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From:	The Social Protection Committee
To:	Permanent Representatives Committee (Part I)
Subject:	Social Protection Performance Monitor (SPPM) - Report on key social challenges and main messages from SPC - Main policy conclusions from the 2015-2016 thematic and peer reviews

Delegations will find attached ADD 3 to the SPC "Report on key social challenges"
(doc. 12607/16).



Main policy conclusions from the 2015-2016 thematic and peer reviews

This annex presents the main conclusions and key messages from the peer reviews and in-depth thematic reviews conducted under the auspices of the Social Protection Committee in 2015-2016.

Policy conclusions from the 2016 Peer Reviews

1. Introduction

Peer Reviews in social protection and social inclusion are a key instrument of the Social Open Method of Coordination to foster the exchange of best practices and mutual learning across Member States. When peer reviews focus on a selected good practice, the peer countries assess its effectiveness and efficiency, its contribution to the Social OMC objectives, and its transferability. Peer Reviews may also have a problem-solving function, whereby the host country invites its peers to provide expert advice for the preparation of a policy reform or the launch of a new programme.

The 2016 programme for Peer Reviews on Social Protection and Social Inclusion analysed successful policy practices in the areas of integrated approaches to combat poverty and social exclusion at local level, prevention and early intervention services to address children at risk of poverty, 'housing first' approaches to address homelessness, and using a EU-wide Active Ageing Index for policy-making at local level. These peer reviews show the potential of mutual learning across Member States on policy topics that rank high on the EU policy agenda.

2. Policy conclusions of the 2016 Peer Review programme

2.1. Combatting poverty through social community teams at local level

In the Netherlands, large parts of the social security system have been devolved to the municipalities, which are expected to follow an integrated approach to social services, while offering solutions tailored to each individual case. In response, most municipalities have set up Social Community Teams (SCTs), which operate jointly at a community level to provide and

coordinate services to people who currently need help. Both the public sector and the private sector, such as civil society organisations, may be involved.

The main conclusions of the peer review were as follows:

- Social Community Teams (SCTs) can be an economical, effective and sustainable instrument in the fight against poverty. Its main advantages are flexibility, potential cost-effectiveness and accessibility via a one stop shop;
- SCTs must be well embedded within the local community and solutions should be sought in cooperation and co-creation with all relevant stakeholders, e.g. NGOs, employers and people at risk of poverty;
- SCTs should formulate a concrete anti-poverty strategy including a definition which enables monitoring and social impact evaluation;
- A legal framework for SCTs should provide guidance to stimulate uniformity across municipalities yet leave sufficient leeway to adapt to local situations;
- Integrated approaches to social work require interdisciplinary teams. Integrated services are a good long-term investment in social well-being, growth and employment;
- The 'active inclusion' approach is a very good policy mix for achieving social inclusion and labour market integration at the same time.

2.2. Preventing child poverty through early intervention services

In 2014¹, 26.1 million children and minors (aged less than 18 years old) in the EU were at risk of poverty. In the annual European Semester process, the EU monitors Member States' policies to tackle child poverty and delivers Country-Specific Recommendations where necessary.

Ireland is developing a more coordinated and integrated approach to children's services and disadvantaged families. In 2014, it adopted a new national children strategy "Better Outcomes, Brighter Futures", running until 2020, with a target of lifting over 70,000 children (aged 0-17 years) out of poverty. The shift towards prevention and early intervention is an important theme of the strategy. Specific programmes include the innovative Area Based Childhood (ABC) programme (2013—2017), launched in 13 mainly urban areas.

The main conclusions of the peer review were as follows:

¹ Eurostat EU-SILC database, latest available data as of mid-2016.

