Bundesministerium für Gesundheit

Bundesministerium für Arbeit und Soziales

Die Bevollmächtigte der Bundesregierung für Pflege

Final report of the working group on the design of a legally secure basis for live-in care in the family sector

As of November 2024

Preliminary remark

So-called "24-hour care" in private households, provided mostly by Eastern European women ("live-ins"), is part of the care reality for people in need of care. Representative surveys on how frequently this service is used in Germany are scarce. However, there are numerous examples and empirical evidence.[1] , that the legal requirements in particular
In particular, the rules regarding working hours, rest periods, and the minimum wage are not adhered to, or bogus self-employment can be assumed. Even the placement of "live-ins" through a German-based placement agency is no guarantee of a legally secure model and carries legal and financial risks for all contracting parties. For this reason, the coalition agreement for the current legislative period stipulates:

“We are creating a legally secure basis for 24-hour care in the family setting.”

A joint working group of the Federal Ministry of Labor and Social Affairs (BMAS), the Federal Ministry of Health (BMG), and the Federal Government Commissioner for Long-Term Care has developed proposals for implementing this project. The overarching goal of the working group was to develop solutions for how live-in caregivers can be deployed to support people in need of care and their families in a legally compliant manner and adequately protected from violations of labor (health and safety) law.

Initial situation

Many people also refer to care in their own homes as "24-hour care" (sometimes also "24-hour nursing"). The term "24-hour care" is misleading because it suggests non-legally compliant care "around the clock by one person." To avoid misunderstandings or false expectations, this term will not be discussed below. In academic discussions, the term "live-in care" has been coined for this type of care. Legally, only household services, caregiving, and basic nursing activities are permitted in these employment relationships. In practice, however, the boundaries to other (nursing) activities can become blurred.

There is no reliable information on the number of households with “live-in care” in Germany. Live-in care workers are not registered, so various estimates, but

[1] **SVR Annual Report 2023, p. 67ff; Abramowski 2023, p. 20; Habel / Tschenker 2022, pp. 10, 121, 155f; Bar-tig et al. 2022, p. 4; Ignatzi 2020, p. 89; Alexandersson 2022, p. 10; Barslund et al. 2021, p. 42; Emunds et al. 2021, p. 1; Isfort 2017, p. 66; Minor et al. 2021, p. 27; Hielscher 2017, p. 60; Peterman et al. 2017, p. 17; Is-fort 2017, p. 135f.**

No reliable quantitative data is available. Various estimates can be found in the literature, mostly based on surveys. The results vary considerably. If one counts the caregivers who are in Germany on a given date, estimates vary between 100,000 and 210,000. Taking rotation into account, it is assumed that between 200,000 and 420,000 caregivers are temporarily in Germany each year for this purpose. The relevant studies assume a high number of unreported cases.

gone.

Caregivers work in various employment models in the "live-in care" sector. The following models are known from practice:

- Deployment model:

The private household commissions a foreign company – usually through a German placement agency – to send employees to Germany. The sending companies are typically located in one of the Eastern European EU member states. Under the secondment model, foreign caregivers work either under a contract with the sending agency, i.e., as self-employed individuals (which does not constitute secondment under labor law, but falls under the secondment model in common parlance), or as employees of the sending agency.

- Self-employed model:

In-home care is sometimes also provided by self-employed caregivers with a business registered in Germany or another European country. In the so-called self-employed model, a service contract, also known as a fee-based contract, is concluded directly between the person being cared for or their relatives and the caregiver. The subject of the contract is care in the home. The caregiver carries out their activities as a self-employed entrepreneur. Self-employed individuals are not subject to labor law or (apart from certain exceptions) social security law requirements. However, German law places strict limits on the possibility of exercising self-employment in a care arrangement exclusively for one client.2

- Employer model:

The employer model refers to regular employment of the caregiver in a private household (person in need of care, spouse, or other family member) subject to social insurance contributions. The caregiver can be placed through an agency or through another means. The private household, as employer, has the right to issue instructions, must complete the formalities, such as registration and deregistration with the social insurance providers, and bears the risk of the live-in worker's absence from work, e.g., due to illness. Regardless of their origin, German labor and social security law applies to the caregiver as an employee, including the requirements regarding minimum wage, maximum working and rest hours, vacation time, and social security contributions.

