



The Social Protection Committee The Secretariat

SPC/2015.2.1/4

Guidance for the 2015 Strategic Social Reporting

Each year Member States provide social reporting in the context of the social OMC and as indicated in the SPC opinion on the "Reinvigorating the social OMC in the context of the Europe 2020 Strategy."¹ The objective as agreed by the SPC is that the policy coordination process carried out under the Social OMC requires regular strategic reporting that allows Member States to present their strategies and progress achieved towards the Common Objectives for Social Protection and Social Inclusion and supports the assessment of the social dimension of the 2020 Strategy.

The main purpose of the social reporting is:

- a. to review the progress in achieving the OMC objectives;
- b. to provide the basis for the Committee's report to the October EPSCO on the structural social protection reforms in the past year and the proposed social policy priorities in the context of the Annual Growth Survey. This report also feeds into the preparation of the relevant social protection parts of the Joint Employment Report and its key messages.

The current practice has seen two years where Member States prepared National Social Reports (2012 and 2014) and one year, 2013, where they prepared "lighter" version reporting in the format of Strategic Social Reporting Questionnaire.

A first discussion on the format took place at the SPC meeting of 17 December 2014. However, no conclusions were drawn in view of the expected guidance from the Commission on the format and timing of the National Reform Programmes (NRPs). As indicated in the letter by the Commission Secretary General, in the Annual Growth Survey, the Commission launched a reflection on how the reporting requirements of Member States could be streamlined. These proposals need to be discussed further with Member States and therefore, as regards the submission of NRPs there are no changes for 2015.

In this context, a more fundamental discussion on the format and content of social reporting would be most appropriate at a later stage. It is proposed that for 2015, Member States provide light reporting in the form of a questionnaire, following the submission of the full National Social Reports in 2014. It is suggested that the timing is kept parallel with the submission of the NRPs, i.e. mid-April.

Do SPC Members agree to the organization and timing of the strategic social reporting for 2015?

Do SPC Members have any comments on the proposed content of the questionnaire as outlined in the annex?

¹ Council document 10405/11

Annex. 2015 Strategic Social Reporting Questionnaire

N.B. Experience shows that in many cases it is very difficult to distinguish as to whether the policy measures/reforms reported have been adopted, implemented, or a part of a multiannual implementation plan. It would be useful to have very clear indication on whether a reform has already been adopted, date of adoption and date of entry into force. In this context, it is important to underline that as this is an annual reporting, only changes which have taken place in the past year should be reported.

1. Overview

(½ page max)

This section can briefly present, if relevant:

- *any new political developments concerning the Member State (if relevant, such as new government taking office, structural changes of the governance of social policies);*
- *key macroeconomic figures highlighting the overall economic context;*
- *key social indicators highlighting the social situation in the Member State (here Member States can use national figures which could be more up-to-date compared to EUSILC data);*
- *identification of major social protection reforms during the reporting period (details to be included under each section);*
- *information on whether and how social impact assessment has been conducted for any of the main reforms;*
- *how, if appropriate, social innovation has been used for supporting relevant initiatives ;*
- *how, if appropriate, social partners and other national stakeholders have been involved in the preparation of major reforms.*

2. Delivering on the Europe 2020 poverty and social exclusion target

(½ page max)

This section shall present the state of play in pursuing the poverty and social exclusion target and comment upon the link between the reforms implemented and the achievement of the national target, if relevant.

3. Policy reforms for the period 2014-2015

(5 pg max)

This section shall present the reforms enacted (legislated or pending in Parliament, including the exact date of entrance into force of the legislation) under the social inclusion strands of the OMC in the period June 2014 – April 2015 using the following reporting structure:

