



LaMP
Labor Mobility Partnerships

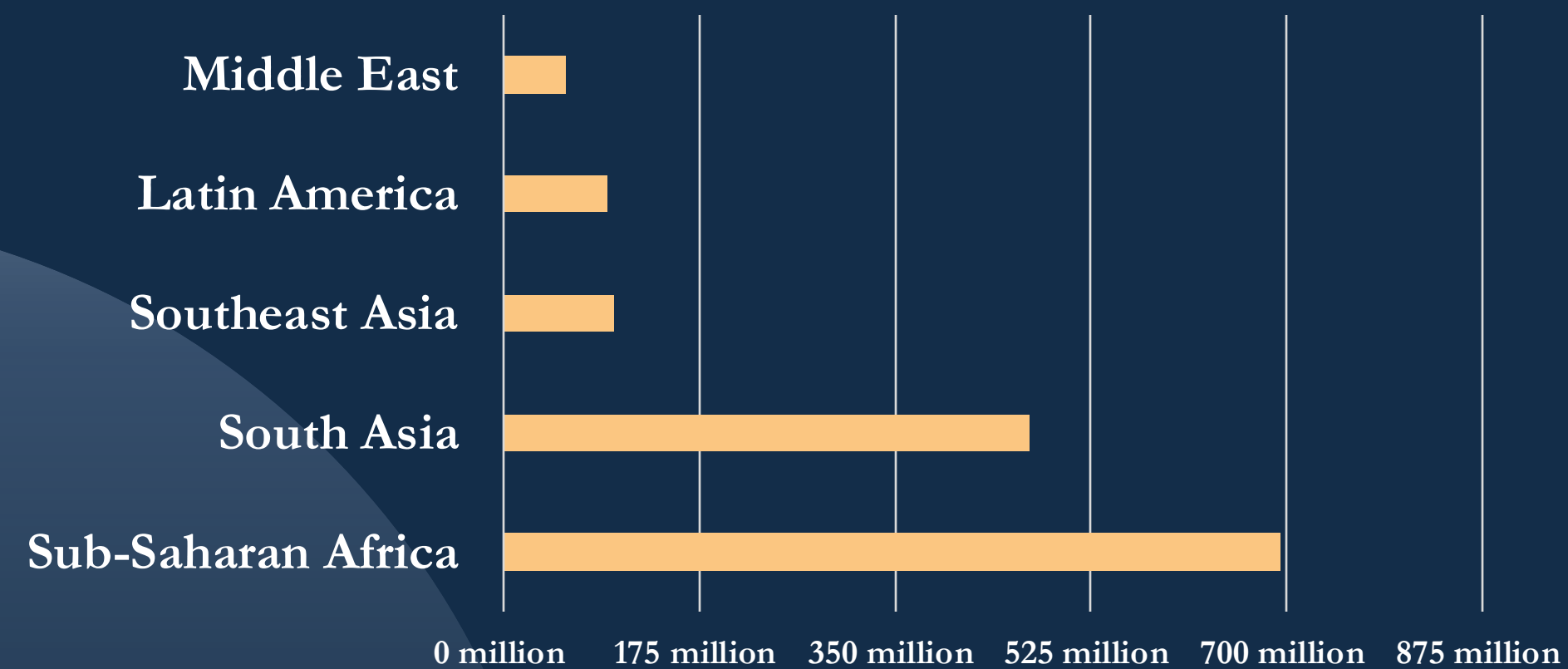


Building Competency and Recruitment Pathways for Long-Term Care in Europe (B-Care)

Global context: The developing world faces a massive problem

It has a growing number of workers – **but not enough good jobs**

The working-age population of low-income countries will increase by 1.4B by 2050...



...only 60% of whom will be likely* to find living wage jobs in their home country



819 MILLION
with likely employment opportunities



590 MILLION
with limited employment opportunities

Sources: UN DESA, Population Division (2015); ILO (2019).

