Olga Chesalina

Elderly Care (Platform) Work in Germany: Ensuring a Level Playing Field

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1. *Introduction*

The growth of care platforms is understandable in light of demographic developments, the eldercare crisis, and escalating costs of residential care, not to mention the fact that many elderly people prefer home-based care to full inpatient care. Care work via digital platforms and the business model of care platforms have started to become the subject of academic research. Until now, however, this issue has largely been rather the subject of some sociological projects and publications. Legal research on this topic, and in particular in labour law and social law research, is still in its infancy. This

article seeks to contribute to addressing this gap, focusing on the German perspective.

The article is structured as follows. Since family is still seen in Germany as the main provider of care[1], the article starts with an analysis of labour law and social law guarantees for informal caregivers (i.e., family caregivers), taking into account the implementation of Directive (EU) 2019/1158 of 20 June 2019 on work-life balance for parents and carers in German law. Furthermore, the article provides a short overview of German social law regulations concerning the provision of home-based care services and social benefits for care-dependent persons. As a next step, the author analyses care platforms operating in Germany, comparing platforms' website content and their general terms and conditions (GTC). The analysis of these sources helps to understand contractual relationships within a platform, its market strategies and control mechanisms. In addition, the author compares private regulations of platforms with the German labour law and the case law of European countries concerning the employment classification of platform workers. In the conclusion, the author underlines the shortcomings of the Care Leave Act and the Family Care Leave Act and explains the reasons for a marketisation and platformisation of care. Further, the article correlates the outcomes of the analysis of platform regulations with German law and analyses, in particular, to what extent the framework of social law favours the market entry and dissemination of care platforms at national level. Finally, the author provides some recommendations for further research and legal regulations.

2. *Labour Law and Social Law Guarantees for Informal Caregivers*

2.1. *Situation at a Glance*

For a long time after the introduction of social security, the support of persons in need of care remained the responsibility of families (informal caregivers)[2], and in particular of non-employed women on an unpaid, in-

[1] Reinhard, *Long-Term Care in Germany*, in Becker, Reinhard, *Long-Term Care in Europe. A Juridical Approach*, Springer, 2018, p. 129.

[2] Becker, *Long-Term Care in Europe: An Introduction*, in Becker, Reinhard, *Long-Term Care in Europe. A Juridical Approach*, Springer, 2018, p. 3.

formal basis[3]. Informal (non-professional) care for relatives still remains the most important part of the eldercare landscape[4].

At the same time, family and employment patterns are changing. Due to demographic developments such as population ageing and low fertility rates, the number of people able to provide informal care is declining. Fewer and fewer children continue to live with their parents in the same household; for work reasons, many of them have to live in a different city or country. At the same time, in Germany there are still differences concerning care behaviour in rural areas and urban settings: in rural areas, the average weekly amount of care provided by informal carers is significantly higher than in urban environments[5]. At the same time, it was and it is still common, especially in rural areas, where several generations often live(d) and work(ed) under the same roof, that some sort of "remuneration" for care is arranged through family property transfer, in which children are contractually obligated to provide maintenance and care for their elderly parents for their entire lifetime or at least until they reach a high level of dependency.

2.2. *Guarantees for Informal Caregivers*

Germany is a country that represents neither the explicit familialism model nor the de-familialism model, but rather a country in which a mixed approach is provided: in the classification of Leitner[6] it belongs to countries with the optional familialism model, where formal care services as well as supportive policies for family carers are provided[7]. Section 3 of Social Code Book XI (hereinafter - SGB XI) stipulates that home-based, infor-

[3] Bonoli, *The politics of the new social policies. Providing coverage against new social risks in mature welfare states*, in *PP*, 2005, 33, 3, pp. 431-449.

[4] Of the 5.7 million people in need of care in 2023, 86% were cared for at home. Cf. Destatis, December 2024, https://www.destatis.de/DE/Presse/Pressemitteilungen/2024/12/PD24_478_224.html.

[5] Koch, *Comment on § 3 SGB XI*, in *Kasseler Kommentar* (beck-online. Grosskommentar), 2025.

[6] Leitner, *Varieties of Familialism: The Caring Function of the Family in Comparative Perspective*, in *ES*, 2003, 5, 4, pp. 353-375.

[7] Cited by: Llena-Nozal, Barszczewski, Rauet-Tejeda, *How do countries compare in their design of long-term care provision? A typology of long-term care systems*, OECD Health Working Papers, 2025, No. 182, p. 14, https://www.oecd.org/content/dam/oecd/en/publications/reports/2025/06/how-do-countries-compare-in-their-design-of-long-term-care-provision_035a4e96/44f5453a-en.pdf.

mal voluntary care takes precedence over institutional care[8]. The concept of social insurance presupposes the participation of informal caregivers in home-based care. For this reason, German legislation provides some support measures for informal caregivers through labour law, social law and tax law. Some measures are linked directly to informal carers, while others (cash benefits for home-based care) are delivered to the recipients of care services (i.e., care-dependent persons).

2.2.1. *Social Protection of Informal Caregivers*

Section 44 para. 2 SGB XI grants pension entitlements to informal caregivers under the following conditions: (1) provision of care to an eligible relative; (2) care recipient has a care dependency of at least level 2; (3) care provision of at least 10 hours of care per week, distributed over at least two days, in accordance with Sec. 19 and Sec. 44 SGB XI; (4) care is being provided in the care recipient's home; and (5) caregiver is working no more than 30 hours per week. When these criteria are met, caregivers can accrue pension entitlements equivalent to up to 100% of those earned in an average income job. The level of entitlement depends on the level of care dependency of the assisted person and the type of social benefit obtained (Sec. 166 para. 2 SGB VI).

During the period of caregiving, carers are covered by the statutory accident insurance and unemployment insurance (Sec. 44 paras. 2a and 2b SGB XI). It should be stressed, however, that the collection of pension contributions for informal caregivers is provided only on the condition that the care recipient is insured in the long-term care insurance and has fulfilled a waiting period of at least two years.

2.2.2. *Care Leave Act*

Several laws have been passed in Germany in order to improve the compatibility of work and family care and to create additional opportunities for the home-based care of a close relative who has a care dependency of at least level 1, e.g. the Care Leave Act (*Pflegezeitgesetz - PflegeZG*) of 28 May

[8] Greiner, *Finanzierung des deutschen Sozialleistungssystems solidarisch – nachhaltig – gerecht. Pflegeversicherung*, in *SRa*, 2025, pp. 182-186.

2008[9] and the Family Care Leave Act (*Familienpflegezeitgesetz - FPfZG*) of 6 December 2011[10].