3.1 Recent reforms and policy initiatives in social inclusion

Fostering active inclusion and social investment	Access for all to the resources, rights and services, preventing and addressing exclusion and fighting all forms of discrimination	Improving take-up and coverage of benefits and services
		Ensuring the adequacy of benefits such as unemployment and social assistance
		Activation measures (ALMPs, aligning tax and benefit systems, supporting services such as social economy, supported employment, etc.)
		Improving access to enabling services such as healthcare, childcare, long term care, education, transport, etc.
		Access to integrated employment and social services
		Reducing gender segmentation in the labour market and facilitating women's labour market participation
	Supporting people entering into the labour market	Transition from institution based services to community based services inclusive for persons with disabilities (where adequate)
		Supporting dual parent labour market participation
	Investing in children	Improving access to ECEC and its affordability, inclusiveness and quality
		Improvement of social services, specifically child protection that are also disability inclusive
		Targeted cash/in-kind support to single parent and large families
		Implementing strategies to prevent, confront and measure homelessness; Improving quality and access to social, health and other targeted services for the homeless; Improving access to adequate, affordable housing, including social housing; Changes concerning measures and services to better prevent evictions/loss of permanent accommodation; Reforms on housing benefits/support; Reforms concerning changes of the shelter system (shifts from shelter approaches to housing-led, transforming shelter places into permanent housing etc.); Measures to improve housing accessibility following a design for all approach
	Homelessness and housing inclusion	
Combatting discrimination	Tailored and targeted support to services	
	Combating discrimination and reducing segregation	

Relevant information on innovative approaches introduced or associated to these reforms and policy initiatives could also be mentioned. (Social and economic returns, new forms of governance and partnerships, innovation via IT technology or evaluation methodologies).

3.2 Recent reforms to achieve adequate and sustainable pensions

Access to early retirement	Tightening / Enlargement
Pensionable age	Reduction
	Increase
	Harmonising pensionable ages between women and men and taking measures to address the gender pension gap
Contributory period	<u>Current length (this will be answered by all Member States irrespective of any reforms that took place over the observed period)</u>
	Last Reduction
	Last Increase
Calculation of pensions	Changes
Pension indexation	Changes
Funded pensions	Changes
Minimum pensions	Changes
Disability-related pensions	Changes in view of taking into account the employment situation

Under the pension strand, Member States will give details about the expected structural impact of the reported pension reforms on the pension expenditures and adequacy of pensions.

Relevant information on innovative approaches introduced or associated to these reforms and policy initiatives could also be mentioned (processes for building consensus, synergies or articulation with other policy –related strategies).

3.3 Recent reforms in health care policy

Stewardship of the health systems	changes to the overall governance of the system : division of competencies between central level and local/regional level
Financing and cost-sharing	Change in financing
	Cost sharing
	Optimising pharmaceuticals spending (e.g. new reimbursement listings, rational use)
Health service delivery (including e-health)	Services delivery, including mix of inpatient and outpatient services
	Health promotion and disease prevention
	E-Health
Investing in the health care workforce	Wage development
	Professional development and better working conditions
Enhancement of access to services and of patient's choice	Access to services
	Patients' information rights
	Optimisation of health services access for rare diseases

Under the health care strand, Member States will give details about the expected structural impact of the reported pension reforms on the pension expenditures and adequacy of pensions.

Relevant information on innovative approaches introduced or associated to these reforms and policy initiatives could also be mentioned (processes for building consensus, synergies or articulation with other policy –related strategies).

3.4 Recent reforms to achieve adequate social protection for long-term care needs

Stewardship of LTC systems	- changes to the overall governance of the system : - changes to division of competencies between central level and local/regional level
Financing and cost-sharing	Changes to financing
	Out-of-pocket payments
	Means-testing; Assets, obligation of family members
Preventing dependency	Prevention, rehabilitation and re- enablement
	Early detection of frailty
	Enabling independent living (age-friendly housing, use of technology, etc.)
Service delivery	Institutional care
	Home care services
	Home help services
	Other forms (e.g. day care centres)
Assuring and monitoring quality	Developing quality standards
	Monitoring quality and ensuring transparency
Investing in the LTC workforce	Wages
	Professional development and working conditions
Support to informal carers	Cash benefits and pension rights
	Reconciliation of work and private life
	Training, respite care
Enhancement of access to services and of patient's choice	Access to services
	Patients' information rights
	Development of community based services and support for independent living