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Teppo Kröger, Nicola Brimblecombe, Ricardo Rodrigues and Kirstein Rummery (eds.) (2025). *Care Poverty and Unmet Needs: Inequalities in Theory and Practice*. Bristol: Policy Press, 226 pp. ISBN 9781447370093 (paperback).

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The conceptual foundation of this anthology is a simple yet far-reaching shift in perspective. For a long time, international research into long-term care systems has focused on inputs and outputs: expenditures, the scope of services provided, and system structures. Less attention, however, has been paid to the more fundamental question of whether the care needs of older adults and people with disabilities are actually being met, and if not, why not and for whom. This volume brings together contributions from researchers in eleven countries working within the UNICAP network (Unmet Needs, Inequalities, and Care Poverty) and is divided into a theoretical and methodological section (Chapters 2 to 5) and an empirical section featuring national case studies (Chapters 6 to 12).

The starting point is the concept of *unmet needs*, which has been established in North American gerontology since the 1990s to describe situations in which help is needed but not provided to a sufficient extent. This volume builds on this tradition while proposing a conceptual extension:

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care poverty, a term introduced by Kröger (Kröger et al. 2019; Kröger 2022), who also serves as lead editor of this volume. Rather than treating unmet care needs as individual misfortune, *care poverty* conceives of them as an expression of structural inequality, as a deprivation of care resources which – analogous to material poverty – must be examined in terms of the mechanisms that govern their distribution within society. On reading the individual chapters, it becomes clear that the concept functions less as a fixed framework than as a research programme: each chapter reintroduces and reframes it from its own disciplinary perspective and recontextualises it, with the authors collectively negotiating a shared definition rather than agreeing on a single uniform one.

The relationship between the two key concepts warrants closer examination. Unmet needs serve as an indicator of care poverty, not as its equivalent: while unmet needs *describe* the observable gap between care required and that received, care poverty explains *why* this gap arises and for whom. Crucially, care poverty is constructed as a concept parallel to income poverty, with the aim of transferring established tools of poverty research, including thresholds, intensity measures, and the distinction between absolute and relative deprivation, into care research. The introduction hints at a positive argument for the concept of care poverty without fully elaborating on it: research on unmet needs has so far been too individualistic and too isolated from social policy. This task is largely left to the individual chapters.

The theoretical and methodological section is the book's greatest strength. Rummery situates care poverty within the tradition of social citizenship and demonstrates how the concept overcomes a long-standing impasse between feminist theory and disability studies. She argues, that both strands have viewed care either from the perspective of the carer or the care receiver; care poverty politicises this relationship by redefining care as a matter of enforceable social rights, positioning it as a political rather than a private issue. Kelly complements this by embedding the concept within care economy research and demonstrating how unmet needs become recognisable as symptoms of a malfunctioning economic system.

The methodological chapters are particularly insightful precisely because they transparently highlight the limitations of what the field is

currently capable of. Based on an analysis of 29 measurement tools from the fields of gerontology, health sciences, social sciences and law, Hill, Cortis, Hamilton and Peisah demonstrate that none of them employs the concept of care poverty or defines thresholds for unmet needs. Their review also reveals the limitations of the prevailing measurement instruments Activities of Daily Living (ADLs), which cover basic personal care tasks such as bathing, dressing, eating and toileting, and Instrumental Activities of Daily Living (IADLs), which cover more complex practical tasks such as shopping, transportation and laundry. Both measures capture physical functioning but not social participation, a critique the volume grounds in Sen's capabilities approach. Medgyesi, Rodrigues and Zólyomi systematically apply the conceptual framework of income poverty research to care poverty and develop measurement approaches for international comparisons. Neither of these methodological chapters goes beyond the theoretical level: the proposed approaches are not tested or evaluated, and no single method is recommended. This is not an omission, but rather an honest account of the current state of research on care poverty.

The empirical section covers a wide range of topics and includes contributions from Denmark, Finland, Sweden, Germany, Slovenia, Australia, and Canada. A key finding runs through several chapters: care poverty occurs even in highly developed welfare states, and even the combination of formal and informal care is often insufficient for people with high care needs. Potočnik, Filipovič Hrast and Hurtado Monarres demonstrate, using a case study of Slovenian care dyads, that the most frequently reported unmet need across all socio-economic groups is not physical care, but rather social interaction and companionship. The chapter also illustrates how care poverty and material poverty overlap: for couples on lower incomes, inadequate formal care, financial constraints, and limited family support lead to a cumulative burden that jeopardises the quality of care. Leiber and Brüker supplement this with an intersectional approach and show that unmet needs among family caregivers in Germany do not follow individual categories such as gender or socio-economic status, but arise from their interaction. A comparison between eastern and western Germany shows that structural legacies and cultural norms continue to shape care conditions differently across the

various regions. This illustrates that care poverty must be analysed in a context-sensitive manner even within a single country, an argument that both supports and complicates the aim of a systematic cross-national comparison.

On reading all eleven empirical and theoretical chapters, a pattern emerges that is worth making explicit. The concept of *care poverty* is framed in four distinct ways throughout the volume. Rummery, and to some extent Aaltonen, Eskola and Van Aerschot, frame it as a violation of social rights and as a socio-political problem demanding a structural response. Kelly and Rostgaard approach the topic as an indicator of systemic failure, whether within the care economy or as an outcome of policy change within a specific cultural context. Medgyesi, Rodrigues and Zólyomi as well as Puthenparambil, Van Aerschot and Kröger treat it as a measurable mismatch between needs and provision, with the former developing measurement approaches and the latter calculating a concrete care poverty ratio. Finally, Ulmanen summmarises it as a dynamic state that active strategies can influence but cannot always avert. These perspectives are not mutually exclusive, yet they are rarely explicitly brought into dialogue with one another. Each chapter stands well on its own; however, when read cumulatively, a certain degree of redundancy emerges.

The volume focuses predominantly on the experience of care poverty among care receivers: nine of the eleven chapters deal mainly or exclusively with older adults in need of care. Four chapters systematically examine the perspective of informal carers, and only two adopt a genuinely dyadic approach that views care receivers and carers as interdependent. The perspective of formal care workers is almost entirely absent; this is noted as a gap in the concluding chapter but is not addressed in the empirical contributions. Readers from the field of gerontology will also note that age-specific dynamics are not systematically identified as a distinct analytical dimension.

Care Poverty and Unmet Needs: Inequalities in Theory and Practice makes a significant contribution to long-term care research by bringing structural inequality into view and redefining care as a political issue. The volume does not only consolidate existing research on unmet needs but also introduces genuine conceptual and methodological innovations, including the systematic application of poverty research tools to care and

the development of new measurement approaches for international comparison. The lack of case studies from the Global South and the absence of systematic cross-national comparisons remain open desiderata, as the editors themselves acknowledge. For researchers and advanced students in gerontology, social policy, and care studies concerned who are engaged with inequality, long-term care, and the limits of welfare state provision, this is a substantial and thought-provoking contribution.

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