- Temporary employment (“temporary work”):

In the temporary employment model, the employer (here: a German or foreign company) temporarily provides an employee (here: a caregiver) to a user (here: a household in need of care). In the case of live-in care within the framework of

2 **more details on p. 3f**

In cases of temporary employment, the right to issue instructions lies with the private household as the hirer. Employers who wish to hire out workers to third parties require permission from the Federal Employment Agency. German labor law regulations regarding minimum wages, maximum working hours, and minimum vacation entitlements also apply to temporary employment.

- Informal employment relationships (“undeclared work”):

Finally, informal employment relationships should also be mentioned, in which no written contractual basis indicates the rights and obligations of the parties involved, making them obviously the riskiest. Nevertheless, industry experts and the literature assume that a significant portion of existing live-in relationships still fall into the informal segment.

The living and working conditions of caregivers in these diverse local settings depend heavily on how the people in need of care and their families structure their relationships with the live-in caregivers. Non-transparent contractual relationships, limited knowledge of the German language and the legal situation among Eastern European live-in caregivers, difficult demarcation of working and rest periods, and the "invisible" nature of work in private households, which is hardly accessible to regulatory authorities, make live-in care highly vulnerable to precarious employment. The literature describes the working conditions of many caregivers as "precarious" to "exploitative," characterized by, among other things, excessive working hours, unpaid on-call time, a lack of privacy, and overwork. However, studies also show that, especially for the minority of regularly employed live-in caregivers, such settings can be designed with appropriate working conditions and thus implemented in a legally compliant manner.

Placement agencies are involved in almost all of the employment models described above and are thus a key player in live-in care. The number of placement agencies has risen sharply in recent years. According to Stiftung Warentest, there were around 60 companies in 2009, and 266 in 2017. The quality of the agencies varies. Placement agencies are currently not subject to any minimum requirements or mandatory quality standards. According to a study by the Expert Council for Integration and Migration, it can be assumed that placement agencies "often operate in an unprofessional manner." The literature describes, among other things, non-transparent practices and legal violations, such as illegal employment by placement agencies.

Initiated by placement agencies, DIN SPEC Standard 33454 "Care for people in need of support by live-in caregivers from abroad – Requirements for intermediaries, service providers, and caregivers" is a voluntary quality assurance instrument developed. The goal is to "establish requirements and mechanisms that provide guidance to all market participants and, if successfully implemented, lead to higher quality of care, fairer working conditions, and greater transparency."

However, certification according to the DIN SPEC standard alone does not protect private households from the legal risks associated with the various employment models.

Employment law framework for employees in the “Live-In Care” sector

There are currently no specific labor law regulations for live-in workers. General regulations regarding working hours, statutory minimum wages, minimum paid vacation, and continued payment of wages in the event of illness also apply to live-in workers. However, labor law only applies to employees (and thus also to temporary workers) in the "live-in care" sector.

Self-employed persons are not subject to the provisions of labor law. However, the formal status of the person concerned is not relevant for determining whether the person is self-employed or is employed.

The designation of the contract is not important, but rather the actual implementation of the contractual relationship.
A prerequisite for self-employment is that the caregiver can decide on the duration, location, and manner of providing the service within the framework of the contractual agreement. Private households do not have unrestricted authority to issue instructions to self-employed caregivers. However, due to the personal nature of their work, caregivers are often involved in a process of work determined by the person being cared for or their relatives, which is also subject to instructions. This also corresponds to the assessment in the literature. This creates the risk of bogus self-employment. The employment relationship is then considered dependent employment by law. The potential consequences extend beyond labor law to social security, (wage) tax, and criminal law.

Although a ruling by the Federal Social Court states that so-called 24-hour care can certainly be carried out as self-employment, the individual case remains decisive. This poses risks for placement and dispatch companies as well as for households. To ensure a legally sound basis for home care, it is therefore sensible to assume that live-in workers are generally employees.

The protective provisions of the Working Hours Act are particularly relevant for the implementation of employment relationships in the "live-in care" sector. The Working Hours Act (ArbZG) transposed the European Working Hours Directive (2003/88/EC) into national law. Changes to German working time law are therefore only possible if the provisions contained therein are taken into account or after the directive has been amended at the European level.

