

Impacts of the COVID-19 Pandemic on Women in Canada

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An RSC Collection of Essays

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Cover Art

Camille Paget, Sweetness in the Seam (2020)

Acrylic, Gold leaf, Milkweed seeds, on Satin

Camille Paget is a Canadian mixed media artist whose work is figurative and conceptually based. She comes from a background in ballet and uses her understanding of the body to create figurative works that are representational and symbolic. Invoking curiosity in the relationship of the written word and visual imagery her artwork intertwines with her writing and poetry. Using non-traditional materials within some of her work such as her hair and/or blood, fruit, leaves, flowers, seeds and/or other collected materials she creates to provoke viewers and their relation to the natural world. Femininity, death, and birth are recurring themes in Paget's work.

Land Acknowledgement

The headquarters of the Royal Society of Canada is located in Ottawa, the traditional and unceded territory of the Algonquin Nation.

Background on the Policy Briefing Report Process

Established by the President of the Royal Society of Canada in April 2020, the RSC Task Force on COVID-19 was mandated to provide evidence-informed perspectives on major societal challenges in response to and recovery from COVID-19.

The Task Force established a series of Working Groups to rapidly develop Policy Briefings, with the objective of supporting policy makers with evidence to inform their decisions.

The opinions expressed in this report are those of the authors and do not necessarily represent those of the Royal Society of Canada.

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Introduction

Jennifer Robson and Lindsay M. Tedds

The SARS-COV-2 (hereinafter COVID-19) pandemic has had profound and pronounced impacts on women, girls, and gender-diverse people in Canada. Compared to men, they experienced significantly worse impacts in loss of paid employment (Grekou and Lu, 2021). As demands on caregivers—both unpaid and paid—surged, it is women who have borne the greatest burdens (Leclerc, 2020). Repeated stay-at-home orders have increased risks of gender-based violence for girls, women, and gender-diverse people living in violent situations (Yakubovich & Maki, 2021). School closures had a greater impact on learning and mental health for girls in elementary and secondary school (Statistics Canada, 2021e). Women in postsecondary education face a more challenging transition to the workforce because of the pandemic-related recession (Statistics Canada, 2021e). The tax system, used to deliver much of the emergency income support during COVID-19, continues to have gendered effects because it reflects the gender bias in social norms (Coelho et al., 2022). Women and adolescent girls have reported more mental distress during the pandemic, and we see gendered impacts in the health system, while present before the pandemic were exacerbated by the impact of the pandemic, including unmet health needs and hospital admissions for serious mental health and eating disorders (Leger, 2022; Vaillancourt & Szatmari, 2022). These findings have been echoed in emerging cross-national research, suggesting that existing gender inequalities in health and socioeconomic outcomes have been exacerbated by the pandemic (Flor et al., 2022).

Within this experience broadly, these effects of the pandemic were not homogenous across women, girls, and gender-diverse people. Women in Black and other racialized communities have experienced greater risks of economic losses, more challenges in accessing the social safety net and essentials such as adequate and stable housing, all while also facing disproportionate risks of COVID-19 exposure due to their overrepresentation in the care economy (Canadian Research for the Advancement of Women, 2021). People who identify as LGBTQ2S+¹ experienced even higher rates of job loss and risks to their mental and physical health (Prokopenko & Kevins, 2020). Indigenous women and girls found the health crisis in their communities weaponized as a means to fast-track other policy changes that run counter to the obligations of reconciliation (Power et al., 2020). Women, and particularly Black, Indigenous, and people of colour (BIPOC) women, are more likely to live with a disability (Burlock, 2017) and women with disabilities experienced some of the worst situations during this pandemic—in economic impacts, risks to safety, risks to health, and more (Shakespeare et al., 2021).

This report offers a collection of briefs from a diverse group of experts in the academic, healthcare, and voluntary sectors. These briefs provide greater detail regarding the impact of COVID-19 on women, girls, and gender-diverse people, recognizing the distinct impacts within this group. The diversity of voices and perspectives in this collection serves as a reminder that Canadian women and gender-diverse persons had distinct experiences during the pandemic. This collection of briefs will be of interest to policymakers at all orders of government, analysts in the private and public sectors, as well as to practitioners, including service-providers and community organizations.

1 For greater clarity, this acronym refers to members of the Lesbian, Gay, Bisexual, Queer or Questioning, Trans, intersex, and Two Spirit and other communities other than heterosexual and cisgendered. This term will be used throughout this report for consistency, except in direct quotes that use other forms of related acronyms.

The report is divided into three parts, each of which contains briefs that present the state of the knowledge² and advances options for change—in policy and practice—for the post-COVID period in Canada. Part 1 focuses on the simultaneous health and economic crises that the pandemic caused, addressing women’s health generally, the gender dimensions of the impact of COVID-19 on the labour market, and the mental health crises specifically. Part 2 examines how the pandemic exacerbated the long-standing risks to women, girls, and gender-diverse persons. The five briefs in this part address gender-based violence; the experiences of the LGBTQI2S+ community; women and gender-diverse persons with disabilities; Indigenous women, girls, and gender-diverse communities; and racialized women and gender-diverse people. The third part examines the capacity of the system and the need for institutional reform and includes briefs focused on education, the care economy, and the tax system.

Because this is a collection of work that relies on not only a variety of different data sources, but also voluminous literature published across a wide range of time periods and disciplines, there will naturally be an inconsistency in language related to sex and gender identities. Sex and gender have often, in the past, been used interchangeably, but they are different concepts. Sex is usually categorized as female or male and refers to biological attributes. Gender is often referred to as a social construct that exists along a continuum, and may vary across time, places, and cultures. Gender may or may not correspond to a person’s sex. Gender identities include men, women, girls, boys, and gender-diverse people. Throughout this volume we endeavor to use the more inclusive language and understanding of gender were possible. In this volume, woman means woman identified. In some contexts, however, it may not be possible to be consistent with this terminology as it pertains to data that only identifies individuals based on sex and not gender, quotes from sources that use outdated language, and reliance on literature that is based on inconsistent language.

In considering this collection of briefs holistically, its findings and recommendations as they pertain to the experiences of a range of women with intersecting identities, perhaps the most resounding lesson from the pandemic and our effort to understand and respond to it, is the need to mainstream analysis and advice that takes account of differences by gender, race, income, disability status, and more. Attention to gender differences, and differences of experience within a gender, has proven critical to understanding risk and capabilities. As we stare down the challenges in front of us, hopeful for not only a fair recovery from COVID-19, but also the chance at a bigger shift toward a more just society, what is required is a much more inclusive approach across the public, private, and voluntary sectors to address longstanding failures of the economy and society. Policy choices, policy outputs, and policy impacts need to be more representative of, and attentive to, the experiences and struggles of marginalized and underrepresented populations. Policy work must also expressly consider how inequality is created and perpetuated within public research, institutions, and discourse. This can only be accomplished if and when the transdisciplinary framework of intersectionality is taken seriously. This includes the equally important fact that individual identities, policy, and institutions are indivisible from the systems of power of which they are both a product and servant.

What do we mean by intersectionality? Intersectionality is most often associated with the work of critical legal scholar, Crenshaw (1989), who coined the term in reference to the unique and

² The briefs in this report were written in the Spring and Summer of 2021 and reflect the state of knowledge at that time. We note that policy responses have changed considerably since that time, but the virus continues to circulate.

multifaceted oppression experienced by Black women in interactions with the American legal system. However, as scholars of intersectionality (e.g., Cameron & Tedds, 2022; Hankivsky et al., 2014) note, the concept of intersectionality signals a broad and rich body of thought that spans Black, Indigenous, queer, and post-colonial feminist activism and scholarship (see, for example, Combahee River Collective, 1978; hooks, 1981, 1984; Mohanty, 1984). At its core, intersectionality is concerned with interactions among dimensions of identity within the context of overlapping systems of power (McCall, 2005). Central to intersectionality is a recognition that identity is inherently multi-faceted and shaped by categories (e.g., gender, race) that must be considered simultaneously, in intersection, and in context; that the social world and its composite institutions (the state, the market, community) represent sites of power, within which identity and experience are shaped; and that interlocking systems of power (colonialism, misogyny) can undergird, come to bear upon, work through, and reproduce at various levels, from the individual to the societal (see Collins, 2015; Dhamoon, 2011; Hancock, 2007a; Hankivsky & Cormier, 2011; Hankivsky et al., 2014; Manuel, 2019; McCall, 2005). In the context of policy, these insights can support researchers and practitioners to move beyond one-dimensional, siloed, and decontextualized considerations of identity and experience that has dominated policy discourse to date. Intersectional analysis can uncover how social locations and structures of power come to shape experiences of policy issues and the availability and delivery of services (Hankivsky et al., 2014), for example, and how aspects of people's lives overlap to "present different choices, produce different decisions, and manufacture different outcomes, even among similarly situated groups" (Manuel, 2019, p. 46).

Although intersectionality is well understood in some segments of the academia, it is not well understood in the context of policy analysis and policymaking. Gender-based Analysis Plus (GBA+) remains the federal government's primary mechanism for attending to issues of equality and diversity in public policy. GBA+, however, only weakly incorporates intersectionality and is an insufficient as a framework for intersectional policy analysis. In particular, GBA+ overlooks core concepts of power and bias and considers identity issues in only an additive, not intersectional, way. This report serves as a call to public policy academics and practitioners to make a concerted effort to bringing intersectionality to bear on public policy research, design, and analysis so that the intersectional issues of identity and power become central to such analyses.

**Part 1 - Understanding the Simultaneous
Health and Economic Crises**

1.1 The Impact of COVID-19 on Women's Health

Ashleigh Tuite and Nisha Thampi

Daily case counts, hospitalizations, and deaths: these numbers provide an incomplete view of the inequitable toll of the COVID-19 pandemic. There are other numbers: days spent under stay-at-home orders; days that in-person learning has been out of session; number of delayed non-urgent surgeries and procedures. These numbers offer insight into the additional ways that the pandemic has differentially impacted the population, particularly women and the women in the healthcare workforce.

This brief focuses on the impact of the COVID-19 pandemic on women's health and provides policy recommendations for incorporating gender considerations into the pandemic response and recovery. Two distinct aspects are considered: direct health effects due to COVID-19; and indirect health effects that are a consequence of the pandemic response. Although this brief primarily focuses on women's physical health, and mental health is addressed elsewhere in this report (Peetz, Harasymchuk, & Akinin, in this volume), the mental health effects of the pandemic on women, particularly as they relate to healthcare worker burden, are briefly discussed.

Direct Effects of the Pandemic on Women's Physical Health

Both sex and gender influence a person's vulnerability to COVID-19 (Tadiri et al., 2020). Most of the data on COVID-19 outcomes have focused on biological sex, highlighting the need for data that are inclusive of gender-diverse people, as discussed elsewhere in this report (Robson, in this volume). Globally, men are more likely than women to be hospitalized and to die following COVID-19 infection (Waldner et al., 2021). Men have a 3-fold increase in the risk of intensive care unit (ICU) admission and a 40% increased risk of death compared to women (Peckham et al., 2020). Increased risk of severe illness in men may relate to differences in comorbidities, preventive behaviour, and access to acute care services (Kabeer et al., 2021). Sex differences in immune responses following exposure to COVID-19 are also thought to be responsible for poorer outcomes in male patients (Scully et al., 2020).

In Canada, women have accounted for 46% of hospitalizations and 50% of deaths due to COVID-19 (as of July 9, 2021) (Government of Canada, 2022). Given the higher risk of severe illness in men, if men and women were exposed to COVID-19 at equal rates, men would be expected to be over-represented among the hospitalized and fatal cases. The fact that they are not suggests that, relative to men: (i) women have been at increased risk of exposure to infection, and/or (ii) women who are infected are more likely to have risk factors that increase their likelihood of experiencing severe illness if infected.

Direct Effects: Vulnerability to Infection

Women are more likely to be employed in sectors such as healthcare, personal care, education, and retail than men. These are sectors where remote work is not possible and that involve the types of social interactions, including close physical proximity, that facilitate the spread of communicable diseases (Lewandowski et al., 2021). One study identified female gender as a more important factor than education or age for determining occupational exposure to contagious diseases (Lewandowski et al., 2021).

During Belgium's first wave, women comprised a substantial proportion of COVID-19 infections compared to men, particularly among the 20–59-year-old age group (Ella, 2021). Despite restrictions on non-essential mobility that were in place at the time, women were found to have increased mobility outside of the home, including increased use of public transportation, compared to men, likely related to essential work and family responsibilities (Ella, 2021). In Canada, racialized people and migrants are over-represented in essential jobs, with increased risk of exposure to COVID-19 (Statistics Canada, 2020c). Publicly reported Canadian COVID-19 case data have not included details on occupation, information that would provide insight into the occupational risks faced by essential and frontline workers and allow for improved workplace protection measures.

Direct Effects: Vulnerability to Disease

Outbreaks in long-term care homes in many parts of the country have contributed to high rates of illness in women. This is not surprising, as long-term care residents are disproportionately women (Statistics Canada, 2017) and risk of severe illness and death increases with age and the presence of underlying medical conditions (CDC, 2021).

COVID-19 infection is also associated with increased risk of severe illness among pregnant and recently pregnant people compared to non-pregnant people (Allotey et al., 2020; Zambrano et al., 2020), and increased risk of adverse outcomes in pregnancy, including preterm birth (Allotey et al., 2020; Wei et al., 2021). Other factors, including systemic health and social inequities, place pregnant people from some racial and ethnic groups at even greater risk of experiencing severe outcomes after infection (Zambrano et al., 2020).

Women are more likely to report post-acute sequelae of COVID-19 infection (or long-COVID) than men, with persistent and debilitating symptoms for more than a month following initial infection (Burke & Rio, 2021). Data from the United Kingdom indicated that one in ten people infected with COVID-19 develop long-COVID (Ayoubkhani, 2021), with women 1.3 times as likely to report long-COVID symptoms as men (Ayoubkhani & Pawelek, 2021a). Elevated long-COVID risk has also been reported in middle-aged adults and people with pre-existing health conditions and disabilities (Ayoubkhani & Pawelek, 2021b; Evans et al., 2021). As a new cause of disability, the longer-term health and economic implications of long-COVID remain unknown. Although there has been much focus on COVID-attributable mortality, an early estimate suggested that 30% of the COVID-19 health burden is due to COVID-associated disability (Briggs & Vassall, 2021), a burden that will disproportionately affect women due to their elevated risk of experiencing long-COVID. Policy makers should anticipate and plan for an increased demand for support services for those experiencing short- and long-term disability (Pomeroy, 2021). To date, Canada has lagged behind other countries for measuring the occurrence of long-COVID and providing specialized healthcare support (Ireland, 2021).

COVID-19 vaccines are an essential tool for preventing severe illness and reducing community transmission. When COVID-19 vaccines first became available, healthcare, and other essential workers and long-term care residents were identified as groups who should be prioritized to receive the vaccine (National Advisory Committee on Immunization, 2021). Given the predominance of women in essential workplaces and among long-term care residents, this prioritization functionally addressed some of the known inequities in COVID-19 risk experienced by these population groups. As data have accumulated among pregnant women (Shimabukuro et al., 2021), some provinces and territories have incorporated pregnancy status into the prioritization guidance.

Indirect Effects of the Pandemic Response on Women's Health

The collateral damage of the pandemic on women's physical wellbeing is harder to measure; the downstream effects of delayed medical care will likely take years to be fully counted. As with the inequitable toll of COVID-19 on the population's health, the health, economic, and social impacts of the pandemic response have disproportionately affected those experiencing multiple and intersecting vulnerabilities (Baiden et al., in this volume).

Indirect Effects: Cancellation of Surgeries and Emergency Department Use

The pandemic resulted in a change in the Canadian healthcare system and how people accessed their healthcare. There was a 50% reduction in visits to emergency departments across the country in April 2020, with fewer people seeking care for cardiac events, trauma, abdominal pain, colds, and influenza (Canadian Institute for Health Information, 2021b). Planned surgeries were cancelled. There was also an unexpected 17-21% decline in life-saving and urgent surgeries during the pandemic's first wave; the reason for this decline in procedures like pacemaker insertions, bypass surgeries, and cancer surgeries is unknown, as are the consequences to the patients who may not have received these procedures or avoided care (Canadian Institute for Health Information, 2021b). Despite an observed decline in people seeking emergency care for miscarriage and ectopic pregnancy during Ontario's first wave, there was no evidence of adverse consequences and patients were not found to present with more severe or more advanced illness (Gomez et al., 2021).

Indirect Effects: Reduced Access to sexual and Reproductive Health Services

Pandemic-related barriers to women's access to sexual and reproductive health services, including access to contraception and testing for sexually transmitted infections (STIs), is another area of concern (Araneta, 2021). In anticipation of potential disruptions to the drug supply chain, the Canadian Pharmacists Association recommended 30-day dispensing limits for all prescription medications, including contraception, in March 2020 (Cohen, 2021). These restrictions extended into the summer in some provinces, and may have led to missed doses of contraception, due to inconvenience associated with more frequent visits to the pharmacy, increased cost associated with more frequent dispensing fees, or loss of drug benefits due to the economic downturn (Cohen, 2021). Although abortions were classified as essential care during the pandemic, stay-at-home orders, increased at-home caregiving activities, and travel restrictions may have created barriers to accessing care, particularly in geographically remote areas of the country. To improve accessibility, Canadian guidelines for providing medical abortion services by telemedicine were developed (Cohen, 2021). The net effect of these changes in access to reproductive health services remain to be seen. Data on STI rates in Canada are lacking, but measures to control COVID-19 have impaired the delivery of STI prevention, testing, and treatment services (Public Health Agency of Canada, 2021). Data from other countries suggest an overall decrease in testing and increases in some STIs during the pandemic period, which may manifest as increases in infertility and congenital infections (Rogers et al., 2021).

Indirect Effects: Shift to Virtual Healthcare

The pandemic response resulted in a transformational shift in access to and delivery of healthcare. In the spring of 2020, as the first cases of community transmission of COVID-19 were identified

across Canada, there was a rapid switch to online and telephone delivery of healthcare. We do not yet know the full effects of the shift to virtual care, but an analysis of Ontario's first wave (March to July 2020) found an overall decline in primary care visits (both in office and virtual) compared to the previous year (Glazier et al., 2021). Women had a smaller decrease than men (26% vs 30% reduction), with a slightly greater share of virtual primary care visits compared to men (72% vs 69%) (Glazier et al., 2021).

During this period of increased virtual care, there has also been a reduction in routine cancer screening. In Ontario, service disruptions led to a 97% reduction in screening mammograms to detect breast cancer in the first months of the pandemic, and the backlog of missed screening mammograms accrued as the pandemic continued (Duong, 2021). Similar declines in cancer screening have been reported across the country, and may reflect a combination of service interruptions, challenges in accessing in-person care, and/or deferral of non-urgent care (Duong, 2021). A three-month disruption in breast cancer screening was projected to result in 310 additional breast cancer cases diagnosed at advanced stages and 110 additional breast cancer deaths in the Canadian population (Yong et al., 2020). Longer interruptions and reduced screening volumes upon service resumption would further increase excess breast cancer deaths (Yong et al., 2020). Similar effects would be expected for other cancers that rely on population-based screening for early diagnosis.

Direct and Indirect Effects on Women Frontline Healthcare Workers

Women represent the majority of frontline healthcare workers in the global COVID-19 response (Lotta et al., 2021; Tomblin-Murphy et al., 2022). In Canada, both the primary care and long-term care systems are staffed largely by women. More than 90% of nurses, 75% of respiratory therapists, and up to 90% of personal support workers are women (TCWF et al., 2020). Racialized and immigrant women are overrepresented among the staff in nursing and residential care facilities, as well as home care, particularly in larger metropolitan areas (Public Health Agency of Canada, 2020).

Serving as the core of the pandemic response, healthcare workers have worked through an extended public health emergency, often at great cost to their physical and mental health. As of June 15, 2021, nearly 95,000 COVID-19 cases and 43 deaths were reported in Canadian healthcare workers; although data are not reported by sex, given that most healthcare workers are women, it can be inferred that many of these infections were in women (Canadian Institute for Health Information, 2021a). This represents approximately 7% of all infections in the country. Although nationally representative data were not reported, estimates from the provinces of British Columbia, Manitoba, and Ontario show personal support workers have experienced a 1.8-fold and 3.3-fold greater risk of contracting COVID-19 compared to nurses and physicians, respectively (Canadian Institute for Health Information, 2021a). Along with increased infection risk related to the close contact nature of the work performed, the use by female healthcare workers of personal protective equipment (PPE), often designed for and tested on males, has been identified as a possible workplace safety issue that could result in reduced protection from infection (Crimi & Carlucci, 2021).

There are numerous indirect health effects associated with being a frontline healthcare worker during the pandemic. Emerging data suggest high prevalence of depressive symptoms, chronic stress, and post-traumatic stress disorder among healthcare workers, with female sex, younger

age, and working directly with COVID-19 patients associated with increased risk (Mehta et al., 2021). Reports of healthcare worker burnout are rampant, driven by issues such as: workplace safety concerns, including lack of access to PPE; understaffing and increased workload leading to physical exhaustion; reports of physical violence and harassment of healthcare providers within the healthcare setting and the community; distress associated with the risk of bringing infection home; and the toll on personal caretaking responsibilities (Lotta et al., 2021). Accounting of the individual, workforce, and societal consequences of the tremendous physical and psychological burdens faced by healthcare workers during this ongoing public health emergency must ensure that the diverse voices and experiences of women healthcare workers are included, given their centrality in the pandemic response and the long-term effects they are likely to experience.

Conclusion and Recommendations

There is fairly good evidence of the acute effects of COVID-19 infection on women's physical health, both individually and at the population level, but more granular data are needed about the distribution of COVID-19 and long-COVID burden in communities. Data are emerging about the indirect effects of the pandemic on women's ability to access urgent and primary care. As we shift from the response to recovery phase of the pandemic, we need to ensure that the lessons of the first phase of the pandemic are not lost, so that we can build robust health and data systems and ensure a more equitable, informed response to COVID-19 and to future health threats. Informed by this review, we make five recommendations to policymakers, below:

1. Invest in more timely and actionable data, including ongoing, representative, population-based studies of infection risk that include data on sex and gender, occupation, underlying health conditions and disabilities, race/ethnicity, and barriers to testing are needed.
2. It will be crucial to include both biological sex and gender identity considerations and the perspectives of those with lived experience in ongoing research and to inform clinical care as relates to long-COVID and its management.
3. A consideration of gender-related and other intersecting barriers to vaccine access and uptake will be critical to ensuring high overall population coverage and high coverage in under-vaccinated population groups who will otherwise remain vulnerable to COVID-19 spread.
4. There is a need for timely gender-based data on barriers to access to care and the health impacts associated with the shift to virtual care during the pandemic. This is necessary to ensure that those with unmet health needs have access to care and to determine the role of virtual care moving forward. This will also ensure equitable access to healthcare during future public health emergencies.
5. The pandemic has shown the importance of accessible testing, treatment, and support. This lesson should be extended to STIs and other diseases, particularly during the pandemic recovery phase, which should focus on mitigating the adverse effects caused by delayed and missed diagnoses.

