

ROLE OF SOCIAL WORKER IN COMMUNITY DEVELOPMENT IN CURRENT SCENARIO SPECIALLY DURING COVID 19 IN INDIA

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Abstract

Good-supported, well-equipped, motivated and supported social service workers are important to reduce the negative effects of COVID-19. Social service employees will rely on their close links to children, families and communities to respond quickly and efficiently. They have to stay safe and happy in order to do this. The new technical note Social Care Staff Safety and health during the COVID-19 response offers advice and recommendation on measures to help and allow social service employees during the COVID-19 pandemic, to safely serve children, families, and communities.

Keywords: COVID 19, pandemic, social workers, health, communities, social service,

Introduction

On 11 March the WHO formally announced a pandemic of the outbreak of the latest coronavirus. Governments and societies were high on alert even before the declaration, as the number of people infected with the virus was increasing, apparently every day, exponentially. As security guidelines change rapidly — and misinformation spreads — it is difficult for many to manage their health and mental wellbeing in the face of so many unknowns. Health professionals such as physicians and nurses also serve on the frontlines for a variety of public health emergencies to help identify and treat the affected people and offer valuable guidance on how to stay healthy.

In a public health crisis, social workers sit in a unique role, one frequently ignored. Their job is to manage what is often a complicated and changing situation, from emotional and mental medical support to the development of the wider community. In the wake of a natural disaster, for example in addition to providing mental health resources following such trauma, social workers are essential to connect their customers with local agencies or resources of a Federal Emergency Management Agency (FEMA).

But how will social workers help the global pandemic, such as the COVID-19 pandemic? Most citizens practice social isolation or self-quarantine, and local, state and federal government policies

tend to have a huge effect on the daily life of people. This provides social workers with a variety of problems to address. During the Covid 19 crisis, social workers reacted to circumstances which have never existed before and had to react rapidly and thoroughly to the health, economic and social aspects of the crisis. The approach to social work was largely influenced at the local level by local councils, health and social care trusts and other organizations with some central government guidelines. Social workers in the country were known as important employees. Covid-19 in India has shown a lack of awareness of the role and needs of social workers in a general national pandemic preparedness in an emergency of this kind. The ability to benefit from it is fantastic and the role of social workers in public health, regional catastrophes and emergency planning is further promoted.

Support of social workers:

- In these cases, one of the main duties of a social worker is to help his clients find the necessary tools and assistance. It can be a struggle to stay healthy and get medical attention with continuously evolving recommendations in Centers for Disease Control and Prevention (CDC). Nevertheless, it can also prove very difficult to keep up-to - date on new departments and government services.

Staying aware of the latest COVID-19 updates may seem confusing at least, but social workers need precise information to help their customers navigate a very complex health care system and understand the recommendations of doctors or CDCs. There are several complex and detailed questions directly related to their health, jobs and families for each individual customer, and particularly those dealing with physical or mental illnesses.

If they can no longer return to work and get a paycheck, they may need to help a family to register for medical insurance, or if they have to inform them where they can find help. Social workers may enable consumers to alleviate anxiety and find the digital and personal tools that they need by being a source of clarification and tailored guidance.

- While it is a vital part of a social worker's role to help individuals and families manage the nuances of the health care and safety policies, it is also necessary to inform the community as well. It's just the first step to give customers specific instructions. As the dispersal of misinformation rises and when many people fail to understand the full nature of a crisis,

- social workers may raise their level of education in schools and other community organizations. In several sectors, including education and religious organizations, the National Association of Social Workers assembled a list of websites that could serve as tools for social workers.

The promotion of quarantine and shelter requests and education groups on the importance of following them are an important part of that. Another way to keep people from getting sick when they are out is by teaching realistic hygienic practices. This is also important to social workers to learn, understand and be able to communicate their significance to others when taking on this role within the existing CDC and local safety guidelines.

- Uncertainty is one of the most complicated elements of the COVID-19 pandemic. This is also not completely clear how long and how serious the effect is and may take at least several months for a vaccine to develop. Many that are nervous or influenced by the pandemic may need outside help when it comes to prioritizing self-care. They can serve as a neutral sounding board, develop coping strategies with customers to manage anxiety and provide information that is not sensational. This stress can have serious effects on mental wellbeing, whether it is disrupting its normal routine, having school children home, or worrying about loved ones isolated in neighborhoods or elderly care.

