

Integrating Gender-Based Analysis Plus into Policy Responses to COVID-19: Lived Experiences of Lockdown in British Columbia, Canada

Julia Smith ,^{1,*} Alice Mũrage,¹ Ingrid Lui ,² and Rosemary Morgan³

Recognition of the differential effects of COVID-19 on women has led to calls for greater application of gender-based analysis within policy responses. Beyond pointing out where such policies are implemented, there is little analysis of the effects of efforts to integrate gender-based analysis into the COVID-19 response. Drawing on interviews informing a lived experienced approach to policy analysis, this article asks if, how, and to what effect gender-based analysis was implemented within social and economic policy responses during the initial lockdown, in British Columbia, Canada. It finds that, despite a rhetorical commitment to gender-based analysis, policies failed to address everyday inequalities.

Introduction

The secondary effects of the COVID-19 pandemic, including those caused by non-medical interventions in responses to the pandemic, have proven to be distinctly gendered. Reports from around the world demonstrate that lockdowns increased the risk of gender-based violence (GBV), that school and childcare closures increased the unpaid care work of mothers more than fathers, and that women have been disproportionately forced out of paid employment (Wenham et al. 2020). Gender-diverse individuals are also disproportionately impacted by consequent economic and physical insecurity (Madrigal-Borloz 2020). The growing literature on the gendered effects of the pandemic have led to calls for national- and global-level policy approaches that address gender inequities within responses to COVID-19 and nascent

¹Simon Fraser University, Burnaby, BC, Canada

²School of Public Health, University of Hong Kong, Hong Kong

³Bloomberg School of Public Health, John Hopkins University, Baltimore, MD, USA

*jhs6@sfu.ca

monitoring of attempts to do so (UNDP and UN Women 2021). However, beyond pointing out where such gender sensitive policies are implemented and by who, there is little analysis of the effects of efforts to apply gender-based responses. Those assessments that do exist focus on intentions or public perceptions, as opposed to outcomes (Dada et al. 2021), effects on gendered health differences (Koch and Park 2022), or are commentaries, drawing on insights, as opposed to empirical research (Bohoslavsky and Rulli 2020). This article aims to move analysis from a focus on stated intentions to policy effects.

In doing so it contributes to the broader literature on the potential and pitfalls of implementing gender mainstreaming in general. Over the past two decades, gender mainstreaming has become a common health and social policy approach, aiming to integrated gender analysis into all aspects of policy development within global institutions, state sectors, and interventions (Payne 2011). However, the disconnect between policy adoption and lack of progress in addressing gender inequalities has raised questions about the concept's transformative potential, particularly as it continues to be implemented within neoliberal policy paradigms that prioritize participation in the formal economy, technical "solutions," and narrow definitions of gender. Feminist scholars have argued gender mainstreaming has not delivered on its promises, has failed in its primary objectives, and even impeded progress towards gender equality (Payne 2011). Within global health, gender mainstreaming is often reduced to women's health interventions focused on sexual and reproductive health, reflecting biomedical more than social justice traditions (Davies et al. 2019). Gender-based approaches have been notably absent in pandemic responses pre-COVID-19, wherein competing priorities, top-down approaches to emergency management, and a preference for technical solutions prevail (Smith 2019). COVID-19 has, however, brought about unprecedented attention to the effects on women, providing an opportunity to test the relevance and application of gender-based responses within a health crisis (Harman 2021).

Canada provides a critical case through which to examine implementation and outcomes of gender-based responses to COVID-19, as global assessments rank Canada among those nations with the most commitments to addressing gender inequity within its COVID-19 response (CARE Canada 2020), with the government describing its response as "feminist" in budget and related documentation (WAGE 2021). Gender is incorporated into Canada's response to COVID-19 through an approach termed Gender-Based Analysis Plus (GBA+). Overseen by Women and Gender Equality Canada (WAGE), GBA+ aims to ensure gender and intersecting inequities are taken into consideration in policy development, implementation, and monitoring (SWC 2017). Since its inception in 2011, the concept and application of GBA+ has been widely critiqued as constrained by bureaucratic discourses (Scala and Paterson 2017), being invisible outside social policy sectors (Rochette 2016), and for limited application of intersectional approaches (Hankivsky and Mussell 2018). A 2016 report from the Auditor General of Canada indicated the need to

implement GBA+ more fully across government sectors. In response, the Four-Year Action Plan on GBA+ (2016–2020) included commitments to develop new GBA+ tools and train civil servants, and instituted mandatory GBA+ policy assessments.