1.2 Gender Dimensions of the COVID-19 Recession on the Canadian Labour Market

Tammy Schirle

In March 2020, many Canadians found themselves pulled out of their workplaces as public health measures aimed at flattening the COVID-19 curve required people to stay home. Several studies have documented the effects of COVID-19 and related public health measures on the Canadian labour market in the early months of the pandemic. Younger workers with the lowest earning were those most likely to have lost work (Lemieux et al., 2020), while losses experienced by older men and women (age 55–64) were similar to men and women aged 25–54 (Amery, 2020). There were significant employment gaps between mothers and fathers of young children (Qian & Fuller, 2020a), particularly among those with school-aged children. There have also been concerns raised about older women moving into early retirement post-pandemic (Yalnizyan, 2022). However, some evidence was encouraging, as the labour market appeared able to rebound quickly as public health restrictions relaxed (Warman et al., 2021), and gender differences did not persist (in Alberta) beyond the summer of 2020 (Baker et al., 2021).

This study explores the extent to which the pandemic differentially affected women's and men's paid work. Various measures of employment and work hours are used, recognizing that measures of unemployment are of limited use in characterizing pandemic losses when many workers are furloughed (on leave without pay), continue working with reduced hours, or are restricted from searching for work under public health restrictions. With the aim of centering attention on labour market opportunities, I focus on Canadians between the ages of 25 and 54. The opportunities of younger men and women are more closely tied to education decisions (see Foley, Haeck, & Neill, in this volume) and the outcomes of older men and women may also reflect opportunities and decisions related to retirement. Due to the data limitations, this study is restricted to a broad examination of men and women, neglecting the importance of race, gender diversity, and the intersection of multiple identities in the labour market. Although an intersectional lens is essential in understanding the pandemic's impacts (see Baiden et al., in this volume), the main data source available to study the labour market in Canada (the Labour Force Survey) does not indicate individuals' sexual orientation or gender identity, and only recently began collecting information to identify individuals designated as visible minorities.

Men and Women in the Canadian Labour Market

In the Canadian labour market, men and women tend to work in different types of jobs. For example, among those employed in 2018 and 2019, 30% of women and 16% of men worked in the public sector. While similar shares of men and women were unincorporated self-employed workers in 2018 and 2019 (typically without paid help), men were more likely than women to be working in the private sector or as incorporated self-employed workers. Occupational segregation is also clear as men dominated in trades, transport, and equipment operator occupations, while women dominated in health and business, finance, and administration occupations. Employed women also tend to be more educated than employed men, with 42% of women and 33% of men holding a university degree (Bachelor's or above) in 2018 and 2019.

In past recessions, women's higher likelihood of working in the service sector and the public sector offered some protection against job losses (more typically experienced by workers in the men-dominated goods sector). In the pandemic-induced recession, the higher likelihood of women to work in the public sector and having higher education may have offered similar protection, as

more flexible arrangements and better work-from-home opportunities may be available to those women. In some women-dominated sectors, such as healthcare, there may have been an increase in work available. Offsetting this, however, is the higher likelihood of women to work in public-facing jobs (such as sales and service, or administration) that were most affected by COVID-19 shutdowns. Furthermore, parents of young children were also affected by childcare and school closures (to in-person learning), and the need to care for children required to isolate. Given the traditional roles of women as primary caregivers, that women experience more work-family conflict (see Peetz, Harasymchuk, & Aknin, in this volume), and the job characteristics of women and men, one would expect the pandemic's effect on the labour market to be gendered.

The Loss of Paid Employment

Using the Labour Force Survey (LFS) public use microdata files (PUMFs) and a sample of individuals aged 25–54, three indicators of paid employment among men and women were estimated since January 2020: (a) employment rates (measured as the portion of the population that is employed), (b) at-work rates (measured as the portion of the population that is employed and at work, as opposed to being on paid or unpaid leave or vacation), and (c) aggregate weekly hours worked (a summation of hours worked across all jobs in the LFS reference week).¹ In Figures 1a, 1b, and 1c, respectively, these indicators are presented as solid lines for the January 2020–June 2021 period, indexed to January 2020. To illustrate more typical month-to-month changes in these indicators, these same measures for months after (and indexed to) January 2018 are presented in these figures as dashed lines.

The gendered effects of the pandemic-induced recession on jobs are evident in Figures 1a through 1c. While both men and women experienced massive losses in work by April 2020, the losses for women were relatively large. The gendered effects for at-work rates were substantial, as women's at-work rates fell from 72% in January 2020 to only 53% in April 2020 (a 26% drop in Figure 1b) and men's at-work rates fell from 80% to 62% (a 23% drop in Figure 1b) over the same period. After this first wave, it appears men's work recovered more quickly than women's: all indicators in Figures 1a through 1c for men returned to January 2020 levels by September 2020, while women's employment and at-work rates remained below January 2020 levels. While there is some movement toward recovery and closure of the gender gap by late fall of 2020, by June 2021, the gender gap had reappeared.

1 Caution is required when comparing employment and hours levels between 2021 and other years, as survey weights in the PUMF are revised January 2021 onwards but were not revised for earlier years. While this appears relatively less important for the measurement of employment rates, there are greater concerns in obtaining comparable population and employment levels over time using the LFS PUMFs. See Statistics Canada Statistics Canada. (2021a). *The 2021 Revisions of the Labour Force Survey (LFS)*. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/71f0031x/71f0031x2021001-eng.htm> for more information.

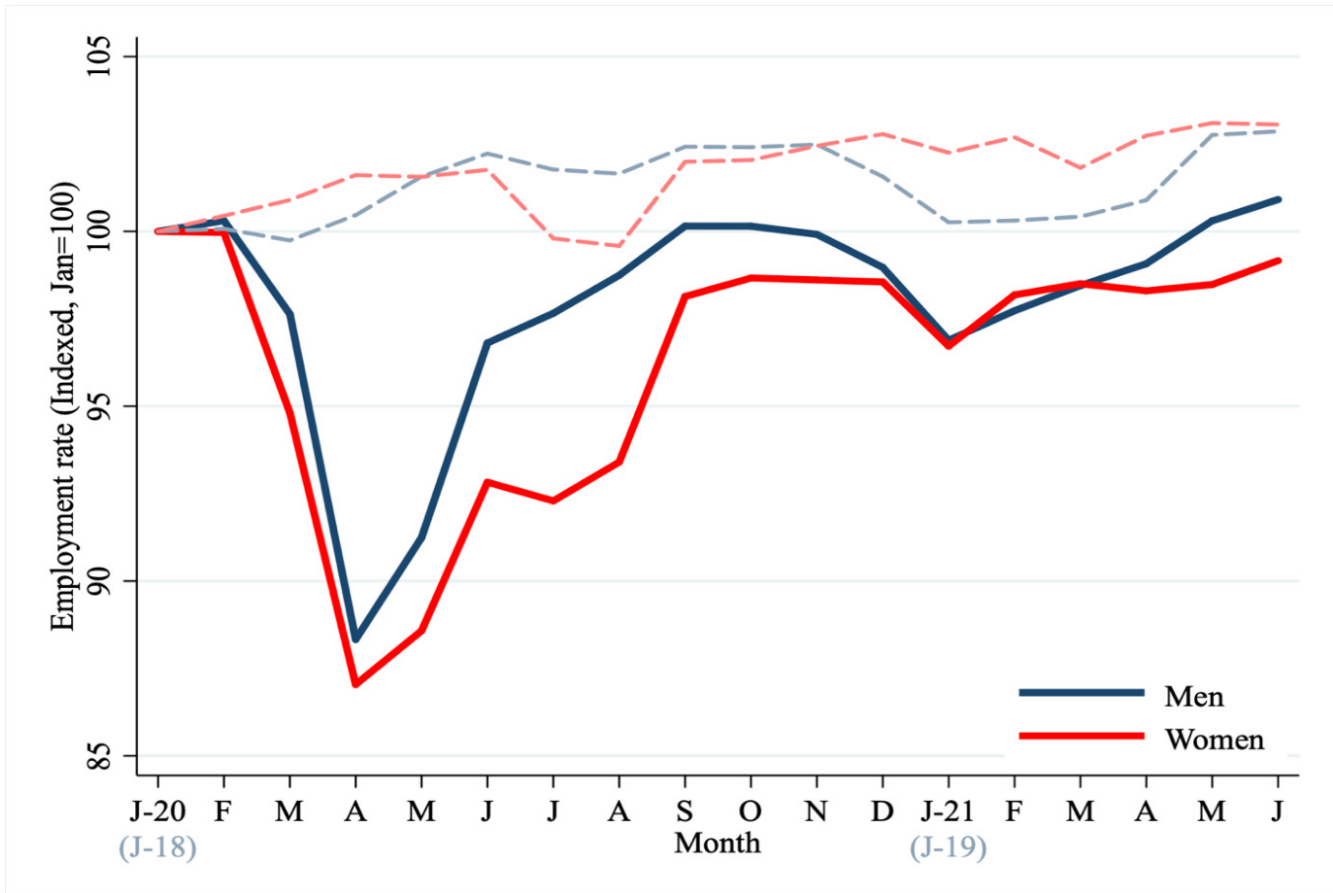


Figure 1a. Employment, men and women aged 25–54

Source: Author’s tabulations using the LFS PUMFs.

Notes: Employment rates are not seasonally adjusted. The solid lines represent women and men employed as a portion of the population, in each month of 2020 and 2021, indexed to January 2020. The dashed lines represent the rate in each month of 2018 and 2019, indexed to January 2018, to illustrate normal month-to-month changes.

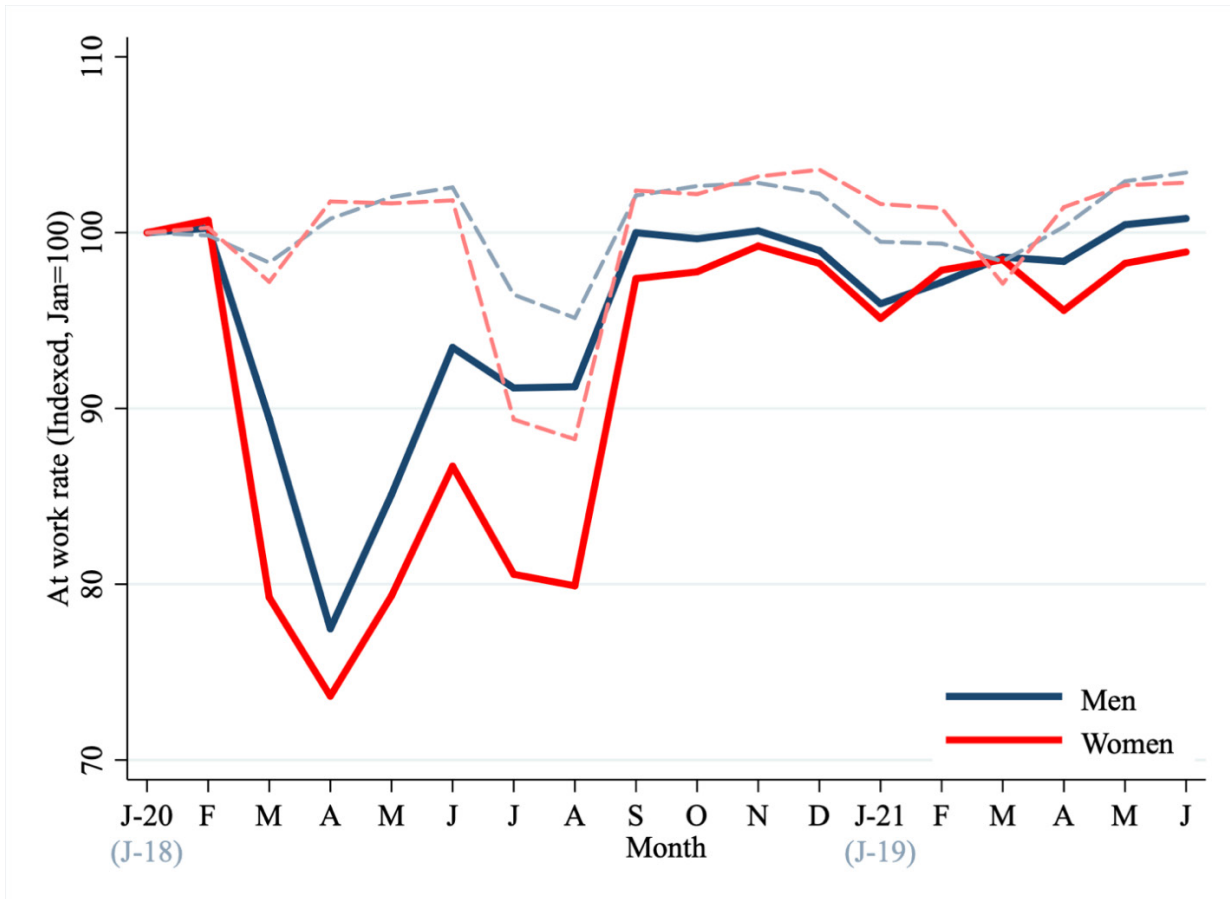


Figure 1b. Employed and at-work, men and women aged 25–54

Source: Author’s tabulations using the LFS PUMFs.

Notes: The LFS allows us to identify those employed workers who were not at work (e.g., vacation or unpaid leave) during the reference week. At-work rates are not seasonally adjusted. The solid lines represent women and men employed and at-work as a portion of the population, in each month of 2020 and 2021, indexed to January 2020. The dashed lines represent the rate in each month of 2018 and 2019, indexed to January 2018, to illustrate normal month-to-month changes.

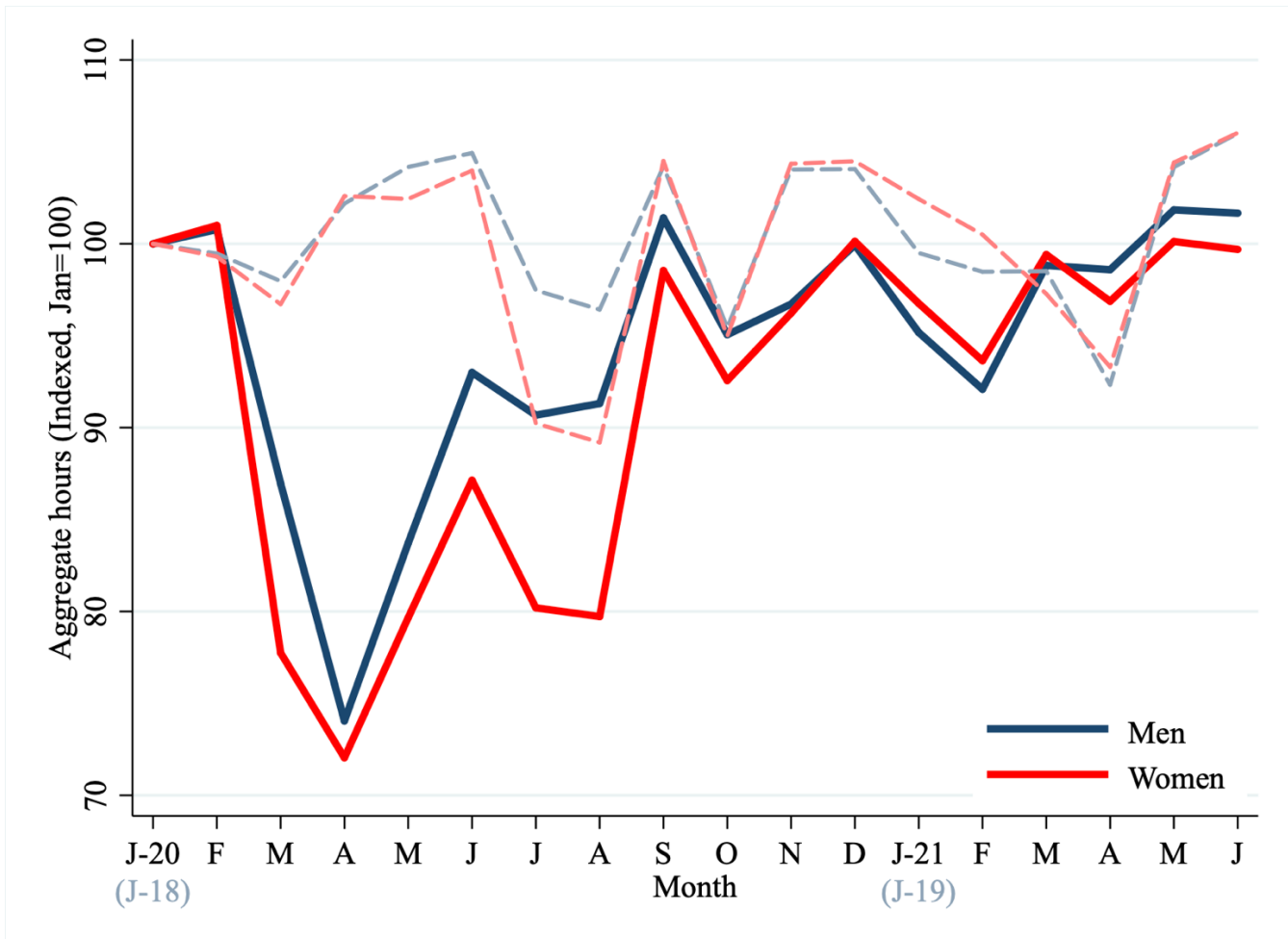


Figure 1c. Aggregate weekly hours worked, men and women aged 25–54

Source: Author’s tabulations using the LFS PUMFs.

Notes: Aggregate hours are not seasonally adjusted. The solid lines represent women’s and men’s total actual hours worked at all jobs, in each month of 2020 and 2021, indexed to January 2020. The dashed lines represent the hours in each month of 2018 and 2019, indexed to January 2018, to illustrate normal month-to-month changes.

Factors Underlying the Gender Gap

There are two factors driving losses in paid work that have dominated the policy conversation. First, some industries and occupations have been more affected than others by public health restrictions that limited opportunities to find paid work. Second, school closures and other child-related precautions have restricted parents’ ability to work. But can these factors help explain gender gaps in the loss of paid work?

An assessment of the extent to which industry and occupation-specific closures can explain the gender difference in lost work closely follows the methods used in Lemieux et al. (2020) (see Table 6). Simply put, the present goal is to understand if the gender gap is due to women being more likely to work in industries hardest hit by closures or if, within industries, women are experiencing a disproportionate share of losses.

In Figure 2, the observed effect of COVID-19 measures on employment in each month of 2020 is presented alongside a gender-neutral counterfactual estimate. The gender-neutral counterfactuals

(dashed lines) represent the losses that would have occurred if the impact of COVID-19 within an industry were entirely gender neutral (so that within an industry any job losses would be evenly distributed across men and women). The red dashed line in Figure 2 illustrates the extent to which employment losses would have been smaller among women, and larger among men, in this gender-neutral scenario. Overall, what these estimates suggest is that within industries, women experienced disproportionate employment losses compared to men and the gender gap cannot be explained by differences in the types of jobs typically held by men and women.

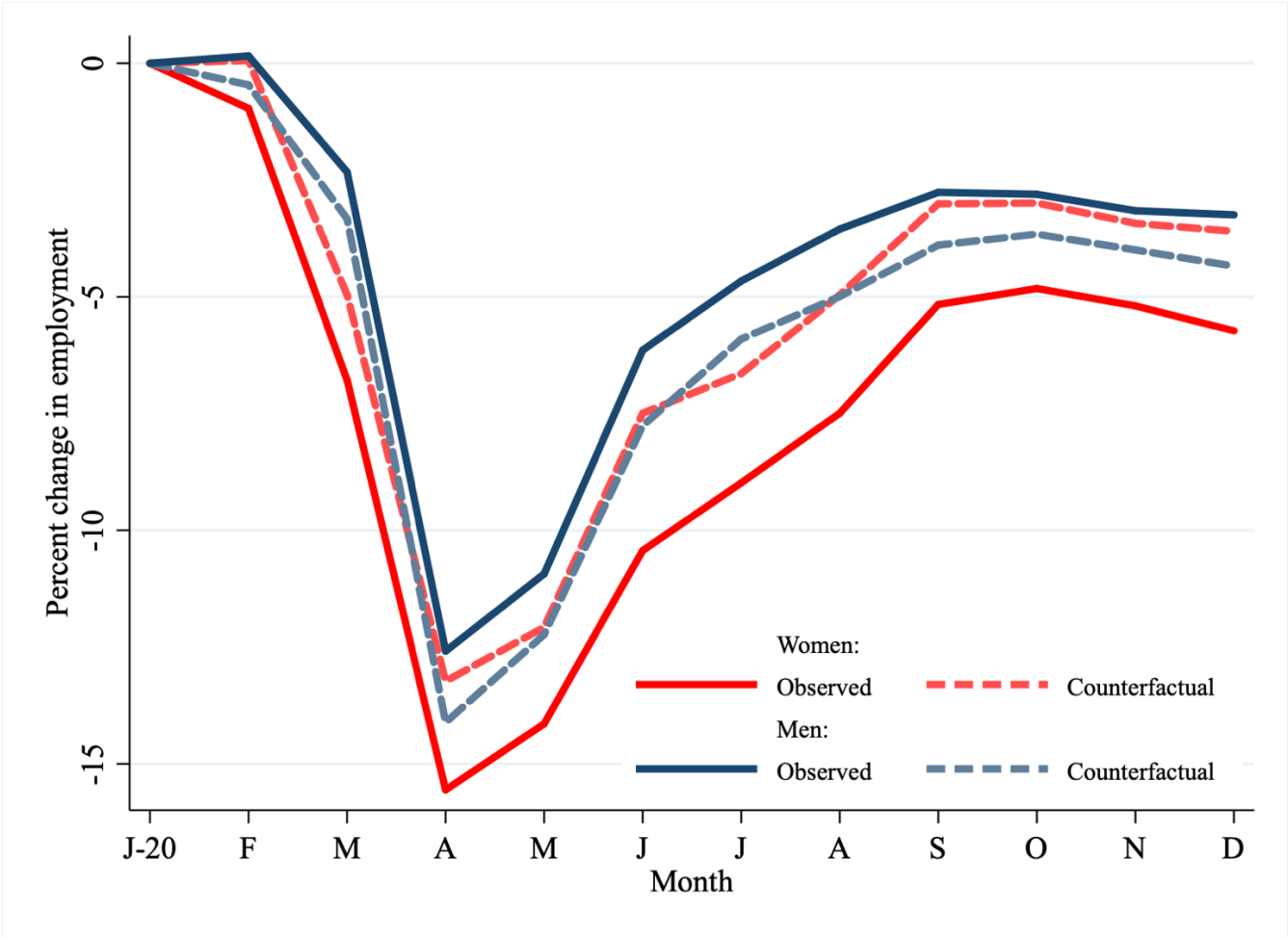


Figure 2. Observed and gender-neutral counterfactual COVID-19 effect on employment

Source: Authors' tabulations using LFS PUMFs.

