UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Working Group „Health Systems, Health Policy and Sociology of Health“
Prof. Dr. Dr. Thomas Gerlinger

„ANÁLISIS COMPARADO DE LOS SISTEMAS DE PROTECCIÓN A LA DEPENDENCIA EN EUROPA.

LA REFORMA DE LA LAPAD EN ESPAÑA.

The Long-term Care System in Germany
Los cuidados de larga duración en Alemania

Universidad Internacional Menéndez Pelayo

Santander, 1 September 2025

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Agenda

1. Main Features
2. Governance
3. Financing
4. Eligibility and Benefits
5. Benefit recipients and provision of long-term care
6. Quality and Quality Assurance
7. Main Challenges
8. Conclusion

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

1.

Main Features

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

The introduction of the long-term care insurance (LTCI)

- The LTCI was introduced by the Long-term Care Insurance Act (Codified in [Social Code Book] XI), adopted in 1994
- LTC provision (under LTCI) started in 1995
- Key Objectives:
  - the risk of needing long-term care was to be secured financially on an independent basis;
  - the dependence of those affected on social assistance was to be reduced;
  - LTCI was intended to generate sufficient financial demand to support the development of a robust LTC infrastructure
  - the expansion of a care infrastructure was also expected to reduce the inappropriate use of hospitals by people who were in need of care but not acutely ill.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Mandatory insurance (1/3)

- The LTC system in Germany is
  - based on the insurance principle
  - organised along similar lines to the healthcare system.
- Anyone living in Germany is obliged to take out long-term care insurance, either in the social or in the private LTCI system.
- Slightly more than 89% of the population are insured under the social LTCI scheme, around 10% hold a private LTCI policy.
- Benefits are funded by the contributions-based LTCI scheme.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Mandatory insurance (2/3)

The following population groups are compulsorily insured in the SHI scheme:

- all employees, if their regular earned income exceeds € 556 per month (mini-job threshold in 2025) and remains below a certain income limit (2025: € 6,150 per month, or € 73,800 per year);
- pensioners in the LTCI scheme (who have been in the LTCI for most of the latter half of their working lives);
- people receiving unemployment benefits;
- students, farmers, and artists.
- family members are covered at no extra charge, if their regular earned income does not exceed € 556 per month.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Mandatory insurance (3/3)

- Self-employed people (with the exception of farmers and artists) and well-paid salaried workers (whose gross wages exceed the threshold mentioned above) may choose between the LTCI system and voluntary membership of the LTCI system.
- Employees who exceed the earned income limit may insure themselves voluntarily in the SHI system.
- In LTCI, the “long-term care insurance follows healthcare insurance” principle applies: all SHI members are automatically members of the LTCI scheme, and all members of a PHI scheme are members of a private LTCI.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

2.

Governance

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Governance: Statutory LTCI funds

- Long-term care insurance is run by just over 90 LTC funds (“Pflegekassen”), which are organisationally affiliated with their respective health insurance funds (“Krankenkassen”).
- The LTCI funds negotiate and conclude contracts with LTC facilities at the federal level (framework contracts) and at the Länder level in order to ensure service delivery according to legal provisions.
- Contracts comprise agreements on remuneration and quality assurance

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Governance: Federal structure

- The Long-Term Care Insurance Act applies nationwide (to all 16 Länder).
- At the same time, the federal legislator delegates a range of responsibilities to the Länder and the LTCI funds, thereby granting them a certain degree of discretion in shaping long-term care provision.
- In many cases, decisions of the federal parliament, i.e. the Bundestag, require the approval of the Länder chamber, the Bundesrat.
- The Länder are responsible for implementing any federal law.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Governance: Self-administration

- The term ‘self-administration’ refers to the joint self-administration of LTCI funds (and their respective associations), Länder, municipalities and LTC providers concretizing the legal framework
- Contracts are concluded mostly in collective negotiations and
- Decisions of the respective competent bodies (binding for all actors involved).
- In its decisions, self-administration must adhere to the framework formulated by the legislator.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

3.