- The pre-birth and 0-3 years phases are vital to a child's future development. Prevention and early intervention are a valuable long-term investment;
- Encouraging the participation of children, parents and communities on child poverty policies ensures better service delivery;
- A holistic policy mix is essential, as well as support for parental employment and adequate child and family benefits; reaching out to children and families most at risk is critical to break the inter-generational transmission of disadvantage;
- Ensuring the design of evidence-based policies requires robust data and ex-post evaluation;
- Investing in building capacity across agencies, including training and mentoring for professionals is necessary.

2.3. Tackling homelessness through 'Housing First' approaches

Policies tackling homelessness contribute to the Europe 2020 objectives, since housing is essential for social inclusion and access to the labour market. Policies to tackle homelessness are in line with the Commission's policy guidance in the Social Investment Package to design and implement 'housing-led', integrated strategies to foster social inclusion.

Belgium introduced the 'Housing First' model in five (later extended to eight) cities to support homeless people with special vulnerabilities such as drug use and mental health issues. In this approach, homeless people move into permanent housing as quickly as possible, and receive intensive social support in their homes whenever needed.

The main conclusions of the peer review were as follows:

- More preventative and innovative approaches are needed to prevent vulnerable people becoming homeless;
- Homeless people tend to prefer to be housed in 'scattered' rather than 'congregated' housing;
- Belgium's Housing First programme worked for vulnerable homeless people including chronic homeless with severe needs. Nevertheless, the efficiency of the programme for homeless people with less severe disadvantages should be further examined;
- The housing first initiative has the potential to be extended in Belgium or other Member States. In addition, EU funds (ESF, ERDF, FEAD) are available for supporting policies to tackle homelessness. A Housing First Guide Europe and a 'hub' to share knowledge are

being developed by the European Federation of National Organisations Working with the Homeless (FEANTSA).

2.4. Active ageing

The European Commission and the UN Economic Commission for Europe have developed the Active Ageing Index (AAI), which was first applied to EU Member States at the national level in 2012. It currently consists of 22 indicators in four domains: employment/labour market; participation in society; independent, healthy and secure living; capacity and enabling environment for active ageing. The Index measures to what extent the older people contribute to the economy and society through paid and unpaid activities and through living independent, healthy and safe lives.

The peer review assessed a pilot study led by Germany on the feasibility of calculating an Active Ageing Index at the local level.

The main conclusions of the peer review were as follows:

- Developing a local AAI would be feasible, subject to data availability and funding, and provided the index would be adapted to local circumstances;
- A local or regional AAI can be used to measure untapped potential of older people, progress on activation, as well as mapping care needs;
- The AAI can offer guidance for policy-making at various levels of governance and provide evidence-based insights into various components of active ageing;
- To convince local policy-makers that a local AAI is useful, clear relevance to local circumstances and policies must be shown. The indicators must match local needs and focus on circumstances that can be politically influenced at a local level.

[Key messages and policy conclusions from the 2015 thematic reviews](#)

3. Introduction

On 8 October 2015, the SPC conducted a thematic review focusing on the role of social protection in addressing income inequalities. The review identified some areas where social protection systems and social policies have a role to play in tackling the challenge of high and rising income

inequalities. Furthermore, it highlighted the importance of looking at real income and the longer-term perspective when examining inequality trends.

The second thematic review that SPC held in 2015 was conducted jointly with the Working Party on Public Health at Senior level (WPPHSL) on 18 November 2015. The review focused on access to health care in the European Union and provided an opportunity for Member States to exchange information on challenges, good practices and the lessons learnt from the implementation of health policies and reforms with relevance to access to health care. Member States reported on their country experiences, focusing on key dimensions of access, including allocation of resources to health care, coverage and affordability, and the availability of services.