Notes: Sample of individuals aged 25–54. COVID-19 effects are measured as employment losses after January 2020, after differencing out monthly changes observed in 2018. Solid lines represent observed COVID-19 effect. Dashed lines represent the counterfactual employment losses in a hypothetical gender-neutral scenario whereby industry and occupation-specific employment losses are evenly distributed across men and women.

To assess the importance of closures of in-person schooling and other childcare related provisions for parents, a provincial school closure index is constructed using the information available in Breton and Slim (2021). For months after February 2020, the index takes values as low as 0 (no restrictions) and as high as 1 (province-wide in-person school closures), with values between 0 and 1 representing regional closures or measures that altered the learning environment. For months prior to March 2020, the index is set equal to zero. This school closure index representing the 15th

day of each month is merged to the LFS for the months in 2018–June 2021.² Using a sample of individuals aged 25–54 with information about their most recent job available, a baseline linear probability model is used for the probability of being at work during the LFS reference week as it depends on the school closures index, with a full set of interactions between the school closure index, gender, and categories for the presence and the age of a youngest child when applicable. Models are also estimated that include a full set of controls for month, province, age, education, industry, and class of worker (public, private, or self-employed). To illustrate the differences across groups, the model is estimated (including the full set of controls) with sub-samples of individuals: (i) from “select services” industries (representing accommodation and food, information, culture, and recreation), (ii) from manufacturing industries, and (iii) with subsamples by education level. In Figure 3, the results representing the percentage point impact of province-wide school closures (the school index moving from 0 to 1) on mothers of children aged 6–12 relative to fathers of children aged 6–12 is presented, including a 95% confidence interval.³

The results in Figure 3 demonstrate mothers of children aged 6–12 were significantly less likely than fathers to be employed and present at work (including working from home) when school closures occurred. For example, the baseline results suggest mothers of children aged 6–12 were 4 percentage points less likely to be at work compared to fathers of children aged 6–12. Impacts were larger for those mothers working in hard-hit services (compared to fathers, by 11 percentage points), but also in manufacturing (by 8 percentage points). The impacts on parents of kids aged 6–12 are not as clearly gendered, however, when we consider parents with higher levels of education. Although mothers with lower levels of education (including high school or less, or some post-secondary education) were less likely to be employed and at work than comparable fathers (by 7 percentage points), the differences between mothers and fathers with post-secondary degrees (college or university) were not statistically significant. Overall, these estimates suggest some of the gender gap in lost paid work is due to caregiving responsibilities when schools close.

2 Except for December 2020, whereby the 9th day of December 2020 is chosen to align with the LFS reference week, and July and August of each year which are excluded from the sample.

3 Standard errors are clustered by province. For those seeking more detail, the full syntax for these models, and all results in this report, are available from the authors’ website at www.tammyschirle.org. The results also suggest significant impacts for mothers of children aged 0–5 compared to fathers, largely reflecting the experience of lower-educated mothers.

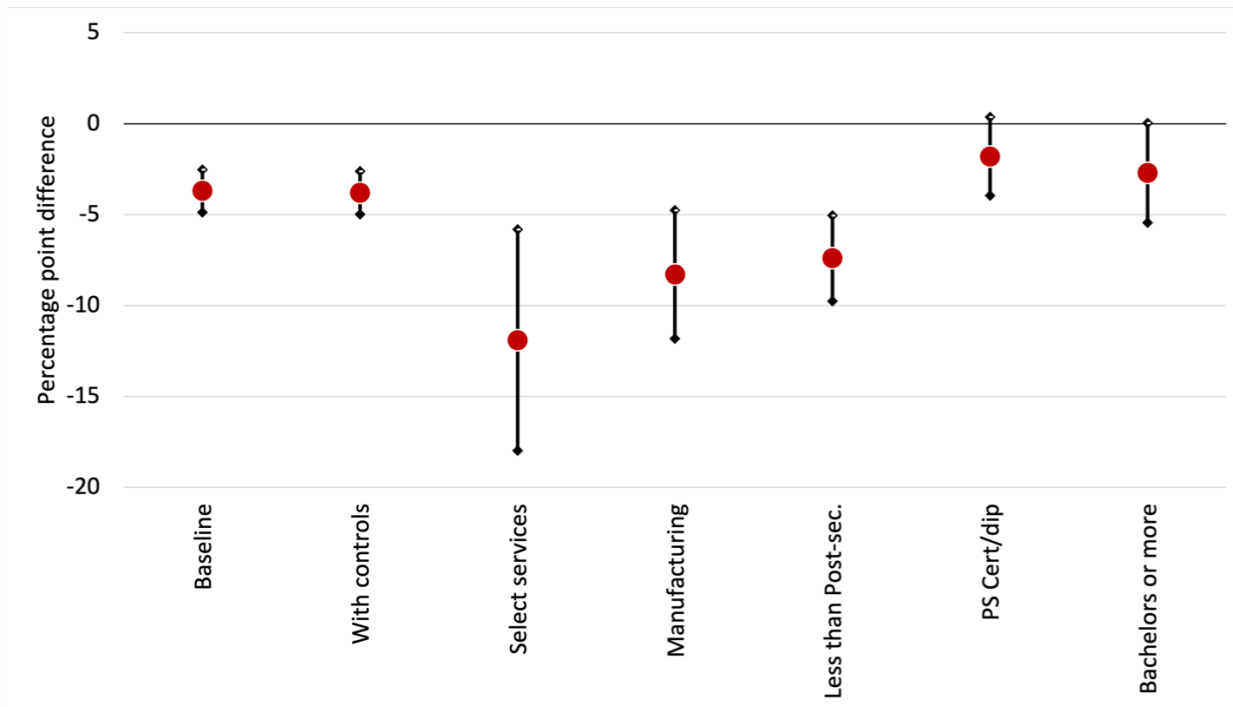


Figure 3. Differential effect of COVID-19 in-person school closures on the likelihood of being employed and at-work, mothers with children aged 6–12

Source: Author’s tabulations using the LFS PUMFs.

Notes: Sample includes individuals aged 25–54. Points represent the reduced likelihood of being at-work compared to fathers with children aged 6-12 when province wide in-person school closures are in effect. Regression-based coefficients (x100) are plotted with 95% confidence intervals. “Select services” refers to a sample of people who worked in accommodations and food, information, culture or recreation industries. See text, including footnotes 3 and 5, for details.

Long-term Joblessness

Several studies have demonstrated that individuals who have been unemployed for longer periods of time have more difficulty finding employment (see Schirle & Skuterud, 2020). The pandemic has intensified the challenge for policy makers as many Canadians who lost jobs early in or just prior to the pandemic have not worked at all since. To capture this, the number of people who want work, but have been without jobs for 12–23 months is presented in Figure 4. The solid lines in Figure 4 show a massive increase in the number of long-term jobless individuals in February and March 2021.

In the design of policy to assist the long-term jobless, it is useful to notice the heterogeneity of this group. First, despite being slightly less educated on average than employed men and women, a large portion of the long-term jobless are highly educated—one third of women have a bachelor’s degree or more, and most jobless men and women have some post-secondary degree, certificate, or diploma (see Figure 5). While some upgrading of skills, or assistance in matching skills with employers may be helpful for this highly educated group, it is not clear broad investments in formal education and training would be as helpful as it would be for the more disadvantaged jobless individuals.⁴ Although education and training are often the focus of labour market policies,

⁴ Card, Kluve, and Weber Card, David, Kluve, Jochen, & Weber, Andrea. (2018). What Works? A Meta Analysis of Recent Active Labor Market Program Evaluations. *Journal of the European Economic Association*, 16(3), 894-931. <https://doi.org/10.1111/jeea.12345>

the importance of childcare has also been made clear. Most of the long-term jobless do not have children (see Figure 6), but a larger share of women than men have children under the age of 12 requiring care while parents are training or searching for work.

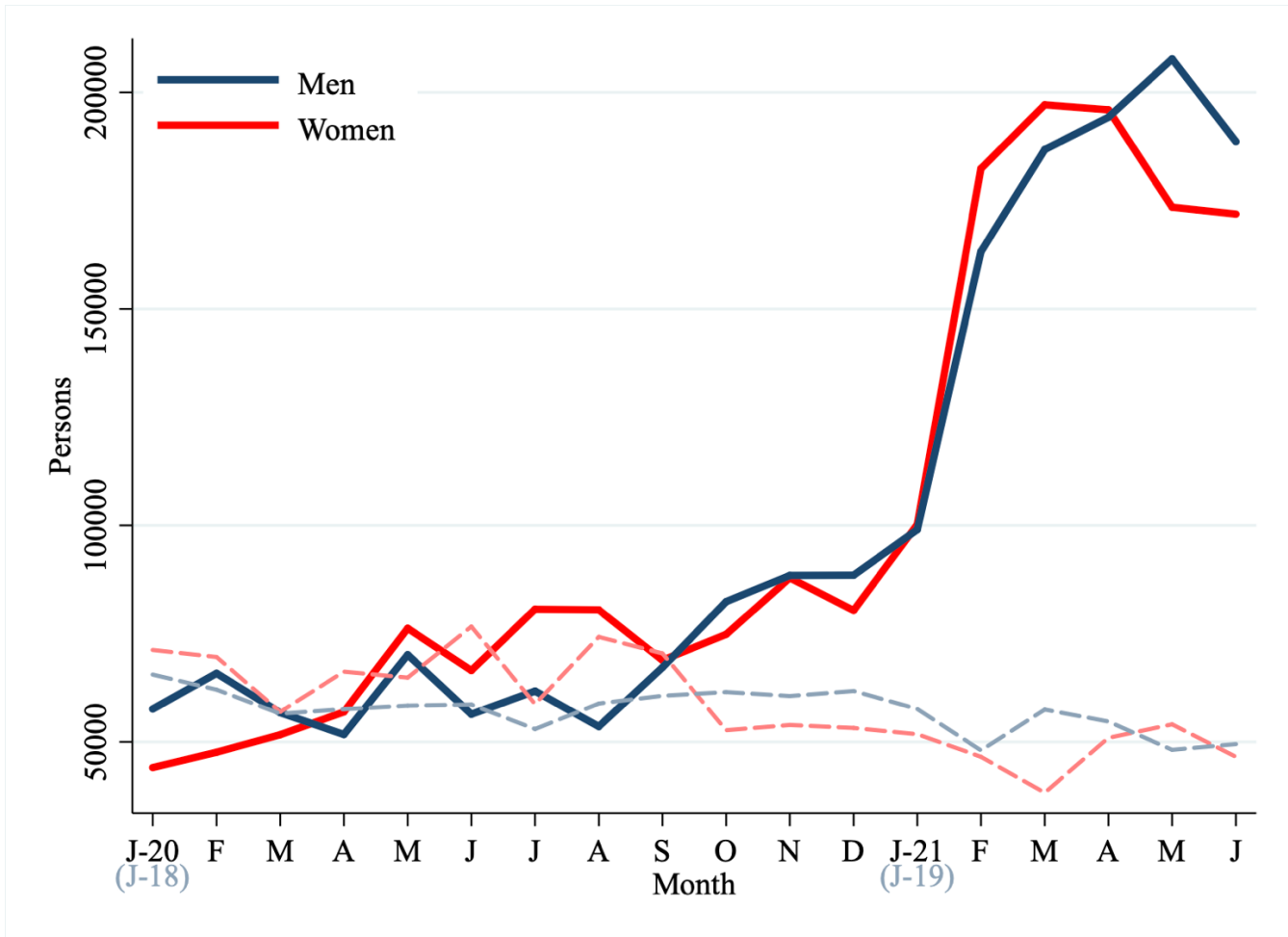


Figure 4. Persons aged 25–54 wanting work and without work for 12–23 months

Source: Author’s tabulations using LFS PUMFs.

Note: Solid lines represent the number of people who want work in each month that have not worked in the past 12–23 months, January 2020–June 2021, aged 25–54. Dashed lines represent comparable counts for January 2018–June 2019.

org/10.1093/jeea/jyx028 and Brown and Koettl Brown, Alessio JG, & Koettl, Johannes. (2015). Active Labor Market Programs - Employment Gain or Fiscal Drain? *IZA Journal of Labor Economics*, 4. <https://doi.org/10.1186/s40172-015-0025-5> provide an assessment of various active labour market programs and their effectiveness across different groups.

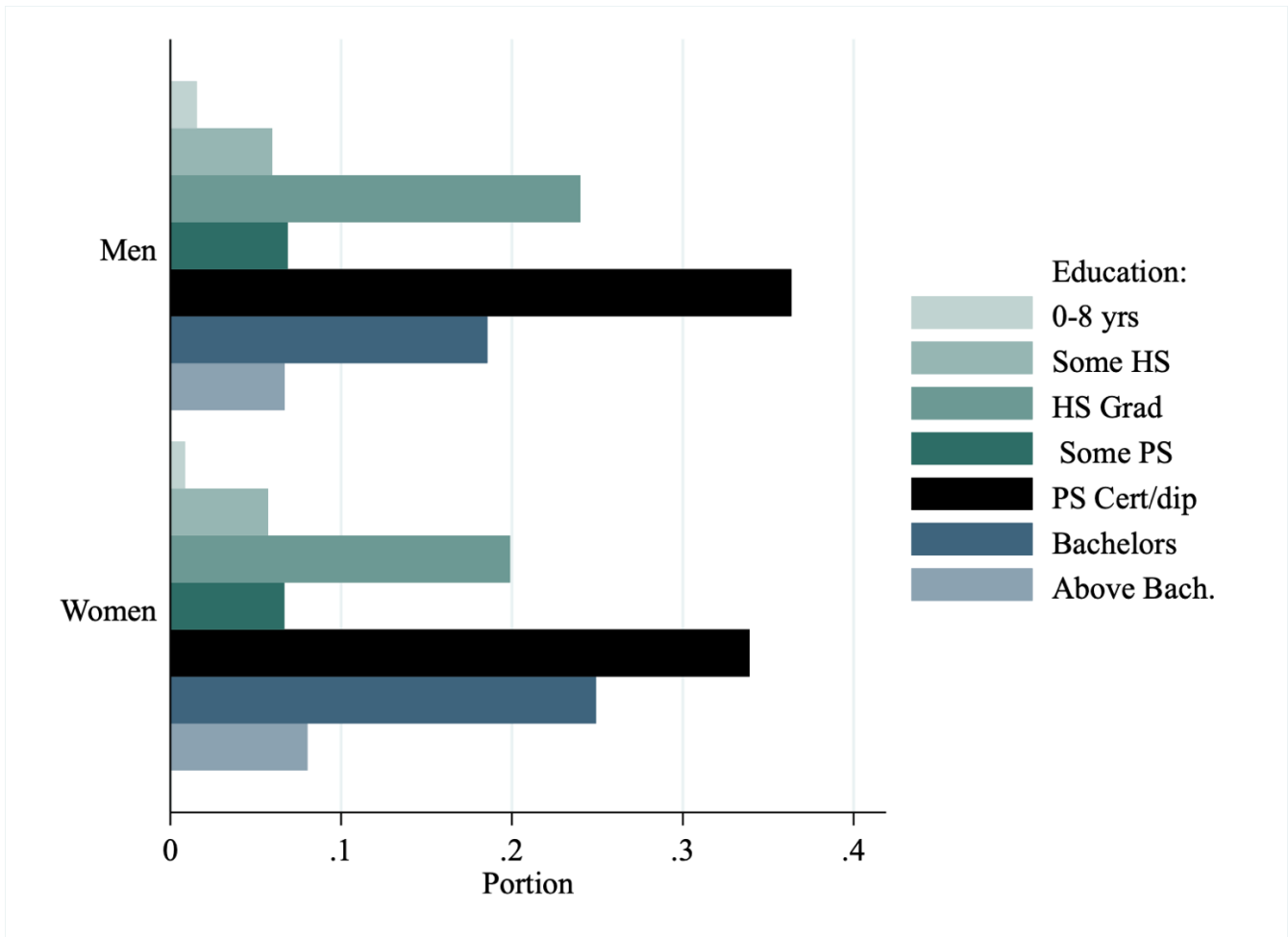


Figure 5. Education of persons jobless 12–23 months, by gender, March–June 2021

Source: Author’s tabulations using the LFS PUMFs.

Notes: Sample includes long-term jobless individuals who want to work, aged 25–54. HS refers to high school. PS refers to post-secondary.

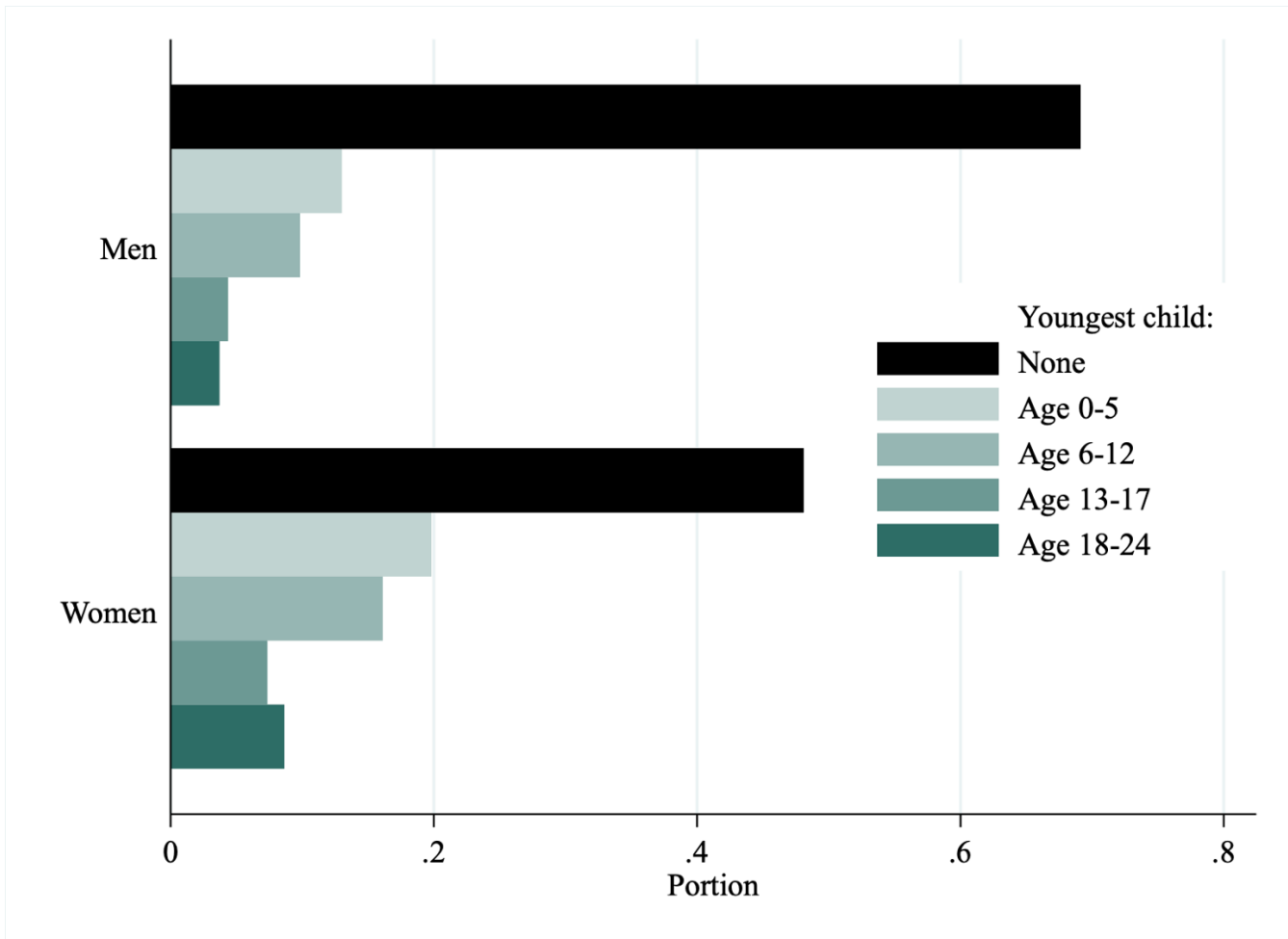


Figure 6. Age of a person's youngest child among persons jobless 12–23 months, by gender, March–June 2021

Source: Author's tabulations using the LFS PUMFs.

Notes: Sample includes long-term jobless individuals who want to work, aged 25–54.

Conclusion

It is evident that the pandemic affected the labour market activity of men and women differently. With the types of jobs typically held by women, many were able to continue working despite measures to contain COVID-19. However, women's employment rates and aggregate hours worked fell more than men's in the early months of the pandemic and were slower to recover. Factors contributing to the gender gap in lost work include women bearing a disproportionate share of losses within hard-hit industries and school closures affecting the employment of mothers more than fathers.

1.3 Sources of Strain for Women's Mental Health During the COVID-19 Pandemic

Johanna Peetz, Cheryl Harasymchuk, and Lara B. Aknin

The COVID-19 pandemic has altered the lives of most people and evidence indicates that mental distress increased dramatically in the first half of 2020 (Aknin et al., 2022; Robinson et al., 2020). One consistent finding emerging from these data is that mental distress increased more drastically for women than men (Best et al., 2021; Dozois, 2021; Fancourt et al., 2020; Gloster et al., 2020; Pierce et al., 2020; Proto & Quintana-Domeque, 2020; Shah et al., 2020; Taylor et al., 2020; Zheng et al., 2021). For example, a sample of 2,463 American and Canadian adults showed greater increase from base-level values in depression among women than men in March–June 2020 (Zheng et al., 2021), and in a sample of 1,381 Canadians contacted in April 2020, women reported more worry, depression, and distress about COVID-19 than men (Best et al., 2021). Among 1,987 pregnant Canadian women, anxiety and depression were three times higher in April 2020 than in pre-pandemic samples (Davenport et al., 2020; Lebel et al., 2020). This report summarizes several stressors¹ that have contributed to women's disproportionate mental health challenges during the COVID-19 pandemic (Figure 1).