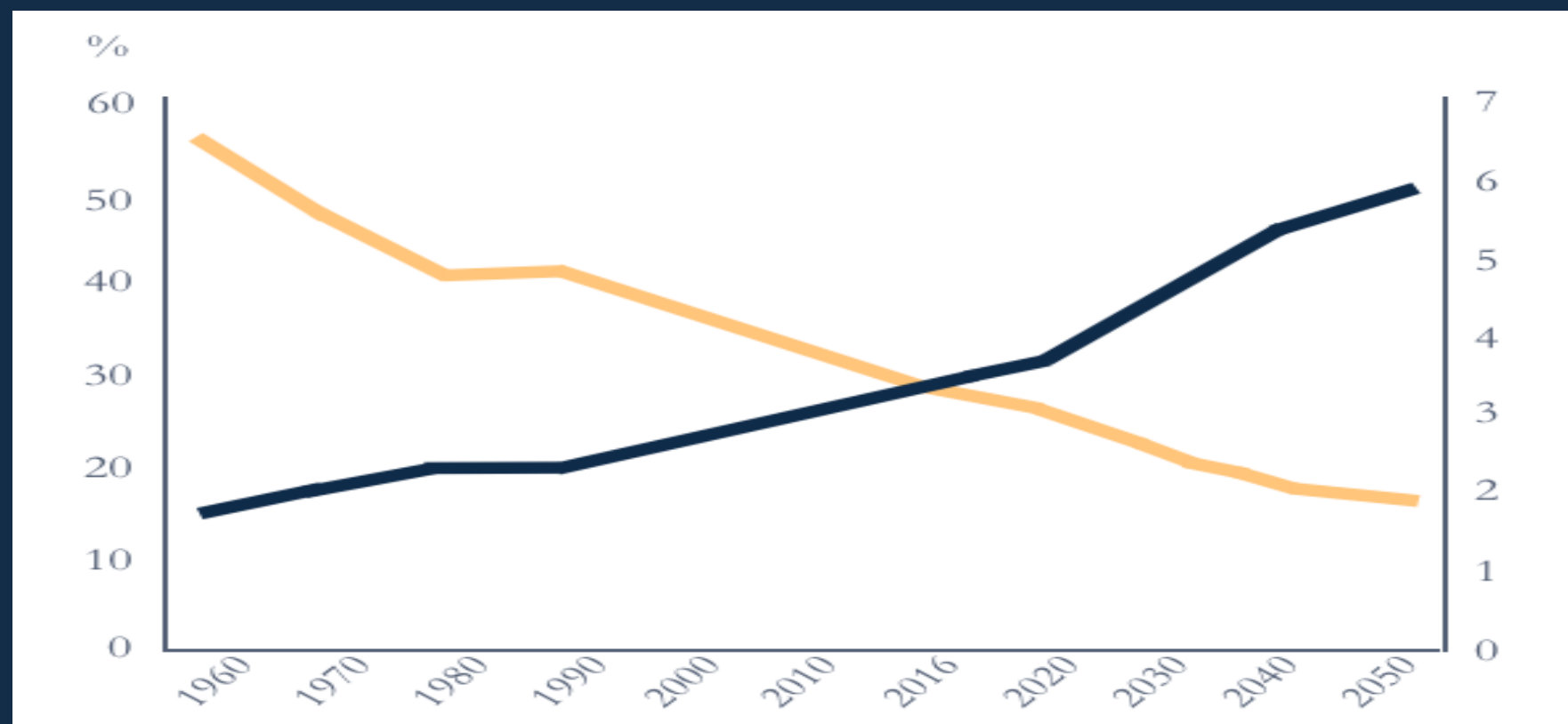
*Figures assume 2015 employment rates are sustained.

