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NOTE

From:	General Secretariat of the Council
To:	Permanent Representatives Committee/Council
Subject:	Key messages from SPC on the implementation of the Action Plan on labour and skills shortages in the EU - Endorsement

Delegations will find attached the Key messages from the Social Protection Committee on the implementation of the Action Plan addressing labour and skills shortages in the EU to be endorsed by the Council (EPSCO) at its session on 1 December 2025.

**SPC tripartite review on the implementation of the
Action Plan addressing labour and skills shortages in the EU**

Key Messages for the EPSCO Council

1. INTRODUCTION

Labour and skills shortages are a major challenge facing the EU labour market, with negative economic and social consequences. Despite a slight decline since the peak observed in 2022, these shortages remain at historically high levels in most Member States and are reported by companies across all sizes and sectors. As highlighted in the report by Mario Draghi¹, improving the supply of skills among the workforce could help promote the EU's competitiveness. In its Conclusions of 2 December 2024 on labour and skills shortages in the EU: *Mobilising untapped labour potential in the European Union*, the Council of the European Union invites the Social Protection Committee (SPC) to “continue monitoring labour and skills shortages and related challenges in the EU in the context of the European Semester, including by carrying out thematic discussions, with the involvement of social partners, in order to promote the sharing of knowledge and good practices among Member States on the issue of addressing labour and skills shortages”.

¹ Draghi Report ‘[The future of European competitiveness](#)’, September 2024

The Action Plan on labour and skills shortages² provides a comprehensive policy framework to tackle this challenge. It outlines short- and medium-term actions that the EU, Member States and social partners should take in five policy areas: activating underrepresented people in the labour market, supporting skills, training and education, improving working conditions, enhancing fair intra-EU mobility, and attracting talent from outside the EU. Concerning activation of underrepresented groups, the 2023 Council Recommendation on adequate minimum income ensuring active inclusion³ has a great relevance, aiming at pursuing high levels of employment by promoting adequate income support, effective access to services and fostering labour market integration of those who can work.

The European Care Strategy⁴ and the Council Recommendation on access to high-quality long-term care⁵ establish a comprehensive framework for reforms and investments to improve the delivery of long-term care services and support formal and informal caregivers.

To tackle workforce shortages and increase the attractiveness of the sector, the Recommendation encourages Member States to ensure quality employment and fair working conditions, as well as to improve the professionalisation of care and address skills needs. National implementation reports⁶ indicate that workforce shortages are a significant issue in this sector, and they also include a large number of measures aimed to address this challenge. EU level implementation builds on the Sectoral Social Dialogue Committee on Social Services and the stakeholders driven Large-Scale Partnership for Skills in long-term care, underpinned by an analytical package⁷ providing in depth information on the working conditions, including occupational health and safety, in the long-term care sector.

² [COM\(2024\) 131 final](#). The Action Plan was adopted on 20 March 2024.

³ Council Recommendation on adequate minimum income ensuring active inclusion ([2023/C 41/01](#)).

⁴ The [European Care Strategy](#) was published in September 2022.

⁵ [The Council Recommendation on access to high-quality long-term care](#) was adopted on 8 December 2022.

⁶ [National implementation reports](#) on the implementation of the Council Recommendation were submitted in 2024

⁷ See the [2024 four experts' reports](#) providing in depth information on the working conditions, including occupational health and safety, in the long-term care sector.

The European Health Union⁸, launched by the European Commission, strengthens the Union's ability to tackle growing health challenges. It supports Member States in improving health systems to address issues like an ageing population, increasing non-communicable diseases, digital transformation, and threat emerging from infectious diseases. The EU4Health programme is a key instrument of the European Health Union, funding projects to strengthen health systems resilience, boost innovation supporting Member States for health workforce planning, improving retention of nurses and skills development.

To support progress in the implementation of the Action Plan on labour and skills shortages and fulfil the Council's invitation, the Employment Committee and the Social Protection Committee were called for tripartite exchanges on labour and skills shortages. On 11 April 2025, the Social Protection Committee held a tripartite horizontal debate focusing on the implementation of the Action Plan and labour shortages in the healthcare sector. The discussion covered two main aspects. First, it explored ways to support the activation of underrepresented groups, in line with the Council Recommendation on adequate minimum income ensuring active inclusion. This exchange was informed by the responses to a questionnaire circulated by the Commission to Member States and social partners on 20 December 2024. Second, the discussion focused on the challenges and policy responses related to labour and skills shortages in the long-term care and healthcare sectors, with a view to improving access and quality of services. Relevant EU social partners and civil society organisations contributed to the discussion. These included representatives of Business Europe, SME United, SGI Europe, European Trade Union Confederation accompanied by sectoral social partners, like the Federation of European Social Employers and the European Federation of Public Service Unions. On behalf of civil society organisations, the European Anti-Poverty Network, Caritas Europe, the European Social Network (ESN), the European Association of Service providers for Persons with Disabilities (EASPD) and European Patients Forum shared their views.

