

Parents also need services of adequate quality during working hours. The quality of childcare for very young children remains a serious issue, however (UNESCO, 2015). The poor quality of available non-parental care is often cited as a major reason why women with young children who would like to work are not able to do so (Hein and Cassirer, 2010). In choosing early childhood care and education, higher-income groups tend to prioritize the quality of care over other factors, while lower-income groups choose care based on availability. Many lower-income women, in particular single parent households, will be constrained to use low-quality care based on practicality factors in relation to their work (Kim and Fram, 2009).

The issue of quality is even more crucial because the benefits of childcare identified above depend on the quality of the childcare services: low quality services may be harmful and yield detrimental outcomes in terms of child development (UNESCO, 2015). Important aspects of quality are the staff–child ratio, which in 2010, in those countries where data are available, ranged from an average of one caregiver for every four children under the age of 3 in the Republic of Korea to 11 children in Portugal (OECD, 2010). Another equally important component is the quality of staff-child interactions, which affects the well-being of children. This is largely dependent on staff qualifications and training, personnel status and working conditions, the size and quality of facilities, the availability of nutrition and health-care services, the curriculum, including support for children with disabilities, the integration of care and educational elements, and also the value accorded to cultural and linguistic diversity, in particular indigenous and minority languages (ILO, 2014h).

Another key concern is the difficulty of balancing quality with affordability of the service. Affordability is often achieved through reducing the wages, lowering the qualification requirements and working conditions for early childhood care and education staff, but such conditions are an impediment to improving the quality and professionalization of early childhood care and education personnel. Under growing pressure for places in formal childcare, governments have often been prone to put the quantitative component at the forefront and to neglect service quality (Hein and Cassirer, 2010).

## 5. Rapidly ageing population and growing need for long-term care

In 2012, worldwide, there were approximately 810 million persons aged 60 or over, representing over 11.5 per cent of the total global population. By 2050, this number is projected to reach 2 billion, where the number of older persons would exceed that of children under the age of 15 and would make up more than one third of the population in 64 countries. Currently, the regions with the highest proportion of persons aged 60 years or over (20 per cent) are in developed economies and include Europe, Canada, Australia and Japan. These proportions are expected to increase in all regions, however, and at a faster rate in developing economies. By 2050, 10 per cent of the population would be 60 or over in Africa, 24 per cent in Asia and in Oceania, and 25 per cent in Latin America and the Caribbean. Europe and Northern America are expected to have the highest proportion of older persons, with 34 and 27 per cent of their populations, respectively, constituted by persons over 60 (UNFPA and HelpAge International, 2012).

Ageing is a sign of healthier and more prosperous societies. Many senior citizens remain engaged and mobile and are often active as caregivers. Rapidly ageing populations also involve new challenges, however, in inter-generational relationships (ILO, 2015p). As a result, today an increasing proportion of workers are faced with elderly care responsibilities, often in addition to their childcare duties. For instance, in the United Kingdom, one in nine people in the workforce combine paid work with unpaid care for a frail older or ill family member or a person with disabilities (Carers UK, 2015).

The term long-term care (LTC) refers to the set of public or private support services provided to older persons who have limited self-care ability due either to physical or mental conditions. The jobs associated with LTC care are heterogeneous, including those of health and social workers, household helpers and assistants (such as nursing assistants). Compared to higher income countries, the LTC workforce in lower income countries is largely unpaid or informal or both. The ILO estimates that there is a global shortage of 13.6 million formal LTC workers. The highest deficits are in Asia and the Pacific (8.2 million LTC workers), in consequence of the higher numbers of older persons in that region (Scheil-Adlung, 2015).

Since family ties have weakened as a result of urbanization and other demographic changes, there is a growing demand for accessible and affordable non-family LTC services of good quality both in developed and developing economies (Ho et al., 2009; Tawiah, 2011; Scheil-Adlung, 2015). Most countries across the world, however, do not provide any LTC legal protection (figure 34). More than 48 per cent of the population of persons aged 65 and over in the 46 countries with available information are not covered by any national legislation, while another 46.3 per cent are largely excluded because of restrictive means-testing regulations. This means that persons aged 65 and over and in need of LTC have to become poor before they are eligible for LTC services. Only 5.6 per cent of the surveyed population lives in countries that provide statutory universal coverage for LTC services. These gaps mean that certain groups are put in a more vulnerable situation at old age, including women, older persons who are single and without family members, the very old (aged 80 and above) and the poor, who are unable to pay the high costs of LTC. These groups are at risk of being marginalized and dying prematurely (ibid.).