Global context: The developed world faces exactly the opposite problem

It has a growing number of jobs – **but not enough workers**

These labor shortages are already costing us all **\$1.3 trillion per year or \$3-5 billion every day, and will get worse from here.**

Trends in working and old-age populations in the EU



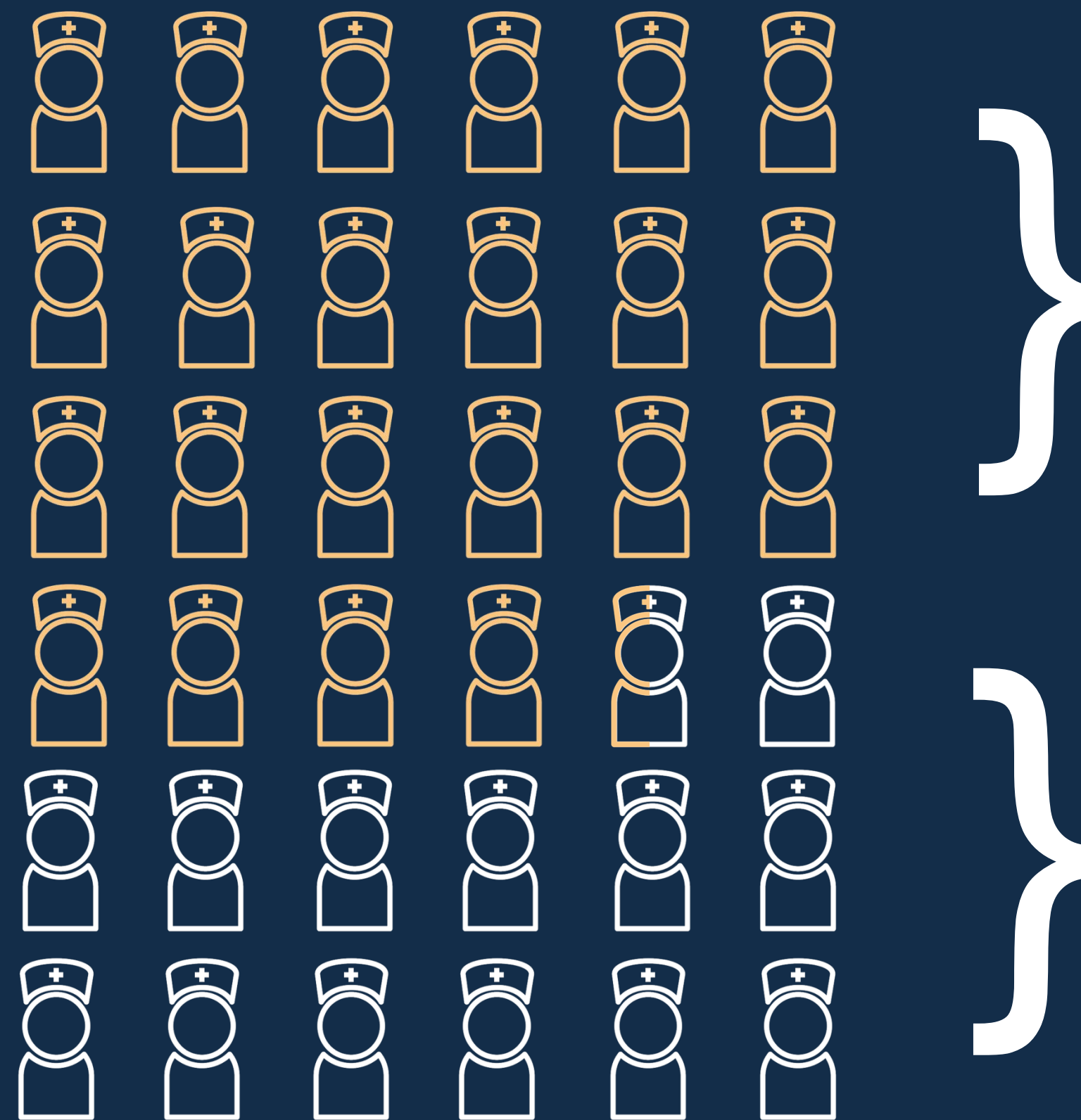
Source: [Eurostat](#); [BCG](#)