⁸ The Communication on the [European Health Union](#) was published in May 2024.

2. ACTIVATION OF UNDERREPRESENTED PEOPLE

Based on the replies to the questionnaire, more than half of the Member States have enhanced their coordination with relevant service providers, in line with the Council Recommendation⁹.

Among other measures, gateways or one-stop shop structures have been established between Public Employment Service (PES) and authorities responsible for providing benefits, such as national social security and social assistance institutes. These structures aim to improve service provision for jobseekers and people experiencing social and professional integration challenges. In other cases, the PES have enhanced their cooperation at regional and national levels, strengthening partnerships with municipalities, NGOs, and service providers, such as health care centers.

According to the contributions received, over one-third of the EU countries have facilitated access to enabling and essential services for minimum income beneficiaries.¹⁰ Several Member States have strengthened their social support schemes, with improved access to education and training opportunities, career guidance and social counselling, including budgetary advice to prevent indebtedness. Some Member States have introduced provisions to increase flexibility in combining employment with social benefits under certain conditions, while others have adopted or are planning measures to improve work incentives for minimum income recipients.

3. LABOUR AND SKILLS SHORTAGES IN THE LONG-TERM CARE AND HEALTHCARE SECTORS

Due to demographic ageing, the long-term care (LTC) sector has a high job creation potential, in particular when it comes to personal care workers. The demand for long-term care in the EU is projected to rise from 31.2 million individuals in 2022 to 37.8 million by 2050. Consequently, health-related occupations, including health professionals and personal care workers, are estimated to expand. Personal care workers, who account for over 60% of the LTC workforce, are one of the categories for which the highest job openings are expected.

⁹ See Article 14 of the Council Recommendation on Adequate Minimum Income.

¹⁰ See Articles 11, 12, 13 of the Council Recommendation on Adequate Minimum Income.

Member States are struggling to attract and retain LTC workers, resulting in significant unfilled vacancies, against a background of a fast-ageing workforce. The severe shortages in health and care sector stem also from high replacement demand due to the ageing of the workforce. Currently, there are 3.2 LTC workers per 100 individuals aged 65+, with a wide disparity across the EU, ranging from 9-10 LTC workers per 100 older people in few countries to below 2 in around half of the Member States.

Low attractiveness of the sector is driven by low pay levels, difficult working conditions, non-standard work arrangements (e.g., irregular working times, occupational health and safety risks, psychological stress etc.), and increasingly complex skill requirements. LTC workers experience higher levels of work-related stress and of exposure to a multitude of risk factors (i.e. musculoskeletal, psychosocial, chemical and biological risks). Involuntary part-time work and temporary work are common in the sector. Combined with low hourly wages, this often puts LTC workers at risk of in-work poverty. Domestic and live-in carers, who are often mobile EU or third-country workers, often face particularly difficult working conditions and more difficult access to labour and social protection. This is especially relevant for those performing undeclared care work.

Reporting on the implementation of the Council Recommendation on access to affordable high-quality long-term care, nearly all the Member States highlight a wide range of relevant actions. These include measures to enhance the social recognition of these occupations and attract more people via improving the working conditions, for instance through wage increases, occupational health and safety measures, providing training and upskilling, simplifying the recognition of foreign qualifications, work-life balance measures or creation of additional job profiles.

The European health workforce also faces shortages due to many different factors. These include structural issues (ageing workforce), uneven territorial distribution of professionals, increasing workloads, stress, limited opportunities for professional development, low wages, and challenging working conditions. The Health at a Glance Europe 2024 report¹¹, co-produced by the European Commission and OECD, has dedicated a chapter to an in-depth analysis of the challenges facing health workforce in the European Union. The report estimates that there is a shortage of 1.2 million doctors, nurses and midwives in 2022. Twenty EU countries reported a shortage of doctors in 2022 and 2023, while 15 countries reported a shortage of nurses.

The dual demographic challenges of an ageing population, which augments the demand for health services, and an ageing health workforce, which increases the need to replace current health workers as they retire, are key drivers of this shortfall. Over one-third of doctors and a quarter of nurses in the EU are aged over 55 and expected to retire in the coming years, further increasing labour shortages in the sector. In addition, shortages of health workers contribute to increased workloads and pressures on remaining staff, thus the high job strain in the sector.