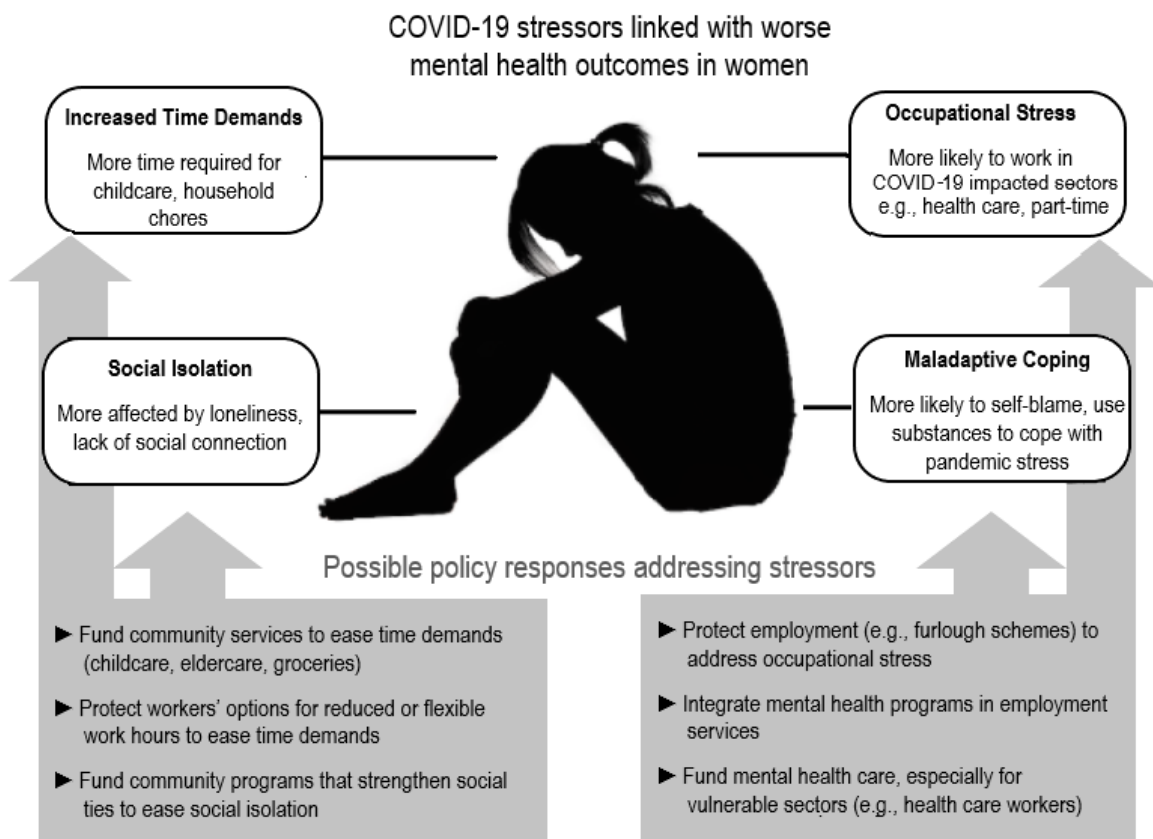


Figure 1. COVID-19 stressors linked with worse mental health outcomes in women

¹ Gender-based violence (GBV) may also have been experienced by women required to stay home under public health orders, leading to additional stress and isolation. The incidence and effects of GBV are the focus of the chapter by Smallman in this volume.

External Sources of Strain

Occupational Stress

Public health measures required to slow the spread of COVID-19 led to business closures, which heightened concerns about employment security. Pandemic-related employment concerns have been linked to increased depression (Coulombe et al., 2020; Zheng et al., 2021). Women are often overrepresented in precarious employment, such as part-time work (Moyser, 2017). In addition, women are often employed in education, social care, and service sectors where COVID-19 exposure might be higher, meaning that public orders might have directly impacted women more (Schirle, in this volume). In March 2020, Canadian women reported feeling less secure in their jobs than Canadian men and this perceived insecurity was linked to more stress, anxiety, and depressive symptoms (Coulombe et al., 2020).

Women are also overrepresented in Canadian healthcare. Ninety percent of nurses identify as women (Porter & Bourgeault, 2017), a field that has borne the brunt of pandemic burnout (Sriharan et al., 2021; Sriharan et al., 2020; Tomblin-Murphy et al., 2022). More than half (54%) of surveyed female healthcare workers in Canada reported levels of anxiety above the criteria for an anxiety disorder classification and almost half (42%) met diagnostic criteria for depression in April–May 2020 (Smith et al., 2021). This toll on mental health likely contributed to health and social care workers leaving their profession in higher numbers in 2021 than in previous years (Lou et al., 2021; Statistics Canada, 2021b).

Household and Care Demands

Public health measures led to intermittent closures of in-person learning for children and greater time spent on household chores. These changes affected women more than men (Arora & Grey, 2020; Deryugina et al., 2021; Giurge et al., 2021; Johnston et al., 2020). Data from more than 4,000 Canadians showed that, while both men and women reported an increase in hours devoted to childcare, women spent more than double the amount of time per week caring for children than men between April to June 2020 (Johnston et al., 2020). This may be why Canadian women in households with children under the age of 15 reported substantially lower mental health than men in the same situation (Johnston et al., 2020), a finding echoed around the world (Racine et al., 2021). A study with more than 30,000 respondents across several countries including Canada showed that women spent more time on chores and caretaking than men between March–June 2020 and that time spent on chores was linked to lower well-being (Giurge et al., 2021).

Internal Sources of Strain

Social Isolation

Public health measures introduced physical distancing guidelines to mitigate COVID-19 transmission. Women tend to rely more on social networks for coping (Swickert & Hittner, 2009) and social isolation has been shown to increase mortality risk more in women than in men (Alcaraz et al., 2019). During the pandemic, women reported more subjective isolation than men (Bierman & Schieman, 2020). Interviews of mostly women living in rural Manitoba identified a loss of autonomy, loss of activities and social spaces, and a lack of meaningful connection as factors influencing isolation and loneliness (Herron et al., 2021). Feelings of social isolation and loneliness during the pandemic have been linked with poorer mental health (Aknin et al., 2022; Cooper

et al., 2020; Taylor et al., 2020), particularly for people living alone (Nkire et al., 2021; Okabe-Miyamoto et al., 2021).

Maladaptive Coping

Living through a pandemic is stressful. Some people cope with this stress in maladaptive ways. Women reported more coping strategies in response to COVID-19, including more avoidant styles such as denial, venting, self-blame, substance use, and negative appraisals (Godwin et al., 2021; Volk et al., 2021). COVID-19 distress has been linked to alcohol consumption among women but not men (Rodriguez et al., 2020). Increased stress and less healthy coping behaviour were particularly likely in women of racial and ethnic minority (Barbosa-Leiker et al., 2021; McKnight-Eily et al., 2021) (also see Baiden et al., in this volume).

Conclusion and Recommendations

The COVID-19 pandemic has created gender-specific stressors, many of which can be addressed with policy responses. To mitigate occupational stress, policy makers can promote employment security (e.g., incentivizing companies to keep employees; furlough schemes) and policies supporting flexibility (e.g., rights to request reduced hours) that help women manage increased time demands. Mental health services may be integrated into programs for workers who are unemployed (or underemployed) due to COVID-19. Mental healthcare should also be a priority for those working on the pandemic frontline, such as healthcare workers.

To lessen the burden of care that falls disproportionately on women, in-person schooling and organized childcare and eldercare should be prioritized (also see Prentice, in this volume). Care responsibilities can not only be a stressor, but also a barrier to seeking mental health treatment: women are more accepting of care-seeking than men, but list finding childcare and transportation as barriers to accessing care in person (Slaunwhite, 2015).

To address the mental health consequences of social isolation, safe forms of community-focused programming might strengthen community ties to provide meaningful sources of connection during the pandemic and beyond. To redirect coping strategies towards sustainable, healthy strategies over potentially harmful strategies such as substance use, mental healthcare should be embedded in community programs as much as possible.

Part 2 - Exacerbating Long-standing Risks to Canadian Women, Girls, and Gender-Diverse Persons

2.1 Compounding Pandemics: COVID-19 and Gender-Based Violence

Vicky Smallman

When the first wave of COVID-19 shut down workplaces and public facilities and schools closed for in-person learning, it was clear that urging people to “stay home to stay safe” meant higher risk for those for whom home is not a safe place (Bielski, 2020). A month into the first lockdown, a horrific mass murder in Nova Scotia with clear links to domestic violence underscored the urgent need for attention and action to address not just the immediate needs of the pandemic (Mass Casualty Commission, 2022), but the persistent and escalating manifestations of a crisis that has deep roots in our society.

Before the pandemic, Canada already had high rates of gender-based violence (GBV) (Cotter & Savage, 2019), with one in three women experiencing sexual assault since the age of 15, for example, and higher prevalence rates for Indigenous women, women with disabilities, young women, and LGBTQ2S+ people. Many faced barriers to services, including lack of services in their community, access to transportation or communications infrastructure to seek support, fear of stigma and more, particularly for those who experience multiple and intersecting forms of discrimination, people with precarious immigration status, and those who live in rural, remote, or northern communities.

Forced isolation, financial stress, and rising infection rates could only magnify the risk for people living with abuse and coercive control (Moffitt et al., 2020; VAW Learning Network, 2020). Coercive control is a term used to describe a “pattern of abusive behaviours used to control or dominate a family member or intimate partner”, involving “repeated acts of humiliation, intimidation, isolation, exploitation and/or manipulation, frequently accompanied by acts of physical or sexual coercion” (Nonomura et al., 2021, p.3).

Comprehensive and disaggregated national data on all forms of GBV since the onset of the pandemic are not yet available. Statistics Canada data show no increase in police-reported family violence in the first year of the pandemic (Statistics Canada, 2020c), although the report notes that family violence does not always come to the attention of police, and that COVID restrictions and other pandemic considerations may have contributed to the lack of reporting. The 2020 Shelter Voices survey found that crisis calls decreased for three in five respondents during the first part of the pandemic, and increased for 61% of respondents after September 2020 (Women’s Shelters Canada, 2020). Shelters also reported an increase of severity in the violence their clients were experiencing, an increase in coercive control and, in risk factors for lethality. A Native Women’s Association of Canada survey reported that one in five Indigenous women had experienced physical or psychological violence during first three months of the pandemic (NWAC, 2020; Wright, 2020).

A rise in anti-Asian racism since the onset of the pandemic has disproportionately impacted women, as has a disturbing increase of Islamophobic violence, particularly against Black Muslim Women (Mosleh, 2021)—a chilling illustration of the intersections of racism and GBV.

COVID-19 brought public attention to the gaps and disparities in access to community-based supports and services, and to the precarious state of a sector that has been underfunded for decades.

The federal government was quick to respond to the strain that restrictive public health measures would impose on GBV service providers pivoting to online or telephone support, anticipating reduced fundraising revenues and staffing challenges. Emergency funding for the sector was announced in Spring 2020, expanded in the fall (WAGE, 2021b), and again in the 2021 budget (Department of Finance Canada, 2021).

In January 2021, Federal, Provincial, and Territorial governments committed to developing a ten-year National Action Plan (NAP) on Gender-Based Violence (WAGE, 2021a), a longstanding demand of GBV organizations and advocates (Johnson & Kapoor, 2013). Their Declaration outlined the NAP's principles and goals and identified five pillars: support for survivors and their families; prevention; promotion of responsive legal and justice systems; support for Indigenous-led approaches and informed responses; and social infrastructure and enabling environment. This joint commitment was a welcome step forward as advocates from the sector and feminist organizations had been calling for a NAP for a decade.

An April 2021 report issued by Women's Shelters Canada (Dale et al., 2021) outlined a possible framework for the proposed NAP, focusing on four of the five pillars. It minces no words about the scale of the effort required, noting that it will take "billions, not millions to advance a truly coordinated and measurable impact" (Dale et al., 2021, p. 15). In addition to its 100 short-, medium-, and long-term recommendations aimed at multiple levels of government, the report reinforces the need for an intersectional feminist approach to the development and implementation of the NAP, and sets out how a feminist Monitoring, Evaluation, Accountability and Learning (MEAL) strategy can be integrated into the process, including independent oversight.

Although some elements of the report were reflected in the 2021 federal budget commitment of \$601.3 million over five years, the nature of the proposed NAP Secretariat or the role of any independent oversight is not yet known.

June 2021 saw the release of the 2021 Missing and Murdered Indigenous Women, Girls, and 2SLGBTQQIA+ People National Action Plan (MMIWG NAP) (Core Working Group & National Family and Survivors Circle, 2021), a response to the 2019 National Inquiry's calls for justice and to a separate report from Les Femmes Michif Otipemisiwak. The plan, as well as the government's simultaneously released "Federal Pathway" (CIRNAC, 2021), fell short of many advocates' expectations as it lacked long-term vision, an implementation plan, and the funds necessary to deliver results (Renwick, 2021).

Key to both the MMIWG NAP and the proposed framework by Dale et al. (2021) is the recognition that any NAP must be rights-based, apply an intersectional lens, be guided by the experiences and voices of survivors, be evidence-based and address gaps in disaggregated data collection, incorporate independent or co-managed accountability mechanisms, and support transformational change. They also reinforce that this change requires the engagement, cooperation, and coordination of multiple levels of government, including Indigenous governments, organizations, and communities.

The pandemic shed light on the complexity of GBV, in many ways this short piece cannot capture: the multiple forms of violence women, girls, and gender-diverse people experience at home, in public and digital spaces, at work, at school; how a person's social identities, locations and contexts can increase their risk and multiply barriers to support; and the important roles that income security and social infrastructure can play in addressing violence, reducing risk or harm,

and the consequences when these are not accessible. Is it possible for decision-makers, often preoccupied by election cycles and short-term results, to make progress toward longer-term, systemic change? The next steps in both NAP processes will let us know.

Recommendations

Four recommendations follow from this analysis.

1. The federal government should follow through on its commitment to establish and advance a 10-year National Action Plan to End Gender-Based Violence, including establishing a dedicated secretariat, “enhancing the capacity of and responsiveness of gender-based violence organizations” as well as “bolstering the capacity of Indigenous women and 2SLGBTQQIA+ organizations” (CIRNAC, 2021).
2. Substantial and sustainable resourcing for the NAP will be required and structures established that will involve stakeholders from the federal, provincial, and territorial governments, civil society organizations, survivors, and other experts.
3. The National Action Plan should be guided by the recommendations of the *Report to Guide the Implementation of a National Action Plan on Violence Against Women and Gender-Based Violence* (Dale et al., 2021) and should include an independent oversight body of experts to ensure proper governance and accountability.
4. The National Action Plan should be harmonized with the ongoing efforts to end violence against Indigenous women, girls, and LGBTQTi2S+ people.

2.2 The Experiences of Women and Gender-Diverse Members of the LGBTQi2S+ Community

Jennifer Robson

There is reason to believe that the economic, social, and psychological impacts of the pandemic may have been particularly pronounced for Canadian girls, women, and gender-diverse members of the LGBTQi2S+ community. More than one million adult Canadians identify as members of the LGBTQi2S+ community (Statistics Canada, 2021f). Among these, 52% identify their gender as female and another 4% identify as gender-diverse (Prokopenko & Kevins, 2020). And yet, it has too often been a struggle to make visible the experiences of girls, women, and gender-diverse members of the community during this pandemic.

The gendered differences in the loss of employment and work income described by Schirle (in this volume) may also have disproportionately impacted members of the LGBTQi2S+ community. Surveys conducted for Egale Canada (Egale Canada & Innovative Research Group, 2020a, 2020b) found that a substantially higher proportion of LGBTQi2S+ households reported layoffs or reduced paid hours as of April 2020 and again in June 2020, as compared to other Canadians. The study from June 2020 also suggested that members of the community were more likely to be working in sectors that were most acutely and persistently affected by public health shutdowns, such as retail and arts and culture (Egale Canada & Innovative Research Group, 2020a). Members of the community are also more likely to be younger and work in lower wage employment, two factors that have been strongly associated with job and income losses during the pandemic (Prokopenko & Kevins, 2020). Self-reported financial and food insecurity has been found to be more prevalent among members of the LGBTQi2S+ community in Canada (Egale Canada & Innovative Research Group, 2020a, 2020b) and internationally (Bishop, 2020). Data on the take-up of federal COVID benefits reveal that 4,690 Canadians who identify as gender-diverse accessed one or more payments of the Canada Emergency Response Benefit (CERB), the largest COVID benefit available in the first six months of the pandemic (Government of Canada, 2021). This represents just 0.1% of all CERB beneficiaries, well below most estimates of the gender-diverse share of the Canadian population (Casey, 2019).

The financial and employment insecurity as well as social isolation created by the pandemic has, in turn, been associated with a significant increase in psychological distress for women (Peetz, Harasymchuk & Aknin, in this volume). It is expected that this may be particularly pronounced for members of the LGBTQi2S+ community, both because of pre-existing stressors and because of obstacles to accessing supports including out of pocket costs, stigma, and discrimination. Prior to the pandemic, members of the LGBTQi2S+ community were three times more likely than other Canadians to report that their mental health was poor or only fair (Statistics Canada, 2020b). The study by Egale Canada and the Innovative Research Group (2020a) found that members of the LGBTQi2S+ community were more than twice as likely as other Canadians to report a pre-existing mental health condition, rising to more than three times as likely for those community members who are also Black, Indigenous, or persons of colour. The same study also found a substantially higher prevalence of self-reported stress among LGBTQi2S+ community members compared to the national rate. International studies have likewise documented increased incidence of psychosocial difficulties during the pandemic for LGBTQi2S+ community members (Dawson et al., 2021; Hafi & Uvais, 2020). In addition to impacts on their mental health, there is evidence to suggest that girls, women, and gender-diverse Canadians in the LGBTQi2S+ community may be more at-risk

of negative physical health effects in the pandemic. Published Canadian epidemiological data reports on rates of COVID-19 infection among male, female, and other Canadians, but substitutes gender and sex, depending on the availability from subnational data (PHAC, 2021). As at the time of writing, recorded cases of infection among gender-diverse Canadians accounted for less than 0.001% of all reported cases. This is almost certain to be an underestimate resulting from inconsistent data collection and reporting. Although there is good epidemiological information on the rates of infection and outcomes of Canadian women (see Tuite & Thampi, in this volume), there is no information specific to those girls and women in the LGBTQi2S+ community. However, there may be important differences that should inform public health strategies. In the United States, the Centers for Disease Control and Prevention released a study noting that members of the LGBTQi2S+ community are more likely than other Americans to report pre-existing health conditions that increase the risk of serious illness if infected with COVID-19 (Heslin & Hall, 2021). These include cancer, heart disease, asthma, diabetes, and other conditions. In addition to health risks related to infection and illness, the pandemic has also had impacts on the physical safety of girls, women, and gender-diverse Canadians in the LGBTQi2S+ community. As Smallman (in this volume) notes, members of this community were particularly at-risk for gender-based violence, risks that were increased by stay-at-home orders.

Conclusion and Recommendations

The experiences of girls, women, and gender-diverse members of the LGBTQi2S+ community have not received nearly enough attention during the COVID pandemic. Although researchers have good reason to believe that the intersection of gender and belonging to a sexual minority community made many Canadians more vulnerable to the health and economic impacts documented in the general population, we do not have adequate data to demonstrate this reality or to adequately inform policy response. As a result, and even throughout this volume, the trends authors have been able to identify too often assume cis-gendered and heterosexual populations. Here I echo Gibb et al. (2020) in their call for more inclusive and representative data collection:

Data inclusive of cisgender men and women and data that capture race and ethnicity must be included in COVID-19 statistics and data; so too must data on COVID-19 represent the experiences of SGM [Sexual and Gender Minority] people and our identities. [...] Accounting for SGM lives and responses to the COVID-19 pandemic not only makes visible the intersecting forms of social marginalization that enable disease transmission but also has the potential to reveal patterns of resilience and community strength that can inform public health policy. (p. 4)

At the same time, the history of public health surveillance of gender and sexual minorities suggests that increased attention from policymakers can be driven by homophobia and transphobia. When that happens, data collection is weaponized against community members. To protect against this risk, all efforts to include data on gender and sexual orientation for policymaking must be governed by robust ethical frameworks created with and overseen by women and gender-diverse Canadians with lived experience.

2.3 Women with Disabilities and the Hierarchies of Disadvantage

Michelle Maroto and David Pettinicchio

Our societies are clearly stratified across multiple status characteristics that influence access to important resources. These are evident in the ever-persistent disparities by gender, class, race, age, sexuality, and disability and, more importantly, in how institutions like sexism, classism, racism, and ableism structure our lives.

Globally, people with disabilities are treated as second-class citizens. They are often ignored by policymakers and treated as burdens or as undeserving of social supports. People with disabilities are significantly un- or underemployed. When they do work, they are segregated into low-paying, non-unionized, precarious work often in the service and food preparation sectors (Maroto & Pettinicchio, 2014). These are among the lowest paying sectors. Even within these lower-paying jobs, people with disabilities get paid less than their non-disabled counterparts.¹

Women also face persistent disadvantages. In the labour market, women still earn less than men, despite efforts to close the gender pay gap (Blau & Kahn, 2006). They are segregated within lower-paying occupations and underrepresented in positions of power and on managerial boards. Women are also still expected to be the primary caregivers for children, and, increasingly, aging parents, which further limits their earnings.

Gender and disability are both key institutions, dictating certain rules or norms that organize social relations across organizations. These institutions are also linked, which means that understanding persistent disparities faced by women and people with disabilities requires an intersectional feminist disability perspective.

Intersectionality considers how individual and intersecting status characteristics confer advantage and disadvantage and affect social interactions. Because sexism and ableism are both built on notions of weakness and incompetence, women and people with disabilities tend to receive lower status value and less access to key resources. When considered from an intersectional perspective, it is also clear that these statuses combine to form a hierarchy of disadvantage where women with disabilities are doubly disadvantaged. This is what we find in our 2019 study published in *Gender and Society*. The effects of disability on poverty were strongest among women of colour with disabilities—up to 55% larger for non-Hispanic Black women than for non-Hispanic white men regardless of education (Maroto et al., 2019).

Intersecting Disadvantage in the COVID-19 Pandemic

The COVID-19 pandemic has done much to reveal how ableist and sexist structures and attitudes keep women and people with disabilities out of the labour force—further excluding them from the mainstream of life.