4. Policy conclusions of the 2015 thematic reviews

4.1. Thematic review on income inequalities in the European Union

This thematic review was structured along three main directions: i) trends and drivers; ii) policy objectives, and iii) policy measures. All presentations highlighted the importance of equality of opportunities (referring prominently to the role of education, healthcare and childcare services) as a way to reduce the need for efforts via redistribution systems. The main policy conclusions of this thematic review reflect the fact that investment in human capital across the life-cycle is essential for addressing income inequalities and for promoting equality of opportunities:

- Human capital investment must begin in early childhood and continue across the life-cycle. It requires improving access to **quality early childhood education and care** (ECEC), particularly for children from deprived background. These interventions are important for breaking the intergenerational transmission of poverty and social exclusion as well as for significantly increasing the employment rates of women.
- Reducing early school leaving and ensuring equity in **education and skills formation** across the lifecycle, including improved access to lifelong learning, training and active labour market policies, also for the low and medium skilled, would contribute to equality of opportunities. In particular, upskilling of the workforce represents a powerful instrument at the disposal of governments to counter rising inequality, contributing to both reducing wage dispersion and increasing employment rates.
- Member States should ensure access for all to **quality healthcare**, including preventative care.
- **Equal opportunities for women and anti-discrimination** policies also play an essential role in tackling inequalities. Well-designed **policies supporting households with children** would also contribute to reducing child poverty and enhancing equality of opportunities.

- **Social transfers - both in cash and in-kind** - play an important role in **mitigating income inequalities**. Social protection systems should be modernised to optimise their effectiveness and efficiency. They need to provide a combination of well-designed adequate **income support** (unemployment benefits, minimum income, child and family benefits, housing benefits, etc.), quality **enabling services** (childcare, transport, healthcare, housing, debt-counselling) and **activation measures**.
- The provision of **in-kind benefits** such as healthcare, education, housing support and care services, can also help to reduce inequalities by improving the purchasing power of low-income households (and in the case of childcare services, also supporting parents in increasing working hours or entering the labour market). Measures to ensure better benefit/service coverage and take-up can also be useful to ensure that eligible people actually access support to improve their living conditions.
- Income inequalities can also be addressed through tackling the **drivers of market inequalities**. A key priority should be getting **people into quality jobs**. This requires an approach where activation goes hand in hand with integrated, high-quality social services. At the same time, social protection policies need to support that people get equipped with the right skills to help them enter and advance in the labour market.
- More **inclusive labour markets** and promoting employment, particularly for those further away from the labour market (such as the long-term unemployed, young people, older workers, people with disabilities, people with a migrant background, low-skilled, etc.), are needed to ensure that all EU citizens live up to their full potential.
- **In-work poverty and labour market segmentation** need to be addressed.
- **Measures promoting the participation of women in the labour market** and removing the barriers to female employment and career progression, including through anti-discrimination policies and measures supporting reconciliation of work and family life, would also contribute to reducing the gender employment and pay gap.
- Policy makers can also promote a fairer distribution of the benefits from economic growth through **mainstreaming equity concerns** and considering the distributional impact of different policy options in all relevant areas, including through the use of social impact assessments.

4.2. Thematic review on universal access to health care in the European Union

This thematic review highlighted the need for appropriate consideration of the competences of Member States as regards the definition of their national health policy and for the organisation and delivery of health services. The need for better data collection, indicator development and monitoring as key elements for understanding the barriers to access and for devising appropriate policy solutions has also been stressed.

The wide-ranging exchange between Member States and examples of country experiences produced useful insights and lessons. In terms of health outcomes, such as life expectancy, it is clear that some countries are doing better than others – and in some countries these outcomes can be related to health care and access to health services. Moreover, countries that are successfully offering better health care are not necessarily the richest ones; these cases offer examples that we can learn from.