- 1.2 billion people will be over 80 by 2050: OECD countries' need of foreign workers across skills and levels set to increase (20% of today's LTC workers are foreign-born).
- By 2040, employers will need +13.5 million LTC workers to sustain the current care-worker-to-elderly-people ratio. In other words, OECD countries altogether will have to increase their LTC workforce by 27% in the next 10 years.
- Non-OECD countries in Latin America and Caribbean countries average 44 health workers per 10,000 inhabitants (vs 70 prescribed by the UN). Average drops to 15 in African countries like Morocco, Algeria, or Nigeria.

LTC context: fastest growing jobs cannot be offshored or automated

Shortages of trade & service-sector, non-substitutable workers **will grow significantly**

Demand for long-term care is outpacing the growth of the long-term care workforce in **more than half of OECD countries.**



22.5 MILLION

Care workers in the OECD in 2016

13.5 MILLION

Additional workers required to sustain current care-worker-to-old-age ratio in the OECD in 2040

Common challenges in addressing LTC workforce scarcity

-  Difficulties to **attract** / train domestic LTC workers
-  Limited **career** progression and training opportunities
-  Low **retention** rates / increasing competition from other low-paid occupations
-  Employers' lack of trust / experience in **international recruitment** practices
-  Higher **competencies** as number of older people with complex conditions rises
-  Differing **qualification** systems constitute a barrier to addressing this demand
-  Examples of common **frameworks** exist for professionals at nursing level
-  Changing or **regulating** such frameworks is a very lengthy process

The case for a Common Competency Framework for HCA



Standardized and agile credential recognition mechanisms to improve trust in cross-border hiring / allow for long-term workforce planning.



Entry-level occupation (Health-Care Assistants - HCA), in high-demand, offer career progression prospects and require lower training needs.



HCAAs, who do not benefit from EU-wide automatic qualification recognition, are a practical starting point for this approach.



Greater flexibility in training and recruitment ensures workforce shortages can be addressed efficiently without unnecessary bureaucratic hurdles



Scalable and cost-effective solution that protects the care sector from labour shortage shocks, migrant workers from abusive practices.

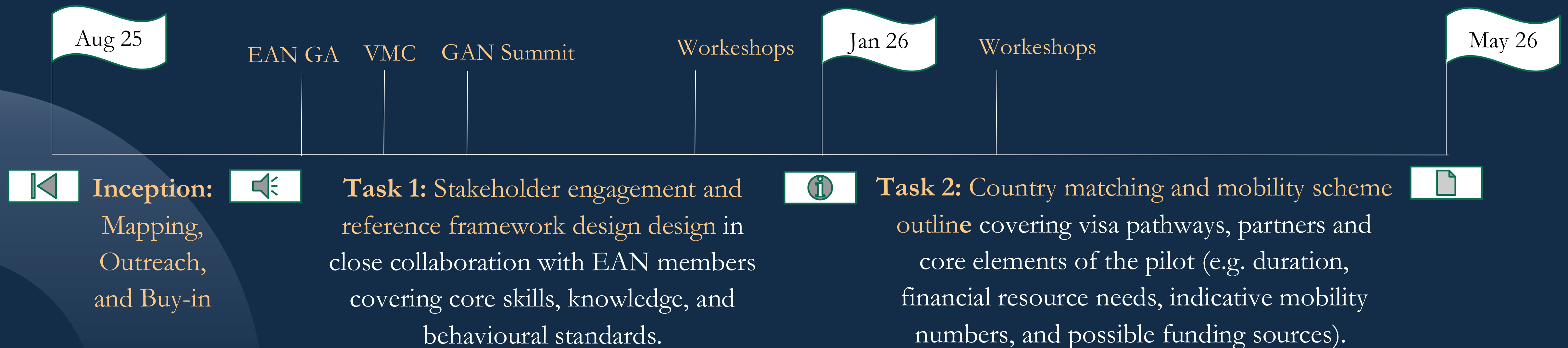
Project outline: 10-month initiative for an ambitious plan

Total budget: EUR 140,000

Duration: 6 Aug 2025 - 28 May 2026

EU MS: EL, FR, IE, MT + AT?