Our work on the effects of the pandemic on Canadians with disabilities and chronic health conditions shows how an already vulnerable community faces even greater economic precarity

¹ The dynamics of employment segregation are not the same among people with physical versus cognitive disabilities. See also Maroto and Pettinicchio (2014), "Disability, Structural Inequality, and Work: The Influence of Occupational Segregation on Earnings for People with Different Disabilities" in *Research in Social Stratification and Mobility*, 38, 76-92. <https://doi.org/http://dx.doi.org/10.1016/j.rssm.2014.08.002>. We show that segregation varies by disability type. For instance, people with physical disabilities tend to be overrepresented in administrative support occupations. People with cognitive disabilities tend to be overrepresented in occupations with the lowest pay, especially food preparation and service occupations. Such disparities then contribute to lower wages for people with cognitive disabilities.

because of lack of employment, savings, and government supports (Maroto et al., 2021). In part due to concerns over loss of work and income, and due to increasing isolation, it has also taken its toll on the mental health of people with disabilities and chronic health conditions (Pettinicchio, Maroto, Chai, et al., 2021).

During the pandemic, women also saw more of a reduction in work hours compared to men, but women experienced more significant losses, especially earlier on in the pandemic (Schirle, in this volume). Furthermore, women with young children saw higher losses compared to those with older children, and as Lemieux et al. (2020) explain, this is likely because of caregiving responsibilities (this also echoes work by Qian & Fuller, 2021).

How do these disparities compound for women with disabilities? Although there has been limited research on women with disabilities during the pandemic, our mixed method study provides some clues to the struggles members of this group have faced. Our qualitative findings point to how many women with disabilities faced even greater challenges accessing care and mental health supports throughout the pandemic and in accessing housing and community supports during lockdowns. They also voiced perceptions of worsening future economic insecurity and feelings of even greater marginalization by policies that ignored them.

Building on what we do know about both women and people with disabilities, two groups already overrepresented in low-wage jobs, particularly those within the service sector, women with disabilities were especially vulnerable to job and wage loss during the pandemic. They are, in effect, working in occupations with higher risk of COVID-19, which according to St-Denis (2020), places minority groups and historically disadvantaged groups at greater risk of exposure.

Intersectionality and Structural Disadvantage

What can we learn about intersectionality and structural disadvantage more broadly from the experiences of women with disabilities during the pandemic?

Studying the experiences of women with disabilities during the COVID-19 pandemic highlights the importance of considering how broader factors affect individual situations. It emphasizes the role of structure in terms of whether and how people can weather hardship and periods of insecurity. It reminds us that we cannot ignore the ways in which ableist inequality regimes are organized to benefit certain individuals over others based on status characteristics like race, class, gender, and disability.

It is clear that labor market and economic outcomes, and even managing a pandemic, are shaped by the intersection of multiple status characteristics, including, but not limited to, disability and gender. This means that only an intersectional framework can highlight the multiple dimensions of disadvantage (Pettinicchio & Maroto, 2017) and how distinct forms of inequality experienced by women with different disabilities manifest across different but related spheres of life. These forms of disadvantage are part of the lived experience of individuals but also a reflection of broader structural dimensions of inequality embedded in all social institutions—from healthcare to labor and credit markets to education.

Box 1: Reflections for Women and Girls with Disabilities during COVID-19 in Canada

Bonnie Brayton

According to Morris et al. (2018), women with disabilities make up approximately 24% of all women living in Canada. The rates of disability for Indigenous and Black women with disabilities are over 30%.

With the highest rates of poverty, unemployment, gender-based violence, a significant overrepresentation in both the homeless and prison populations, and higher rates of Alzheimer's disease, dementia, and brain injury, it is not surprising to know that women with disabilities experienced some of the worst situations from the beginning of COVID-19 onwards.

Notwithstanding the millions and millions of dollars in assistance that the federal government provided through the Canada Emergency Response Benefit, and other forms of emergency funding, a national funding mechanism for providing emergency assistance to people with disabilities does not currently exist.

The combined effects of recent amendments to Medical Assistance in Dying and triage protocols in some provinces (which have placed people with disabilities at the end of the treatment queue) have meant that women with disabilities may have greater access to a right to die than access to services, goods, and care that would allow them to live with dignity.

Ableism is too often overlooked, even in intersectional analysis, as a force that exists (and thrives) beside and inside gender and race discrimination. The now irrefutable data regarding rates of disability in Black and Indigenous communities further affirm this. The highest rates of homelessness, incarceration, and 'residence' in long term care belong to women with disabilities, where again, traumatic and acquired brain injury, unidentified intellectual/cognitive disabilities, women on the autism spectrum, and women with mental health issues are present in very high numbers.

These same women, regardless of their age, are largely in difficulty because of failures in social and economic policies and programs and a medical/healthcare system that is not rights-based and is deeply under-resourced. The resourcing issue has been particularly exacerbated during the various waves of the pandemic as key services were scaled back or temporarily halted.

Most human rights complaints in Canada at federal, provincial, and territorial tribunals have been disability-related for more than a decade. Discrimination in the healthcare system has been well documented, and the heart-breaking end of Joyce Echaquan's life in real time for all of us to see (Nerestant, 2021) has put our country on notice.

We need to take full advantage of the opportunity that emerges from the increase in societal appreciation and respect for the caregiver role, front-line healthcare workers, the role of teachers, of retail workers, of our neighbours and neighborhoods, of the Indigenous communities we share this land with, of our environment and the reconnections to being 'home' with family that have all emerged from the COVID-19 pandemic. This presents us with what was and continues to be one of the 'golden' outcomes of this pandemic.

We see an ongoing and expanded application of GBA+ (a policy lever never to be confused with intersectional policy), the implementation of the Accessible Canada Act, newer pieces of legislation where 'intersectional discrimination' is named, the National Housing Strategy, the new national affordable and accessible Child Care initiative, and the National Action Plan to end Gender Based Violence before us. These are our instruments of hope.

2.4 Compounding Harm to Indigenous Women, Girls, and LGBTQi2S+ Communities in Canada

Riley Yesno

It is difficult to identify any crisis, nationally or globally, where Indigenous people, and in particular, Indigenous women, were not among the most profoundly affected—COVID-19 is no exception. Indeed, in Canada, Indigenous women have been dealing with the devastating consequences of the global pandemic at rates much higher than much of the non-Indigenous population. The rate of COVID-19 infection in First Nations living on reserve has been as much as five times the national average (Liu, 2021). This is especially concerning when we consider the as-yet unknown impacts of long-COVID and how the pandemic has heightened pre-existing crises. As a result, while the rest of the country sees vaccination rates soar, people dining out, and a return to in-person workplaces, Indigenous women, girls, and LGBTQi2S+ folks know that the tough road to health and security is far from over and a sense of normalcy is far out of reach.

Although there are numerous problem areas necessitating interrogation, in this paper I examine the impacts of COVID-19 on Indigenous women, girls, and LGBTQi2S+ communities. I also examine some notable examples of how the pandemic has exasperated existing crises of gender and sexual violence and health inequities (understanding that these subjects are interconnected in many ways). Using a critical Indigenous feminist lens to view these challenges, I discuss how colonial policymaking has created and sustained the conditions that have allowed COVID-19 to wreak the degree of havoc it has on Indigenous women, girls, and LGBTQi2S+ communities. These conditions are far more lethal than COVID-19 could ever be by itself and require a decolonial policy response across all sectors of society to begin to address.

Gender and Sexual Violence

In June of 2019, less than a year before the onset of the global pandemic, the Murdered and Missing Indigenous Women and Girls (MMIWG) National Inquiry Final Report (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019) found Canada guilty of an ongoing genocide against Indigenous people targeting women, girls, and LGBTQi2S+ communities in particular. Upon announcing this finding and the accompanying 231 Calls for Justice in the Report, the federal government committed to developing a National Action Plan to be released within one year. The federal government made this commitment in early June 2019. The following March, states of emergency were first declared in Canada, and it would be over another year from this point that the Action Plan would be announced. As was the case with many pre-COVID commitments, the pandemic became the rationale for government delays in meeting this commitment (Stefanovich, 2020). Although Indigenous women were not unique in experiencing stalled government action, the suffering that women, girls, and LGBTQi2S+ communities experienced due to the inaction on this file was profound. Genocide did not pause for the pandemic.

Reviewing even a handful of news stories from the past year illustrates the consequences of inaction. In early 2021, reports continued citing instances of ongoing forced or coerced sterilization of Indigenous women and girls, some cases involving girls as young as nine years old (Basu, n.d.). This news came amidst an ongoing class-action lawsuit out of Saskatchewan where nearly 60 Indigenous women allege being forcibly sterilized in the province (Zingel, 2019), giving some insight into the massive scope of this injustice.

Other areas of policy change were also delayed by government due to COVID-19, such as justice reform. In early 2017, Barbara Kentner, an Indigenous woman from Thunder Bay, was murdered when a trailer hitch was thrown at her from a moving vehicle. Loved ones of Kentner and community members protested what they felt were insufficient charges laid on the man who threw a trailer hitch at her from a moving vehicle which would inevitably result in her death (Talaga, 2020). Brayden Bushby, a non-Indigenous man, saw his charges dropped from second-degree murder to manslaughter in 2020; he pleaded not guilty. Advocates pointed to the fact that the MMIWG report called for tougher sentencing concerning crimes perpetrated against Indigenous women and girls (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019) and how, in this case, the Ontario courts did not observe these calls. Since then, the federal Crown–Indigenous Relations Minister acknowledged, at a virtual summit discussing a feminist response to the pandemic, that Indigenous women were experiencing layoffs, lack of reliable childcare, and spikes in family violence higher than previously seen (Alhmidy, 2021). The National Action Plan was meant to address these issues and many others.

This does not mean that, if the Action Plan were to have been released on time, these cases would have had better outcomes. That is impossible to say and especially unlikely considering that the now-published Action Plan has been heavily criticized by community advocates and experts as insufficient (without attached funding, timelines for implementation, etc.) (Deer, 2021). Instead, the Action Plan is a useful focus because its trajectory during the pandemic exemplifies how Indigenous women, girls, and LGBTQTi2S+ are so readily pushed down the policy priority line when government attention turns elsewhere. Had the Action Plan been released on schedule, it *would* have, at least, offered an avenue of accountability for community advocates towards those in positions of power. Perhaps most importantly, it would have given direction to politicians, policymakers, and Canadians in imagining what a post-COVID Canada should look like. At its core, the MMIWG Final Report calls for a transformation of Canadian institutions and systems to protect rather than target Indigenous women, girls, and LGBTQTi2S+ people. If we want to build back in a way that meaningfully supports these communities, these calls must be central to our process, not an afterthought.

Health Inequity

Many researchers have long exposed the systemic anti-Indigenous racism and sexism embedded deep within Canadian healthcare (see Gouldhawke, 2021; Greenwood et al., 2015; McCallum, 2017). As COVID-19 challenged Canada's public health institutions, these already weak areas of the system were exasperated, causing tremendous challenges for Indigenous women, girls, and LGBTQTi2S+ folks to navigate. Lack of trust in healthcare and culturally unresponsive policymaking stands out to me as particularly significant fatalistic conditions during a pandemic. In addition to the aforementioned terror of forced or coerced sterilization, Indigenous women also have their children apprehended at hospitals at staggering rates (Hanson, n.d.), have been medically experimented on in residential schools (Mosby & Swidrovich, 2021), and contend with well-documented experiences of racism and sexism. We all witnessed a poignant example when, in 2021, Joyce Echaquan, a 37-year-old Atikamekw woman and mother of seven, live-streamed abusive remarks from hospital staff in Québec where she would later die a preventable death (Shingler, 2021). Mistrust is justified and is hard to overcome when there have been little to no reparations for violence Indigenous women, girls, and LGBTQTi2S+ folks have faced at the hands of Canadian healthcare. To this point, Mosby and Swidrovich (2021, p.E382) note "there has

never been a reckoning for the legacy of medical experimentation and other abuses targeted at Indigenous Peoples within Canadian medical institutions.”

Further, on-reserve healthcare services are chronically underfunded (Gouldhawke, 2021) and many Indigenous communities cannot use the mechanisms by which Canada has responded to COVID-19. For example, “many medical appointments have shifted online, but only 24% of households in on-reserve Indigenous communities have fast enough internet connections for basic functions like sending images” (Burns-Pieper, 2020). Further, readily accessible goods like PPE and rapid testing, etc., are largely unavailable in the northern, rural, and remote communities where many Indigenous people live. Thus, Indigenous people are left with even *less* access to appropriate healthcare services now, than what were already dismal pre-pandemic rates. There are also well-known massive infrastructure gaps on-reserve that when compounded with inadequate healthcare, have an even greater negative impact on health incomes (access to clean water, adequate housing, etc.). At the onset of the pandemic, policymakers should have easily foreseen the danger on-reserve Indigenous communities would face as a result of these insufficiencies and taken action to address them to mitigate the degree of harm; instead, as with the MMIWG inquiry, policymakers rationalized that infrastructure improvements would have to wait. How were Indigenous people meant to face a viral illness like COVID-19 in such conditions? How does one follow public health recommendations like washing hands frequently without access to clean water? How do they social distance when living in a severely overcrowded, multi-generational home? Indigenous people have been left to struggle with these questions alone.

The federal government often points to the responsibility of the provinces and territories to provide healthcare services, and while there is a responsibility of the provinces and territories to act with urgency in delivering healthcare services to Indigenous people, there is also onus on the federal government to meet their own Crown obligations to ensure appropriate infrastructure and healthcare for Indigenous people. As of September 2021, the federal Treasury Board reported total federal COVID spending at \$42.3 billion dollars, of which just \$455.4 million dollars (1.1% of the total) has been specifically earmarked for needs of Indigenous communities (Treasury Board of Canada, 2021). The persisting nature of these crises speaks to failures on many levels of government, including the federal government.

Another healthcare-related harm observed over the pandemic is increased restrictions on how many visitors one can have during hospital stays. This is a major access barrier that fails to soothe the anxieties of Indigenous women who may already be hesitant to seek medical care for fear of discrimination. According to Burns-Pieper (2020), it has been reported that not being able to take loved ones to hospital visits has been extremely upsetting for several pregnant Indigenous women. Even in pre-pandemic times, there were calls from women’s organizations across Canada to allow Indigenous women access to greater support systems of loved ones when interacting with Western healthcare. As community-centred approaches to healthcare are central to many Indigenous cultural practices, advocates argue that accommodating these practices increase patient well-being and, ultimately, health outcomes. These few examples are only a handful of circumstances that make it clear that the public health responses to COVID-19 are not designed to meaningfully respond to the legacies of discrimination Indigenous women, girls, and LGBTQ2S+ folks face in healthcare.

Conclusion and Recommendations

Even before the pandemic, conditions were explicitly hostile towards Indigenous women, girls, and LGBTQTi2S+ persons; they saw little relief from any level of government. These hostile conditions are by colonial design—meant to disempower and ultimately eliminate Indigenous people from occupied lands. Within this context, it is impossible for Indigenous people to find safety during times like a pandemic in the same institutions which have been designed for their harm. As demonstrated throughout this brief, it is more likely that existing harms will only be heightened. There are, however, steps we can take to transform this reality. That begins with centering a decolonial feminist framework in our policy-making practices and leaning on the many existing calls from Indigenous women, girls, and LGBTQTi2S+ persons that outline how to best meet their needs. It requires a willingness to interrogate every sector of society and develop proactive, as opposed to reactive, plans that reduce harm for Indigenous women, girls, and LGBTQTi2S+ persons, which leaders in all sectors can implement in times of crisis. And finally, it means we should not be having conversations about a post-COVID Canada without Indigenous women, girls, and LGBTQTi2S+ persons, among others most affected by the pandemic, at the centre.

2.5 Left Behind: The Impact of the COVID-19 Pandemic on Racialized Women and Gender-Diverse People in Canada

Deborah Baiden, Rosel Kim, Leila Sarangi, and Anjum Sultana

Racialized women and gender-diverse people have been disproportionately affected by the COVID-19 pandemic due to structural racism, discrimination, and gender inequalities. Racialized women are overrepresented in precarious jobs with low wages and are more likely to be living in neighbourhoods with higher rates of COVID-19 transmission (City of Toronto, 2020; Public Health Ontario, 2020). Additionally, marginalization resulting from systemic discrimination encountered by racialized women and gender-diverse people has led to challenges achieving socio-economic stabilization and recovery. In the discussion of racialized identities, the socio-historical aspect of race is highlighted where social, economic and political forces determine the content and importance of racial categories (Omi & Winant, 2014). Racialization refers to an ideological process where “racial meanings are attached to particular issues—often treated as social problems—and with the manner in which race appears to be the, or often the key factor in the way they are defined and understood” (Murji & Solomos, 2005, p. 3).

Our objective, in this brief, is to document the ways in which racialized women and gender-diverse people in Canada experience compounded marginalization as a result of living at the intersection of multiple identities, which cannot be captured through a single lens of gender that does not account for their racialization (Crenshaw, 1991). We also outline recommendations toward an equitable, intersectional recovery.

Barely Scratching the Surface

Racialized women and gender-diverse people are not a monolith. We cannot capture the many ways in which they have been impacted and marginalized by the COVID-19 pandemic. Racialized women and gender-diverse people are a part of various communities discussed in other chapters of this collection such as workers, caregivers, LGBTQTI2S+ communities, and women with disabilities. Furthermore, the oppression experienced by racialized women and gender-diverse people differs and is unique, depending on different intersections of marginalization including immigration status, sexual orientation, gender identity and expression, class, and under-valuation of their labour.

To acknowledge the need to disrupt gender binaries, where possible, cited data go beyond the experiences of cis women. However, the lack of data beyond gender binaries continues to be a limitation in fully articulating the experiences of trans and gender-diverse people in Canada. Furthermore, for the purposes of this brief, we discuss the experiences of racialized settler communities, as the distinct experiences of First Nations, Inuit and Métis women, gender-diverse, and Two-Spirit people has been covered elsewhere in this collection (Yesno, in this volume).

Facing Setbacks in Access to Decent Work and Economic Prosperity

The economic fallout from the COVID-19 pandemic disproportionately impacted already marginalized women, trans, and non-binary people. Women and non-binary people with multiple intersecting identities of marginalization encountered hurdles to weathering the pandemic due to factors such as poverty, increased precarious employment, systemic discrimination in the labour

market, devaluing of care work, a gendered wage gap, and decades of neoliberal policies that eroded social safety nets pre-pandemic.

The COVID-19 pandemic demonstrated how crucial yet undervalued women's labour is to the economy and health of Canadian society. Sectors predominantly occupied by marginalized women such as in long-term care homes, childcare centres, cleaners, and grocery store clerks are more vulnerable to the virus. Additionally, racialized workers are overrepresented in industries more affected by economic closures related to the pandemic such as in the food and accommodation industries (Statistics Canada, 2020a). These sectors are characterized by deplorable labour standards such as low minimum wage, temporary, part-time, contract work, and lack of paid sick days. For instance, Black women and marginalized workers are disproportionately represented among lower wage workers in Canada. Women making \$14 per hour or less lost work earlier in the pandemic and recovered at slower rates in comparison to men (TCWF et al., 2020) and racialized women with disabilities faced increased job losses (Edwards, 2019). Mothers are crushed by the unequal division of unpaid labour and gender wage gaps that widen significantly along lines of race, Indigeneity, and ability, forcing them into homeschooling and caregiving roles, especially for mothers of younger children (Statistics Canada, 2021c, 2021d). Comparatively, lone-parent mother-led families experienced decreases in paid work and slower regaining of employment than mothers in couple families (TCWF et al., 2020). This is troubling given that lone-parent families had much higher rates of poverty pre-pandemic—in 2018, 32.2% of children in lone-parent families lived in poverty, 14 percentage points higher than the national child poverty rate of 18.2% according to the Census Family Low Income Measure, After Tax (Campaign 2000, 2020, 2021).

Federal emergency benefits were distributed quickly, but qualifying requirements excluded many marginalized workers, including those whose employers did not provide documentation, those working in cash-based or criminalized economies such as sex workers, people without regularized status or a valid Social Insurance Number, persons who hadn't filed a recent tax return, and those with very low wages who did not meet the \$5,000 work income threshold to qualify. Those who applied, usually in good faith, but who were deemed ineligible months later were then required by the Canada Revenue Agency to repay thousands of dollars or incur this federal debt (Canada Revenue Agency, 2021). After pressure mounted, the federal government announced that some self-employed individuals would be exempt from repayment due to confusion around whether eligibility was to be determined based on gross or net income. One-year targeted interest relief was also announced for anyone who received emergency income benefits and had a total taxable income of \$75,000 or less in 2020 (Canada Revenue Agency, 2021).

Campaign 2000 has been calling on the federal government to institute a repayment amnesty for anyone living near or below the Low Income Measure¹ so as not to further entrench poverty of already marginalized workers (Campaign 2000, 2020, 2021). Confusion regarding eligibility was not limited to the self-employed only, and emergency benefits interacted with other income benefits in detrimental ways, such as unequal treatment by provincial and territorial social assistance programs, decreases to rent subsidies and Guaranteed Income Assistance (GIS) (Desmarais, 2021; Petit & Tedds, 2020; Reynolds, 2021; Tweddle & Stapleton, 2020). Emergency benefits were later

¹ The Low Income Measure (LIM) is a relative measure of poverty set at 50% of median income. Campaign 2000 has been calling on the federal government to institute a CERB Repayment Amnesty for anyone living below or near the after-tax LIM, calculated with annual taxfiler data.

replaced with temporary recovery benefits, with similar qualifying requirements, and expired in Spring 2022, although future pandemic waves are expected.

Job recovery rates for racialized women were much slower than those for non-racialized women. In December 2020, Statistics Canada reported that unemployment rates for racialized women were 10.5 % compared to 6.2% for white women (Gordon, 2020). Racialized women experienced the higher rates of unemployment and were further from pre-COVID employment rates. In April 2021, the gap in the employment rate between racialized and non-racialized Canadians continued to widen among women (72.5% versus 81.6%) compared to men, at 84.6% versus 87.5% (Statistics Canada, 2021d).

Racialized women encounter hurdles in accessing public programs that the government claims to be intersectionality-informed when the programs replicate the intersectional barriers through an inaccessible process. For example, the federal government introduced the Black Entrepreneurship Loan Fund of \$291.3 million to strengthen Black entrepreneurship and businesses in September 2020 (ISED Canada, 2021). However, Black entrepreneurs and business owners reported hurdles in accessing the loan such as difficulty in navigating applications, uncertain repayment plans, and intrusive questions on applicants' sexual orientation (Dhanraj, 2021).

