

# The Sustainable Development Agenda The Role of Social Services

## SDG3 IMPROVING HEALTH AND WELLBEING

**3** GOOD HEALTH  
AND WELL-BEING



### About this briefing

This briefing is the result of the European Social Network's (ESN) working group on the role of social services in the implementation of the Sustainable Development Goals. This group gathered in 2019 representatives of social services from different EU countries, Canada, United States and Norway who met to analyse how social services can contribute to make Goal three on promoting health and wellbeing a reality.

The briefing is based on literature review, collection of practices and the outcomes from the discussions at the working group meeting that took place in Paris on 8-9 May 2019.

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This briefing was drafted by ESN policy officer Leyre Merchan Paules and edited by Alfonso Lara Montero, ESN chief executive.

### About the European Social Network

ESN is the independent network for local public social services in Europe. It brings together the organisations that plan, finance, research, manage, regulate, deliver and inspect local public social services, including health, social welfare, employment, education and housing. We support the development of effective social policy and social care practice through the exchange of knowledge and expertise.

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## Implementing the Sustainable Development Agenda: The Role of Social Services

The global agenda of the Sustainable Development Goals (SDGs) provides social services with an opportunity to emphasise their role related to people's empowerment, upholding human rights, social justice, promoting social inclusion, and social development and investment. The global agenda enhances this possibility as the SDGs have a series of similarities in relevance and application with social services practice. However, we have also identified a number of challenges as social services authorities and agencies are not always part of cross-cutting initiatives adopted to implement the sustainable agenda at national and local levels.



ESN's working group on the implementation of the Sustainable Development Goals, Paris 2019

Introduction

As part of the European Social Network (ESN)'s 2018-2021 work programme, in 2018 we launched a working group on the 2030 Agenda for Sustainable Development. The aim of this Working Group is to highlight the role of social services in the implementation of the Sustainable Development Goals (SDGs) and find synergies with other social policy initiatives at European level. Each year, the Group addresses a specific goal relevant for social inclusion of population groups with whom social services work on daily basis. Following the first meeting (October 2018), ESN produced a [briefing](#) which brings together key points from working group participants regarding the role of social services in fighting poverty and social exclusion (SDG 1).

The second meeting took place in May 2019 and focused on the role of social services in ensuring healthy lives and promoting well-being (SDG3). Participants discussed strategies promoting the health and wellbeing of population groups with whom social services work regularly: children in care, older people, homeless people and people with addictions.

Because social services and social work professionals are fundamentally committed to evidence-based interventions at individual and community-level (such as individual and family development, community support, and advocacy), their interventions incorporate the skills and values necessary to implement effective health promoting practice at multiple levels<sup>1</sup>.

This briefing presents key points raised during the working group presentations and discussions. For each target group, the paper identifies challenges and opportunities facing social services in their promotion of wellbeing. The briefing also includes recommendations on successful health and wellbeing promotion for vulnerable populations with an emphasis on the role of social services in implementation.

Social services play a key role in reaching UN Health-related targets	
3.4	By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing.
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
3.C	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries.
3.D	Strengthen the capacity of all countries for early warning, risk reduction and management of national and global health risks.

Improving health & well-being for looked-after children

Social services are key players in fighting child poverty in all its forms and improving child wellbeing at the local level. They may provide income support to families and deliver and help fund early childcare for young children. They work with families at risk of social exclusion and poverty, some of whom may have been in this situation for years, so that they can overcome or manage problems like addictions, debt, insecure housing, or long-term unemployment, among others<sup>2</sup>. Social services are crucial supporters of children and families when the first signs of neglect have been identified. They also provide support for children with disabilities or mental health problems.

1. Victoria M. Rizzo and Jessica Seidman. The role of social work in promoting health. National Centre for Gerontological Social Work Education.  
2. Child Poverty and Wellbeing in Europe. European Social Network 2012.