The context of the economic crisis and its impact on health systems should remain central to policy discussions on access to care. In this regard, preventive activities and services is a sound investment because poor health contributes to unsustainable economies. The sustainability of health systems is also a key consideration but should not be used to create a false dichotomy between sustainability and the goal of achieving equality (of access, of meeting health needs, or health status). In addition to these general conclusions, an over-riding finding from the review is that when it comes to access to health care, Member States have been addressing the same challenges but in their own, country-specific way. Keeping in mind the importance of national context and of national competences in the field of health, some policy conclusions aimed more specifically at promoting accessibility of health services, include:

Allocation

- Population need is the best basis for determining public funding for health care and for allocation decisions. Health care allocation decisions should also be informed by scientific evidence of the effectiveness of the interventions.
- Health is a matter of national competence. It should remain a priority area even in times of severe fiscal pressure. In this regard, access to health care is a political choice. In times of economic crisis, Member States have found good and innovative solutions to provide adequate access to health care.
- Health care resources should be employed as efficiently as possible to ensure value for money.

Universal coverage

- Universal access does not mean providing everything for everybody all the time. All countries have covered low quality and ineffective treatments. Therefore, more clinical and economic assessment is necessary.
- Gaps in the public coverage of population groups affect Member States to different degrees but the over-riding commitment to achieving universal access is at the core of European values and represents a global aspiration.

- However, acknowledging achievements in promoting universal coverage should not overlook the fact that vulnerable groups in particular have suffered in terms of unmet need for health services during the economic crisis and should continue to be a particular focus.
- Relatedly, exclusions from coverage of some population groups may end up being inefficient for the health system in the longer term as those groups will likely end up using more expensive emergency services.

Another significant challenge in the move towards universal coverage is the current refugee crisis in Europe and meeting the health needs of this group; we can learn from the different ways that Member States are providing care.

Financial protection

- User charges have increased in many countries. Co-payments need to be nuanced instruments, which do not discourage usage of necessary or appropriate care and which offer sufficient financial protection through ceiling caps and exemptions for vulnerable groups. Several examples of how this can be achieved were provided in the discussion.
- Access to medicines is a concern because co-payments are high; but countries can save money by cutting waste.

Availability of services

- Many different aspects of health services delivery have an impact on access. Particularly in this area, when designing reform policies, it is good practice to specifically assess (direct or indirect) impacts on access.
- Waiting times are both an operational and a political issue. Different Member States are using innovations such as e-booking, private sector resources or cross-border healthcare to address this challenge.
- Staffing changes are taking place in a number of Member States to boost accessibility and availability of services; for example, through the introduction of family nurses within GP practices and providing financial and training incentives for providers in rural or remote areas.
- Many Member States are aiming for a more structured approach to their health systems, e.g. by strengthening primary health care or by centralizing specialist care in a smaller number of hospitals. These structural policies can contribute to improved access.

The importance of good data and monitoring

- One fundamental question is how health care can be measured. The JAF health contains some useful preliminary indicators, as do other frameworks but they need to be interpreted correctly. Indicators are not an end in themselves but can be a warning of issues that need greater attention or further study in order to better understand the situation. Policy-makers should not jump from benchmarks to solutions, without analysis.
- Better monitoring of access barriers to health care is needed, allowing for more comparability. The recent opinion published by the EU Expert Panel on Effective Ways of Investing in Health on access to health care provides a set of valuable recommendations to improve the monitoring of access to health care in the EU. Data collection should aim for robust, relevant, comparable indicators disaggregated by region and sub-groups of people to discover who is not using services and why.
- Indicators should adequately reflect national situations and focus on unmet needs, utilization, user experience, financial protection and hard-to-reach people.
- Fundamentally, there is a need for context-specific policy analysis, because no one-size-fits-all solution is appropriate. For example, a number of Member States have regional healthcare structures which may demonstrate different trends and usage patterns. However, where good analysis exists, there is a basis for action.
- With regard to measurement and assessment of healthcare in terms of comparison between countries, it would be useful for the EU to promote and produce shared and standardized procedures in order to obtain effectively comparable assessment systems. To this aim, it is important to put in place a close synergy among different groups, working at EU and international level.
- Data collection systems should be comprehensive and flexible enough to follow the organisational changes of the health systems, usually much faster than data gathering systems.