Partner countries: BD, EG, MA, PK



Preliminary overview of common core HCA's competencies

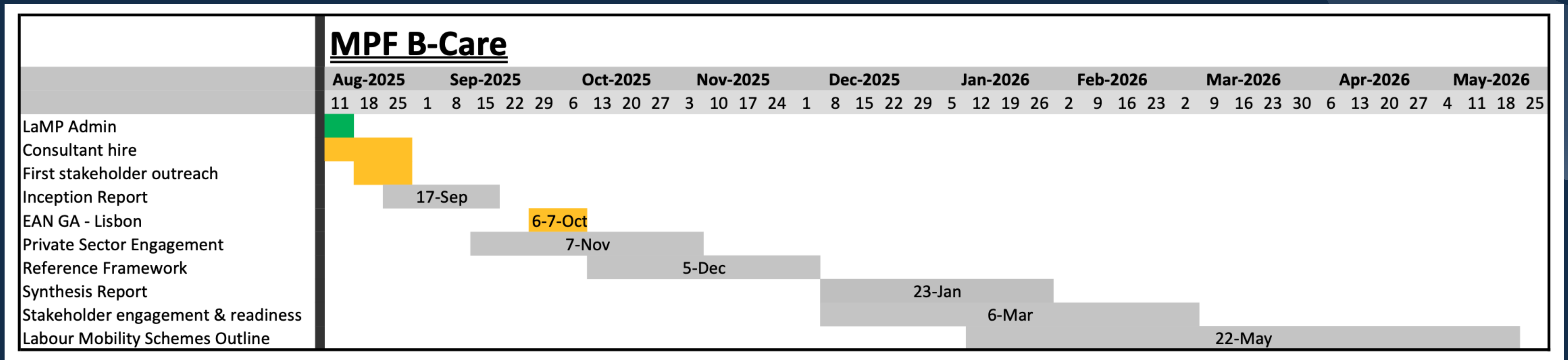
COMPARATIVE TABLE: CORE COMPETENCIES OF HCAs

	France Aide-Soignant	Ireland HCA - QQI Level 5	Greece Βοηθός Νοσηλεύτριά	Austria Pflegefachass- sistent.in - PFA
Personal care (hygiene, feeding, dressing, mobility)	✓	✓	✓	✓
Support for dignity & comfort	✓	✓	✓	✓
Observation & reporting	systematic	basic	limited	structured
Monitoring vital signs	✓	✓	⚠ limited	under supervision
Infection prevention & hygiene control	✓	✓	✓	✓
End-of-life / palliative support	✓	✓	✓	✓
Preparation with nursing/medical staff	geriatrics focus	✓	✓	very limited
Collaboration with nursing/medical staff	formalised	team-based	✓ (very limited)	some upskilling

Common across all: personal care, mobility assistance, hygiene, feeding, observation, reporting, infection prevention.

- **Austria, France, Ireland:** broader competencies (including systematic vitals monitoring, assistance in medical tasks, and patient preparation) and structured competency assessment. Austria formalises progression to Pflegefachkraft.
- **Greece & Malta:** roles less formalised, with competencies more limited to direct patient support and observation, though Malta includes more structured training than Greece.

Workplan, milestones, outreach



- **Care providers:** Outreach to European Ageing Network (EAN) and countries representatives in France, Greece, Ireland and Malta. EAN General Assembly in Lisbon 6-7 October 2025.
- **Ministerial level:** EAN country representatives hold close relations with responsible national authorities. Exploring first efforts in France and Ireland.
- **EU LTC coordinators:** List of contacts available, support from MPF/DG HOME in establishing a working relation with DG EMPL and national contact points.