The 2023 annual Employment and Social Developments in Europe (ESDE) review¹² found that 61% of nurses and 43% of doctors feel high job strain compared to the average of 30% of workers in the EU.¹³ As a result, many healthcare professionals are leaving their jobs earlier than anticipated or opting for part-time roles to achieve a better work-life balance. Concurrently, interest in health careers among young people is declining, with interest in nursing falling in over half of EU countries between 2018 and 2022. Attracting enough young people to meet the rising demand presents a significant challenge.

¹¹ [Health at a Glance](#): Europe 2024: State of Health in the EU Cycle, 18 November 2024

¹² European Commission, Employment and social developments in Europe 2023, Annual Review, Publications Office of the European Union, 2023 (europea.eu)

¹³ The Action Plan (point 3.3 working conditions) also reports on some of these findings referring to the Eurofound's 2021 European Working Conditions Survey, stating "*Almost half of the workers in healthcare, residential care and transport report high levels of job strain*".

The EU supports Member States to address health workforce shortages through various policy and funding instruments. For instance, the Commission is funding initiatives, through the EU4Health Programme, to support Member States to implement health workforce planning and address retention and recruitment, in particular for nurses.

Optimising the skill-mix as well as harnessing digital technologies and AI, will be essential to augment health worker productivity and enable them to focus more on patient care. The Commission support digital skills actions also linked to the Pact for Skills. Capacity-building initiatives and training opportunities will become increasingly important with the recent adoption of the European Health Data Space (EHDS) Regulation. As a cornerstone of the European Health Union, the EHDS introduces a transformative approach that aims to harness the potential of digitalisation to improve healthcare delivery, research, innovation, and policymaking.

4. CONCLUSIONS

- Overall, social partners and Member States confirmed the relevance and validity of the approach of the Action Plan to addressing labour and skills shortages, as well as its specific focus on activation of underrepresented groups and policies relevant for the long-term care and healthcare sectors. Trade unions asked for mainstreaming a tripartite approach, also for other policy discussions, highlighting their role in the labour market.
- **On active inclusion, the importance of coordinated approaches was confirmed.** Effective cooperation and integration of the Public Employment Services with other (social) service providers for the provision of integrated and personalized support is key. This lies at the core of the active inclusion approach. Activation is relevant not only for its economic rationale, but also for social cohesion and it is crucial that receiving minimum income support does not lead to a poverty trap. There is a need for supportive services for employment and targeted training provided in cooperation with social partners. Transitions from unemployment and inactivity should lead to employment in quality jobs, with income security, while avoiding precariousness and in-work poverty. Combatting stereotypes is key to ensure the activation of women, persons with a migrant background, persons with disabilities, older workers and Roma.

- Addressing **shortages in long-term care and health care** is key not only for the workforce, but also for ensuring adequate access to and quality of the care services. This requires fair wages and working conditions, accompanied by measures for physical and mental well-being, as well as support for development of career pathways in the sector. The need to attract young people in the sector was confirmed, with targeted initial education and training, while maintaining the relevant targeted and continuous up- and re-skilling, with a great emphasis on digital skills for the existing labour force. As nursing is physically very demanding, increasing the risk of occupational illnesses, including musculoskeletal and psychological disorders, policies, in particular health and safety should aim for a preventive approach. The implementation of the Action Plan remains essential particularly in the healthcare and long-term care sectors, including measures related to intra-EU mobility and attracting talent from outside the EU.¹⁴
- **Investments are essential, with careful planning** to avoid that funding may be crowded out by other political priorities. Small pilots should be scaled up and the potential of new technologies and innovations (such as digital medical devices and telecare) should be fully exploited. The retention of main features of current programmes, supporting projects to strengthen health systems resilience in line with the competitiveness objectives (building on EU4Health programme achievements) in the next multiannual financing framework is essential.
- **Territorial inequalities in the access to care services** are a challenge to be addressed by appropriate measures, taking innovative and integrated approaches across the different care services and settings, for example mobile clinics, telemedicine, working in multi-disciplinary teams of various health and social care professions, including task shifting and sharing, involving the redistribution of health tasks within workforces and communities, enhancing homecare and community-based care, as reported by some Member States.

¹⁴ See sections 3.4 and 3.5 of the Action Plan referring to ‘Improving fair intra-EU mobility of workers and learners’ and ‘Attracting talent from outside the EU’

- **Looking ahead, further monitoring and evaluation of implemented measures will be crucial for guiding future policy decisions.** One year after its adoption, the implementation of the Action Plan on labour and skills shortages is advancing well. However, continued efforts are essential to ensure the full and effective progress of all actions, with further work to strengthen the evidence-base and monitoring process, including by involving social partners. Civil society organisations may also have an important role and contribute with their expertise to the follow up of the implementation in the SPC activities. The adequate governance and monitoring of the Action Plan is key, supported by relevant mutual learning activities in the SPC and its working groups, within their respective fields of competence.
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