Financing

Financing of Social Long-term Care Insurance (1/2)

- Social LTCI is financed through income-related contributions collected from employees and employers.
- From 1 January 2025, the contribution rate is 3.60% of gross wages for people with one child (payment to be divided equally between employers and employees).
- For each additional child (up to five children) the contribution rate is reduced by 0.25%. The contribution rate can therefore decrease by up to 2.60%. As the employer's contribution rate remains constant at 1.80%, employees with five children only pay a contribution rate of 0.80%.
- Childless contributors are required to pay an additional contribution rate of 0.60% and thus have to pay 4.20% (employee contribution rate: 2.40%) *(Federal Ministry of Health, 2025a)*.

Contribution rates in LTCI (2025)

People with	Contribution rate (% of gross wages)		
	Insured person	Employer	Total
No child	2.40	1.80	4.20
One child	1.80	1.80	3.60
Two children	1.55	1.80	3.35
Three children	1.30	1.80	3.10
Four children	1.05	1.80	2.85
Five children and more	0.80	1.80	2.60

Source: Federal Ministry of Health, 2025a

Financing of Social Long-term Care Insurance (2/2)

- A contribution assessment ceiling applies, i.e. an income limit up to which the contribution rate may be levied (2025: gross income of € 66,150 per year, i.e. € 5,512.50 per month).
- Pensioners' contributions have to be paid in full by pensioners themselves.
- As mentioned above: children and spouses with an income of less than € 556 (in 2025) are co-insured at no extra cost.
- The federal subsidy for LTCI, introduced in 2020 at a volume of one billion euros, was suspended for the years 2024 to 2027.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Coverage of LTC costs

- However, in contrast to the German Statutory Health Insurance, long-term care insurance covers LTC costs only partially.
- The shortfall must be paid privately by the person in need of care.
- If regular income is not sufficient, the person in need of care must draw on any savings or property.
- If this is not available or not sufficient, the children must pay the remaining costs.
- If the children are too financially overburdened, the missing amount must be paid by the municipalities via social welfare grants.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

LTCI and welfare state typology

- On the one hand, the introduction of long-term care insurance reflects an element of continuity or path dependence within the German welfare state.
- This is the case insofar as it was established within the framework of the German social insurance tradition.
- On the other hand, it also represents a shift away from a conservative welfare state model (in Esping-Andersen's terms), since it incorporates elements of the liberal welfare state:
  - the limitation of benefits to partial coverage and
  - the introduction of means-testing for benefit entitlement.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

4.

Eligibility and benefits

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Eligibility

- According to the LTCI law, people are eligible for LTC
  - if they require frequent or substantial assistance
  - on a long-term basis (i.e. for an estimated period of at least six months)
  - because their independence is impaired
  - due to a physical, mental or psychological illness or disability.
- All dependent people are eligible for the LTCI scheme, irrespective of their age.
- The benefits of LTCI do not differ between regions.
- Benefits are not limited in time.
- The LTCI system does not impose any legal restrictions on access to specific care settings.
- There is, as mentioned, no difference in benefits between social and private LTCI.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Benefits (1/6)

- LTC benefits are granted on the basis of
  - a care grade (based on a distinction of five grades) and
  - of the arrangement of care
    - either at home (domiciliary care) or
    - or in a residential home for older people.
- Moreover, assistance may be provided for prevention and rehabilitation (measures to overcome, reduce or prevent an increase in the need for LTC).
- These measures are given priority over care.
- Home care is also given priority over residential care.
- However, the principle of self-determination and of freedom of choice for those in need of care applies.
- The need for LTC is assessed by the Medical Review Board („Medizinischer Dienst“), an independent body organised at federal and Länder level

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Benefits (2/6)

- In general, a recipient may choose between three different arrangements:
  - care allowance,
  - domiciliary care (in kind), provided by professional services
  - and residential care.
- Besides these core benefits, there are additional benefits provided under LTCI, as follows:
  - holiday stand-ins/respite care;
  - part-time institutional day and night care;
  - short-term care;
  - nursing aids (such as a special bed) and allowances to pay the cost of modifying the home to accommodate the nursing care needs; and
  - nursing care courses for relatives.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Benefits (3/6)

