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Book Review

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As concerns about the future of elderly care mount, *Ageing and the Crisis in Health and Social Care* offers a timely and incisive critique of the emerging crisis in care systems. In her book, anthropologist Bethany Simmonds addresses how neoliberalism, austerity policies, and global economic trends have eroded health and social care for older populations, deepening precarity for both service users and workers. Simmonds' work provides a theoretical analysis based on secondary data. This book does not present original ethnographic work but critically reviews existing research, policies and global/national perspectives on aging. In particular, it connects everyday experiences of aging and care with broader shifts in academic research by showing how structural forces shape the daily realities of older people and carers across their course of life.

Its core regional focus is the United Kingdom, where market-driven reforms, notably privatization, have produced a crisis in health and social care for older people. Simmonds further situates the UK experience within wider global and comparative contexts, so that its main argument will likely resonate with an international readership. Navigating fragmented care systems, the gendered burden of unpaid and low-paid care work, and the cumulative inequalities of class, gender, ethnicity, and disability that become especially visible during health crises are all part of Simmonds' exploration of the inequality of care.

In the book's introduction (Chapter One), the author focuses on contemporary developments in aging studies and moves beyond biomedical or dependency-focused models towards critical, interdisciplinary approaches. Simmonds draws on concepts from sociology (i.e., discourse, capital, intersectionality), political economy (i.e., welfare state model, austerity, precarity) and critical gerontology (i.e., successful aging, dependency, precarious aging). In doing so, she links macro-level political-economic transformations with lived experiences.

In Chapter Two, Simmonds sharpens the theoretical lens, introducing ideas from a wide variety of thinkers. From Michel Foucault, she explores discourse, governmentality, and biopolitics to reveal how neoliberal policies shift health and care responsibilities from the State to the individual. Simmonds uses Pierre Bourdieu's concepts of capital and field to explain why older people with greater economic, social or cultural resources, can better navigate fragmented care systems. Intersectionality, as developed by civil rights activist Kimberlé Crenshaw, highlights how age, gender, class, ethnicity, and disability interact to produce layered inequalities. This is further conceptualized by gerontological researcher Neena Chappell as "double jeopardy" (p.18) to encapsulate older women's compounded disadvantages

–economic and sexual– compared to their younger female counterparts. Lydia Hayes, in turn, informs her analysis of the feminization and undervaluation of care work, while pioneer of Gender Studies Selma Sevenhuijsen's framing of care as a moral and political practice underpins her argument that care reflects wider societal values. Eventually, Simmonds articulates these perspectives in the chapter to underscore how neoliberal reforms translate into the lived precarity of both older people and caregivers.

In Chapter Three, Simmonds situates the crisis in health and social care within a broader comparative analysis of globalization, neoliberalism, and welfare state models. Interestingly, she argues that aging is not a uniform experience, but one stratified by intersecting social categories such as gender, class, ethnicity, and disability. These factors increase inequity, putting, for example, working-class minority ethnic women in later life at greater risk of precarity. By comparing the UK's neoliberal, market-oriented approach with the more solidaristic systems of Germany and Sweden, Simmonds shows how welfare regimes differently mediate these inequalities. At times, the chapter feels dense with analytical distinctions, which can disrupt the flow. However, this layered intersection analysis reinforces the argument that aging must be understood in relation to the structural inequalities that shape it. The focus on the response to the COVID-19 crisis reinforces the argument, moving away from the, often taken for granted, neoliberal idea of the elderly as a 'dependent.'

Reading on, in Chapter Four, Simmonds focuses on the concept of failure by providing a scathing critique of social policy reforms, notably the outsourcing of caregiving services in hospitals, nursing homes and domiciliary care. She ties these developments to specific reforms (notably the Health and Social Care Act 2012, the Care Act 2014 and post-2010 austerity measures), which not only embedded market competition legally but also compelled local authorities to contract out services, and in the process curtailed state responsibility. As a result of these developments and reforms, there was a rise in inaccessible care for patients, exploitative zero hour contracts for workers, and the instability of private providers such as Southern Cross and Four Seasons, where profit motives undermined care quality and financial collapse left residents vulnerable.

In Chapter Five, the author takes a more empirical approach in discussing how older people experience precarity in emergency settings and at the end of life (i.e., access to palliative care or intensive treatment). She explores the challenges faced by the elderly in accessing healthcare and navigating fragmented systems. They encounter long waits for care, overstretched hospitals, and a lack of continuity between health and social care systems. Austerity-driven cuts have left services patchy, which disproportionately affects those with fewer social or financial resources. As a result, these individuals become dependent on local resources. The chapter also considers the emotional toll on individuals and their families when facing decisions that might lead to life-threatening consequences.

Simmonds returns to COVID-19 in Chapter Six, this time shifting scale to a systemic critique. It focuses on the structural failures of the UK's health and social care system during COVID, namely underfunding, fragmentation, and lack of coordination. The government's approach to the pandemic is critiqued for prioritizing economics over survival, health and wellbeing, leading to an inhumane approach to, and the neglect of, older people's care. Care homes became epicenters of death: patients were discharged from hospitals without testing, personal protective equipment was delayed or inadequate, and overstretched staff were left to cope with impossible conditions. The government's policy framing (i.e., "stay alert" and keep the economy moving) prioritized financial stability over protecting life, effectively treating older populations as expendable. Ageism sharpened this neglect. A passage in Chapter Six encapsulates the grim COVID-19 situation in Britain: "it occurred at a time when health and social care institutions were underfunded, understaffed, fragmented and poorly coordinated" (87). The catastrophe unfolded from there.

Finally, Chapter Seven presents a more hopeful outlook, discussing innovative care models like the Homeshare scheme, which matches students in need of accommodation with elderly individuals needing care. While modest in scale, the scheme illustrates both the possibilities and the limits of reform: it works only if society is willing to embrace interdependence as a cultural value rather than clinging to ideals of independence. In this sense, Homeshare becomes a lens for Simmonds' broader argument that a cultural shift is needed in how British society values care, moving towards communalism over individualism. The feminist framing is clear here, as the devaluation of care has historically been tied to its feminization; revaluing care requires not just new policies but also a transformation in how gendered labor and interdependence are understood. A key excerpt from page 114 underscores the argument of the book: "[...] interdependency is something that populations in the UK are culturally resistant to. Perhaps changing these attitudes could be the legacy of the COVID-19 pandemic."

Overall, each chapter provides a sharp critique of how structural changes, driven by neoliberalism and globalization, have reshaped care systems and deepened precarity for older people, especially where age intersects with class, gender, ethnicity and disability. The normalization of death and declining quality of life for the elderly is particularly striking, as is the gendered undervaluing of care that runs through the book.

Bethany Simmonds' book is an essential read for postgraduate students, researchers, and policymakers. While the academic prose sometimes disrupts narrative flow, the insights and analysis are invaluable. Though I did not expect such a strong focus on COVID-19, Simmonds demonstrates how this crisis enables us to distinguish between temporary and long-lasting consequences of austerity reforms. It also invites us to begin imagining a cultural shift towards valuing interdependence.