Social services are, therefore, key in supporting children and families to address child poverty, providing them with support and opportunities to access other services, hence improving their wellbeing. Whilst child protection issues can occur in all kinds of families, poverty is a stress un good parenting<sup>3</sup>. Specialist child protection services support children who are at risk of neglect or abuse. They assess the risks to a child and put in place appropriate support to prevent harm and improve their wellbeing. If it is judged that there is a severe risk of harm, a decision can be taken by the competent authorities (usually involving a Court) to place the child in alternative care.

Social services have the duty to ensure that the health and wellbeing of looked-after children is safeguarded. As mentioned on a report from the Department of Health and the Department of Education in the UK:

*Most children become looked-after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. For example, almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional wellbeing and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults<sup>4</sup>.*



ESN's working group on the implementation of the Sustainable Development Goals, Paris 2019

3. Child Poverty and Wellbeing in Europe. European Social Network 2012.  
4. Promoting the health and wellbeing of looked-after children. Statutory guidance for local authorities, clinical commissioning groups and NHS England. Accessible [here](#).



## Ensuring the wellbeing of vulnerable children - CELCIS, United Kingdom

ESN member CELCIS, Centre for Excellence for Children's Care and Protection, has over 20 years of experience and expertise in improving the lives and life chances of some of Scotland's most vulnerable children and young people. CELCIS works alongside international partners, national and local authorities and organisations to contribute to three strategic outcomes:

- Children and young people benefit from early, effective support for them and their families
- Children and young people experience safe and loving relationships and stability as they grow up
- Children and young people achieve their potential through their rights and needs being fulfilled

CELCIS has clear, shared goals through which these outcomes will be achieved. Working with partners, the organisation ensures that children and young people at risk of or in need of care and protection can access appropriate family support; are able to experience stability and loving relationships as they grow; and can then achieve what they aspire to.

CELCIS does this through work relating to policy formulation and implementation, offering support to strengthen and improve implementation, research and evaluation. In the framework of the Scottish government initiative '[A nation with ambition: the Government's Programme for Scotland 2017-2018](#)' CELCIS reviewed progress on the use of family support services to prevent children going into care. One of the aims in legislating for relevant support services for families where children are 'at risk' of becoming looked-after is to provide early and effective support services to prevent children unnecessarily entering the formal care system.

Following the review, these were the main key learning points<sup>5</sup>:

- Legislation can play a strategic role in supporting service development for families; however, in isolation legislation does not lead to culture change.
- Poverty, parental drug and alcohol misuse, parental mental health, domestic abuse and parental learning disability are key factors that may contribute to children being taken into care in Scotland.
- Children can be at risk of becoming looked-after at all stages of childhood. The importance of relevant services for families with teenagers deserves greater attention.
- Family group decision making (FGDM) services are flourishing in a small number of local authorities in Scotland but require embedding into local systems to be effective. A Family Group Meeting is a way for families to come together to discuss a concern or problem which involves children or young people in the family<sup>6</sup>.
- Children's Service Plans could be further utilised strategically to develop services to support families where children may be at risk of becoming looked-after. In Scotland, the Child Poverty Act 2017 requires every local authority and relevant health board to jointly prepare a Plan which will cover a three-year period<sup>7</sup>.
- Access to information about support services for families is limited despite the legislative duty to publish information about relevant services.

## Providing appropriate integrated support for older people in need of care

A significant number of studies have shown that collaborative work among the various professionals involved in providing care for older people; for example, doctors, nurses, psychologists, and social workers is necessary to work effectively with people aged 65 and older<sup>8</sup>.

Current care systems are often better designed to respond to episodic needs than to the more complex and chronic needs that tend to arise with increasing age<sup>9</sup>. In order to ensure the health and wellbeing of older people, services need to be orientated around the needs of people growing older. Care services should respond to a diversity of older people that ranges from those with high and stable levels of intrinsic capacity<sup>10</sup> through those with declining capacity, to people whose capacity has deteriorated to the point of needing the care and support of others<sup>11</sup>.