- Until 2016, the benefits provided by long-term care insurance were limited to assistance with activities of daily living (such as personal hygiene).
- In 2017, however, a comprehensive reform came into effect that placed greater emphasis on supporting restrictions to autonomy.
- As a result, the benefit catalogue was expanded, in particular to cover the care and supervision of people with dementia.
- As a consequence, the number of beneficiaries rose significantly.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Benefits (4/6)

- Since 2017, LTCI distinguishes between five care grades determined by impairments of independence or incapacitation in six fields (modules), which are weighted as follows *(Wingenfeld, 2017)*:
  - Module 1: mobility (10%);
  - Module 2: cognitive and communicative abilities (15%);
  - Module 3: behaviour patterns and psychological problems (15%);
    (Module 2 and 3: only the module with a higher grade of impairment applies)
  - Module 4: level of self-sufficiency (40%);
  - Module 5: health restrictions, demands and stress due to therapies (20%);
  - Module 6: structure of everyday life and social contacts (15%).
- The grade of care is formally assessed by the independent Medical Review Board (“Medizinischer Dienst”).

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Benefits (5/6)

- The amount provided by LTCI depends on both
  - the level of care required (care grade) and
  - the type of service received.

LTCI benefits catalogue (extract)

	Maximum benefit (in € per month in 2025)	
Type of care	**Care grade 2**	**Care grade 5**
Care allowance	347	990
Benefit-in-kind	796	2,299
Residential care	805	2,096 (+ 15-75% of care costs depending on the length of stay)

Source: Federal Ministry of Health, 2025b

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Benefits (6/6)

- To limit overall expenditure and keep contribution rates stable, lawmakers aim to encourage as many relatives as possible to provide care at home.
- For this purpose, they have introduced various incentives, such as
  - recognising caregiving periods for pension entitlements under certain circumstances and
  - offering subsidies for necessary adjustments to the home.
- In addition, lawmakers have introduced various forms of support that take into account temporary changes
  - in either the workload of family caregivers or
  - the care needs of those receiving support.
- These measures are also designed to allow relatives to take breaks or go on holiday while ensuring that appropriate care remains in place.

UNIVERSITÄT
BIELEFELD
Fakultät für
Gesundheitswissenschaften

5.

Benfits recipients and provision of Long-term Care

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Benefit recipients (1/2)

- In recent years the number of people in need of care has risen significantly,
  - mainly due to demographic change and, additionally, since 2017,
  - due to the extension of access to care in the new legislation.
- Around 6.02 million people required LTC by the end of 2024 in social and private LTCI, among them 5.64 million people in statutory LTCI and 0.38 million in private LTCI *(Federal Ministry of Health, 2025c)*.
- They included 5.11 million people being cared for
  - at home by close relatives, mostly by women, or
  - by domiciliary care services or by a combination of informal and professional carers *(Federal Ministry of Health, 2025c)*.
- The remaining around 0.9 million people were living in residential homes *(Federal Ministry of Health, 2025c)*.

Benefit recipients (2/2)

Type of benefit resp. service provision in social LTCI (2024)	
Type of benefit/service provision	**in % of all benefit recipients**
Residential Care (full-time)	13.9
Domiciliary Care,	83.6
including: care allowance	55.9
combined benefits	11.2
benefit-in-kind	3.3
respite care (on an hourly basis)	9.0
day and night care	3.0
LTC in homes for disabled persons	2.5
Total	**100**

Source: Federal Ministry of Health, 2025d

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Providers

- Around 80% of those in need of care are care for by relatives or other volunteers, either on their own or in cooperation with professional care services.
- As surveys show, this is in line with the preferences both of people in need of care and their relatives
- Professional care facilities (both residential care homes and domiciliary care services) are run almost exclusively by private for-profit and private non-profit providers.
- Publicly owned and run facilities play only a marginal role.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Professional Care by type of providers

LTC facilities operated by…	Residential care homes (in %)	Domiciliary care services (in %)
Private-for-profit providers	42.4	68.5
Private-non-profit providers	53.3	30.2
Public providers	4.3	1.3
Total	**100**	**100**

On 31 December 2023

Source: Federal Statistical Office, 2024a

UNIVERSITÄT
BIELEFELD
Fakultät für
Gesundheitswissenschaften

6.