Impacts on Health and Wellbeing

The COVID-19 pandemic has exposed existing cracks in Canada's healthcare system and there are barriers to accessing equitable services and support. It is important to note that the available data do not adequately illustrate all the inequalities caused by gender, race, and further intersecting determinants of health. Evidence shows that despite being more likely to be exposed to COVID-19, there are disparities in vaccine availability and access in racialized communities across Canada due to complex factors such as misgivings about the credibility of the healthcare system, insufficient information on the vaccine, and inadequate labour policies such as limited paid sick leave (Ndumbe-Eyoh et al., 2021; Poncana, 2021). Other factors include challenges such as long queues and limited resources to identify locations of nearby vaccination clinics (Paperny, 2021; Poncana, 2021).

The COVID-19 vaccine rollout laid bare the impact of the historical and sustained discrimination experienced by racialized communities. For example, approximately 77% of Black Canadians mentioned unwillingness to take the vaccine in March (Poncana, 2021). Notably, one major highlight of the pandemic is the collaboration between the healthcare system and community stakeholders in equity-deserving communities. Innovative strategies that are culturally appropriate including a partnership with religious organizations, local community groups, use of volunteers and leaders who are gatekeepers in the community, and outreach vaccination clinics helped reduce some barriers to vaccine access (Poncana, 2021). Access to the vaccine could act as a safety net for racialized women and gender-diverse people.

Racialized women were more likely to face mental health challenges as a result of compounded effects of marginalization, stigma, and systemic factors (Goodyear-Grant et al., 2020). This is because racialized women and gender-diverse people experience heightened concern from precarious job status, being employed in essential jobs that could increase their chance of exposure, increased lockdown restrictions exacerbating stress and gender-based violence, and from racial trauma experienced by themselves and community members (Goodyear-Grant et al., 2020; Ndumbe-Eyoh et al., 2021). As many essential care workers are racialized, they could face a triple toll

of (1) exposure to COVID-19, (2) burnout and compassion fatigue from the emotional strain of caregiving in a global pandemic, and (3) mental stress from hate crimes and racially motivated violence, which have become more televised/live-streamed. Furthermore, trans women of colour reported experiencing impacts on their mental health and wellbeing due to pandemic-induced isolation and limited access to support networks (Wu, 2021).

Compounded Experiences of Gender-Based Violence and Housing Precarity

Racialized women and gender-diverse people experience challenges accessing safe and affordable housing, have higher rates of unpaid care work, and are being subjected to gender-based violence and hate crimes.

For example, pre-existing inequities related to housing, such as overcrowding, have been connected to increased COVID-19 infection rates for racialized communities in the City of Toronto (Edwards, 2019; Grant, 2020). Toronto neighbourhoods with a higher concentration of Black residents experienced increased rates of evictions, even when accounting for immigration status and income levels (Leon & Iveniuk, 2020). Furthermore, there was a rise in unpaid care work, felt disproportionately by racialized women. For instance, 49% of Indigenous women and 55% of Black women reported experiencing more difficulties due to the increased household and care work (Leon & Iveniuk, 2020).

Gender-based violence also appears to have increased, disproportionately affecting those who experienced heightened risk before the pandemic, including racialized women and gender-diverse people.² In May 2020, calls to the Assaulted Women's Helpline were up by 75%, with racialized women accounting for 73% of callers (Toronto Foundation, 2020). Additionally, there were more instances of in-person hate crimes and online hate speech against racialized communities, especially women and gender-diverse people. In a recent paper published by Trans PULSE Canada, 72% of racialized trans and non-binary respondents reported that they had experienced verbal harassment in the last 5 years (Chih et al., 2020). Forty-five percent of respondents indicated they had been harassed in either the workplace or school, and 73% of respondents worried about being stopped by police because of who they are (Chih et al., 2020). More than 1,100 incidents of racially-motivated violence against Asian Canadians have been reported within the last year (Wilson, 2021), and Wang and Moreau (2022) show that between 2019 and 2020, police-reported crimes motivated by hatred of race or ethnicity increased 80%. Furthermore, Black women were more likely to report experiences of discrimination (Etowa & Hyman, 2021). Structural racism is a continual determinant of health and social outcomes and warrants urgent action even after the pandemic (Tuyisenge & Goldberg, 2021).

Barriers to Access to Justice

Canada was facing a crisis in access to justice before the pandemic. The Canadian Bar Association's report on justice issues arising from COVID-19 (2021) noted that public confidence in the justice system was already weak due to factors including high fees for legal services deemed excessive or unequal to the requested service. Claimants able to overcome the burden of high costs still endure significant delays before adjudication before a decision-maker. Human rights tribunals,

² As discussed by Smallman (in this volume), we note that Statistics Canada data do not show an increase in police-reported family violence in the first year of the pandemic. However, there are important limitations to relying on police reported data for tracking the incidence of domestic violence in Canada.

which were established with an objective to provide faster access to justice than the courts, have been insufficiently funded and under-staffed, resulting in a minimum wait period of two years (Doolittle, 2021).

The COVID-19 pandemic has resulted in additional procedural barriers in the courts, which have a gendered impact for those fleeing violence. Early on in the pandemic, courts across Canada limited hearings to matters that were deemed urgent (Chief Justice Geoffrey B. Morawetz, 2020). This high threshold poses outstanding hurdles for survivors seeking justice in the pandemic (Koshan et al., 2021). A party needs to demonstrate urgency for prompt resolution, and show “immediate or imminent, or material, tangible or demonstrable harm” (Koshan et al., 2021, p.767) to meet the urgent threshold.

The pandemic has also led to the courts adopting remote hearings. Though remote hearings facilitate easier access to justice issues in some ways (such as saving travel time and costs), they can also hinder access for people with inadequate “access to technology—often society’s most marginalized individuals” (The Canadian Bar Association, 2021, p. 30). The Action Committee on Court Operations in Response to COVID-19 identified marginalized populations that may experience greater difficulties in accessing justice due to the pandemic, including racialized communities, victims of abuse, and individuals from “linguistic minorities” (The Canadian Bar Association, 2021, p.4). Racialized women and gender-diverse people who face language barriers or have limited access to technology, may be negatively impacted in this digital shift unless it accounts for their justice needs.

In addition, fear of deportation is a major barrier to engaging the justice system for racialized women and gender-diverse people with precarious immigration status, that is those who have a closed work permit, which only allows the worker to be employed by a specific employer, and those with undocumented status (African Canadian Legal Clinic, 2016). Exclusion of racialized women with precarious immigration status in the Canadian justice system is made more urgent by increased rates of gender-based violence during COVID-19. Undocumented women face the additional danger of violence, where their concern about deportation is utilized as an instrument of control (Abji et al., 2020).

The marginalization of racialized women and gender-diverse people is intensifying due to the lack of political will to address their precarity. Migrant workers who speak out against unsafe conditions and/or unfair practices risk reprisal from their employers, which can lead to not only their loss of income but also loss of shelter and immigration status. A recent decision from the Ontario Labour Relations Board revealed that a migrant farm worker was fired and threatened to be sent back to Mexico by his employer after the worker spoke out publicly against unsafe living conditions that led to 190 workers being infected with, and one worker dying from, COVID-19.³ In a report by The Caregivers’ Action Centre (2020), nearly half of the migrant care workers surveyed—primarily women of South-East Asian, Caribbean, African, and South Asian descent—said their work hours increased during the pandemic. Yet over 40% of the respondents said they were not paid for any extra hours of work.

3 Luis Gabriel Flores Flores v Scotlynn Sweetpac Growers Inc., 2020 CanLII 88341 (2020), <https://canlii.ca/t/jbm8p>.

Conclusion and Recommendations

This brief has highlighted the wide range of differential consequences experienced by racialized women and gender-diverse people during the pandemic. These disproportionate impacts were built on long-standing economic, health, social, and justice inequities. Policymakers and leaders in every sector must have a deep understanding of the legacies of racism, including gendered racism. These differential impacts did not happen in a vacuum. After all, it is not race but rather racism and forces of structural oppression that must be the target of collective action. We offer calls to action to better understand, monitor, and eliminate the corrosive nature of systemic racism in Canada and build back better with a more racially just society at its core. Informed by our analysis, we make the following recommendations:

1. Action is needed to strengthen workplace protections such as raising the minimum wage, implementing paid sick days, and ensuring anti-reprisal protection for all workers including migrant workers, part-time, temporary, and/or independent contractor positions.
2. Canada must ensure migrant workers' legal access to health services, labour protections and income benefits to which they are entitled.
3. The federal government should establish a Canadian Institutes of Health Research (CIHR) on Racial Health Equity modelled after the National Institute on Minority Health in the United States of America as well as CIHR's Institute on Indigenous People's Health.
4. Parliament should strengthen the Federal Employment Equity Act to monitor progress on employment outcomes for Black, Indigenous, and racialized communities in federally regulated workplaces and remove references to the term 'visible minorities'.
5. The Government of Canada should also introduce an Anti-Racism Act for Canada that provides a legislative foundation for the Anti-Racism Secretariat, which will receive ongoing, sustainable funding and resourcing. Ensure the Anti-Racism Act will name and address all forms of racism including anti-Arab racism, anti-Asian racism, anti-Black racism, anti-Indigenous racism, anti-Latinx racism, antisemitism, and Islamophobia. Furthermore, develop and implement a National Action Plan Against Racism to accompany the national Anti-Racism Strategy, ensuring concrete strategies with actionable goals, measurable targets and timetables, and appropriate budgetary allocations, with dedicated measures to address online hate.
6. The federal government should also take steps to ensure the temporary changes to Employment Insurance and short-term emergency benefits are accompanied by comprehensive, permanent updates designed to broaden access and improve benefit levels, with targets towards the inclusion of racialized and marginalized workers and workers without citizenship status. This must include adequate access to parental leave. For tax non-filers, a parallel distribution system must be developed in partnership with local trusted charities.
7. We call on all orders of government to invest robustly in public and social infrastructure that supports all Canadians in the long-term including transit, housing, childcare, and full Medicare.

**Part 3 - Thinking About the Capacity of Systems
and the Need for Institutional Reform**

3.1 Education During a Pandemic: A Focus on Girls and Young Women

Kelly Foley, Catherine Haeck, and Christine Neill

The average level of education completed among women has risen almost steadily over the past few decades and now surpasses that of men in Canada and most Organization for Economic Cooperation and Development (OECD) countries (Ferguson, 2016; Goldin et al., 2006; Statistics Canada, 2008). This rise in education has helped women to gain autonomy and financial security, and to contribute more to the labour market. Although women and girls tend to fare better than men and boys within the educational system, the economic consequences of low levels of education are more severe for women. Average earnings for women without a high school diploma are only 70% of that among similar men, with smaller gaps for higher education levels.¹

If the COVID-19 pandemic makes it more difficult for girls to progress in their schooling, women could experience disadvantage in the labour market for decades to come. The most pressing concerns are at the K-12 level and for students from disadvantaged groups. The current evidence base on effects of COVID-19 on women in the K-12 and post-secondary systems is discussed below, as well as graduating students, and the policy priorities going forward.

Primary and Secondary Schooling

During the COVID-19 pandemic, intermittent closures to in-person learning, and in some cases complete school closures, across the country have created major interruptions in the schooling of children. According to UNESCO data on ten selected countries (Figure 1), Canada's school systems had some of the longest closures in the world, with 13 weeks of full-time in-person closures and 38 weeks of part-time in-person closures between March 2020 and December 2021.

1 Authors' calculations using the Public Use Microdata Files for the 2021 Canadian Census.

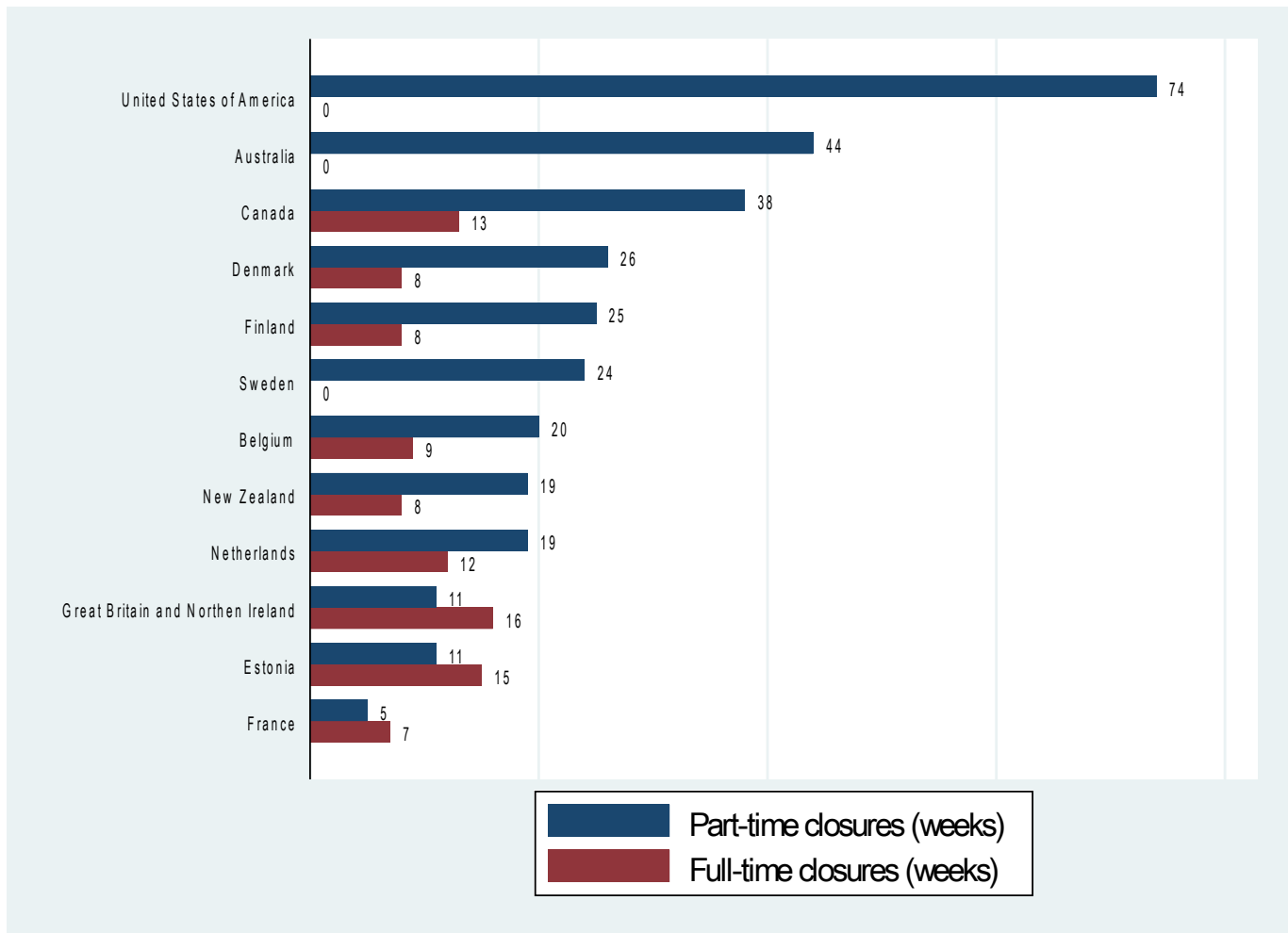


Figure 1. Number of weeks of full-time and part-time in-person school closures by country between March 2020 and December 2021

Source: Authors' calculation.

Data source: UNESCO global dataset on the duration of school closures, prepared by the Future of Learning and Innovation team at UNESCO, Headquarters, Last update: 31 December 2021.

These averages, however, mask important variations across provinces and grades that can hardly be captured with one number. Elementary school students (K to Grade 8) went back to in-person school in September 2020 across the country, but about 50% of students in Québec's elementary schools went back as early as May 11, 2020. Regional in-person closures also took place throughout the 2020–21 school year. Elementary school students living in southern Ontario had been out of in-person schooling the longest for a total of 25 weeks, while students in Québec outside Montreal experienced only eight weeks of in-person closures. Finally, many secondary students never went back to in-person schooling full-time.

These closures likely impacted both the development of children and youth, and the impact is likely more important in provinces where schools were closed the longest. Early findings of the impact of closures to in-person learning during the pandemic suggest that vulnerable children were the hardest hit (e.g., Engzell et al., 2021; Maldonado & De Witte, 2020). For Canada, Haecck and Lefebvre (2021) estimated that the learning gap would likely increase by 30% due to the initial

13 weeks of full-time closures and Vaillancourt, Beauchamp, et al. (2021) document extensive research that learning gaps range from between six months to 1.7 years. Despite limited information available at the individual level, neighbourhoods with higher proportions of low-income and Black residents had higher COVID-19 rates (Choi et al., 2021), further disrupting in-person learning, and employment and income losses have been greater for adults and in particular women with lower education (Bayliss et al., 2020). Housing stress means they also likely have less favourable home environments in which to study. Parents with lower education levels or a lack of proficiency in the language of teaching may be less able to support their children's learning when time with a teacher drops, a particular issue among children with special educational needs (Whitley et al., 2021). Finally, the quality of online learning could be substantially affected by limited access to equipment or high-speed internet connections (Vaillancourt, Beauchamp, et al., 2021). In 2019, less than half of rural households in Canada and only 35% of households on First Nations had access to a connection of at least 50/10 Mbps (Canadian Radio-television and Telecommunications Commission, 2022). While 95.8% of children from lower income families had access to the internet at home in 2018, they were much more likely to be accessing online instruction through a mobile device (Frenette et al., 2020). Almost a quarter of households in the lowest income quartile only have access to the internet through a mobile device, a rate that is three times as high as that among the highest income households.

Most provinces have not administered standardized tests during the pandemic. As a result, it is currently impossible to directly measure the impact in-person school closures and remote learning had on Canadian children's skills development, requiring application of international evidence to draw predictions for Canada (Larose et al., 2021). Research on past examples of school interruptions (see for example Aurini & Davies, 2021) suggests that children's academic skills are at risk, but former studies do not fully replicate the conditions experienced this past year—when closures to in-person schooling were accompanied by remote learning, many parents were working from home, and children were restricted from socializing outside of school. Recent studies from Belgium and the Netherlands have revealed that in-person school closures during the pandemic had a large negative impact on children's academic skills in the short run (Engzell et al., 2021; Maldonado & De Witte, 2020), with similar effects for boys and girls, but larger negative impacts on children growing up in less favorable family environments (such as lower maternal education). Gambi and De Witte (2021) monitored learning over a one-year period during the pandemic relative to pre-pandemic outcomes. They found that learning deficits increased in some subjects, but not in others. They also showed that targeted remedial actions were generally efficient at halting the deficits but not reversing them yet.

The differences in learning losses by socioeconomic status (SES) are likely to be similar in Canada, and, therefore, to exacerbate existing inequalities. Using Canadian data from the Program for International Skills Assessment (PISA) prior to the pandemic, Haeck & Lefebvre (2021), find that parental socioeconomic status is strongly associated with test performance in each of mathematics, reading, and science. Figure 2 replicates this finding for girls only, focusing on math scores since there is growing evidence that mathematics skills are tightly related to future labour market outcomes (Aughinbaugh, 2012; Cortes et al., 2015; Ingram & Neumann, 2006; Joensen & Nielsen, 2009). It shows the average math score for girls whose parents are in the top (hollow diamond) or bottom (full diamond) quintile of the highest parents' socioeconomic index (HISEI).

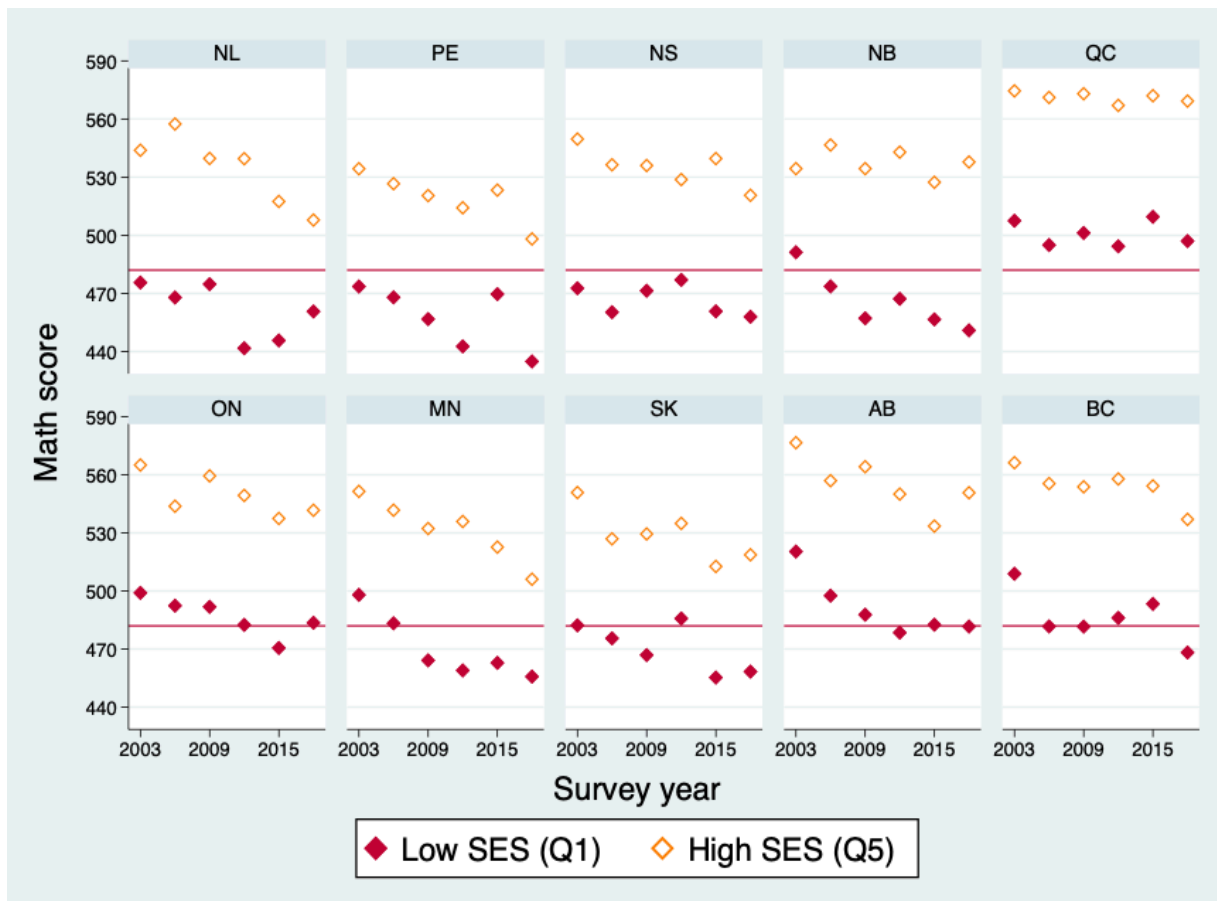


Figure 2. PISA math score by socioeconomic status for girls

Note: Includes grade 8 to 11 female students. No correction for actual grade is applied. The SES gap is on the left axis. The average score for Q1 and Q5 students is on the right axis. The average score by quintile (Q1 and Q5) is calculated using the raw data and does not account for school grade differences. The horizontal red line marks the threshold for core skills required to pursue postsecondary education.