Islene Araujo de Carvalho, Senior Policy and Strategy Advisor at the World Health Organisation (WHO) presented the main points put forward by the [Integrated care for older people Guidelines](#) developed by the World Health Organisation (WHO) to guide health and social services to achieve the implementation of SDG3. Ms Carvalho insisted that without considering the health and social care needs of the increasing numbers of older people, it will not be possible to achieve SDG 3.

The ICOPE guidelines provide recommendations in six areas<sup>12</sup>:

- **Improve musculoskeletal function, mobility and vitality**  
Loss of muscle mass and strength, reduced flexibility, and problems with balance can all impair mobility. Nutritional status can also be affected negatively by physiological changes that can accompany ageing, in turn with an impact on vitality and mobility.
- **Prevent severe cognitive impairment and promote psychological wellbeing**

Cognitive impairment and psychological difficulties very often occur together. They impact on people's abilities to manage daily life activities such as finances and shopping and on their social functioning.

### • Prevent falls

Falls are the leading cause of hospitalisation and injury-related death in older people. Falls are due to a combination of environmental factors (loose rugs, clutter, poor lighting, etc) and individual factors (organ-system abnormalities that affect postural control).

### • Maintain sensory capacity

Ageing is often associated with loss of hearing and/or vision that limits mobility, social participation and engagement, and can increase the risk of falls. Sensory problems could easily be addressed by simple and affordable strategies such as the provision of corrective glasses and hearing aids, cataract surgery and environmental adaptations.

### • Manage age-associated conditions such as urinary incontinence

Involuntary leakage of urine affects about a third of older people worldwide. The psychosocial implications of incontinence include loss of self-esteem, restricted social and sexual activities, and depression.

### • Support caregivers

Caregivers of people with severe declines in intrinsic capacity are at a higher risk of experiencing psychological distress and depression themselves. Caregiving stress or burden has a profound impact on the physical, emotional and economic status of unpaid caregivers and women, as they mostly bear the burden of providing care.

5. [A review of the implementation of Part 12: Children at risk of becoming looked-after, as set out in the Children and Young People \(Scotland\) Act 2014](#), CELCIS May 2019.

6. [Family Group Decision Making Team Report 2017-2018](#).

7. [Children's Services Plans: Promising Planning Examples, February 2018, THE NATIONAL THIRD SECTOR GIRFEC PROJECT](#).

8. Victoria M. Rizzo and Jessica Seidman. The role of social work in promoting health. National Centre for Gerontological Social Work Education.

9. Integrated care for older people (ICOPE) Guidelines on community-level interventions to manage declines in intrinsic capacity.

10. The WHO defines intrinsic capacity as the composite of all the physical and mental capacities of an individual.

11. Ibid.

12. [Why are the ICOPE guidelines needed?](#)

MAIA, France

Local autonomy homes (maisons pour l'autonomie) were introduced in France in October 2015 through the adoption of a new law to address ageing<sup>13</sup>. These facilities are present across France and are unique places where older people and people with disabilities can access information on the services that are available for them so that they can be adequately supported. In some local autonomy homes, it is also possible to apply for financial benefits to support older people's autonomy.

The local autonomy homes aim to<sup>14</sup>:

- Improve the information and support given to older people and people with disabilities and their family caregivers
- Help develop personalised support for older people and people with disabilities which are adapted to each territory

Maisons pour l'autonomie et l'intégration des malades Alzheimer (MAIA)

In order to achieve these objectives, the local autonomy homes have developed a specific tool called 'MAIA' to support people aged over 60 and people with Alzheimer. MAIA stands for Action Method to Integrate Autonomy Support Services<sup>15</sup>. The creation of MAIA was part of the Alzheimer Plan 2008-2012<sup>16</sup>. Currently, 98% of the French territory is covered by this scheme through 352 MAIA centres<sup>17</sup>. The MAIA method revolves around the following missions:

- Providing a welcoming space where multidisciplinary professional teams assess the situation experienced by a person suffering from Alzheimer's disease or loss of autonomy and the situation of their family.
- Pooling of resources for the recruitment of social, health, medical, and administrative staff.
- Development of new management strategies for Alzheimer's disease and for older people with loss of autonomy.
- Putting in place support actions for caregivers of people suffering from Alzheimer's disease or any other disease which results in older people's loss of autonomy.
- Setting up a referral system for all people with the disease and a unique coordinator for complex cases.