Quality and quality assurance

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Quality Framework – LTC funds and the Länder (1/3)

A separate legal quality framework applies to LTC, the core provisions of which are *(Gerlinger, 2019)*:

- Basically, benefit recipients are entitled to receive all services that are “effective, efficient and do not exceed the threshold of necessity” (Section 29 para. 1 SCB XI).
- The law requires the LTC funds to ensure that
  - LTC meets the needs of those people in need of care,
  - the provision of LTC is evenly spread geographically and
  - it complies with the current state of knowledge in medicine and care (Section 69 para. 1 SCB XI).
- The Länder are obliged by law to ensure that
  - the LTC infrastructure performs well and is efficient and
  - care facilities are available and accessible (Section 9 SCB XI).

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Quality Framework (2/3)

- Länder, municipalities and LTC funds are required to co-operate closely in order to ensure LTC quality.
- LTC providers are responsible for the quality of their services (Section 112 SCB XI).
- They are obliged
  - to establish and fine-tune an internal quality management system and
  - to adopt expert standards
- Care contracts between LTC funds and LTC providers may be concluded only if LTC providers meet these obligations.
- The associations of LTC funds, LTC providers and municipalities have to ensure that expert standards for LTC will be established in order to assure and improve the quality of LTC.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Quality Framework (3/3)

- The Medical Review Board is authorised and obliged to monitor whether the approved LTC providers meet the legal requirements for care quality.
- Inspections of approved residential homes are to be carried out without prior warning if LTC providers do not submit certain data on their organisations' outcome quality as required by law.
- LTC funds are obliged to organise training courses free of charge for relatives and other people interested in delivering voluntary LTC.
- These courses are designed to teach the skills required for autonomous delivery of care.
- Recipients of LTC allowances (i.e. those people who receive care from informal carers) are obliged to make use of regular counselling services regarding LTC.

7.

Main Challenges

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Shortage of LTC Professionals (1/3)

- The demand for skilled workers in long-term care is very high
- There is a glaring shortage of skilled LTC workers:
  - According to the Federal Employment Agency, around 31,000 positions remained vacant on average in 2024, a substantial share of them in LTC *(Singer/Fleischer, 2025: 19)*.
  - The Federal Statistical Office assumes that there will probably be a shortage of around 90,000 carers in ten years' time and as many as 280,000 by 2049 *(Federal Statistical Office, 2024b)*.
- If the trend is unfavourable, the gap could amount to around 350,000 nurses in ten years' time and around 690,000 by 2049 *(Federal Statistical Office, 2024b)*.
- It is of fundamental importance to increase the attractiveness of the LTC as a profession in order to tackle the shortage of skilled workers and ensure adequate care.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Shortage of LTC Professionals (2/3)

- Staff shortages are a major reason for poor working conditions in LTC.
- Moreover, the shortage of skilled LTC professionals has a negative impact on access to LTC.
  - Waiting times and admission freezes are common issues in both residential care and home care.
  - Due to the shortage of skilled LTC workers, problems in access to LTC facilities may arise on the local or regional level, predominantly in rural areas
  - Furthermore, staff shortages are a major reason for the deficiencies in the quality of LTC services *(Federal Medical Review Board, 2025)*.
- The capacity to respond effectively to sudden or rapidly evolving needs of those requiring LTC becomes increasingly constrained. Consequently, the resilience of organisations operating under such conditions is significantly undermined.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Shortage of LTC Professionals (3/3)

- Due to the unavailability of professional services, those in need of care are often forced to choose care settings that are not well suited to their needs.
- Family members frequently have to take on the care themselves, often at the expense of their mental and physical well-being.
- In addition, caregiving often requires family members – especially women – to reduce their working hours or even give up paid employment entirely.
- Closely linked to the shortage of skilled LTC workers is the increasing lack of short-term care places in residential care homes.
- The number of available short-term care places is declining, largely because the growing shortage of skilled staff is resulting in higher occupancy rates for long-term care.
- This is increasingly hindering the transition between residential care and home-based care.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Working Conditions