Source: Authors' calculation.

Data source: Microdata from PISA between 2003 and 2018. Includes only girls. The SES quintile is computed using the HISEI.

Large differences in test scores between girls coming from the lowest quintile and highest quintile across the country are clearly shown. The difference is often above 40 points, which is equivalent to roughly one year of learning. Figure 2 also suggests that in many provinces, a large proportion of girls from low-SES families do not possess the skills required to pursue postsecondary education. Students whose parents fall in the lowest SES quintile have, on average, math scores below the threshold at which one is considered to have a level of skills sufficient to pursue postsecondary education (482 points, marked by the horizontal line on the graph). These girls, many of whom were already struggling prior to the pandemic, are likely to have been hardest hit by closures to in-person learning and to have fallen further behind.

Without additional interventions to support students whose learning has been affected, it is likely that short-run learning losses will have long-run effects. Jaume and Willen (2019) showed that very long school interruptions, comparable to the ones experienced by children in Canada, have consequences that last well into adulthood. Based on their results, 70 days (14 weeks) of school interruptions could mean that out of every 1,000 students, 210 fewer will graduate from high

school, and 168 fewer will graduate from university. Mitigating these potential adverse effects must be a policy priority.

Postsecondary Schooling

Students transitioning into or continuing in postsecondary studies during the pandemic have also experienced disruption to their usual learning environment as almost all Canadian universities and colleges moved to remote learning. Research from West Point Academy in the United States finds that students studying online during the pandemic were more likely to report trouble concentrating and earned grades that were significantly lower than those taking in-person classes (Kofoed et al., 2021). Compared to men, the effect on average grades among women was about half as large, and not large enough to be considered significant in a statistical sense. They also found larger declines in grades among students already at higher risk of dropout, as did earlier studies of online courses (Bettinger et al., 2017; Figlio et al., 2013).

Postsecondary students also had to contend with the economic fallout from the pandemic, which could affect their ability to finance their education. Neill (2006) found that women were more likely than men to respond to an increase in the costs of postsecondary education by increasing hours of work. In general, women are more likely than men to work to support their education—about five percentage points more likely at the college and undergraduate university levels.

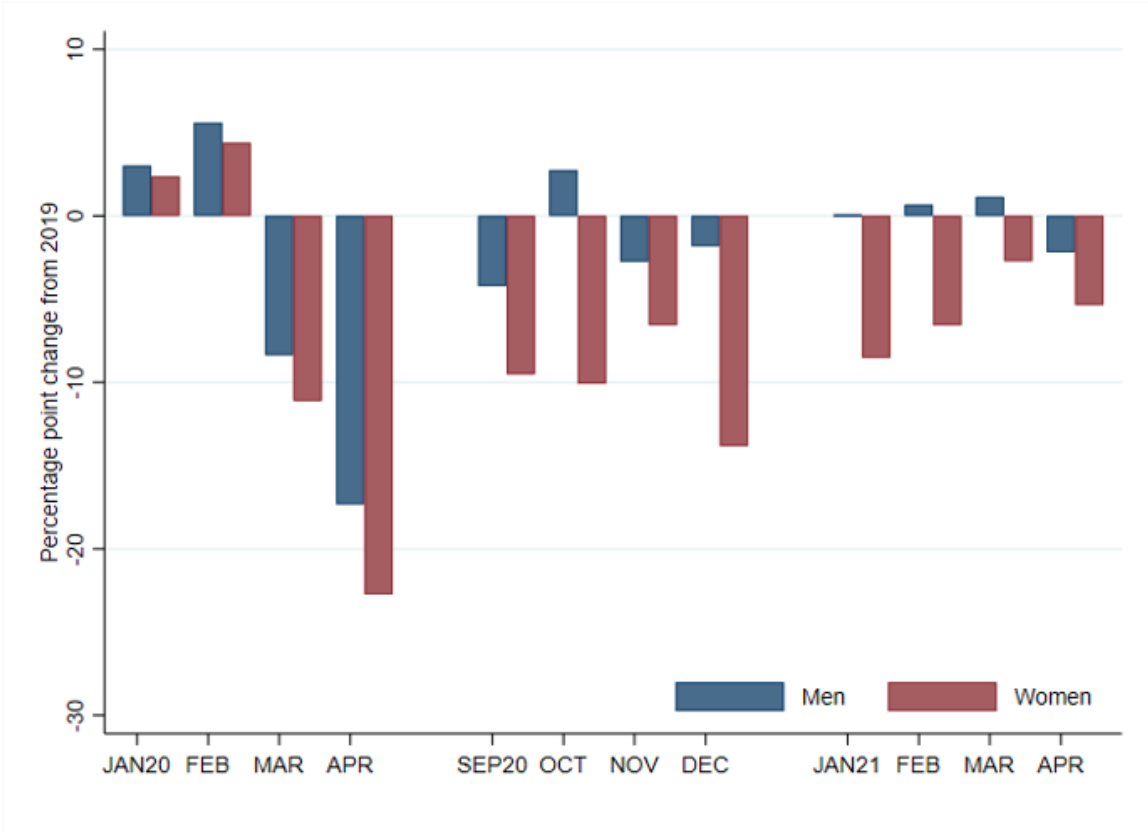


Figure 3: Change in Percentage Employed, Relative to the Same Month in 2019

Source: Authors’ calculation

Data source: Labour Force Survey, Public Use Microdata. Sample includes individuals ages 20–29 currently enrolled in school

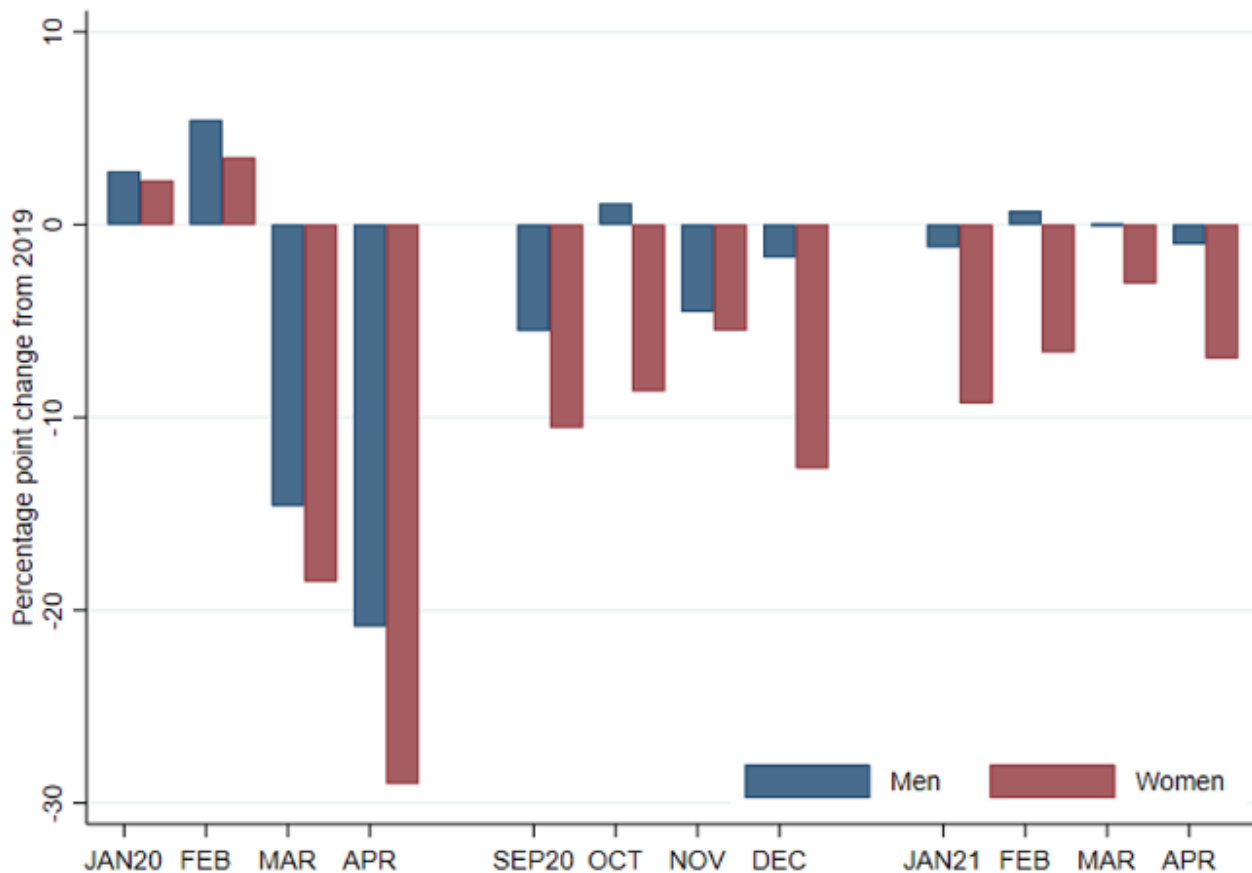


Figure 4: Change in Percentage Employed and At Work, Relative to the Same Month in 2019

Source: Authors' calculation

Data source: Labour Force Survey, Public Use Microdata. Sample includes individuals ages 20–29 currently enrolled in school

Yet, employment for young women who were enrolled in some level of schooling plummeted in April 2020. Figures 3 and 4 show the change in the percentage of students employed, and employed and at work respectively, for each month of the postsecondary academic year relative to the same month in 2019. In every month since the initial lockdown, female students have experienced larger declines in employment than their male counterparts. Although the labour market has been recovering since the initial lockdown, employment among young women in school in April 2021 was still five percentage points below pre-pandemic levels (measured in April 2019). By the end of 2021, that gap had narrowed to within two or three percentage points (not shown in the figures).

Employment of returning students during the summer months also dropped dramatically. In 2019, the average employment rate between May and August for 20- to 24-year-old women who planned on returning to their studies in September was 71.8%. This fell by 21 percentage points in the summer of 2020 to the lowest rate on record (see Figure 5, below).

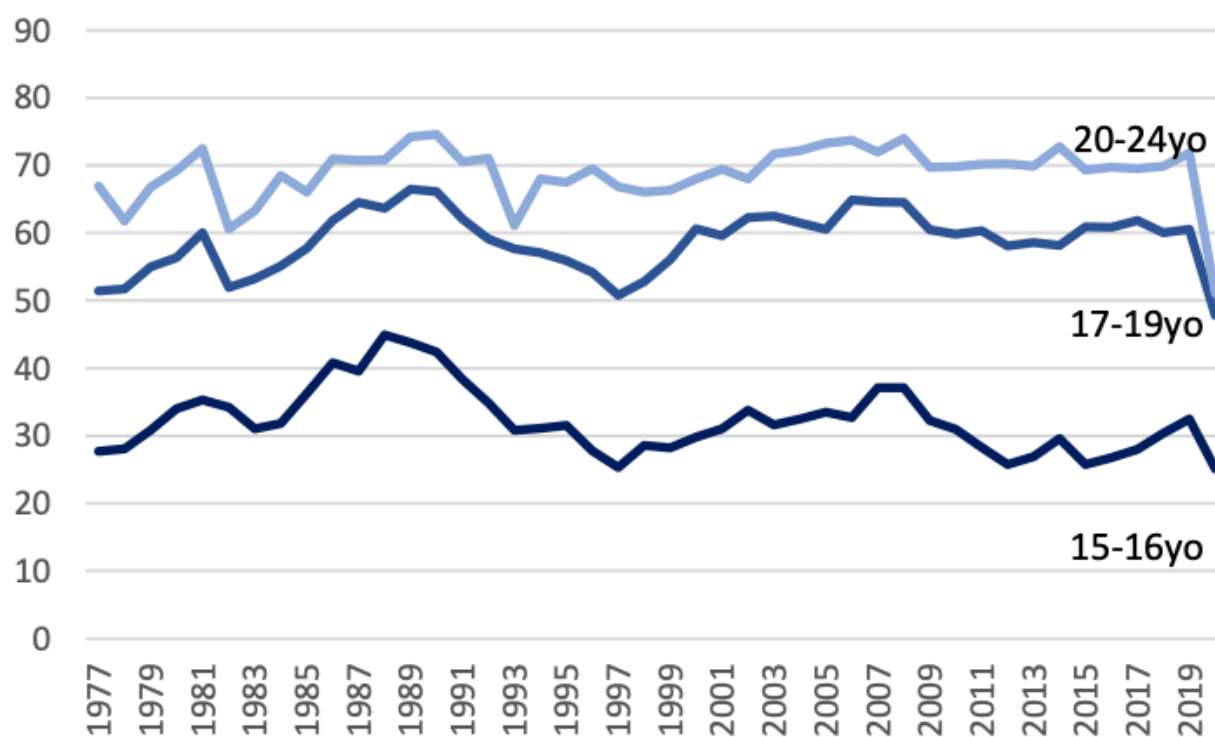


Figure 5: May–August average employment rate, female returning students, 1977-2020

Source: CANSIM Table 14100286

There has, though, been a significant boost to financial aid for postsecondary students both as part of the emergency COVID-19 response and on an ongoing basis. In the summer of 2020, all graduating and returning students were eligible for the Canada Emergency Student Benefit (CESB) regardless of parental income. More than 700,000 students received either the \$1,250 monthly CESB benefit or the enhanced benefit of \$2,000, which was available to students with dependents or disabilities (Department of Finance Canada, 2020). The CESB was not renewed for the summer of 2021 even though employment growth was slowest for young people. Lower employment levels through 2020 and 2021 might also have meant that students who relied on the CESB would be less likely to qualify for the Canada Recovery Benefit, which was renewed. The Canada Summer Jobs program, which offers wage subsidies to organizations and small businesses that create jobs for youth ages 15 to 30, was renewed for the summer of 2021, and might assist with short-term finances and long-term skills development.

In addition, there have been significant increases in aid via the Canada Student Loan Program, including a doubling of Canada Student Grants, an increase in the cap on federal loans from \$210 to \$350 per week of study, and an exemption from the expected student and spousal contributions to postsecondary costs. That said, differences in provincial treatment of this aid in their own programs may have mitigated this somewhat, similar to the different approaches to clawbacks of federal pandemic supports outlined by Petit and Tedds (2020). Although the doubling of the Canada Student Grant would have been important, in provinces where this was considered part of the total loan and grant package, it may have had only a limited effect on the immediate finances of those with the highest need, albeit reducing long-run debt. Similarly, treatment of the

CERB/CESB in financial aid calculations differed across provinces, with some provinces (including B.C., Alberta, and Manitoba) excluding it from calculations of resources available to pay for postsecondary education while others counted it as earned income, although this would have mostly affected those with relatively high earnings from other sources.

It is unclear whether the increase in financial aid will be enough to ensure that youth currently or planning to be enrolled in postsecondary education will not end up taking on more debt. Women already graduate with more and higher levels of debt than do men. But here, improvements to the Repayment Assistance Plan in the federal 2021 budget, raising the income threshold at which repayments are expected and reducing the rate at which repayments increase with income, should limit the burden of any extra debt on recent or soon-to-be-graduates.

Overall, postsecondary enrolments have held up to date, and indeed were up slightly for women in 2020–21, probably reflecting a combination of the boost to financial aid and a lack of alternative options for young people due to the poor job market. Tuition fee increases have been modest across Canada on average in the past year, though this masks regional differences—tuition fees were frozen in Ontario while Alberta is in the middle of a three year 22.5% fee increase, albeit one that is bringing tuition fees back to a level that is in real terms only a little above that of the late 2000s. Ensuring universities have the funds to maintain places during labour market downturns—whether through government funding or tuition fees—is important given that enrolments tend to be counter-cyclical (Neill & Burdzy, 2022). Higher enrolments offset dropping employment so that the percentage of young women not in employment, education or training in the Fall rose only modestly, from 11% in 2019 to 12% in 2020 (Wall, 2021). A concern is that continuing to require remote learning along with weaker preparation of high school graduates may lead to dropouts and declining registrations in coming years. As with the K-12 sector, any such effects will likely be concentrated in groups with lower current postsecondary participation rates, increasing inequality in postsecondary attainment.

Graduating Students

There are also well-known effects on longer-run incomes for those graduating in a recession. Messacar, Handler, and Frenette (2021) found that a 1% increase in the unemployment rate at graduation, on average, leads to a 1.5-4% decrease in annual earnings in the first 5 years following graduation. Using forecasts of year-over-year variation in unemployment rates, they estimate a potential loss of earnings of 5-12% for 2021 graduates over the first five years after graduation. The effects are larger for women graduating from high school (12.6% vs 8.9% for men), and smaller for college graduates, and slightly smaller again for those graduating with a Bachelor of Arts (6.9% for women vs 4.9% for men). For female high school graduates in particular, whose incomes put them at a poverty level, such a drop in annual income could be devastating. It is notable that high school graduates were the only group of young people who were not eligible for emergency support through CESB in 2020—continuing or graduating students in postsecondary education (PSE) were eligible, as were high school graduates enrolled in postsecondary courses in the Fall.

Policy Priorities Going Forward

The evidence presented above clearly highlights that while major investments toward postsecondary students have been put in place during the pandemic, comparable investments have not yet happened for younger students. At the postsecondary level, rapid policy action taken to mitigate

the short-term effects of the COVID-19 recession are likely to have ameliorated financial pressures on many students and graduates—albeit in some provinces more than others—that could have threatened the ability to enrol or continue in postsecondary education. Keeping in mind the estimated earnings losses for those graduating in the COVID-19 recession, it is important that the improvements to the Repayment Assistance Plan are maintained over the next several years. Ensuring adequate funding to postsecondary institutions to allow young people who have lost jobs to use their time productively in training or retraining is also key, as it is during any recession.

Despite the policy responses, some students may have nonetheless found the year challenging either financially or academically, including due to struggles with remote learning among already at-risk students. The true test of the effects of COVID-19 on postsecondary education attainment may not be what happened in 2020–21, but dropouts in later years. Ensuring a return to a more normal educational environment sooner rather than later and providing additional supports to at-risk groups is likely to be key to mitigating longer-run effects. Nonetheless, maintaining flexibility in the mode of study will continue to be necessary. Allowing students to continue studies in-person means ensuring that postsecondary institutions have the tools to enable them to minimize the spread of COVID-19 on campus, which includes provincial support for appropriate public health measures and funding for improvements to ventilation.

The key priority in education going forward is, however, in the K-12 system. Although all provinces have highlighted the importance of keeping schools open to in-person learning, schools were remote for longer than retail establishments were closed to in-person service in several regions in the 2020-21 school year. The loss in skills resulting from longer duration closures to in-person learning could result in a lower lifetime income, an increased likelihood of being unemployed and occupational downgrading (e.g., Gallagher-Mackay et al., 2021), who review the implications of in-person school closures in the Ontario context and Vaillancourt, Beauchamp, et al. (2021) for the Canadian context). Schools are also an integral part of the safety net of children as they provide additional services to ensure the well-being and physical integrity of children. Extended remote learning for young children cannot be allowed to continue, and investments in school infrastructure and policies to minimize COVID-19 transmission in schools so that they can remain open even in the face of sporadic outbreaks is critical.

Along with investments to keep schools in-person, provinces should prioritise providing programs and resources to make up for the learning losses of the previous 12 months of schooling. Tutoring is viewed as one of the most efficient interventions to help children catch up. Nickow, Oreopoulos, and Quan (2020) find that a wide range of tutoring programs can be effective in reducing gaps in learning. Provinces should be considering how to implement similar programs in upcoming years. Other solutions are presented in Vaillancourt, Szatmari, et al. (2021) and Côté et al. (2022).

A lack of pan-Canadian data on the experiences of children and youth makes it impossible to understand the policy challenges for this group or to effectively evaluate policy innovations even in normal times, a point also highlighted by Vaillancourt, Szatmari, et al. (2021). This was highlighted as a concern and priority for action in the 2016 federal budget speech: “Good policy is impossible without good data. If we are to lift children out of poverty, we must first understand the cause” (Morneau, 2016).

Yet, there has been little progress since then. Added to this, the usual data available from the provincial school systems, including but not limited to student performance on standardized

tests, will not be available in many provinces. As a result, it may be impossible to document the short-run effects of the pandemic on children. If no major data initiatives are deployed soon, the medium-term impacts will also remain unknown, as will the ability to identify students most at-risk of learning losses following the pandemic, and therefore the ability to target resources to ameliorate those losses.

There is some knowledge, however, about which students are likely to be most hurt by closures to in-person learning. Beauregard et al. (2020) show that elementary school in-person closures had a larger negative impact on the employment of lone mothers than of other parents, and that the financial security of these families improved once schools reopened. This is consistent with other work that shows increasing availability of childcare increases labour supply of lone mothers with much smaller effects on parents in two parent families (Dhuey et al., 2020). These results imply that lone mothers whose education level are on average lower are impacted twice by in-person school closures. First, their ability to work and sustain a stable employment relationship is negatively affected. Second, their children are likely to be more severely affected by closures to in-person learning.

The need for investments both in the short-term and over the long-term to identify and support at-risk girls in primary and secondary school is acute.

Update

The initial draft of this paper was in July 2021. In December 2021, Canada was hit hard by a fifth Omicron COVID-19 wave. With vaccines more recently approved for use in 5–11-year-olds, with still limited investment in school ventilation, and most importantly with the complete collapse of COVID-19 testing, schools in much of Canada were again closed to in-person learning in the first weeks of 2022. Many universities, that had generally planned to resume in-person activities in 2022, also returned to fully remote status until late February. Most of the issues raised in this paper remain unfortunately unaddressed at the time of this final revision. The urgency of data collection and remedial investments targeted at those with the greatest learning losses remain. Without reliable standardized testing, and timely data analysis, those with the greatest need cannot be identified and progress cannot be tracked. Ensuring that standardized testing is maintained, or introduced where absent, should be a priority.