During this scenario cognitive behavioral therapy and dialectical behavioral therapy can be very helpful, but telemedicine and video calls can be a crucial resource to be used by social workers while they work at home and social distance. A circumstance like this will bring even more problems for children, healthcare professionals and those with existing medical conditions. Getting a personal link with someone who can direct you through tailored self-care will make a big difference in your life. This may include general recommendations such as daily exercise and more specific recommendations such as a break from the newspapers.

Social services responses

The pandemic decreases social care programs, with health and nutritional programs particularly affected. Most government hospitals in the Health Sector are turned into COVID hospitals with limited facilities for other transmissible and non-communicable diseases, including cancer. All

activities and options have been indefinitely postponed. Closed schools affect 330 million children's schooling which affects their nutrition, since they can now have no access to school meals in the Mid-day Meal Program.

Owing to lock-in arrangements the processing of pension applications for elderly people, elderly individuals and widows is delayed by Social Services. The processing of certificates of disability is also delayed as doctors are approved by those who now all respond to COVID-19 cases. Such certificates provide the basis for access to insurance for people with disabilities. Job schemes have been shown to increase the number of job seekers in rural areas, including job guarantee schemes. It calls for a scheme of capital to be hot. The labor duties have not however been paid to the States for the last few months.

The new budget for February 2020 seen a 19 percent reduction in nutritional programs for children, including the Mid-Day Meal Program, the National Health Mission (NHM), the Food Subsidy Program, the National Rural Jobs Guarantee system for Mahatma Gandhi, Pant and Ambost 2020. The conditions levied by the central government on states that have performance-related budget allocations under NHM grants are also problematic. In fact, this ends up penalizing the developing countries because they do not meet the needs and creates a very serious problem in responding to the demand for health services.

Growing demand for providers is stopping them from reacting effectively to the COVID19 pandemic (Pant 2019). The compensation policy for first-line medical workers was announced by different state governments. Close to one crore (10 million Indian rupees) is issued in case of death for bereaved families. The community support was used to track activities following Tablighi's Jamaat meeting in Delhi from 1 to 21 March. These involved citizens from various states in India and then, upon return, the virus spread to those who contracted COVID-19 into their own states. Throughout the pandemic many civil society groups worked on the relief distribution.

During the two natural disasters faced by Cyclone Amphan and Cyclone Nisarg their efforts were concentrated on the country's east and west coast. Their impact on the West Bengal and Maharashtra states was concurrent with the pandemic, respectively. The directions to be followed had been illustrated in the newspapers. The coronavirus pandemic is often seen as a significant continuous live occurrence, with no serious questions about how testing and touch control

protocols are being followed. Justice problems relate to access to services and state and central government insufficient and flat-rate approaches in addressing people's livelihoods and health needs.

The most affected groups defined by social workers are:

Food poverty sufferers, unemployment, manual labor, unskilled workers, self-rickshaw drivers, motor drivers, rickshaw pullers and those who work in transportation, housing, housing and manufacturing, street vendors and hawkers. ● poor and people searching for alms. ● Refugees who would like to return home. ● Workers who were set free. ● Other patients in towns and villages are stranded. ● Students who have been stranded. ● The people who have been quarantined.

● people with various skills who will return to their villages. ● Differently capable people in the pandemic seeking entry, like e passes, to support programs, but experiencing difficulties. ● Patients whose services are not open to facilities with cancer or other terminal illness have their services turned into unique wards of the COVID-19. ● Quarantine people in rural areas.

Response from civil society Several licensed and unregistered organizations, associations, and people helped to address service lags: Innovative and/or innovative solutions to societies, customers and service users and their needs: Responses from civil society. Cooked foods and dry rations have been distributed around the country in major urban settlements and in areas where circular migrants have been stranded or have traveled hundreds of kilometers on foot and on bike. Those provided: ● Stories about how migrants return by using voice recording. ● Accounts of collective quarantine successfully abusing religious institutions, e.g. Madrasas and temples used by rural migrants for quarantine times in the spirit of unity. ● Remarkable tales of individuals who support us by connecting 'men to individuals' ● tales of health professionals on the front lines working with families to instill measures of social isolation during cremations.

Key obstacles to addressing and helping groups and clients / service users the pandemic has brought many societal gaps and prejudices to the fore. It impacted health workers because they faced prejudice as 'virus carriers' and were denied housing facilities or harassed during their neighborhood interaction monitoring efforts. Such negative headlines have been offset by the overwhelmingly optimistic way health workers have been valued. Frontline health staff and their families have also suffered from long periods of time away from family members. Kids were especially hard hit when their parents were engaged in frontline duties.

