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Resetting normal: Women, decent work and Canada's fractured care economy

Author: The Canadian Women's Foundation, Canadian Centre for Policy Alternatives, Ontario Nonprofit Network & Faraday, Fay Source: Canadian Women's Foundation Format: Report Publication Date: 1 Jul 2020

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Excerpted from introduction

Women in Canada have been disproportionately impacted by the COVID-19 pandemic to an extent that threatens to roll back equality gains. Economic losses have fallen heavily on women and most dramatically on women living on low incomes who experience intersecting inequalities based on race, class, disability, education, and migration and immigration status. The pandemic crisis has highlighted the fragility of response systems and the urgent need for structural rethinking and systemic change.

Gender stereotypes position women as natural caregivers with an in-born ability to perform care work, and care work parallels traditional gender roles. In turn, care work is designated as women's work in the public sphere.i Intersecting with gender stereotypes, racist stereotypes and immigration policies serving Canada's "care defi cit"ii position immigrant, Black, undocumented, and low-income women as best suited to perform care work. It is these women who are at the frontlines of the COVID-19 pandemic.

Care work and other women-majority occupations and industries are essential to containing the pandemic, reducing its impacts, and ensuring that essential services continue to function. These include direct care services such as childcare, long-term care, and genderbased violence services as well as cashiering and cleaning jobs. This is a global phenomenon: in 104 countries, women are at the frontline of pandemic care, comprising 70% of health and social care workers and earning 11% less than men.

The COVID-19 pandemic has spawned national recognition that care work is essential, underpinning our daily lives and the economy. That recognition has brought the fractures in Canada's care infrastructure—which marginalized women bear the brunt of—to the forefront. As we enter the recovery planning phase, there is an opportunity to leverage this national recognition to gain and sustain decent work for care workers and high-quality care for communities. We can not only forestall loss of equality gains, we can reduce social and economic barriers and advance inclusion, gender equity, and gender equality.

The societal fault lines heightened by the pandemic slice diff erently through the daily lives of diverse and marginalized communities of women. Resetting normal requires eff ective recovery plans that centre those experiences with eff ective intersectional policy analysis.3 Failure to prioritize decent work for women in Canada's fractured care economy will extend and exacerbate the gendered impact of the pandemic for women doing care work and women who are prevented from rejoining the economy due to lack of access to the care services needed for their economic participation. Women's economic well-being must be prioritized in recovery plans. A post-pandemic economy and post-pandemic workplaces shaped without women's participation can only deepen structural barriers to equality.

With the spread of COVID-19 levelling off in most of the country, debate has intensified about the optimal strategies for opening up the economy. Many provinces have moved or are now moving to expand the list of businesses allowed to operate taking new physical distancing guidelines into account.

Garden centres, retail shops, car dealerships, selected manufacturing and construction and financial and insurance services are open again in much of the country, but many women won't have the option to return to work without the full re-opening of childcare centres and schools. This reality reveals, once again, how highly gendered the pandemic experience is. Issues of paid and unpaid care and the profound economic disparities that characterize our economy lie at the heart of the pandemic experience and the emerging response.

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