- Poor working conditions are a major reason for the shortage of skilled LTC workers *(Schmucker, 2019)*.
- The work intensity is high and often exacerbated by staff shortages.
  - The working hours are unfavourable due to the unavoidable shift, night and weekend work.
  - Frequent lifting and carrying places considerable strain on the musculo-skeletal system.
  - Being confronted with the suffering of those affected represents a major psychological burden.
  - social recognition of LTC work is poor
- These conditions contribute to high staff turnover.
- Poor working conditions and the shortage of skilled professional carers may reinforce each other and create a vicious circle.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Wages (1/2)

- Wages for LTC workers have been rising in recent years
- mainly due to regulations on minimum wages

Qualification	Minimum wage (in € per hour, 1 July 2025)
Skilled LTC workers	20.50
LTC assistants (qualified)	17.35
LTC assistants	16.10
All assistants	12.82

Source: Federal Government, 2025; Federal Ministry of Labour and Social Affairs, 2025.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Wages (2/2)

Qualification	Increase in gross wages (per month) between 2012 and 2024	
	LTC workers	All workers
Skilled workers	+ 75 %	+ 46 %
Assistants	+ 84 %	+ 42 %

Source: Carstensen et al., 2025: 4

Qualification	Gross earnings (in € per month, 31 December 2024)
Skilled LTC workers	4.153
All skilled workers	3.720
LTC assistants	3.098
All assistants	2.863

Source: Carstensen et al., 2025: 4

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Recruitment of foreign workers

- In addition to the aim of improving working conditions and increasing salaries, the recruitment of foreign workers is another instrument to counteract the shortage of skilled workers.
- However, it will probably only make a small contribution to solving the problem.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

High Out-of-Pocket Payments (1/2)

- The private share in total LTC expenditure has risen sharply in recent years, especially in residential care
- On 1 July 2025, the co-payment for residential care amounted to
  - € 3,108 (per month) in the first year
  - € 2,828 (per month) in the second year
  - € 2,456 (per month) in the third year
  - € 1,991 (per month) in the fourth year *(Association of Substitute Insurance Funds, 2025)*.
- These costs include:
  - costs for long-term care
  - costs for accommodation and meals
  - Investment costs
  - costs for vocational training.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

High Out-of-Pocket Payments (2/2)

- A growing number of persons in need (407,000 in 2023) are obliged to have recourse to social welfare grants *(Federal Statistical Office, 2025)*.
- high out-of-pocket payments can also pose a significant barrier for access to LTC
- Obviously, these substantial private co-payments particularly disadvantage individuals of low socioeconomic status.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Recent Relief of benefit recipients

- The Long-term Care Support and Relief Act, adopted in 2021, increased the supplements for care in residential homes:
  - from 5% to 15% in the first year of stay in the nursing home;
  - from 25% to 30% in the second year of stay;
  - from 45% to 50% in the third year; and
  - from 70% to 75% from the fourth year onwards.
- The legislative changes that have been adopted are far from being sufficient to substantially relieve the burden on those in need of care.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Rising expenditure on LTCI benefits

- LTCI expenditure has steadily has increased steadily, from € 14.3 billion in 1997 to € 59.2 billion in 2024 *(Federal Ministry of Health, 2025e)*.
- Representing an increase in % of GDP from 0.81% to 1.44% (see table below).
- Total expenditure on benefits grew significantly in 2017 due to the extension of benefits outlined above.
- The continued significant increase in expenditure required a further rise in the LTCI contribution rate.