The ArbZG specifically stipulates regulations regarding maximum working hours, minimum rest periods, rest breaks, and the general prohibition of working on Sundays and public holidays. Within this framework, working hours can be freely agreed upon contractually. In principle, a maximum working time of 8 hours per working day or 48 hours per week also applies to employees in the "live-in care" sector.
Working hours of 10 hours per working day or 60 hours per week are possible if compensation is provided within six months. Exceptions are only possible through collective bargaining agreements or official approval. In this case, working hours of up to 12 hours per working day are feasible for the treatment, care, and support of persons if appropriate time off is granted.
Working hours may not exceed 48 hours per week on average over twelve months in the case of collective bargaining agreements or six months with approval from a supervisory authority. Given the lack of applicable collective agreements for the "live-in care" sector, only official approval is currently possible for the use of this exception.

In this context, it is important to include the on-call times worked when assessing working hours. On-call time refers to times during which the employee must be at a location specified by the employer for business purposes in order to be able to start work immediately or as soon as necessary. Therefore, if the care setting absolutely requires the presence of the live-in worker in the home, this constitutes on-call time. According to the established case law of the European Court of Justice, on-call time must be considered working time in its entirety. On-call duty, during which employees are generally free to choose their location, must also be considered working time if the employees' ability to organize their time freely and pursue their own interests is objectively significantly restricted. This is the case, among other things, in cases of live-in care, where a short response time is expected. Using existing law, a live-in can therefore provide a maximum of 12 hours of care per working day, including on-call times.

The statutory minimum wage currently applies to employees at €12.41 per hour (as of 2024). According to Section 1, Paragraph 2 of the Minimum Wage Act (MiLoG), the minimum wage must be paid for each hour actually worked. According to the case law of the Federal Labor Court (BAG), actual work also includes periods of on-call duty. According to the "average approach" employed by the BAG, flat-rate compensation for periods of on-call duty is only permissible if the total hours worked in the respective month, including on-call time, are remunerated at the minimum wage on average. Minimum wage claims can be asserted retroactively for up to three years within the statutory limitation periods.

If employees are paid below the statutory minimum wage, there is a risk of high back payments.

The secondment model plays a major role in employment in the “live-in care” sector (see p. 2).
While in a secondment without temporary employment, the private household of the person in need of care or their relatives do not have the authority to issue instructions to the live-in worker, in a secondment with temporary employment, they do have the authority to issue instructions. Here, too, legally compliant implementation can only be achieved through a temporary employment relationship.

Compliance with labor and occupational health and safety regulations is monitored by various institutions depending on the subject matter (including state occupational health and safety authorities and the customs administration's financial control of illegal employment). Because live-in care workers work in private homes, live-in care largely operates in a gray area. On-site inspections by customs or occupational health and safety authorities are practically impossible because the inviolability of the home is constitutionally protected under Article 13 of the Basic Law. Customs can only enforce access to a home with a court-ordered search warrant if there is concrete suspicion. The responsible occupational health and safety authority can request information from the employer, such as timesheets, which would enable it to verify whether the provisions of the Working Hours Act are being complied with without entering the protected space of a private home. Overall, however, a lack of control can be assumed.

Placement agencies can stipulate home visits as a contractual condition in their placement contracts with private households and, within the framework of such home visits, review the working conditions of caregivers on an individual contractual basis. The consent of the apartment/house owner is also required for home visits by agencies. DIN SPEC 33454, a voluntary quality assurance tool, recommends that placement agencies for live-in caregivers personally visit each deployment location at least once per year.

In the event of violations of labor law, employees must individually pursue their claims before a German labor court, if necessary with the support of trade unions or works councils.
Foreign workers working in Germany receive support in enforcing their rights through various information and advisory services. The nationwide advisory network "Fair Mobility" provides workers from other EU member states with free information and advice on German labor and social law issues in their native language. Third-country nationals can turn to the free, multilingual "Fair Integration" advisory service with questions about labor and social law.

Social legal framework for employees in the area of “live-in care”

Long-term care insurance gives those in need of care the opportunity to decide for themselves how and by whom they are cared for. They can choose whether they want to receive help from professionals (care benefits in kind) or receive money (care allowance) for self-organized care.

Centralized care and support. To ensure that this option is a reality, those in need of care are entitled to care advice under Book XI of the Social Code (SGB XI) if they require advice and support in developing and implementing suitable care arrangements. The primary goal is to enable people in need of care to live as independently as possible and remain in their home environment for as long as possible. To this end, long-term care insurance should primarily support home care and the willingness of relatives and neighbors to provide care.