The Care Leave Act provides the following rights: (1) The right to be off work for up to 10 working days if this is necessary to organise appropriate care or assistance for a close relative in need of care in an acute care situation or to provide nursing care during this period (Sec. 2). This right applies to every employee irrespective of the size of the company. It presupposes an acute, newly arisen care situation. This situation justifies submitting an application without prior notice[11]. (2) The right to be fully or partially released from work to care for a close relative in need of care at home for a maximum period of 6 months (Sec. 3). The employer must comply with the wishes of the employee to be partially released from work, unless there are urgent operational reasons to the contrary. This right applies to employers who employ more than 15 employees.

2.2.3. *Income Replacement during the Time Off Work for up to Ten Days*

The employer is not obliged to continue paying a remuneration (*Entgeltfortzahlung*) during the periods described in section 2.2.2, unless such an obligation arises from other statutory provisions or on the basis of an agreement (Sec. 2 para. 3 of the Care Leave Act). Nevertheless, since 1 January 2015, employees, employee-like persons and trainees can apply for carer's allowance (*Pflegeunterstützungsgeld*) from the nursing care insurance fund for the time of temporary impediment of work for the maximum period of 10 working days (Sec. 44a SGB XI). Since 1 January 2024, this carer's allowance, in accordance with Sec. 44a SGB XI, is guaranteed for 10 working days every year and not only once. In the academic literature, it has been suggested that this amendment may have influenced the future interpretation of the maximum duration of the entitlement to time off work[12]. During this period, the mandatory health insurance of a caregiver is maintained (Sec. 44a para. 1 SGB XI).

[9] BGBl. I S. 874, last amendment of 22 December 2025.
[10] BGBl. I S. 2564, last amendment of 23 October 2024.
[11] Bubach, *Comment on § 2 Pflegezeitgesetz*, in *Erfurter Kommentar zum Arbeitsrecht*, 2026.
[12] See Brose, *Die Reform des PflegeZG*, in *ZESAR*, 2023, 8, p. 313.

2.2.4. *Family Care Leave Act*

The Family Care Leave Act provides for part-time care leave, that is, the right to be partially released from work in order to care for a close relative in need of care at home for a maximum period of 24 months. The reduced working time of a caregiver should not be less than 15 hours per week. This law applies to employers who employ more than 25 employees. Care leave and family care leave together may, in total, not exceed 24 months per close relative in need of care.

2.3. *Implementation of Directive (EU) 2019/1158*

Directive 2019/1158 provides a duty of Member States to take the necessary measures to ensure that each employee has the right to carer's leave of five working days per year. The right to be off work for up to 10 working days does not have the same content and goal as the abovementioned right to carer's leave. In the explanatory memorandum to the Care Leave Act, the legislator assumes that an acute care situation "generally" occurs only once per relative in need of care and therefore the right to be off work can be exercised only once per care case[13]. Germany used the option of Art. 6 para. 2 of Directive 2019/1158 to allocate carer's leave not on the basis of the reference period of one year but per person in need of care. In practice, however, such situations may occur more often than once per care case[14].

Directive 2019/1158 does not contain any thresholds or any exceptions for the rights of caregivers working in small businesses[15]. In Germany, in 2019, the Independent Advisory Board for the Reconciliation of Caregiving and Employment set out some principles in order to better reconcile caring and employment. In particular, the Advisory Board stressed that "operational feasibility in companies should be considered. Small companies with few employees find it more difficult to compensate for absences due to family care. Care must be taken here to adapt the law in future so that small companies are not excessively burdened but their employees can also

[13] BT-Drucks. 16/7439, p. 91.

[14] Cf. the Pflegeunterstützungs- und Entlastungsgesetz of 19 June 2023, BGBl. I S. 155, under which, since 1 January 2024, the income replacement benefit for such absences (Pflegeunterstützungsgeld) can be claimed for up to ten working days per calendar year.

[15] See Brose, *Die Reform des PflegeZG*, cit., p. 315.

benefit from the regulations on care leave"[16]. Although the Advisory Board, in its recommendation, sought to balance the interests of small businesses and those of employees with caring responsibilities, certain employers' organisations opposed the introduction of carer's leave in small businesses[17]. Nevertheless, the Care Leave Act was amended in 2022 with a view to implementing Art. 9 of Directive (EU) 2019/1158. In particular, the newly inserted Sec. 3 para. 6a of the Care Leave Act provides employees of employers with 15 or fewer employees with the opportunity to apply for the conclusion of an agreement on care leave. The employer, in turn, must respond to the application within four weeks of its receipt. In the case of a refusal, reasons must be given[18].

In my view, Art. 9 of the Directive has thus been largely implemented[19]. Since this provision only requires a right to request flexible working arrangements, but not an entitlement to them, the exclusion of employees of small employers from the entitlement to a complete or partial release from work (Sec. 3 para. 1 sentence 2 of the Care Leave Act) is in principle compatible with the Directive, now that these employees can at least apply for an agreement on such a release[20]. However, for these employees, the special protection against dismissal under Sec. 5 of the Care Leave Act only begins with the start of the agreed release and not already with their application (Sec. 5 para. 1 sentence 2), although Art. 12 para. 1 of the Directive also prohibits dismissal on the grounds that a worker has requested flexible working arrangements[21]. A further problem lies in the link between the adaptation of working time and the release from work: under the Care Leave Act, working time can only be redistributed together with its reduction, i.e. as part of a partial release (Sec. 3 para. 4), whereas the Directive also covers

[16] Knauthe, Hoff, *Germany*, in Hamblin, Heyes, Fast, *Combining Work and Care*, Bristol University Press, 2024, p. 174.

[17] Hamblin, Heyes, Fast, *Critical comparative analysis: similarities, differences and lessons learned*, in Hamblin, Heyes, Fast, *Combining Work and Care*, Bristol University Press, 2024, p. 257.

[18] Law of 19.12.2022 (BGBl. I S.2510).

[19] See also Brose, *Die Reform des PflegeZG*, *cit.*, p. 315; Wietfeld, Hinrichsen, *Das Gesetz zur Umsetzung der Vereinbarkeitsrichtlinie - Elternurlaub, Vaterschaftsurlaub, Urlaub für pflegende Angehörige, flexible Arbeitsbedingungen und Arbeitsfreistellung aufgrund höherer Gewalt*, in *EuZA*, 2023, 4, p. 364.

[20] See Brose, *Die Reform des PflegeZG*, *cit.*, pp. 314-315; BT-Drucks. 20/3447, pp. 10, 18.

[21] See Brose, *Die Reform des PflegeZG*, *cit.*, p. 316; BT-Drucks. 20/3447, p. 19.

flexible working schedules without any reduction of working hours (Art. 3 para. 1 lit. f). It is doubtful whether this gap is closed by the general duty of employers under Sec. 7 paras. 2 and 3 of the Part-Time and Fixed-Term Employment Act to discuss an employee's wish to change the scheduling of working time and to give a reasoned reply in text form within one month[22].