The limits of GBA+ can be situated with the federal governments' particular approach to feminism, which Paterson and Scala note "simultaneously expands and narrows feminist knowledge. On the one hand feminist knowledge is expanded across 'the whole of government' . . . on the other feminist knowledge is narrowed as a policy discourse fixes it to a neoliberal understanding of equality that emphasizes equal opportunities, self-reliance and individual responsibility" (2020, 50). GBA+ is implemented within a liberal welfare state model and broader context that includes reactionary conservative populous movements, both of which impose limits on gender transformative policy (Bezanson 2018). While the type and degree of federal feminism in Canada has been analyzed in relation to defense (Johnstone and Momani 2020), social (Christoffersen and Hankivsky 2021), and foreign policy (Smith, Herten-Crabb, and Wenham 2021), there have been limited (none that we know of) critical analyses of application within the COVID-19 response.

Within Canada's federal system, provincial governments have jurisdiction over most economic and social policy, necessitating an analysis that includes both the federal and provincial level. British Columbia (BC) is selected as a case study province as it had one of the largest COVID-19 outbreaks during the period analyzed (with 2,961 cases, within a population of approximately 5.1 million, by July 31, 2020), and because the provincial government, like the federal, has made GBA+ commitments. In 2018, BC committed to "ensure gender equality is reflected in all budgets, policies and programs" (Office of the Premier 2018) and created a Gender Equity Office within the Ministry of Finance. However, there is little publicly available information on the application of GBA+, which is only occasionally mentioned in budgets and other fiscal documentation (Cameron and Tedds 2020). As observed at the federal level, provincial progress towards incorporating GBA+ and taking requisite policy action has been mixed. Cameron and Tedds (2020) note the government has been complicit in the systems that construct the inequities GBA+ seeks to rectify, and a civil society report card notes that women and gender-diverse individuals from groups made the most vulnerable have been left behind by provincial COVID-19 response policies (Sproule and Prochuk 2020).

Here we take the case of BC, Canada to explore how and to what effect gender-based responses have been integrated into federal and provincial social and economic policy responses to COVID-19 during the initial lockdown (March 1 to July 31, 2020) in the province. In doing so, we contribute to the wider literature on the potential of gender-based responses to mitigate unequal effects of health crisis, particularly in terms of moving analysis beyond a focus on documenting policy statements to evaluating policy effects, as well as contribute to the literature on the application of GBA+ within Canada. We

first classify COVID-19-related policies according to established gender-sensitive definitions and categories, and then draw on research with women and priority populations to better understand the lived experiences of the policy response to the pandemic. By overlaying policy and lived experience analysis, we map effects and gaps in the application of GBA+ within the initial COVID-19 response.

While the primary focus is on gender difference and inequalities, and particularly the experiences of women as a group disproportionately affected, we recognize “women” are not a uniform demographic and that gendered social positions intersect with other identity factors. Intersectionality refers to the multiple ways in which oppressive systems overlap, recognizing injustices are based not only on gender, but also on race, ethnicity, sexuality, economic background, (dis)ability, geography, and religion, and other sources of discrimination and subordination (Berkhout and Richardson 2020). Intersectional analysis considers how such systems intersect and interact, impacting individuals who are differently positioned with respect to their social identities. We recognize that our focus on gender reinforces the hierarchy of this type of inequity over others inherent in GBA+ approaches, but hope that in providing an evidence-based critique of GBA+, our analysis might feed into efforts to evolve GBA+ approaches (Christoffersen and Hankivsky 2021).

Approach

Lived Experience as Policy Analysis

Originating out of phenomenological and ethnographic traditions that recognized everyday experiences as a valid field of study and as a reliable, if limited, source of knowledge, the concept of lived experience has been applied by scholars from a variety of disciplinary backgrounds. Within social policy research, lived experience has been used to evaluate the effects of policies, depict gaps within policy goals and discourses, and better illuminate ignored or neglected situations. Research grounded in lived experience can “emphasize the worth of subjective experiences to empirical inquiry and the importance of agency” (McIntosh and Wright 2019, 459). The focus is on everyday life occurrences, acknowledging the full experience of each person’s life and identity, even those areas that are not directly connected to the research topic or question. Lived experience analysis not only documents people’s activities, but also how people live through and respond to events around them. Analysis combines and captures both the “ordinary” and the “extraordinary,” across a range of individuals who are comparably in a similar situation—such as an infectious disease outbreak. While recognizing that individual experiences are unique, elements of commonality across lived experiences facilitate analysis of clusters of shared intersubjective experiences, illustrating recurring patterns and typical forms of behavior and concerns.

