friend/child of that person. This is a very personal and horrific experience and impacts on the outcomes and later life experience of survivors. To ignore investment in this part of the complex matrix of HIV/AIDS will result in the 'sticking plaster' approach rather than long term sustained recovery.

Once a pandemic has taken hold the recovery of the community/society because of, for example a lost generation, the rebuilding of that society requires long term investment. We know this from previous pandemics, for example when smallpox devastated First Nation communities in North America, their societal infrastructure was weakened and made them vulnerable to exploitation.

There is much to think about on this world social work Day – Good luck and enjoy the space to think about these ethical dilemmas.