Furthermore, the right to request flexible working arrangements under the Directive also covers remote working arrangements (Art. 3 para. 1 lit. f). A right to request remote working has, so far, not been provided for in German legislation – neither for caregivers nor for other categories of employees[23]. It is only as part of a general trend towards remote work that a right to work remotely can be stipulated in individual and collective agreements, but not necessarily for care purposes.

As regards carers' leave, Art. 6 of Directive 2019/1158 only provides for a short-term entitlement and leaves the question of payment to the Member States (Recital 32). In this respect, by contrast, German legislation goes beyond the requirements of the Directive: in addition to longer-term unpaid care leave, it provides for up to ten working days off work, for which an income replacement benefit is paid by the long-term care insurance.

2.4. *Evaluation*

Overall, the right to be off work for up to 10 days provides an opportunity to cope with an acute care situation of the assisted person rather than to provide home-based care over a long period.

While the Directive does not contain any thresholds or any exceptions for the rights of carers working in small businesses[24], German law provides obligations concerning carers' leave only for employers with more than 15 employees (under the Care Leave Act) or 25 employees (under the Family Care Leave Act). This is also the reason why – according to a recent study – around 16% of respondents were not legally entitled to these measures[25].

[22] See Brose, *Die Reform des PflegeZG*, *cit.*, pp. 315, 317; Wissenschaftliche Dienste des Deutschen Bundestages, *Zur Umsetzung der Vereinbarkeitsrichtlinie (EU) 2019/1158 in deutsches Recht. Erfordernis eines isolierten Anspruchs auf Beantragung einer Neuverteilung der Arbeitszeit*, WD 9 - 3000 - 063/22, 2022, pp. 7, 13.

[23] Brose, *Die Reform des PflegeZG*, cit., p. 315.

[24] *Ibid.*, p. 315.

[25] See Ehrlich, Bünning, Kelle, *Doppelbelastung ohne Entlastung? Herausforderungen und*

German labour law provides for longer-term but unpaid care leaves. It is therefore not surprising that the study carried out in 2024 demonstrates that only around 4% of carers have made use of the opportunities provided by the Care Leave Act and the Family Care Leave Act[26].

The guarantee of pension entitlements in accordance with Sec. 44 SGB XI depends on different factors, in particular, the amount of the caregiver's working time; if the caregiver works more than 30 hours per week, he or she is excluded from the scope of Sec. 44 SGB XI[27]. The positive feature of the regulation on the accumulation of pension contributions is that it is disconnected from care leave and goes beyond the employee status. Theoretically, the personal scope of the right to pension entitlements during caregiving also covers self-employed persons; however, many of them are not insured in the mandatory pension insurance, which is a precondition for pension credits.

3. *Long-Term Care in Germany*

3.1. *Employment Relationship for the Provision of Home-Based Care Services*

In April 1994, Germany introduced long-term care insurance, which came into force on 1 January 1995 and is regulated in the Eleventh Book of the Social Code (SGB XI). Care at home may be provided by official care providers, who must have an individual contract with the long-term care insurer. Private individuals may also provide care at home if they have concluded a contract with the long-term care insurer (Sec. 77 SGB XI). Such care contract may be terminated by the care recipient at any time without notice (Sec. 120 para. 2 sentence 2 SGB XI). The contract shall regulate the content, scope, quality, quality assurance, remuneration as well as control of the quality and cost-effectiveness of the agreed services. It is forbidden for care workers providing at-home-care to enter into an em-

gesetzliche Maßnahmen für die Vereinbarkeit von Pflege und Beruf in einer alternden Gesellschaft, in *DZA aktuell*, 2024, 3, Deutsches Zentrum für Altersfragen, p. 4, https://doi.org/10.60922/a3f4-7758.

[26] *Ibid.*, p. 4.

[27] Brose, *Die sozialversicherungsrechtlichen Nebenwirkungen von Pflegezeit und Familienpflegezeit*, in *NZS*, 2012, p. 500.

ployment relationship with the recipient of care services; they conclude care contracts instead. Unlike care workers in outpatient and inpatient care facilities, the Social Code does not legally require individual carers to be "trained professionals". In individual cases, the suitability (qualification) of the individual care worker may be also determined by the dependency characteristics of the person for whom care services are to be provided[28]. This means that, theoretically, a long-term care insurer may also conclude a contract with a care worker working via a digital platform and the care worker will receive the remuneration agreed with the long-term care insurer.

In addition, non-professional care providers and volunteers, under the guidance of nursing professionals, may provide support in everyday life for persons with general or special care needs (Sec. 45a SGB XI). Services of support in everyday life require approval by the competent authority in accordance with the state law (*Landesrecht*).

3.2. *Social Benefits in the Case of Home-Based Care*

Persons with a care dependency of at least level 2 may, in the case of home-based care in accordance with Sec. 36 SGB XI, claim basic nursing care (*Grundpflege*), care-related assistance measures (*pflegerische Betreuungsmaßnahmen*) and assistance with household tasks (*Hilfen bei der Haushaltsführung*) as benefits in kind (*Pflegesachleistung*) that are settled directly with the care providers. In other words, elderly persons in need of care do not receive such social benefits directly. Only if carers are close relatives and close associates, a cash-for-care social benefit (*Pflegegeld*), which is much lower, can be paid directly to the care recipient.

Persons with a care dependency, also with a care dependency of level 1, may claim a further cash-for-care benefit, namely the "care relief allowance" (*Entlastungsbetrag*) (EUR 131 monthly), in line with Sec. 45b SGB XI. This benefit can serve different purposes, for example, to reimburse expenses incurred by the insured person in connection with the use of day or night care services; short-term care services (*Kurzzeitpflege*); and also to reimburse the assistance of volunteers providing support in everyday life.

[28] Schmidt, *Comment on § 77 SGB XI*, in Rolfs, Körner, Krasney, Mutschler, *Kasseler Kommentar SGB XI* (beck-online. Grosskommentar), 2025.

In cases where an informal caregiver is prevented from providing care due to annual leave, illness, or other reasons, the long-term care insurance fund reimburses the documented costs of a necessary substitute caregiver for up to eight weeks per calendar year, so-called "respite care" (*Verhinderungspflege*), as laid down in Sec. 39 SGB XI. A substitute caregiver can theoretically be any suitable and willing person[29].

4. *Care Platforms in Germany*

4.1. *Platformisation of Care*

The "platformisation of care" is part of a broader development towards the digital transformation of work and the platformisation of work. The largest concentration of on-location platforms was, in 2024, found in the delivery sector (334) and in individual passenger transport (119), followed by care work (121)[30]. However, until now, no unified opinion has yet been formed concerning the main trigger for the growth of care platforms, be it the increasing digitalisation and platformisation of work, the national architecture of the social security schemes enabling easy access to social service provision and funding (financed via social insurance or taxes) for private providers, or simply the wish for a simplification of administrative burdens[31].