The role of national associations of social workers in supporting practitioners during the coronavirus crisis

Trained social service agencies have tackled the crisis by organizing fundraising drives, providing relief services, conducting surveys, blood donation centers, offering online training and webinars. The following names are: Kerala Association of Professional Social Workers, National Association of Professional Social Workers in India (NAPSWI), Indian Society of Professional Social Workers and other New Delhi and State-level societies. Which include the Indian Society of Professional Social Workers, the Karnataka Association of Professional Social Workers, the Association of Professional Social Workers and the Bombay Association of Social Workers Training. Both of these organizations are affiliated with the Registered Social Workers' Organizations of Indian Network.

The Association of Professional Social Workers and Training Practitioners (based in Chandigarh) and the Medical Social Workers' Association of All India (IAMSWP), other organizations that play a significant role. The Indian Health Social Work Review has recently been initiated by several organizations including NAPSWI, which supports social work study and practice. These also play an important role in newspaper papers. There are organizations across the development sector that have performed surveys and created reports to analyze the crisis. A number of groups including the National Fish Workers' Federation, the National Hawkers Federation, the National People's Movement Alliance and Apna Ghar also carried out relief activities. The challenge was overcome, and the vacuum was filled to help those in need.

Critical challenges for social workers include

Food security. There has been a growing emphasis on reducing deprivation and continuing research in urban and rural areas for at least another six months. To do so, social workers have to collaborate with other civil society organizations to ensure so direct cash transfers lobby those in the informal sector who have lost salaries and employment. Research is being undertaken in the health sector. Health and health steps must be taken exclusively just as lockdowns have been for frontline employees. More activism, study and policy must change the actions of the government to ensure the security and well-being of every citizen. Improved health infrastructure investment is also required to cope with the pandemic. Social workers could support to take care of back-end activities of front-line healthcare workers so that the shortages in health services could actually be resolved. Mental health programs in the community must be implemented in accordance with the

clinical barefoot row. Social workers may be trained by resident welfare organizations to look after quarantine patients. Social work schools and students may have quarantine centers for coping with the pandemic in conjunction with village or urban clusters.

Ensuring workers' wages are paid and rights ensured

During the lockout time, social workers can be involved in paying salaries with employers. The government's cash payments will be allowed to enter into employees' bank accounts. To order to build partnerships and networks for meaningful change, social work professionals must collaborate with other non-governmental and nonprofit organizations. Through special ordinances, the labor rules are modified through state administrations. This transformation was opposed and led to its eventual removal by the trade unions. Further security measures are required, however, in particular for salaries and cash transfers.

Conclusion

The '24/7' is in use for social care. All existing COVID-19 emergency plans protocols with clearly specified roles and responsibilities, including during and after emergencies and recovery phases, should include established strategic recommendations for emergency social work outside hours response teams. Social workers integrate crucial policy skills and competencies into inter-agency crises, safeguarding rights and damage prevention by safeguarding children and adults; evaluation of mental health, preventing domestic violence and conducting mental skill tests.

All of this has an ethnic emphasis in order to optimize people's ability, allowing them to select and manage and co-produce, even in the most challenging circumstances with them. We should focus on the consistency and accessibility of social care and social work programs in multi-agency emergencies. They will be able to continue to assess and track the quality of the treatment and risk problems faced by care providers and assisted living and other "placements" (of all ages). We must also be able to continue their position in customer ratings with regard to home care and by direct payments and personnel. During Covid-19, social care programs may be interrupted and social workers need fast and secure solutions.

The most vulnerable are actively supported, recognized and supported. The goal is to encourage justice, equity and access for those in greatest need of assistance, address obstacles in communication and employ advanced relationship-building skills in engaging with individuals and families concerned (including the sharing of challenging news). During the early phases of this

disaster, social workers are the foundation to help collective resilience and may have to take center stage during recovery. In the recovery and rehabilitation stages of the pandemic, working closely with societies will be critical.

Social workers in India should be inducted and incorporated into emergency response systems at local and national level to efficiently use their skills (e.g. municipal councils, health and social trusts, or broader interagency). Social workers apply their expertise as independent professionals to provide coordinated, strategic to functioning social services to promote and organize them.

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