Opportunities
Social services professionals are increasingly part of multidisciplinary integrated health and social care teams providing integrated support
Social services can engage and bring together agencies, such as housing, recreation, and disability services to engage in community partnerships
Social services can be actively involved in social planning to ensure a safe and accessible community environment; for example, by reducing potential barriers to the promotion of healthy aging in community's institutions, programmes, and neighbourhood
The development of new care trends and IT tools, such as assistive technologies, can play a key role in supporting care workers to make their work easier and allowing people to live longer at home autonomously

Challenges
Difficulties in finding appropriate data showing the benefits of integrating health and social services
Mapping social and health needs in the community to plan services accordingly
Ensuring community environments and neighbourhoods are accessible to allow people to live longer at home
Difficulties to hire and retain care givers due to low recognition and wages

Preventing substance abuse and supporting people with addictions

Social services have a key role in the prevention of substance abuse. As an example, alcohol and drug abuse are a leading cause of morbidity, mortality, and health expenditures<sup>18</sup>. Chronic addiction is associated with a decreased life span and numerous medical problems as well as increased risk of psychiatric problems such as mood, anxiety, psychotic, and other disorders<sup>19</sup>.

"The social work profession plays a key role in substance abuse prevention, as it not only targets the use and abuse of alcohol and other drugs but also aims at reducing the related negative health and psychosocial outcomes and economic burden they produce on individuals and society at large"<sup>20</sup>. Social workers are trained to identify and assess holistically the needs of users beyond self-reported issues.

Social services professionals in a school, hospital, mental health clinic or private practice can perform a comprehensive assessment of the individual, considering potential substance and alcohol abuse issues, even if the client does not self-report the problem. Social workers attempt to eliminate drug abuse-related behaviour in addition to detoxification as the first intervention action in a systematic approach<sup>21</sup>. They thus try to improve the social, professional, and psychological performance of the person with addictions. In a second step, social workers apply rehabilitation in areas such as professional performance, mental health, and community participation in order to prevent recurrence of addiction.

Opportunities
Prevention is proven to be cost effective through its trickledown effect
Prevention aims at decreasing need for more costly care services
Prevention work can also be personalised and adapted to different group needs
Well-connected prevention services in the community will find target populations in already organised groups such as youth groups, scout groups, schools, and the workplace

Challenges
To be effective, prevention services need to gain trust to be given facilitated access to their target populations and for these population groups to be able to trust them
Prevention services need be abreast with latest community trends and be innovative in delivering their services to an ever-changing population(s)
Higher initial investment in prevention services is needed in order to reach out a more tech savvy public through channels like social media and to personalise messages to their needs



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13. [Loi d'adaptation de la société au vieillissement, 28 Octobre 2015.](#)  
14. [Les maisons de l'autonomie.](#)  
15. Méthode d'Action pour l'Intégration des services d'Aide et de soins dans le champ de l'autonomie.  
16. [Les Maisons pour l'autonomie et l'intégration des malades Alzheimer \(Maia\)](#)  
17. [MAIA, Caisse Nationale de solidarité pour l'autonomie.](#)  
18. Flavio F. Marsiglia, David Becerra, and Jaime M. Booth. Addictions and Substance Use, Clinical and Direct Practice, Human Behavior, Mental and Behavioral Health, Policy and Advocacy.  
19. Dennis C. Daley and Marvin D. Feit. The Many Roles of Social Workers in the Prevention and Treatment of Alcohol and Drug Addiction: A Major Health and Social Problem Affecting Individuals, Families, and Society.  
20. Flavio F. Marsiglia, David Becerra, and Jaime M. Booth. Ibid.  
21. Ghoncheh Raheb et. al. (2016). Effectiveness of social work intervention with a systematic approach to improve general health in opioid addicts in addiction treatment centres.