	1997	2023/ 2025
Expenditure of LTCI (% of GDP)	0.81	1.44 (2023)
LTCI contribution rate (% of gross wages)	1.70	3.60 (2025)

Source: Federal Ministry of Health, 2025e; Federal Statistical Office, 2024c.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Expenditure

The increase in costs can be attributed to the following factors:

- The number of people in need of care is growing as a result of demographic change.
- The number of eligible beneficiaries has additionally risen due to the reform that came into force in 2017.
- The duration of benefit receipt has increased because recipients now live longer in a state of care dependency.
- Regulations on minimum wages and other social standards for elderly care workers have raised costs.

8.

Conclusion

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Conclusion (1/2)

- The introduction of long-term care insurance has made LTC affordable for a large number of people while reducing reliance on social welfare grants.
- It has also contributed to the establishment of a generally effective care infrastructure—albeit one not without shortcomings.
- However, long-term care insurance is facing major challenges:
- Chief among these are:
  - the shortage of LTC workers,
  - the high out-of-pocket costs for those in need of care
  - the rising expenditure of the system, which is expected to continue to increase in the future.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Conclusion (2/2)

- Long-term care insurance was introduced in 1994 in order to prevent people in need of care from having to rely on social welfare grants (that is, on a residual form of provision).
- With rising co-payments, increasing old-age poverty, and a growing number of people once again dependent on social welfare, there is a danger that long-term care insurance may regress into a residual form of provision.
- At present, no sustainable solution to these problems is in sight.

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

Many thanks for your attention!

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

References (1/3)

Association of Substitute Health Insurance Funds (Verband der Ersatzkassen) (2025). Eigenbeteiligung in Pflegeheimen. Pressemitteilung vom 22. Juli 2025. Available at: https://www.vdek.com/presse/pressemitteilungen/2025/pflegeheim-monatliche-eigenbeteiligung-steigt-stationaere-pflege/_jcr_content/par/download/file.res/vdek_pm_20250722_Eigenanteile_Pflege.pdf

Carstensen, J.; Seibert, H. & Wiethölter, D. (2025). Entgelte von Pflegekräften 2024, Nürnberg: IAB. Available at: https://doku.iab.de/arbeitsmarktdaten/Entgelte_von_Pflegekraeften_2024.pdf

Federal Government (Bundesregierung) (2025). Mindestlohn in der Altenpflege. Available at: https://doku.iab.de/arbeitsmarktdaten/Entgelte_von_Pflegekraeften_2024.pdf

Federal Medical Review Board (Medizinischer Dienst Bund) (2025). 8. Pflege-Qualitätsbericht des Medizinischen Dienstes Bund nach § 114a Absatz 6 SGB XI. Qualität in der ambulanten und stationären Pflege. Available at: https://www.medizinischerdienst.de/fileadmin/MD-zentraler-Ordner/Downloads/02_Qualitaet_in_der_Pflege/250612_8.PQ-BERICHT.pdf

Federal Ministry of Health (Bundesministerium für Gesundheit) (2025a). Finanzierung der sozialen Pflegeversicherung. Available at: https://www.bundesgesundheitsministerium.de/themen/pflege/online-ratgeber-pflege/die-pflegeversicherung/finanzierung.html

Federal Ministry of Health (Bundesministerium für Gesundheit) (2025b). Leistungsansprüche der Versicherten im Jahr 2025 an die Pflegeversicherung im Kurzüberblick. Available at: https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/P/Pflegeversicherung_Leistungsbeitraege/Uebersicht_Leistungsbetraege_2025.pdf

Federal Ministry of Health (Bundesministerium für Gesundheit) (2025c). Zahlen und Fakten zur Pflegeversicherung. Stand: 21. August 2025. Available at: https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/Statistiken/Pflegeversicherung/Zahlen_und_Fakten/Zahlen-Fakten_Pflegeversicherung.pdf

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

References (2/3)

Federal Ministry of Health (Bundesministerium für Gesundheit) (2025d). Soziale Pflegeversicherung. Leistungsempfänger nach Leistungsarten und Pflegegraden im Jahresdurchschnitt 2024. Available at: https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/Statistiken/Pflegeversicherung/Leistungsempfaenger/2024_Leistungsempfaenger-nach-Leistungsarten-und-Pflegegraden.pdf

