Skill-mapping the healthcare segment: what do we know and what do we need? The case of female migrant healthcare workers in (Northern) Europe.

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PREMISE

- The over-50s population in need of long-term care will rise by approximately **21% in 2070** compared to 2020
- **40%** of the current medical staff close to retirement
- The health and social work sector is dominated by female labour force **(78%)** → only **1/3** in leadership positions
- Healthcare: central employment sector for migrants

AIMS

- Illustrate data on **lifelong learning engagement in the healthcare sector** (→ female migrant workers)
- Present **financial/non-financial barriers and boosters** for investing in adult learning in a professional context

APPROACH

- Quantitative data from existing **macro-data sets:**
  - PIAAC study: 1st cycle|2011-2012 & 2nd cycle|2022-2023
  - European Social Survey data
- Secondary literature: **national LLL policy reviews**

RESEARCH GAPS

There is a preference for skilled migration, but insufficient attention to **gender-sensitive professional inclusion** (OECD 2014, 2025; UIL 2020).

CONTRIBUTION

Comparative research data on female migrants, in particular on:

- their **competence levels** in the healthcare industry
- their **engagement** in adult learning

Barriers and boosters for LLL.

TAKE AWAY

Lifelong Learning needs (economic/socio-political/individual) investments, in particular for the building of foundational skills!
Competences of an important share of the population remain invisible, unused and unrecognized.

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Thanks for your attention.

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