# Community-based interventions to prevent addictions throughout the life-course, Sedqa, Malta

Sedqa, Malta's national agency for addiction services, implements an initiative to prevent people from developing addictions or to delay the onset of harmful addictive patterns. In its drive to do so, it implements different programmes that cater for various age groups.

Sedqa holds sessions in all primary education schools through a programme aimed for all students aged 7 and 9. With the use of puppets and cartoon characters, Sedqa delivers sessions to raise awareness among children about their self-image and feelings, peer pressure, good decision-making, coping skills, the respect for the private body, smoking, alcohol and drug use as well as wise use of medicines and technology. Emphasis is also placed on empowering children to seek help from the right sources.

In secondary, post-secondary and tertiary education, Sedqa works with education facilities to offer tailor-made sessions that are in line with students' needs. This includes programmes that encourage good leadership skills and help teenagers building resilience so that they can make better life choices.

Sedqa also offers sessions to groups in the community such as scout groups, youth groups and football clubs. These groups are found to be ideal to disseminate information about the risks of addictions while helping to increase youths' self-efficacy and creating a space for experience of good role models.

Prevention of addictions in the workplace is also a strong element of the work Sedqa does. The programme Substance Abuse Free Employees (SAFE) goes to workplaces and helps both management and employees to enhance a healthy workplace environment. The programme also supports management and employees to deal with people with addictions in the workplace.

This includes a guideline developed with major workers unions and other employment stakeholders, which is also presented in workplaces.

Prevention services also have a direct link with care services in the Agency. In this way, people who show interest in receiving help are provided with fast access to the teams of social workers, psychologists, psychotherapists, advisers and doctors within the Agency.

## Supporting homeless people access health and social care services

Housing is a social determinant of health that impacts on the ability to live a healthy life<sup>22</sup>. Many health-related issues that homeless people face are a direct consequence of lack of appropriate accommodation. As reported by the European federation of the homeless, (Feantsa):

*“Stable and adequate housing supports good health, whilst living in unsafe, unaffordable and unstable accommodation increases the risk of many health problems. Ill-health can cause, contribute to and exacerbate homelessness and homelessness can cause, contribute to and exacerbate ill health”.*

Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups<sup>23</sup>. Health inequalities mean that some vulnerable groups of the population, such as homeless people, face inequalities in wellbeing, healthy life expectancy, morbidity and mortality<sup>24</sup>. A human-rights approach to health therefore implies that public

# Vienna integrated homelessness programme

authorities need to fight against different health outcomes as a consequence, for instance of poverty. Ensuring a right to health for all implies achieving four pillars in the provision of healthcare: availability, accessibility, adequateness, and affordability.

In this sense, the role of social services is key. It is important to highlight that ensuring access to health requires going beyond the provision of medical care. Indeed, it requires the support of the social sector to address the social determinants of health through facilitating access to housing and employment.

Opportunities
Reinforce supportive and preventative services to prevent people from being made homeless (e.g. support with rent arrears, support with material help; counselling)
Having identified homeless people, securing their access to healthcare helps to prevent health conditions from deteriorating
Providing appropriate housing is a pre-requirement that once it is covered can ensure that a full strategy is implemented to support the person with their other needs in an integrated way

Challenges
Increase efforts to identify people at risk of 'hidden homelessness' and to ensure that they have access to appropriate services
Ensuring coordination and inter-professional working between housing, health and social services to securing access to health services for people who have been identified as homeless
Putting in place an inter-services strategy that includes integrated pathways out of homelessness

Austria does not have a national homelessness strategy, but Vienna has adopted an integrated homelessness programme, covering prevention, accommodation and reintegration. Vienna's Social Fund plans, funds and monitors the services of the Assistance Programme for the Homeless on behalf of the city. The programme offers 6,500 places in homeless services, but at the Working Group meeting city representatives explained that there are approximately 11,000 clients per year. There are cities with very little or no offer at all, which means that people without a roof move from those cities to Vienna.