In Germany, various platforms are active which offer services for older persons, including for elderly persons with care and assistance needs. Some of these platforms have been on the market for more than ten years, others are start-ups. Apart from for-profit digital platforms there are also non-profit digital platforms through which municipal or locally organised neighbourhood assistance and support in everyday life are provided.

[29] Spitzlei, *Comment on § 39 SGB XI*, in Berchtold, Baumeister, Janda, *Soziale Pflegeversicherung*, Nomos, 2025.

[30] International Labour Conference, 113th Session, Report V(1), *Realizing decent work in the platform economy*, 2025, https://www.ilo.org/sites/default/files/2024-07/ILC113-V%281%29-%5BWORKQ-231121-002%5D-Web-EN.pdf.

[31] Becker, Chesalina, *Social Protection of Platform Workers in a Comparative and European Perspective*, in Becker, Chesalina, *Social Law 4.0: Update: Innovative Approaches to Ensuring and Financing Social Protection for Platform Workers in Europe*, Nomos, 2025, p. 181.

Search queries show that it is typically not the older persons themselves but their children or other relatives who look for everyday support for their parents or other family members. This is to be expected given the fact that, in international comparison and concerning the digital skills of the elderly, Germany ranks far behind countries such as the Netherlands (61%), Switzerland (56%) or Norway (55%), with only 28% of the 64 to 74-year-olds possessing at least basic digital skills[32].

4.2. *Non-Profit Platforms*

There are some non-profit platforms in Germany that provide or mediate support in everyday life through non-profit associations, also in the framework of neighbourhood assistance (*Nachbarschaftshilfe*). The associations, i.e., non-profit organisations offering support in everyday life, are registered with the long-term care insurance fund and authorised to bill "care relief allowance" in accordance with Sec. 45b para. 1 no. 4 SGB XI in connection with Sec. 45a SGB XI[33]. For example, *Helferportal* was founded in 2015 as a web- and app-based platform that coordinates everyday support and care-related assistance by connecting persons seeking help, relatives, volunteers, service providers, municipalities and welfare organisations. The software of *Helferportal* is used by several organisations, including *deinNachbar e. V.*[34]. The aim of the association *deinNachbar* is to help people who need support and home-based care and to provide relief for family carers. The association provides neighbourhood-based assistance, such as doing the shopping; accompanying the person to appointments; helping with household-related tasks; accompanying walks or short outings; assisting with light gardening tasks, etc. The study "NuVe" ("Benefits of placement platforms for informal carers in home care")[35] indicates that platform-supported mediation makes the provision of assistance to older persons more efficient, es-

[32] Cited by: Büchele *et al.*, *Soziale Innovationen und Soziale Digitalisierung*, in Opielka, Erfurth, *Soziale Digitalisierung. Perspektiven zu den Schnittstellen von Technik und Gesellschaft*, Springer VS, 2025, p. 87.

[33] They can also bill social benefits in kind to a certain amount, but this is rather unusual.

[34] https://helferportal.de/das-konzept/; https://www.deinnachbar.de.

[35] Geiselhart, Bernhard, Wörle, Haushammer, *Abschlussbericht Studie: "NuVe - Nutzen von Vermittlungsplattformen für informell Helfende in der häuslichen Pflege"*, April 2025, BZPD, https://opus4.kobv.de/opus4-hs-kempten/frontdoor/deliver/index/docId/2906/file/Abschlussbericht_NuVe.pdf.

pecially as regards the matching process and coordination. Algorithm-supported matching is more tailored to participants and takes their individual preferences into account. Helpers (volunteers) can also describe their preferences in their profiles concerning the type of assistance, the maximum working time per week and the frequency of assistance, etc.

4.3. *For-Profit Platforms*

On the one side, empirical evidence regarding for-profit care platforms and care workers is still limited and emerging. On the other side, given the highly dynamic nature of the sector, part of the existing empirical literature may no longer fully capture the current situation concerning care platforms. For these reasons, the author analysed care platforms operating in Germany, comparing platforms' website content and their GTC[36]. For reasons of scope, this article does not offer an exhaustive account of each and every care platform operating in Germany, but only of a selected few that represent the different types of platforms. This research from the legal angle cannot substitute qualitative case studies, yet may build a foundation for further qualitative investigations.

4.3.1. *Type of Services*

Some platforms offer services for the elderly alongside other services. For example, through the platform *Betreut.de* a variety of services can be facilitated, including childcare, au-pair placement, tutoring, pet care, domestic assistance, and, notably, elder care[37].

There are also platforms that first and foremost offer care and assistance services and household-related services especially for the elderly. For instance, the Berlin-based company "Jung Hilft Alt" (JUHI GmbH) specialises in low-threshold everyday assistance for persons in need of care; since 2018, JUHI has been offering everyday help and household assistance (household help, shopping and errands, companionship care) through its platform[38]. Another example is the platform *Careship* that was founded in 2015 and acts as

[36] All general terms and conditions of platforms and website content of platforms cited in this article were last accessed on 22 July 2026.

[37] Https://www.betreut.de.

[38] Https://www.juhi.de.

intermediary between "everyday helpers" (*Alltagshelfer*) and persons in need of support and assistance, including elderly persons, throughout Germany[39].

4.3.2. *Typology*

Care platforms operating in Germany can, at least in part, be classified along the typologies already proposed in academia (marketplace, regulated marketplace, on-demand, digital agencies)[40]. However, many platforms represent hybrid types that do not only fit one typology. Nowadays, platforms continuously offer new services, seeking to attract new groups of clients and to build new partnerships. They offer both services for persons in need of home-based care as well as technical solutions. In particular, *Comii.de*[41] also offers technical solutions for case-matching within neighbourhood networks and billing (software for order processing, invoicing on behalf of a company, and administration) for mobile care services.

The study by Bonifacio and Pais suggests that the type of service provided (cleaning versus care) exerts a stronger influence on platform organisation than welfare regimes and labour regulations of the country studied[42]. Bonifacio's and Pais' research indicates the prevalence of the marketplace model in domestic cleaning services and the digital agency model for personal care service.[43]. My analysis has shown that all platform typologies are present on the German market of personal care services. In addition, new hybrid types have emerged. Direct billing with long-term care insurance funds gives rise to a new type of platforms.

4.3.3. *Access to Cash-for-Care Benefits*

Care platforms may enter the regulated market of care services by complying with all legal requirements, including the full range of re-

[39] Careship, About Us: https://www.careship.de/about-us/; *Careship will Senioren und Pflegekräfte vernetzen*, in *VC Magazin*, 5 April 2018, https://www.vc-magazin.de/blog/2018/04/05/careship/.