Within feminist scholarship, lived experience is often “invoked as a shorthand for empathy, conferring respect and esteem” (McIntosh and Wright 2019, 451). Feminist scholarship on lived experience is rooted in a commitment to the creation of knowledge grounded in the experiences of people belonging to groups most affected by the subject of the research, and in the recognition that knowledge is gained by acknowledging the specificity and uniqueness of lives and experiences, rather than by simply adding or counting women within a study (Yarrow and Pagan 2020). Such scholarship aims to make visible experiences that are often ignored, including that of gendered subjects, to illustrate both how policies structure contexts and how agency is exercised within them. The holders of these experiences, as those with intimate knowledge, are then recognized as experts in policy analysis, particularly in terms of evaluating the effects of policy implementation.

Methods

We began by reviewing all federal and provincial COVID-19-related policies (defined as formal plans, as opposed to announcements of intentions or priorities) between March 1 and July 31, 2020—the initial lockdown period in BC and Canada. Federal and provincial government websites, as well as the COVID-19 Intervention Scan site, were searched for all policy documents within the data range that included mention of COVID-19 (or related terms). In addition, we conducted a scoping review of Canadian media, and academic and gray literature, to identify any policies that had not been published.

We identified 148 federal and 35 provincial policies, which we categorized according to sector. For the purposes of this article, we limited the analysis to social and economic policies directed at individuals (as opposed to businesses or economic sectors as a whole), which included twenty-six federal and nineteen provincial policies (forty-five in total) (see [Supplementary Appendix A](#)). This focused the analysis on policies most likely to interact with the lived experiences of research participants. We then assessed if policies could be defined as a gender-sensitive measure according to the COVID-19 Global Gender Response tracker definition of “those that seek to directly address gendered risks and challenges caused by the COVID-19 crisis . . . [including] (i) violence against women and girls, (ii) women’s economic security, and (iii) unpaid care work” (UNDP & UN Women 2021). Like the creators of the tracker, we recognize this is a limited definition, but a useful one around which to structure an initial analysis. Recognizing all policies as likely to have differential gender effects, whether they explicitly aim to be gender sensitive or not, we then grouped policies within the three categories of the tracker (violence, economic security, and unpaid care work), which we adapted as follows: (i) policies referencing GBV; (ii) economic security policies targeted at those who lost paid work, or which referenced employment benefits; (iii) policies related to unpaid care for dependents, including dependents’ education. One

author first categorized the policies, with a second author reviewing the groupings and discussing any queries or alternative categorization to ensure agreement.

In order to document lived experiences of the policy responses, we conducted interviews with twenty-four individuals living BC in May and June of 2020. Ethics approval was provided by the Office of Research Ethics at Simon Fraser University. Interviewees were purposefully and voluntarily sampled with the goal of speaking to those likely to be most affected by COVID-19, identified through a literature review and the Canadian Gender and COVID-19 Matrix, a systematic approach to rapid gender analysis through scoping of literature and media sources, conducting by the authors prior to the interviews (Smith et al. 2021). Participants were recruited through social media posts and emails sent through targeted listservs and snowball sampling. Twenty-four semi-structured interviews were conducted, twenty women and four men, representing a variety of ethnicities and with ages ranging from twenty to seventy-two. Priority populations¹ included: those providing care to dependents (twenty-two), single parents (six), frontline workers (sixteen), those economically affected (twelve), racial and ethnic minorities (fifteen), and newcomers to Canada (eleven). All interviews were conducted by telephone or Zoom and lasted between thirty and ninety minutes. The line of inquiry sought to find out how COVID-19 affected access to resources, work, and gendered roles, as well as participants' perceptions and experiences interacting with policy responses.

Recognizing that voluntary and remote recruitment might exclude those most affected but who did not have access to technology or are hesitant to engage with unknown researchers, we then sought to conduct key informant interviews with staff from organizations representing or working with priority populations likely to be affected by policy responses. We purposefully sampled nine interviewees from organizations representing gender-diverse individuals, those affected by violence, people living in poverty, newcomers, and people living with disabilities. Key informant interviews lasted thirty to sixty minutes, and followed a semi-structured guide regarding effects of COVID-19 and subsequent policy responses on populations served and perspectives on the government response.

Interviews were recorded and transcribed. We applied thematic analysis, in which two authors analyzed transcripts based on the domains of the gender and COVID-19 matrix,² and looked for repetitions, as well as similarities and differences within the interviews (Ryan and Bernard 2003). The authors independently developed codes, and then compared and contrasted these, reaching consensus through an iterative ongoing process of refining codes and grouping them within themes, until no additional codes or themes were identified (Hennink, Kaiser, and Marconi 2017). The authors coded an initial set of four transcripts to ensure consistency in interpretation and further refine the analysis. Through ongoing peer debriefing we maintained this consistency, aiming

to credibly represent interviewees' experiences (Nowell et al. 2017). Drawing on the approach Wright (2016) uses to integrate lived experience and policy analysis, we then overlaid our thematic framework on a map of socio-economic policies organized by category to explore policy effects and gaps (Supplementary Appendix B).

