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International Day of Care and Support

Global Observatory of Long-Term Care

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Unmet Needs and Care Poverty

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The need for a new approach

- Research on long-term care focusing on indicators like
 - Expenditures (% of GDP)
 - Volumes of service provision (% of age groups)
- And (in social policy) on concepts like
 - Marketisation
 - Familialism or De-/Re-familisation
 - Personalisation
- While these are certainly useful, they do not provide an answer to the primary question:
 - Do people who need help receive adequate support?



The need for a new approach

- The European Pillar of Social Rights
 - Principle 18: "Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services."
- The European Care Strategy
 - "The Commission recommends that Member States [...] make care in the EU more available, accessible and of better quality for all [...]
- International Day of Care and Support GOLTC Event
 - "Towards robust, responsive and equitable long-term care systems around the world"
- None of these are possible if we do not know an answer to the primary question:
 - Do people who need help receive adequate support?



- In gerontology, the concept of *unmet (long-term care) need(s)* has been used since the 1970s
- It is a parallel concept to unmet health care need(s) that is measured, e.g. by waiting times to medical care
- Williams et al. (1997): "Unmet need occurs in long-term care when a person has disabilities for which help is needed, but is unavailable or insufficient."
- Especially since the 1990s, a rapidly growing literature on unmet needs has emerged, especially in the US
- In the 2000s, 2010s and 2020s, studies on unmet needs have increased also in Europe, Asia and Africa



- In order to connect gerontological studies to social policy research on care systems and to discussions on social inequality, the new concept of 'care poverty' has recently been introduced
- It applies the approaches of poverty research to care and views the lack of adequate support as a deprivation of a basic need, as a failure of care policy, and as a violation of human rights
- Care poverty is not understood as a subconcept of poverty but as its parallel concept
- Like poverty, care poverty is seen as a lack of resources, but not as a lack of material resources but instead as a lack of (immaterial) *informal <u>and formal</u> care resources*



 Care poverty means a situation where, as a result of both individual and structural issues, people in need of care do not receive sufficient assistance from informal or formal sources, and thus have care needs that remain uncovered.



- Empirical studies show that poverty and care poverty are usually connected (as material resources can often be exchanged to care resources)
- Furthermore, existing studies show that care poverty is also connected to living alone, poor health and a high number of I/ADL limitations
- Several factors thus affect care poverty, but this does not mean that care poverty can be reduced back to them. Whether or not care needs are met is *a social issue in its own right*.



- Personal care poverty
 - Lack of support for personal care needs (ADLs)
- Practical care poverty
 - Lack of support for practical care needs (IADLs)
- Socio-emotional care poverty
 - Lack of support for social and emotional needs
 - Resulting, for example, in loneliness



Measurement of care poverty

- Absolute care poverty
 - Having care needs but receiving no informal or formal care at all
- Relative care poverty
 - Having care needs but not receiving adequate support
 - The person may receive some informal or formal support (or both) but this is not enough/adequate to satisfy his/her care needs



Care poverty and LTC systems

- Comparative evidence on care poverty is still very weak as reliable international datasets do not exist
- The few Europe-wide studies suggest high rates of care poverty especially in Eastern and Southern European countries
- A handful of two-country studies exist and they support the importance of formal home care in reducing care poverty, echoed in local and national studies



Care poverty and LTC systems

- Well-coordinated and well-resourced *universal* formal care systems (e.g. Sweden) seem to be the most effective way to eradicate care poverty
- At the same time, American studies show that Medicaid has in the US played a major role in cutting down care poverty, being targeted at low-income older people who are at the highest risk
- In the absence of a universal care system, a targeted system can succeed at substantially alleviating care poverty though it will not fully eradicate it



- Research on LTC systems has largely focused on used resources (% of GDP) and volumes of provided services
- However, neither of these tell anything about the outcomes of long-term care
- The main objective of LTC services for older people is to satisfy the care needs of the older population
- That is why it is necessary for research as well as policy and practice to start to direct its attention to whether this objective is reached or not (and if not, to identify and target the groups most at risk)



- *Care poverty* is a new concept that utilizes the older term of *unmet long-term care needs* but extends it towards social policy and poverty research
- Care poverty with its three domains can be understood as a critical indicator that measures the outcomes of care policies and LTC systems
- Being left without adequate care signals a major social inequality and a breach of human rights



- Unfortunately, care poverty seems to exist and be rather widespread across the world
- More knowledge is needed in order to understand the phenomenon of care poverty in depth and to support the planning of new policies and practices that could lead to its eradication – or at least: major alleviation



Open Access books (2022 & 2025)





Announcing UNICAP

- A brand new Interest Group of the Global Observatory of Long-Term Care opens today, titled Unmet Needs, Inequalities and Care Poverty (UNICAP)
- Based on the research network that produced the 'Care Poverty and Unmet Needs' book (2025)
- Opens now up to anyone interested
- Co-ordinated by Nic Brimblecombe (LSE), Teppo Kröger (Uni Jyväskylä) and Ricardo Rodrigues (Uni Lisbon)
- If you have not yet registered for GOLTC, first do that at https://goltc.org/add-new-expert/ and then join the UNICAP Interest Group at https://goltc.org/interestgroup/unmet-need-inequalities-in-care-and-carepoverty-unicap/
- Stay tuned for webinars and other activities