[40] Bonifacio, Pais, *How platformisation is shaping the future of domestic work. A mapping of home care and cleaning platforms in six EU countries*, Working Paper 2025.08, ETUI, 2025, p. 19, https://www.etui.org/publications/how-platformisation-shaping-future-domestic-work.

[41] https://comii.de/neighborhood; https://comii.de/mobile-care.

[42] Bonifacio, Pais, *cit.*, p. 26.

[43] *Ibid.*, p. 26.

muneration and quality requirements, thereby becoming institutionalised home-based care providers. Furthermore, care platforms may explore legal gaps in areas not yet regulated within social law and grey zones, such as the unclear division between domestic and care services. In addition, care platforms may, at a minimum, exploit the most unbureaucratic opportunities of the long-term care insurance scheme, as is the case in Germany.

In Germany, some care platforms seek to attract clients through the direct billing of respite care and relief allowances (see above 3.2) with long-term care insurance funds. For example, the platform *Careship* specifically advertises this for Berlin, Hamburg, Heilbronn and some other cities, where, accordingly, the possibility also exists to settle accounts for services provided through "Careship Ambulant" in line with Sec. 45b SGB XI (relief allowance – *Entlastungsbetrag*) and Sec. 39 SGB XI (respite care – *Verhinderungspflege*) directly with the long-term care insurance funds.[44] Careship Ambulant can be found in the official registers of recognised offers of support in everyday life for example in Berlin, Hamburg and Heilbronn[45]. *JUHI* also advertises direct billing with the long-term care insurance fund, at least for the relief amount and presumably also respite care[46], and publicly presents itself more as an organised provider model than as a purely neutral marketplace. Moreover, JUHI is listed, at least for some Bavarian locations, in the official Bavarian register of recognised offers of support in everyday life; publicly verifiable entries include JUHI GmbH – Nürnberg and JUHI GmbH – Augsburg[47]. Also *FLEXXI Care* offers such opportunity, especially for respite care[48].

[44] Https://www.careshipambulant.de; https://www.careshipambulant.de/csa-cu/ (accessed 9 July 2026).

[45] See for example Careship Berlin: https://www.pflegeunterstuetzung-berlin.de/aua/angebot-finden?tx_sekis_search%5Baction%5D=search&tx_sekis_search%5Bcontroller%5D=Offer&cHash=b25d7c049a769d262d1e434d6ffdf9b5#results; see for Hamburg and Heilbronn: https://www.pflegelotse.de/presentation/pl_treffer.aspx.

[46] Https://info.juhi.de.

[47] Https://www.lfp.bayern.de/angebote-zur-unterstuetzung-im-alltag-haeusliche-betreuung/.

[48] Https://flexxi.care/de/verhinderungspflege.

4.3.4. *Employment Status of Care Platform Workers*

The majority of platforms operating in Germany emphasise the self-employed status of care workers (so-called "everyday helpers" - *Alltagshelfer*). JUHI offers assistance provided by school pupils, students, or trainees as a side job[49]. On the website of the *Careship* platform, the available forms of involvement/employment for everyday helpers are described. "Everyday helpers" may cooperate with the platform as self-employed service providers. In that case, they are obliged to register a trade (*Gewerbe*) beforehand[50]. They receive online training through the "Careship Academy" as part of the platform's infrastructure. According to the information on the website, everyday helpers may also be employed as employees (part-time, full-time, mini-job and working student (*Werkstudent*)) and work within the unit "Careship Ambulant" in Berlin or Hamburg[51]. In order to do so they are required to complete a professional expert training programme with the "Careship Academy"[52]. However, clause 3.7 of the GTC stipulates that "only in rare individual cases, Careship reserves the right to designate a qualified internal employee instead of an external service provider, for the fulfilment of the requested services"[53]. According to clause 3.6 of the GTC, Careship itself does not provide care, nursing and/or domestic services. Contractual relationships concerning the provision of services are concluded exclusively between the service provider and the user[54].

4.3.5. *Care Rates*

The regulations on pricing vary. Some platforms offer the possibility for the client and the care worker to negotiate the service price between themselves, other platforms have fixed hourly and monthly care rates that the client and care worker have to accept and comply with.

[49] Https://helfer.juhi.de/#start.

[50] Https://www.careship.de/hilfe/.

[51] Https://www.careship.de/senioren-ratgeber/alltagshelfer-festanstellung/.

[52] *Ibid*.

[53] Https://www.careship.de/agb/; Clause 3.7 of the GTC refers for these cases to a separate "service agreement" (*Dienstleistungsvertrag*) with Care Companion GmbH, https://www.careship.de/agb/.

[54] Https://www.careship.de/agb/.

For example, the platform *Comii* provides the following regulations: on the one side, according to clause 7.2.2 of the GTC for elderly clients, the remuneration for the services is to be defined by the client him-/herself. On the other side, the platform "gives recommendations" to elderly clients in terms of how much to pay per hour for the respective care services: the platform recommends paying EUR 25 per hour (clause 7.2.2. GTC for elderly clients)[55]. By contrast, clause 6.2.2 of the GTC for everyday helpers specifies the amount each everyday helper receives per hour (currently EUR 25 gross)[56]. Costs for travel to and from the client are not reimbursed under the GTC for everyday helpers. The platform then issues an invoice on behalf of the everyday helper to the elderly client (clause 6.2.6. sentence 1 GTC for everyday helpers). In the event of a cancellation after acceptance of the assignment, a cancellation fee of EUR 9.50 may be charged "by Comii" to the cancelling party (clause 7.1. of the GTC for everyday helpers and clause 8.1. of the GTC for elderly clients).

4.3.6. *Algorithmic Management*

Non-profit as well as for-profit platforms broadly employ algorithms for matching elderly clients and everyday helpers (including platform workers). For-profit platforms use algorithms also for various other goals.