3.2 Women as Caregivers and Canada's Care Economy

Susan Prentice

Canada's care economy is both underdeveloped and undervalued, for complex historical and political reasons. COVID-19 has made the personal, social, and economic consequences of the care crisis and care deficit very plain, lending new urgency to calls to develop effective and accessible, high quality care services.

As scholars and activists have noted, the landscape of care is complex: it embraces both caring *for*, and caring *about*, dependent and vulnerable persons, primarily children and older people, as well as those with disabilities or illness. The concept encompasses a broad range of paid and unpaid activities, relationships, and processes, and occurs in diverse settings—intimate relations, households, the market, and public services. Historically, caregiving was primarily assigned to the private family, and associated with women's family duties as wives, mothers, and daughters—what has been called "compulsory altruism" (Land & Rose, 1985). But care is also scaled, from the micro-level of domestic relationships all the way to international relations and migration, in what has been called a global care chain¹ (Hochschild, 2014). Care is increasingly commodified.

Demographic changes, including smaller families and population aging, have done much to expose the weakness of Canada's care architecture. Households today have fewer children, and more are led by lone-parent families. People are living longer—in fact, demographers calculate that Canadian adults will spend a longer time caring for their aging parents than they spend raising their children (McDaniel, 2005). Even when their children are very young, nearly three-quarters of all Canadian mothers have paid jobs and the rate rises to 85% by the time children are in school (Friendly et al., 2020), with employment patterns varying by region, class, and other factors. Changing gender roles, family demographics, and contemporary economic realities have combined to make the legacy of private, family-based caregiving unsustainable and to reveal the extent of the care crisis and care deficit.

The 'Care Crisis'

The 'care crisis' refers to the growing need for services like early childhood care and education for children, long term care for older Canadians, and other services for dependent or vulnerable people. But Canada's 'care deficit' describes the reality—there are few services available. There is a licensed childcare space, for example, for just 30% of Canada's children aged 0–12, and many families live in childcare deserts (McDonald, 2018). There are long waiting lists for long-term care for the frail elderly. The care crisis and the care deficit touch both the unpaid and paid work of care, shaping and constraining choices and carrying gendered, racialized, and classed stratification. Already inadequate access to services worsened during the pandemic, hitting already marginalized communities even harder.

Where care services are absent or inadequate (including being unaffordable, or not culturally safe or welcoming), it is most often women who adjust their labour force participation, dropping hours, changing jobs, and often leaving the workforce entirely. From the earliest days of the pandemic, pre-existing gender employment gaps among parents with young children intensified as most

¹ International care chains are prompted by the care needs of those in the affluent developed world. These citizens benefit from international migration of labour, which carries high costs for newcomers and those who are left behind, usually in the care of female kin.

schools closed to in-person learning, and most childcare facilities were closed or ran at reduced capacity to serve essential workers (Qian & Fuller, 2020b). One 2020 study found that Canadian women with children at home spent nearly 50 more hours per week on childcare compared to men (Regan M. Johnston et al., 2020). For many, the intensification of caring for children occurred, while new care needs also emerged for older relatives, involving personal care and social support as well as worry and advocacy for family members in nursing homes. Class mattered as well: “less-educated mothers tend to be over-represented in female-dominated service jobs that can’t be done remotely” (Fuller & Qian, 2021), and these women, disproportionately racialized, continued to work in place.

Who provides the care upon which so many depend? In the paid market, care work is devalued, badly paid, and disproportionately feminized, often undertaken by racialized and newcomer women. Disaggregated data are hard to come by but has become urgently important as racialized gradients in risk and health became tragically evident (see Baiden et al., in this volume). Of Canada’s approximately 200,000 early childhood educators, about 96% are women, and of them, about three in ten are newcomers and 5% are Indigenous (Frank & Arim, 2021; Prentice, 2019). Across the long-term care sector, demographic data are scant. Among unregulated care aides, those who provide more than three-quarters of all direct care in Canada’s nursing homes, about one-half are born outside Canada and one-third do not have English or French as their first language (Estabrooks et al., 2020). The crisis of care—both for those who need care, and those who provide care—is borne heavily by racialized women, Indigenous peoples, newcomers, and those with disabilities.

Disrupting the View of Care as a Private Problem

In political discourse, care needs have traditionally been constructed as private problems in a political imaginary that posits care as an externality. The pandemic profoundly disrupted this fantasy and its associated assumptions. As Schirle argues (in this volume), COVID-19 affected labour market activity of women and men differently. The Royal Bank of Canada warned that the pandemic threatened decades of women’s labour force gains, which in turn had severe impacts on economic growth, and a “hit to GDP” (Desjardins et al., 2020). The gendered dimensions of the pandemic were unavoidable, as analysts identified it as Canada’s “first care-and service-sector-led recession” (Bezanson et al., 2020). Armine Yalnizyan (2020) argued there could be no ‘she-covery’ from the ‘she-cession’ without childcare, and both brilliant portmanteaus were quickly taken up.

Feminists stress that caring for the physical and emotional needs of others is both complex work and a public good (Duffy et al., 2015). At an earlier historical moment, when women’s unpaid family work no longer fully sustained households, both childcare and eldercare were taken up by charitable and benevolent societies. This third-sector legacy has left deep imprints on the current policy architecture. In childcare, about 70% of Canada’s spaces are non-profits run by parent boards of directors and virtually no facilities are publicly owned outside of a dwindling share of municipal centres in Ontario and school-age programs in Québec (Friendly et al., 2020). In long-term care, close to half of homes are public, and about one-quarter are non-profit (Canadian Institute for Health Information, 2021c). Outside of healthcare, few care services are public or have unionized workforces, and many have precarious work. Yet decades of research have confirmed that the conditions of work are the conditions of care, and that under-investment and poor working conditions result in low quality and access.

Under COVID-19, the size and scope of the care deficit and care crisis punched across the mythical public/private divide. In this moment, new concerns are emerging. The high cost of poor-quality care has become a high-profile issue, especially in long-term care for seniors. In response, some invoke the market to expand user access while saving money for the public sector. But international and Canadian evidence raises serious concerns about the quality of care and the treatment of caregiving staff in commercial care settings. For-profit care can literally be deadly: in Ontario's for-profit long term care homes, death rates during the early months of COVID-19 were close to double those in non-profits and nearly five times higher than in municipal homes owned by local governments (Prentice & Armstrong, 2021).

In contrast, feminists and social justice communities in Canada, the US, and the UK have issued clarion calls for a new care agenda and a pivot to a caring economy (Armstrong et al., 2021; UK Women's Budget Group, 2020; U.S. Carework Network, 2021). These calls identify care as a public good that must be prioritized in post-pandemic reconstruction. They share a central concern that generous public investments are essential to build care infrastructure to support paid and unpaid care across the life course. Such social movement activism is raising the profile of care work and the care economy and stressing the importance of fair pay and good working conditions for the care workforce. Historic investments in childcare services were promised in the 2021 federal budget, and childcare emerged as a hot-button election issue during the 2021 campaign. In long-term care, national standards for resident-centred long-term care began to be developed.² Whether these nascent initiatives take root and are institutionalized is still an open question.

Conclusion

Care services are scarce, often unaffordable, or otherwise inaccessible, and—especially in the for-profit sector—are too often of dubious quality. The female-dominated labour force, often racialized and newcomer women, earns penurious wages. Where services are absent—whether provided by charities, non-profits, third-sector organizations, or the commercial market—those who need care suffer, and female kin are pushed and pulled into unpaid caregiving roles to fill the breach. Persistent quality gaps are found in privatized services. Some people do not have enough time to care; some do not have enough time free from care. It is this complex knot of care dilemmas that has led so many to advocate for change, knowing that “social provision of a generous, equitable, sustainable, and efficient supply of care is a prerequisite for genuine gender equality” (Folbre, 2008, p. 375).

² See, for example, <https://longtermcarestandards.ca>.

3.3 Another of COVID-19's Side Effects: Exposing the Inadequacy of our Tax System in Responding to Women's Lives

Kim Brooks

Canada's tax system—a cluster of regulatory instruments including the Income Tax Act, Excise Tax Act, the Indian Act, and myriad property tax laws—is arguably our most elaborate set of instruments for delivering social and economic policy. Nevertheless, for many of us, the system's consequences lie well below our radar, even as we experience its effects in our everyday lives. Canada does not suffer from a shortage of research on the tax system's effect on women and gender equality or on appropriate policy reforms. Kathy Lahey, Lisa Philipps, Annick Provencher, Jennifer Robson, Sam Singer, Lindsay Tedds, Shirley Tillotson, Lorna Turnbull, Faye Woodman, and Claire Young, among other scholars, have authored excellent policy-relevant academic pieces on the issues. The challenge has been the inadequacy of the policy and political response.

COVID-19 did not reveal new challenges with our tax system: it simply made those challenges more apparent. Women were more likely to lose their jobs or reduce paid work, increase their unpaid labor (including caregiving) in the home, suffer gender-based violence (especially girls), and experience negative health outcomes associated with the pandemic. We have always been more likely to live in poverty, work in precarious employment, and have housing instability (Freeland, 2020). These disparities are not felt evenly among women: intersectionality matters (Scott, 2021). This collection skillfully documents the implications of COVID-19 for women.

Feminist tax scholars and many thoughtful feminist, Indigenous, anti-racist, disability rights, and LGBTQTi2S+ colleagues at policy organizations have proposed numerous recommendations for reform. Without detracting from their valuable contributions, I offer five suggestions that are timely considering the insights yielded over the past year.

Recommendations

First, we must strengthen the intersectional analysis of the implications of tax law and income inequality on women's lives and integrate that analysis into the policymaking process. Although Canada has had a trailblazing cluster of academics who have pushed the international envelope on the intersection of gender and tax, those academic voices are not diverse enough. We lack any robust analysis of the consequences of the tax system as a whole on particular groups, for example, on Black women in Canada. Finance routinely incorporates a 'gender-based analysis plus' chapter in its budget and the Tax Expenditures and Evaluations Report—a welcome start. However, the insights and expert opinions of feminist scholars and policy thought leaders have had insufficient influence on that analysis and on expected consequential tax law reform. The government should invest in a set of Chairs of Excellence across academic institutions targeted at tax research (economic, legal, sociological, political, historical). The Chairs' research should focus on the consequences of tax design for marginalized individuals and groups. That research could support an advisory group that connects those scholars with engaged community members. The result: an engaged and consultative process of tax law reform.

Second, we should reform tax laws in a way that advances reconciliation. We must stop the use of tax law as an instrument of colonial economic warfare against Indigenous peoples. The limited exemption from taxation in the Indian Act is antiquated; it ignores the importance of nation-to-nation relations, and it is dramatically underinclusive. The royal assent of Bill C-15 (*An*

Act respecting the United Nations Declaration on the Rights of Indigenous Peoples) is a solid foundation from which to move forward.

Third, we should use our tax system to ensure that every person in Canada lives with sufficient economic means. Despite our wealth, Canada continues to tolerate poverty among some in our community. Poverty is disproportionately borne by women, racialized people, Indigenous people, people with disabilities, immigrants, refugees, and LGBTQ2S+ people. The level of poverty has been a tragedy for decades. Our tax laws often fail to ameliorate low-income status: they are thick with complex and inaccessible targeted social programs that arrive too late (Pettinicchio, Maroto, & Lukk, 2021), exclude too many (TCWF et al., 2020), and take a long time to be amended (although they could be, see (Robson, 2020b). Additionally, tax laws are not used (but could be) as instruments to deliver robust economic support, for example, by providing individuals with a livable income. The Canada Revenue Agency (CRA) falls short in delivering social and financial support. Talented and hard-working officers and officials of CRA are often focused on administering technical provisions of the tax law. They are not trained as experts in delivering social programs and low-income economic supports (Robson & Schwartz, 2021), and we are likely asking too much of the agency when we ask it to do so. The delivery of social programs through the CRA in the COVID-19 era underscored the challenges that have always existed.

Fourth, we must use our tax systems to reduce income inequality. The harms of income inequality are well documented, as is the rapid rise in income inequality in Canada. Excessive income and wealth disproportionately benefit white people, cis people, able-bodied people, and men. The income tax system was designed to reduce income inequality. The erosion of progressive rates, the preferential deferral and evasion associated with taxing capital returns, the repeal of our wealth taxes, and the ease with which multinationals have been able to shift profits and avoid taxation anywhere in the globe have reduced the system's ability to ensure that the gap between those with the most and those with the least remains defensible in a democratic society where we care about each other.

Finally, Canada must be sensitive to the consequences of its tax law design on the rest of the world, particularly low- and middle-income countries (Harding et al., 2020). Many of the United Nations (UN) Sustainable Development Goals are focused on policy challenges that are important for women. Every one of those goals requires resources. And yet Canada's tax system often reduces the amount of tax revenue middle- and low-income countries can raise from cross-border activities, potentially reducing those countries' abilities to address vital issues for women around the globe. Recent efforts by some members of the international community to ensure tax is collected somewhere is welcome, but modest. If COVID-19 has shown us one thing, it is that the era where we believe countries exist in isolation is long over. The failure to address the economic and social security of women around the globe will have unavoidable and costly consequences for us.

Conclusion

Lindsay M. Tedds and Jennifer Robson

The collection of works in this report makes it abundantly clear that COVID-19 has had pronounced and particularly negative impacts on women in Canada. Some of the impacts, as the work by Schirle (in this volume), Peetz, Harasymchuk, and Aknin (in this volume), and Prentice (in this volume) demonstrate, are due to the particular additional responsibilities that typically fall on women to act as caregivers to dependent family members, responsibilities that were already known to cause role conflict for working-aged women pre-pandemic. Some of the impacts have been related to the concentration of women in paid care work (Prentice, in this volume), education, and health services (Schirle, in this volume; Tuite & Thampi, in this volume) that were all strained by multiple waves of the pandemic or the public health measures required to contain them. Women were also particularly affected by the pandemic and recession because, as Brooks (in this volume) notes, Canada entered this crisis with many institutions that are notionally gender-neutral but are not adequately responsive to the differences in the lives of women and gender-diverse Canadians, compared to their male counterparts. As the work by Foley, Haeck, and Neill (in this volume) noted, this thin gender neutrality also extends to public and postsecondary education systems that are open to children and young adults of all genders. But when these education systems were interrupted by pandemic measures, the risks to girls and women appeared to be more pronounced and potentially more enduring.

The analysis in this collection also makes clear that not all Canadian women have experienced the same kind of pandemic. Women with disabilities (Maroto & Pettinicchio, in this volume), survivors of domestic violence (Smallman, in this volume), Indigenous women and girls (Yesno, in this volume), racialized women and girls (Baiden et al., in this volume) and women and gender-diverse members of the LGBTQi2S+ community (Robson, in this volume) have been particularly at-risk for the direct and indirect health, psychological, social, and economic effects of the pandemic. Some of these communities are also disproportionately bearing the costs of the necessary policies to limit the spread of the disease, particularly in the waves before widespread access to vaccines and then to booster doses.

The authors in this collection have highlighted, again and again, how many gaps we have in our official sources of data to be able to document and understand the intersectional nature of the pandemic impacts. Some agencies—particularly Statistics Canada—did make a concerted effort to adapt quickly in the early stages of the pandemic to collect more disaggregated data, but we have a very long way to go to be able to inform government policy and some areas of community practice. For example, are women at greater risk of long-COVID? Perhaps, but the data are insufficient. Are women working in healthcare particularly likely to be suffering burnout? Have working-aged women fully and permanently recovered their employment and income losses in the pandemic? As we complete this report during the start of another wave of COVID infections in many jurisdictions across the country, it is clear that it will take many years to arrive at more durable answers to these and other similar questions about the full impacts of the pandemic on Canadian women, girls, and gender-diverse persons.

Across the eleven different contributions to this collection, there is a robust list of recommendations to policymakers. Authors have called for action on Employment Insurance reform, improved access

to mental health services, and permanent increases to public investment in child¹ and elder care, and for investments to close gaps on learning loss. They have noted that, as a country, we need to move from words to concrete action to support persons with disabilities, to tackle racism, and to make meaningful progress on reconciliation. These are evidence-informed recommendations that should be given serious consideration by policymakers at all orders of government in the country, as well as interested stakeholders. But these are also recommendations bound together by calls to rethink and remake our policy processes in this country.

When it is considered at all, gender and intersectional analysis is too often an afterthought. In recent years, the federal government has made important efforts to increase and broaden the application of its Gender Based Analysis Plus (GBA+), an initiative intended to “ensure that the development of policies, programs and legislation includes the consideration of differential impacts on diverse groups of men and women” (Women and Gender Equality Canada, 2016). However, in the 2019 federal budget, just five out of 73 policy decisions announced had included GBA+ early in the policy development process (Department of Finance Canada, 2019). In Budgets 2021 and 2022, the government released detailed supplements that applied GBA+ and the Gender Results Framework (GRF) to most of the budget measures, but it was frequently reported that GBA+ was applied later in the policy process, after problems had been defined, policy goals set, and preferred options chosen. As a result, it appears as little more than an effort to estimate the incidence of a policy action, and a somewhat unsophisticated exercise at that. Moreover, when this analysis begins and ends with gender, the policy process suffers for lack of understanding of the simultaneous effects of race, sexual identity, disability, family status, class, and more. The GBA+ model also neglects a key aspect of true intersectional analysis: the relationship of identities to systems of power and systemic pathologies.

We do, however, acknowledge that the federal GBA+ project reflects progress in incorporating the tenets of intersectionality by recognizing that multiple factors will impact citizens’ identities and experiences of policy problems and solutions (Cameron & Tedds, 2020; Hankivsky & Mussell, 2018). But GBA+ has proven to be too limited an approach to meaningfully integrate intersectional analysis into public policy decisions. In our review of COVID-19 policy, and drawing on the extensive analysis in this volume, GBA+ has suffered from the same data gaps we mentioned earlier. It has also suffered from analytical gaps in being applied too late, too lightly, and as a checklist to too many policy initiatives with a focus on gender when other variables might have more meaningfully provided explanatory power. Its application by governments, including the Government Canada, also fails to interrogate mutually reinforcing systems that underscore privilege.

As Hancock (2007b) has argued, intersectionality in research, as in policymaking, requires the analysis consider the simultaneous and multiple dimensions of identity. This means that gender is not always the first appropriate variable to be included. More importantly, individual identity and experience are also situated in a social context and subject to institutional forces. This context includes social norms, formal systems that act as sites for power (and too often oppression), and structural pathologies such as racism, ableism, and patriarchy (Cameron & Tedds, 2020). We see intersectionality as a framework that must be internalized and practiced at all stages of the policy process. It should guide which policy problems are recognized and prioritized, how those

¹ In Budget 2021, the federal government set out an ambitious plan to negotiate early years and childcare agreements with each of the provinces and territories and spend \$27.2 billion over five years to address accessibility, affordability, and quality childcare across Canada. The last agreement, which was with Ontario, was signed in March of 2022. Whether this plan represents a permanent increase in investment in childcare remains to be seen.

problems are interrogated, and the methods and processes by which public problems are defined as meriting government attention.

Intersectional policy analysis should not be confused with the federal GBA+ program or, worse, rejected out of hand as a partisan, politicized approach to public policy. Instead, its central aim is an improved policy process that truly incorporates intersectionality to achieve better outcomes for Canadians. If we are now in an extended period of uncertainty, felt simultaneously on economic, climate, and public health fronts—as the preceding sections of this report have laid bare—then policy processes must be both more focused and more adaptive to the realities that Canadians experience on the ground. Policy processes that continue to be based on analyses that make ill-founded generalizations about the populations they are serving will not be up to the task. This shift in policy approach is required at all orders of government and will require cooperation across public, private, and not-for-profit sectors.

Take, for example, the response of federal and provincial governments to provide new forms of income support in the early months of the pandemic. The Canada Emergency Response Benefit (CERB) responded to a unique set of demands on a social policy infrastructure that was unable to adequately meet the challenge it faced (Robson, 2020a). It issued uniform benefit amounts to workers impacted by the pandemic, without distinction between those traditionally covered by and those excluded from Employment Insurance. As a temporary measure, it was not fully universal but far more inclusive in design than nearly any other income security program for working-age adults and reached more women, racialized Canadians, recent immigrants, and low-income earners than past policies. But this thin universalism had distinctly different impacts for many sub-groups of CERB users.

By failing to adequately consider the interactions of the new form of assistance within the existing array of income assistance programs and failing to consider the incidence of dependency on those other programs, CERB has ended up penalizing some of the most vulnerable in our country. As Petit and Tedds (2020) have noted, all but one Canadian jurisdiction failed to exempt CERB from long-standing clawback rules in provincial welfare systems. This has meant that Canadians who are dependent on income assistance but are able to participate occasionally or sporadically in paid employment have been left measurably worse off for having received the benefit. An important share of these CERB recipients were persons living with a disability and they may have been unable to benefit from other federal efforts to reduce hardship through periodic top-ups to refundable tax credits. However, federal systems for CERB did not collect data on provincial income assistance or disability status. This may have been an unintended oversight in an effort to speed delivery of emergency aid. But more recently, it has become clear to federal policymakers that older and low-income workers reliant on the Guaranteed Income Supplement (GIS) were also left worse off for having accepted CERB (ESDC, 2021). Women make up a larger share of GIS recipients in Canada and federal seniors' benefits account for a larger share of their total incomes compared to men of the same age (Statistics Canada, 2021g). An intersectional approach in the development and certainly the implementation of CERB might have identified these unintended consequences for key subpopulations. This might, in turn, have enabled decision-makers at federal and provincial orders to follow the example of the Government of B.C. in its treatment of CERB income, or to amend federal legislation to exempt CERB payments from income-testing in GIS, rather than issuing compensation payments to affected seniors, more than a year later. Intersectional analysis can be a tool to support more efficient and more effective policymaking.

When we first sat down to write this conclusion, Canada had just entered another phase of the pandemic, with rapidly rising cases of the Omicron variant. Governments were again responding with necessary public health measures to limit the spread, even at economic and social cost, while also trying to achieve a rapid but equitable distribution of the vaccines, tests, treatments, and income replacement that have been required to weather this latest wave. However, as we finalized this report, many governments across Canada have moved from a posture of crisis response to instead treating the virus as endemic or even unworthy of ongoing attention. That said, the COVID-19 virus remains unpredictable and global forces continue to generate considerable economic and political instability. It is not clear that we have moved into a sustained period of stable recovery and rebuilding. As we navigate this uncertain period, the findings from this report should serve as a reminder of the important but uneven costs that pandemic has had on Canadian women, girls, and gender-diverse people. But more importantly, this report should serve as a call to shift our approach in how we collectively set policy objectives and work to achieve them.

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