However, social long-term care insurance often does not cover all the needs and costs of care provision. The remaining costs are borne by the person in need of care themselves, possibly by immediate family members, or – in cases of financial need – by social assistance ("care assistance"). Long-term care insurance is therefore also referred to as a "partial benefit system." Long-term care insurance benefits depend on the duration of the need for care, the level of care required, and the type of care provided. A wide range of benefits can be used to provide care in one's own home.

Live-in care is not a long-term care insurance benefit under Book XI of the Social Code (SGB XI), but rather self-organized care for a person in need of care. Those in need of care can also use the care allowance to finance care provided by a live-in caregiver and combine it with various other care services.

Care allowance can be claimed if at least care level 2 is present. The amount of the care allowance depends on the care level. People in need of care must use this amount to adequately cover the care they require.

These include physical care measures, nursing care measures, and assistance with household management. This cash benefit is paid out by the nursing care fund or the private insurance company. The nursing care allowance can also be combined with outpatient care benefits in kind; in this case, the nursing care allowance and the care benefit in kind are used pro rata.

With outpatient care benefits in kind, people in need of care can receive help from an approved outpatient care service or outpatient support service or from individual caregivers who have concluded a contract with the nursing care fund.

The services provided by licensed professional care services include physical care, nursing care, and assistance with household management. Licensed outpatient care services provide nursing care and assistance with household management.

People in need of care receiving home care are entitled to a relief allowance of up to €125 per month (a total of up to €1,500 per year), regardless of their level of care. This relief allowance is provided in addition to other benefits for home care. The amount is earmarked for:

- quality-assured services to relieve the burden on family carers and similarly close relatives in their capacity as carers and/or
- to promote the independence and self-determination of those in need of care in the Organizing their everyday lives.

The relief amount is intended to reimburse expenses in connection with the use of services for day and night care, short-term care, services of approved nursing or care services within the meaning of Section 36 of the Social Code Book XI (in care levels 2 to 5, but not for services in the area of self-care) or services of services recognized under state law for support in everyday life.

Depending on the focus, support in everyday life can include care services, services to relieve the burden on caregivers, or services to provide relief in everyday life. These services must be recognized under state law; the states determine the details in this regard.

For those in need of care in care levels 2 to 5, there is another option within the scope of the conversion entitlement to receive reimbursement for services provided by services recognized under state law for everyday support. Those in need of care can claim the relief amount and the conversion entitlement independently of each other.

If a private caregiver is on vacation or is temporarily unable to provide care due to illness or other reasons, long-term care insurance will cover the costs of necessary substitute care for a maximum of six weeks per calendar year (preventive care) for those in need of care in care levels 2 to 5. The benefits for preventive care generally amount to up to €1,612 per calendar year, upon presentation of documentation, if the preventive care is provided by persons who are not related to the person in need of care up to the second degree or by marriage and who do not live with the person in need of care in the same household.

For close relatives or persons who live with the person in need of care in the same household but do not provide care on a paid basis, the nursing care insurance fund's expenses are generally limited to 1.5 times the respective care allowance. If necessary expenses incurred by the substitute caregiver (e.g., travel expenses or loss of earnings) can be documented, the benefit can be increased to a total of up to €1,612.

If substitute care is provided by a close relative or household member on a paid basis, up to €1,612 can also be claimed per calendar year. The prerequisite for substitute care is that the caregiver has cared for the person in need of care in their home environment for at least six months prior to the initial absence, and that the person in need of care is classified at least in care level 2 at the time of the absence. The six-month waiting period is also considered met, for example, if several people have shared the care time. The care does not have to have been provided continuously. As part of substitute care, the substitute carer takes on activities to ensure the necessary substitute care, which may also include activities otherwise performed by the live-in worker. During substitute care, any (pro rata) care allowance previously received will continue to be paid at half the amount for up to six weeks per calendar year.

Those in need of care who only require inpatient care for a limited period of time, particularly to cope with a crisis situation during home care or temporarily following a hospital stay, are entitled to short-term care in appropriate inpatient facilities. The benefit amount is up to €1,774 for up to eight weeks per calendar year for care levels 2 to 5. In addition to the benefit amount for preventative care, up to €806 per calendar year can be used from unused short-term care funds for preventative care. The additional amount used for preventative care is credited towards the benefit amount for short-term care. This means that up to €2,418 per calendar year is available for preventative care.