By way of example, the *Comii* platform seems to use algorithms and GPS data widely. Both elderly clients and everyday helpers are required to enable their GPS or geolocation when using the app (clause 5.4. sentence 2 of the GTC for elderly clients and clause 3.2. sentence 2 of the GTC for everyday helpers)[57]. The GPS data serve, first and foremost, the purpose of matching, by enabling the platform "to find corresponding everyday helpers within a defined geofence of approximately 10 km" (clause 5.4 sentence 3 of the GTC for elderly clients). When an everyday helper is requested, the helper who is located in the vicinity of the elderly client and who first confirms the assignment is to be dispatched (clause 3.2 of the GTC for elderly clients)[58]. Furthermore, the GPS data of everyday helpers serve the purposes of route planning and live tracking. In a published interview, this

[55] Https://comii.de/conditions-senior#_Toc82156897.
[56] Https://comii.de/conditions-everydayhelpers.
[57] Https://comii.de/conditions-senior#_Toc82156888.
[58] Https://comii.de/conditions-senior#_Toc82156888.

function is described as follows: "The helper who accepts first receives a route planner and drives to the elderly client. The elderly client can see via live tracking how long the helper will need to reach them"[59]. Furthermore, GPS tracking is used for pricing and control of working time. As the starting point of the daily helper's activity, the senior's place of residence is specified. Only at that location may everyday helpers activate the status notification "start assignment" (clause 6.2.2 sentences 2 and 3 of the GTC for everyday helpers). Working time is credited to everyday helpers from the moment of this status notification. The GTC for everyday helpers provides that time recording is carried out via status notifications within the app, so that elderly clients can review the details in the invoice, which is generated separately for each assignment/service and made accessible in the respective customer profile (clause 6.2.2 sentence 3 of the GTC for everyday helpers). Moreover, the platform uses algorithms to apply sanctions. Clause 6.2.3 of the GTC provides: "Abusive use, for instance by starting the timer prior to arrival at the elderly client's location, can be detected by us (for this purpose we use geomatching algorithms), and we may suspend you in accordance with our everyday helper policy for a certain period (first offence: 1 week; second offence: 4 weeks)."

The *FLEXXI Care* app incorporates matching algorithms and requires the use of GPS. The procedure for commissioning and billing is described in the End Customer Agreement (EULA 03.2026), Section Software, page 2, as follows: "The first nurse/care worker to accept the request is awarded the assignment. Both the care worker and the client receive further, detailed information about the respective other party via the respective app. The selected nurse/skilled care worker and the client may communicate via a chat tool. As a rule, a deposit is charged to the client's credit card upon commissioning or acceptance and held as security. During the assignment period, the location of the nurse and skilled care worker may be recorded and stored at intervals. Upon completion of the work, the exact amount is debited from the guarantee and the credit card, and the agreed remuneration less commission, payment service provider fees, and value-added tax

[59] Buschbacher, Managing Director of Comii GmbH, in *Comii: Alltagshilfe für Senioren per Klick - Ein Beitrag von COMII APP*, https://www.inpactmedia.com/medizin/meine-gesundheit-06-23/comii-alltagshilfe-fuer-senioren-klick; on the Comii website, "live tracking & encrypted voice recording of everyday helpers" is mentioned as a feature available only with the Premium subscription, cf. https://comii.de/for-seniors/prices?category=committees.

accruing on the commission and payment service provider fees is transferred to the nurse or skilled care worker"[60].

4.3.7. *Reputational Ratings*

Platforms actively employ ratings. On the website of *Comii*, both elderly clients and everyday helpers are asked to rate each assignment. According to clause 3.5 sentence 3 of the GTC for everyday helpers, the ratings may be decisive for whether third-party providers are permitted to continue providing services or not. In this connection, the FAQ section of the platform's website states: "We regularly review all helpers with unsatisfactory ratings. In such cases, we will discuss possible causes and remedial measures with the helper personally and initiate them promptly. Should none of the measures prove effective, we will, in the worst case, also suspend such helpers"[61]. Accordingly, clause 4.7 of the GTC for everyday helpers provides for the possibility of temporary or permanent suspension by the platform where concrete indications justify the assumption that a breach of duty by the everyday helper has occurred[62].

4.3.8. *Ban of Direct Contacts with the Client*

Platforms try to influence the care market and the behaviour of care workers through so-called "lock-in"[63] clauses. For example, the *FLEXXI Care* platform prohibits direct contact outside the app between care workers and clients whom the care workers have met through the app, whether through referral or through clients to whom a referral was made, in particular for the purposes of communicating, submitting, or accepting offers[64].

[60] Https://flexxi.care/terms/EULA_DE.pdf.

[61] Https://comii.de/for-seniors/faqs.

[62] Https://comii.de/conditions-everydayhelpers.

[63] Cf. McDonald, Williams, Mayes, *Means of Control in the Organisation of Digitally Intermediated Care Work*, in *WESoc.*, 2021, 35, 5, p. 885.

[64] EULA 03.2026, Section Software and Online Services, pp. 2-3, https://flexxi.care/terms/EULA_DE.pdf.

4.4. *Evaluation*

4.4.1. *The Case Law of European Countries*

The intensive use of GPS tracking, reputational ratings and algorithms to (1) manage the activities and working time of care workers, (2) to control the pricing and billing process as well as the quality of services and (3) to ban direct contacts between the client and the service provider beyond the app, could, depending on the criteria for classifying employee status in the case law of the respective country, be assessed as an indicator of subordination of care platform workers and be ground for the reclassification of the self-employed status. There are already many examples of such interpretation in the case law of different European countries. Here are some of them.

4.4.1.1. *Pricing Mechanisms and Ratings*

In the judgement concerning the caregiving platform *Joyners*, it was taken into account, among other indicators of employee status, that the platform determined and processed the payment of tasks carried out by care workers and used customer ratings to evaluate the caregiver's performance[65].

In the Netherlands, *Helpling* was regarded as a temporary work agency, not least because the platform influenced pay rates and used payment recommendations. Furthermore, "the platform also processed the payment and managed a rating system, which the court also saw as a control mechanism serving the platform's own interests"[66].

4.4.1.2. *Ban of Direct Contacts with the Client*

Dominik Ledwon and Tolga Topuz stressed that in Uber UK cases drivers were not allowed to make contact with the passenger after a ride had been carried out and build up a certain customer base, which demonstrates the drives are always supported to be personally dependent

[65] Hiessl, *Domestic Platform Work as a Multiparty Relationship: Regulatory Loopholes and Ways to Address them*, in Hiessl, Kocher, Poblete, *Digital Intermediaries in Care and Domestic Work Sectors*, 2026, p. 7.

[66] Hiessl, *cit.*, p. 8.

on the assignment of jobs through the Uber platform.[67] The UK Supreme Court confirmed that Uber drivers are workers rather than independent contractors[68].

4.4.1.3. *Combination of Geo-Tracking with Sanctions*

In France, couriers using the *Take Eat Easy* platform for food delivery were considered employees not at least because "the combination of real-time geo-tracking applications and disciplinary sanctions amounted to a degree of direction and control that warranted the establishment of employment status"[69].

4.4.2. *German Labour Law*

According to German case law, the key factor in determining employee status is whether someone is obliged to perform an activity in personal dependency, meaning to follow instructions concerning the content, performance, time and place of the activity (Sec. 611a para. 1 of the German Civil Code – BGB)[70]. In order to determine whether an employment contract exists, an overall assessment of all circumstances must be made (Sec. 611a para. 1 sentence 5 BGB).