The Vienna Social Fund has a programme aimed at supporting homeless people accessing health and social services, which is called 'Neunerhaus Health Centre'<sup>25</sup>. This programme offers the following services:

- mobile doctors that visit homeless people in 25 housing and day care residential facilities and provide medical care, wound treatment, diagnosis of chronic diseases, initial pharmaceutical treatments.
- a medical practice with 2 treatment rooms: medical care, initial pharmaceutical treatment and therapeutic support, diagnosis in cooperation with medical specialists.
- a dental practice including dental treatment and diagnosis, pain management, X-ray, dental interventions.
- social work: counselling, support with claims, orientation and connection to the social and health care system, crisis intervention.

This project enabled health and social services to support 4,900 people in 2018, of whom 144 were children.

The programme has so far improved:

- Stabilisation of people with chronic medical conditions.
- Reduction in the use of emergency services in housing and day care facilities.
- Strengthening of the health literacy of homeless persons.
- Provision of access to social and health care for the most vulnerable in Vienna.

22. Health and Wellbeing for All – Holistic Health Services for People Who Are Homeless. Feantsa 2013.  
23. [NHS health Scotland](#).  
24. Ibid.  
25. [Neunerhaus](#).

## Social Services Participation



Prevention is a key component of SDG 3, but to be effective, prevention services need to reach out target populations. As social services work with some of the most vulnerable populations in our societies, the involvement of social services is key to ensure outreach by mainstream health services.



Ensuring the participation of social work professionals working with children in alternative care in the identification of the health needs of looked-after children can help to ensure that enough resources are allocated to ensure their right access to healthcare and promoting their wellbeing.



Promoting the participation of social services professionals in multidisciplinary integrated care teams is a crucial component of the provision of integrated support for adults with complex needs, which in turn is necessary for the implementation of SDG 3.



The development of new care trends and IT tools, such as assistive technologies, can play a key role in implementing SDG 3 through the provision of support for care workers so that their work is made easier and older people can live longer at home.



Putting in place an inter-services strategy, which ensures services coordination and inter-professional working is crucial to securing access to health services for very vulnerable population groups, like people with several mental health problems, disability, or homeless people.



Social services professionals can fulfil a key role in the provision of data for assessing the implementation of health and wellbeing principles of the SDG3 for vulnerable population groups. Professionals and practitioners requested to provide this information should be trained in ways of gathering the necessary information and be actively involved in the development and review of indicators.



## Engaging Social Services



The global agenda on sustainable development provides social services with a tool to strengthen their voice and join other sectors to influence policy and develop a more just society. The global agenda can be a guiding document for social services that connects global concerns and local practice and reflect on the sustainable development agenda for social services practice at local level.



Policy and decision-makers should demonstrate their commitment to support the most vulnerable and achieve the SDGs for social inclusion by allocating budgets for the planning, development and support of social services. Investment in strong social services workforce is a long-term investment in a resilient and prosperous society.



To fully implement and monitor progress on the SDGs, decision makers need data and statistics that are accurate, timely, sufficiently disaggregated, relevant, accessible and easy to use. Though data availability and quality have steadily improved over the years, statistical capacity still needs strengthening and data literacy should be enhanced. This requires coordinated efforts on the part of data producers and users from multiple data systems as well as work with decision-makers so that available data is adapted to their needs.



Social services professionals, who are in direct contact with the most vulnerable in our societies, can fulfil a key role in providing data for the indicators measuring the implementation of the SDGs. Practitioners requested to provide this information should be trained in ways of gathering the necessary information and be actively involved in the development and review of indicators.



There is a need to increase the capacities of local social services so that they become more motivated, meaningfully engaged, and active participants in dialogues and platforms for exchange on the SDG implementation. Therefore, it is important to develop or enhance a national level a space for dialogue or exchange between politicians, public administrations and professionals involved in planning, budgeting, and managing social services towards strengthening the role of social services in supporting the implementation and achievement of the SDGs.



These platforms can act as a space where participants can share and exchange good practice examples from all levels on the SDGs implementation in order to inform local and regional decision-makers about the benefits and opportunities pursuing the sustainable development agenda, how this agenda relates to local practice, and which tools are necessary to effectively contribute to its implementation.





# Get involved!



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