This particularly benefits those eligible for benefits who require longer-term substitute care and do not wish to enter a full-time short-term care facility during this time. Conversely, up to €1,612 per calendar year from unused preventative care funds can also be used for short-term care, so that a total of up to €3,386 per calendar year is available for short-term care. The additional amount used for short-term care is credited towards the benefit amount for preventative care. In addition, during short-term care, for up to eight weeks per calendar year,

Half of the previously received (pro rata) care allowance will continue to be paid. In the event that a live-in employee is unavailable, the entitlement to short-term care can be used accordingly.

To ensure that those in need of care receive care and support at home, it can be helpful to adapt the living environment to their specific needs. The goal of such measures to improve the living environment is to enable or significantly facilitate home care in individual cases, or to restore the care recipient's ability to lead as independent a life as possible. Upon application, the long-term care insurance fund can provide up to €4,000 as a subsidy for such adaptation measures for those in need of care in care levels 1 to 5.

People in need of care are entitled to care aids that help facilitate care, alleviate their symptoms, or enable them to live more independently. These include consumable care aids, the costs of which are reimbursed by the nursing care insurance fund up to €40 per month, as well as technical care aids such as emergency call systems, nursing beds, and sitting or sitting aids to facilitate care. People in need of care over the age of 18 must pay a co-payment of ten percent, up to a maximum of €25, for each item of technical care aid.

Digital care applications and supplementary support services: People in need of care are entitled to receive digital care applications (DiPA) and supplementary support services in their own home. Digital care applications on mobile devices or as browser-based web applications can be used by the person in need of care themselves or in interaction between the person in need of care and relatives, other volunteer caregivers, or the care service to reduce impairments to the person's independence or abilities or to counteract a worsening of the need for care. The person in need of care is entitled to the services listed here up to a total of €50 per month (as of 2024).

Day and night care (partial inpatient care) refers to temporary daytime care in a care facility when home care cannot be adequately provided or when it is necessary to supplement or strengthen home care. In addition to day and night care, the full extent of the entitlement to outpatient care benefits and/or (partial) care allowance can be claimed.

Within the maximum benefit amounts, the nursing care insurance fund covers the care-related expenses of part-time care, including the costs of supervision and the costs of the medical treatment services required in the facility. However, the costs of accommodation and meals, as well as separately calculable investment costs, must generally be borne privately. Part-time care also includes the necessary transportation of the person in need of care from their home to the day or night care facility and back.

For a customized arrangement, the care and support services provided by the live-in force can be combined with long-term care insurance benefits under Book XI of the Social Code (SGB XI). When combined with outpatient care benefits in kind or the use of preventative or short-term care, the long-term care allowance is available pro rata in accordance with Book XI of the Social Code (SGB XI). If necessary, those in need of care can use the long-term care advice service in accordance with Book XI of the Social Code (SGB XI) in addition to social security benefits.

Previous experience at home and abroad

In developing proposals for the legally compliant implementation of a framework for 24-hour family care, experiences from other European countries as well as existing model projects in Germany were also taken into account. Approaches to ensuring legally compliant care in this area from Austria, Switzerland, France, the Netherlands, Belgium, and Italy were evaluated. No new insights were gained, particularly with regard to the challenge of ensuring financially viable 24-hour care for those in need of care while ensuring fair working conditions for the live-in worker.

Approaches that primarily focus on self-employment (Austria) or are not subject to the requirements of the European Working Time Directive (Switzerland), as well as the solution of relying on an individual opt-out for employees (Italy), did not offer a legally secure solution that could be easily transferred to Germany. Thus, in the Austrian context, the distinction from bogus self-employment is also controversial, particularly due to predetermined working hours and on-call assignments, as well as the binding of the formally self-employed to a specific place of service provision. Furthermore, it cannot be assumed that domestic workers are not covered by the EU Working Time Directive, nor that time during which domestic workers must be in the immediate vicinity of the home in order to be available at any time is generally not considered working time. The conformity of the Austrian Home Care Act with European law is therefore also questioned in the literature. Generally, the other approaches considered assume employment that complies with the requirements of the Working Time Directive. In some countries, the models were more geared towards domestic help than live-in workers (France). Interesting suggestions were particularly evident regarding the networking of various services in the provision of home care (Netherlands) and the simplification and promotion of the employment of workers in the home, for example, through voucher models (Belgium).

The experiences from Germany were based primarily on the findings of CariFair and FairCare.