In Germany there is, until now, no case law on the employment status of persons working via care platforms. In the only case concerning the status of a platform worker, the Federal Labour Court has modified the existing case law and decided in favour of the platform worker because of the incentive system that induced the worker to continuously accept tasks, which were not freely designed in terms of place, time and content[71]. In particular, the Federal Labour Court addressed the problem of "a lack of a duty to work", stressing that also "factual constraints, created by an organ-

[67] Ledwon, Topuz, *Comments from Other Jurisdictions: Germany*, in *EELC*, 2021, 21, pp. 125-126.

[68] UK Supreme Court 19 February 2021, [2021] UKSC 5 (*Uber BV and others v Aslam and others*).

[69] Gruber-Risak, *There is a crack, a crack in everything…*, in *IUR*, 2021, 28, 1, p. 14.

[70] Krause, *"App-Based" Work: The German Case*, in Carinci, Dorssemont, *Platform Work in Europe*, Cambridge [UK], 2021, p. 37.

[71] *Ibid.*, p. 40.

isational structure established by the principal may be capable of inducing the worker to act in the desired manner, without any need for specific instructions to be issued"[72]. At present, the empirical evidence is missing in how far incentive systems are used by care platforms in Germany. For this reason, it is not possible to apply the reasoning of the Federal Labour Court from this individual case to all possible future cases involving care platform workers, having regard to the different types of care platforms operating in Germany. Consequently, in order to determine whether an employment relationship exists, all circumstances of the case, including the circumstances under which platform work is performed, should be taken into account.

5. *Conclusion*

1. The major obstacle to taking care leave concerns the inadequacy of income replacement during such periods: on the one hand, employers are not required to continue paying remuneration during care leave, and on other hand, no social benefits for caregivers are provided for during such leave. Social benefits for caregivers from the German long-term care insurance are provided only for a maximum period of up to ten days off work. Such modalities are often incompatible with full-time employment and career development, which contributes to the modest take-up of such measures. In total, this explains why informal caregivers would prefer to pay for care, including care organised via care platforms. The marginal social protection of informal caregivers may contribute to the further commodification of care, the alienated use of cash-for-care benefits, and a referral to care organised via care platforms.

2. It is estimated that, by 2040, a total of 163,000 to 380,000 additional full-time employees will be needed in institutional care and 97,000 to 183,000 in outpatient care[73]. In addition, the care sector is strongly characterised by part-time work: in 2024, around half of professional carers worked

[72] Federal Labour Court (BAG) 1 December 2020 – 9 AZR 102/20, para. 36, referring to Schubert, *Crowdworker – Arbeitnehmer, arbeitnehmerähnliche Person oder Selbständiger – zugleich eine Besprechung zum Urteil des LAG München vom 4.12.2019 – 8 Sa 146/19*, in *RdA*, 2020, 4, p. 251.

[73] RWI – Leibniz-Institut für Wirtschaftsforschung, Pressemitteilung, *Pflegeheim Rating Report 2022*, 29 November 2021.

part-time. By comparison, a total of 31% of employees in Germany work part-time[74]. Although only 14% of those in need of care are cared for in care homes,[75] waiting times for a care place, not least because of the shortage of professional care workers, are lengthy. High demand for care services contributes to the marketisation and platformisation of care.

3. Without being official care service providers in accordance with Sec. 71 *et seq*. SGB XI themselves, some care platforms have already entered the market of "support in everyday life" (an area in which in the past only non-profit associations, also in the framework of neighbourhood assistance, and non-profit platforms were active). As a provider of support in everyday life, they are entitled to bill "care relief allowance" (a cash-for-care benefit) with the long-term care insurance. By doing so, they contribute to the marketisation of this form of assistance. In addition, care platforms sometimes seek to reshape the care market by offering new services not only to individuals but also to businesses (B2B), such as technical solutions and intermediation between skilled nursing professionals, auxiliary care workers, and household helpers with B2B partners. For these reasons, platform business models and their typologies are highly dynamic.

It is highly unlikely that care platforms would want to adjust their business models and become institutionalised home-based care providers complying with the full range of remuneration and quality requirements prescribed by Social Code Book XI. At the same time, platforms are willing to attract clients through direct billing options with long-term care insurance funds in which only low barriers to access for cash-for-care benefits (such as respite care and care relief allowance) exist.

4. In the field of labour relations, care platforms, in general, seek to avoid the status of employer. Platforms emphasise that they are only an intermediary and care workers are self-employed. At the same time, the analysis of private regulations and of the content of their websites demonstrates that some platforms use control mechanisms attributive to the business model of labour platforms that have already been recognised in many jurisdictions as indicators of an employment relationship. In particular, the fact that a care platform worker has no influence over pricing and is prohibited from hav-

[74] Deutscher Pflegetag 2025, https://deutscher-pflegerat.de/dpt25/DPT25_Factsheet-Pflege.pdf.

[75] Cf. fn. 4.

ing direct contact with clients, means that the worker is not free to organise his or her activity and is instead bound by the instructions of the platform provider, which speaks in favour of employment relationship. Furthermore, through reputational ratings a part of the control functions (which are in its essence employer's functions) is delegated to the clients. The application of sanctions, such as the suspension of activity on a platform depending on ratings, also points to personal subordination. Nevertheless, as an overall assessment of all circumstances of the individual case is required, it is only possible to determine whether an employment relationship exists on the basis of a case-by-case approach.

The recognition of platform workers as employees has both labour law and social law consequences (such as the back payment of social security contributions) and may also lead to criminal law consequences (regarding the withholding or misappropriation of wages-related contributions). However, this would not automatically make the platform a care service provider in accordance with Sec. 71 *et seq.* SGB XI.

The opaque regulations of platforms governing algorithmic management and algorithmic control, as well as the continuously changing private regulations of these platforms, pose a significant challenge to asserting the legal nature of the relationship with a care worker operating via a care platform. Professor Countouris and Professor De Stefano emphasise "a new and groundbreaking approach to shaping the personal scope of applications of EU Directives in the social field", namely, the introduction of the new concept of "persons performing platform work" in the Platform Work Directive (Directive (EU) 2024/2831 of 23 October 2024 on improving working conditions in platform work, hereinafter – PWD) and the provision of rights addressed to persons performing platform work.[76] To such rights belong, *inter alia*, the majority of the regulations in Chapter III, "Algorithmic Management" (Arts. 7, 8, 9, 10, 11 and 15), as well as certain provisions in Chapter IV, "Transparency".[77] Art. 7 para. 1 PWD, which prohibits digital labour platforms from using automated monitoring systems or automated decision-making systems to process any personal data in relation to private conversations, may serve as a solution against the critical practice of

[76] Countouris, De Stefano, *"Not the usual gig": The personal scope(s) of application of Directive 2024/2831 on improving working conditions in platform work*, in *ELLJ*, 2025, 16, 4, p. 435.