Federal Ministry of Health (Bundesministerium für Gesundheit) (2025e). Die Finanzentwicklung der sozialen Pflegeversicherung. Ist-Ergebnisse ohne Rechnungsabgrenzung. Available at: https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/Statistiken/Pflegeversicherung/Finanzentwicklung/03-Finanzentwicklung-der-sozialen-Pflegeversicherung__2024.pdf

Federal Ministry of Labour and Social Affairs (Bundesministerium für Arbeit und Soziales) (2025). Allgemeiner gesetzlicher Mindestlohn. Available at: https://www.bmas.de/DE/Arbeit/Arbeitsrecht/Mindestlohn/mindestlohn.html

Federal Statistical Office (Statistisches Bundesamt) (2024a). Statistischer Bericht – Pflegestatistik – Pflege im Rahmen der Pflegeversicherung 2023. Available at: https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Pflege/Publikationen/Downloads-Pflege/statistischer-bericht-pflege-deutschlandergebnisse-5224001239005.html

Federal Statististical Office (Statistisches Bundesamt) (2024b). Bevölkerungsvorausberechnung – Pflegekräftevorausberechnung. Available at: https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Bevoelkerung/Bevoelkerungsvorausberechnung/pflegekraeftevorausberechnung.html

Federal Statistical Office (Statistisches Bundesamt) (2024c): Volkswirtschaftliche Gesamtrechnungen. Inlandsproduktberechnung. Erste Jahresergebnisse Available at: https://www.destatis.de/DE/Themen/Wirtschaft/Volkswirtschaftliche-Gesamtrechnungen-Inlandsprodukt/Publikationen/Downloads-Inlandsprodukt/inlandsprodukt-erste-ergebnisse-pdf-2180110.pdf?__blob=publicationFile&v=17

UNIVERSITÄT BIELEFELD
Fakultät für Gesundheitswissenschaften

References (3/3)

Federal Statistical Office (Statistisches Bundesamt) (2025): Rund 407 000 Personen erhielten im Laufe des Jahres 2023 Hilfe zur Pflege. Available at: https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Soziales/Sozialhilfe/empfaenger-hilfe-pflege.html#:~:text=Im%20Jahr%202023%20erhielten%20in,um%205%2C9%20%25%20zur%C3%BCck.

Gerlinger, T. (2019). Mapping long-term care quality assurance practices in the EU. Germany. Brussels: European Commission.

Gerlinger, T. (2024). Health Policy in Germany. In: Powell, M.; Agartan, T. I. & Béland, D. (Eds.), Research Handbook on Health Care Policy. Cheltenham: Edward Elgar, pp. 516–535.

Gerlinger, T.; Rosenbrock, R. (2024). Gesundheitspolitik. Eine systematische Einführung, 4., vollst. überarb. Aufl. Bern: Hogrefe.

Schmucker, R. (2019). Arbeitsbedingungen in Pflegeberufen: Ergebnisse einer Sonderauswertung der Beschäftigtenbefragung zum DGB-Index Gute Arbeit. In: Jacobs, K.; Kuhlmey, A.; Greß, S.; Klauber, J.; Schwinger, A. (eds), Pflege-Report 2019: Mehr Personal in der Langzeitpflege – aber woher? Berlin: Springer, S. 49–60. Available at: https://doi.org/10.1007/978-3-662-58935-9_3

Singer, K.; Fleischer, P. (2025). Arbeitsmarktsituation im Pflegebereich. Berichte: Blickpunkt Arbeitsmarkt, Mai 2025. Available at: https://statistik.arbeitsagentur.de/DE/Statischer-Content/Statistiken/Themen-im-Fokus/Berufe/Generische-Publikationen/Altenpflege.pdf?__blob=publicationFile

Wingenfeld, K. (2017). Der neue Pflegebedürftigkeitsbegriff. In: Bechtel, P.; Smerdka-Arhelger, I. & Lipp, K. (Hrsg.) (2017): Pflege im Wandel gestalten – Eine Führungsaufgabe. Lösungsansätze, Strategien, Chancen, 2. Aufl. Berlin: Springer, pp. 39–46.