CariFair is currently offered by 10 Caritas associations and social service centers (seven in North Rhine-Westphalia, two in Bavaria, and one in Baden-Württemberg). It supports households, as employers, in entering into fair and legal employment relationships with foreign caregivers. The aim of the program is to provide people in need of care with good and reliable care while simultaneously creating fair and legal employment conditions for the caregivers. Caritas mediates contact between the person in need of care and the caregiver, but the person in need of care is the employer ("employer model"). Caritas supports the fulfillment of employer obligations. Employment is subject to social insurance contributions, and the caregiver is covered by accident insurance. A separate, lockable room is required for the caregiver to be accommodated in the household. Depending on the contract, the person in need of care covers the costs of accommodation and meals for the caregiver.

Collaboration with a Polish Caritas association enables interested individuals in Poland to receive on-site advice and preparation for their deployment in Germany. In Germany, bilingual coordinators provide support to those in need of care, their families, and the caregivers. They draw up deployment plans for the caregivers and act as mediators, for example, in conflict situations. Care is not provided 24/7. A caregiver on the CariFair program works an average of 38.5 hours a week, six days a week, and is entitled to 36 days of paid vacation per year. The family, the social environment, and outpatient care services are also involved in providing ongoing support.

FairCare also aims to provide a service through placement, advice, and support that enables care in the home and offers fair working conditions for foreign caregivers. Launched in 2014 by the Association for International Youth Work eV Württemberg in cooperation with Diakonie Württemberg, FairCare is also based on the employer model. Caregivers from various Eastern European countries are placed. The majority currently come from Romania, Bulgaria, and Poland. Similar to CariFair, the FairCare "employer service" relieves private households of several tasks, such as handling formalities and administrative procedures. In particular, FairCare prepares payroll and handles notifications to social insurance providers. As with the Caritas service, the support for those in need of care and caregivers is partly bilingual (German/Polish).

The contractual weekly working hours of the caregivers placed by FairCare are 40 hours, with one day off per week. The employment contract provides for 30 days of annual vacation and is unlimited. The private household must provide the caregiver with a private, lockable room. In addition to accommodation, meals are also provided free of charge by the private household.

Both CariFair and FairCare emphasize that the caregivers they provide do not perform any caregiving duties, so that additional providers are included in the care mix when care is needed. What both care services have in common is that they are intended to complement, not replace, family care.

In addition to employing a single caregiver as a "permanent" employee, FairCare also explicitly offers the option of employing two people in a "tandem" model, who alternate caregivers. In this model, two caregivers share one position. They are each employed by the private household on a permanent basis, paid 50% of the time, and typically alternate every three months.

Conclusion

After evaluating the labor and social law framework, as well as experiences from Germany and abroad, the working group has concluded that there is no easily implementable concept to broadly achieve the goal of a legally secure basis for 24-hour care in the family setting. The working group therefore believes it would be useful to examine, in a scientifically supported model program, the extent to which the following core elements can contribute to the legally secure implementation of employment in the area of "live-in care":

- A legally secure basis for the employment of live-ins is in the form of a regular Employment at agencies or households possible;
- To protect the caregivers, the practice of a round-the-clock care, which cannot currently be ruled out, must be around-the-clock care can be contained by a live-in force;
- The time constraints on the use of caregivers must be compensated for by additional offers of professional and family support (care mix); • Within the framework of such a care mix, care could be provided by a live-in worker under

  Taking into account existing scope for action under labor law, daily working hours of up to 12 hours on a maximum of six days per week should be tested while safeguarding the health of the care workers;

- As an incentive for people in need of care and their relatives to use Live-In-Care in a model with The above working group discussed the use of a legally secure basis for Live-In-Care

analogous to the financial support of offers for support in everyday life according to § 45a SGB XI to enable a conversion of the outpatient benefit in kind amount (as of 2024 = 40 percent of the outpatient benefit in kind amount per month);

- Based on the experiences of CariFair and FairCare, it is sensible and necessary to have a coordinator supervise the implementation of the care settings.

Based on these findings, the working group has developed a concept for a model program, which has already met with considerable interest among the federal states. However, the implementation of such a model program and the associated testing of improvements in the working conditions of live-ins on the one hand, and legal certainty for the households of those in need of care and, where applicable, their relatives on the other, requires further cooperation from the social partners and the federal states, for example, in expanding the concrete data situation. Furthermore, the outlined proposal requires the approval of the other ministries or all coalition partners in order to be implemented, for example, in the form of a statutory regulation for a model program. Therefore, further work is needed to find a solution supported by the majority that guarantees appropriate working conditions for caregivers, greater legal certainty for those in need of care and their relatives, and high-quality care for those in need of care.