[77] *Ibid.*, p. 436.

platforms prohibiting direct contact outside the app between care workers and clients. In addition, the realisation of the transparency obligation with regard to automated monitoring systems and automated decision-making systems (Art. 9 PWD) may assist in analysing which categories of data and actions are monitored, supervised or evaluated by automated monitoring systems (under the condition that an effective enforcement of this regulation is realised) in order to circumvent labour law regulations and, likely, also social law regulations. Furthermore, it is of great importance that Art. 17 para. 1 PWD stipulates that Member States shall ensure that digital labour platforms make information available to competent authorities and to representatives of persons performing platform work, specifically, the general terms and conditions determined by the digital labour platform and applicable to those contractual relationships. Art. 17 para. 4 PWD stipulates that such information shall be updated at least every six months and, regarding the terms and conditions, each time they are modified in substance. This regulation may allow platforms to adjust their GTC, pretending not to make a "modification in substance" but in effect substantially affect platform workers, without submitting the updated version of GTC to the competent authority.

5. To conclude, some recommendations for further research and legal regulations shall be given:

1) Empirical research on care platforms and care platform work in Germany is still in its infancy. The existing body of research and publications[78] indicates a heterogeneous picture of care platform workers, their demographic and occupational characteristics as well as their motivation. This activity, on the one hand, could be the only employment option available to vulnerable groups, such as migrant and low-skilled workers, particularly women.[79] In this way, the platformisation of care may exacerbate their

[78] Baum, *Platforms Don't Care - Qualified and Experienced Women Do: A Case Study on Self-Employment and On-Demand Platforms in Eldercare*, in *CrS*, DOI: https://doi.org/10.1177/08969205241304281; Baum, *Digitalization as Imaginary: A Study of Self-Employment in Care and Platformization of German Eldercare*, in [Vasilis, Vasileios-Spyridon], *Digitalization, Data and Welfare*, Edward Elgar Publishing, 2025, pp. 141-155; Korn, *Informal Home Care in the Digital Transformation: Platform Design and Work Ethics of Care*, in *SoSc*, 2025, 14, 4, 225, https://doi.org/10.3390/socsci14040225.

[79] See for example: Pulignano, Mará, Franke, Muszynski, *Informal employment on domestic care platforms: A study on the individualisation of risk and unpaid labour in mature market contexts*, in *Transfer*, 2023, 29, 3, pp. 323-338.

precarious situation. On the other hand, qualified and experienced care workers who have switched from inpatient care facilities[80] to working via platforms, do not seem to consider this job situation to be precarious and prefer the self-employed status[81].

It would be worth investigating in further empirical research: the kind of assistance services predominantly booked via platforms – basic (medical) care or rather household help and companionship care; the characteristics of service recipients, such as whether they live alone or with a partner or children; which level of care dependency they have; whether persons in need of care live in urban settings or rural areas; how and by whom – long-term insurance funds/children/relatives or recipients of care services – care work provided via platforms is financed; how platforms utilise the algorithmic management and control mechanisms, including ratings, as well as provisions of their GTC in general.

2) Often, for-profit care platforms advertise with unbureaucratic and technically innovative solutions. Care workers (in the formal care sector) attach great importance to the simplification of documentation[82]. Also, Germany's Commission on Welfare State Reform advocates a modern social administration that makes effective use of existing technical potential – in particular artificial intelligence – to increase its efficiency[83]. At the moment, a variety of technical solutions and software beyond the platform economy is already available on the market that allows the simplification of planning, administration, quotation preparation and invoicing for care services[84]. This approach should be further developed in the traditional care sector.

3) However, technical solutions are only secondary solutions in respect of the shortage of care personnel, workplace marginalisation and insufficient funding in the care sector. On 29 December 2025 (in force since 1 January 2026) the Law on the Expansion of Competences and the Re-

[80] Studies show that care workers, especially those in the inpatient care sector, often feel marginalised in the workplace. Cf. Trumpa, Schöner, *Nicht-monetäre Einflüsse auf die Arbeitszufriedenheit in der Pflege*, in Brockmann, Welti, *Sozialrecht und Tarifbindung - Regulierung von Arbeitsbedingungen durch Leistungserbringungsrecht?*, Band 55 HSI-Schriftenreihe, 2025, pp. 214-251.

[81] Baum, *Platforms Don't Care*, cit.

[82] Trumpa, Schöner, *cit.*, p. 228.

[83] *Abschlussbericht Sozialstaatskommission. Empfehlungen der Kommission zur Sozialstaatsreform*, 2026, https://bmds.bund.de/aktuelles/aktuelle-meldungen/detail/sozialstaatskommission-legt-bericht-zur-modernisierung-und-digitalisierung-des-sozialstaats-vor, p. 34.

[84] See for example: https://baercare.de.

duction of Bureaucracy in Long-Term Care (*Gesetz zur Befugniserweiterung und Entbürokratisierung in der Pflege*)[85] was adopted. This law aims, *inter alia*, at strengthening nursing professionals and their powers in care provision in order to make the profession even more attractive and thus addresses the shortage of skilled workers in the care sector[86]. Through this law, nursing professionals are permitted to independently perform certain functions normally carried out by a physician if they have the appropriate academic education. Empirical investigations show that many professional nurses and care workers have left the formal care sector (in favour of work via platforms) due to its unbearable conditions[87]. Increasing the responsibility and autonomy of some groups of nursing professionals does not automatically lead to fair treatment among colleagues and superiors (which is considered as the most important working condition for a return to the nursing profession)[88]. It is very important to consider the factors that lead to job dissatisfaction, implement appropriate measures and monitor them in practice.

4) Platforms as intermediaries are primarily subject to commercial law and, where applicable, data protection regulations, but not to social law and residential care law concerning licensing and quality assurance requirements. Only if it is proven that the platform acts as a service provider will the comprehensive social law and regulatory requirements applicable to traditional care services apply. The main challenge is to investigate in which cases and to what extent the activity of care platforms is subject to such regulations. The most important issues in this context are: compliance with national regulations in the care sector; the state authorisation and state control of care service provision; the proper use of cash-for-care benefits; the quality of care provided via platforms; the distinction between care services and domestic services.

[85] BGBl. 2025 I No. 371.
[86] BT-Drucks. 21/1511, p. 3.
[87] Baum, *Digitalization as Imaginary*, cit., p. 144.
[88] Trumpa, Schöner, *cit.*, p. 228.

Abstract

This contribution aims to analyse care work via digital platforms in the context of the German legal system. The paper starts with an analysis of labour and social law guarantees for informal caregivers and provides a short overview of regulations concerning the provision of home-based care services and social benefits in the case of home-based care. As a next step, the author analyses care platforms operating in Germany and their private regulations and correlates the outcomes of this analysis with the case law of European countries on employment classification. In conclusion some recommendations for further research and legal regulation are provided.

Keywords

Care work, Digital platforms, Informal caregivers, Home-based care, Social security benefits.