Lived Experiences of Policy Responses to COVID-19

The vast majority of policies reviewed (eighteen federal and nine provincial) focus on economic security, with only fifteen (seven federal and eight provincial) having implications for unpaid care and five (three federal and two provincial) addressing violence (see Supplementary Appendix B). While none of the policies explicitly mentioned gender or intersectional inequities, two of the GBV policies reference women's rights. In what follows, we focus on how COVID-19 policies were experienced by those most effected, first describing the policy problem created or highlighted by COVID-19, the policy response to it, and the lived experience of both the problem and response.

Gender-Based Violence

In Canada, women represent 60.3 percent of residents in transition houses, followed by their accompanying children at 39.6 percent, then men at 0.1 percent (Moreau 2019). Due to intersecting social locations and identities, mothers, Indigenous women, and immigrant women are overrepresented in these facilities. Prior to COVID-19, shelters often operated beyond their capacity, with an estimated 620 people turned away daily across the country (Carman 2020). Most of these facilities are dependent on provincial and federal funding, and therefore their capacity and resources are tied to shifting policy priorities (Boucher 2021). During the initial COVID-19-related lockdown, the majority of service providers in the province reported an increase in both the prevalence and severity of violence, reflective of global trends in violence prevalence (Trudell and Whitmore 2020). Despite increased demands, organizations operating shelters had to reduce their already limited capacity to meet public health regulations around physical distancing and isolation units.

In April 2020, the federal government announced emergency "funding for violence against women shelters and sexual assault centers," with C\$40 million directed towards shelters and sexual assault centers to create more spaces for those in need. Notably, this was announced some weeks after other violence response policies, such as the Reaching Home Program, for men at risk of homelessness, and increased funding to the Kids Help Phone. Following the federal announcement, BC promised complementary "funding to increase spaces for those fleeing violence," including an additional C\$158 million in provincial funding to create self-isolation spaces for those without shelter and C\$5 million directed towards virtual mental health services. Of the forty-five

policies we assessed, only these two met the definition of a gender-sensitive measure in that they explicitly aimed to address the gendered risks and challenges caused by COVID-19.³ As Branicki (2020) notes, it is common for crisis responses to focus on GBV, positioning women as victims, while neglecting the gender dimensions of care work, which would recognize women as sustaining the response.

Nevertheless, key informants noted that such policies responded to an urgent need. One key informant reported most shelters “reduced their capacity. They had to because of the physical distancing restrictions. Most of the houses reduced their capacity to about fifty percent because of that” (key informant interview, KII_02). Those providing services commented on the ease of accessing increased funding and support: “BC Housing has been wonderful partners throughout the pandemic. They’ve provided clear instructions, clear guidance. You know, they have a COVID-19 expense form that folks can fill out if they need PPE, and they’re using a procurement processing for the province to get supplies to them. They’ve supported them with hotels for overflow in communities, or if they need to isolate folks offsite, they have that sort of overflow capacity at hotels” (KII_03). Transition house workers were able to apply for pandemic pay increases made available by the provincial Temporary Pandemic Pay and federal Essential Workers Wage Top-Up, introduced in May 2020. Organizations serving gender-diverse individuals similarly noted that, even though policy documents only explicitly mentioned women and children, their organizations benefited from increased and more accessible funding and support, which helped meet the needs of clients experiencing violence.

Increased funding and space did not address chronic staffing shortages within the sector. One key informant explained,

Transition houses in BC have the highest rate of casual staff of any province or territory. So, we have a lot of folks who would move from house to house, who maybe work in a transition house or maybe also work in another transition house. And maybe work at a school or in a nursing home. (KII_02)

COVID-19 health policies required staff to work at a single site, creating a severe staffing shortage in a sector dominated by precarious working conditions, and where many providers had to work more than one job to earn a living. These shortages were further exacerbated when staff left due to unpaid care responsibilities or fear of infection. A manager of transition houses noted, “We’ve had attrition in both of our portfolios. Some of it has to do with folks needing to stay home to take care of their kids or living with vulnerable populations themselves, or being a vulnerable population themselves in terms of the risk factors . . . definitely staffing is very hard” (KII_03). One transition house worker noted she left her position out of fear of infection: “I left my job

at the shelter. I said I would come back when there were some better precautions. Precautions there I don't think suited me, I think I have vulnerability because I'm older, I'm seventy, I'm also, I have repeated pneumonias which have been life-threatening" (semi-structured interview, SSI_05).

Due to acknowledgment of the challenges of accurately and ethically conducting research on GBV in general and in a health crisis in particular (Lokot et al. 2021), none of the respondents were asked specifically about experiences of violence. However, some women voluntarily spoke about feeling insecure or at increased risk of conflict. Two single mothers noted they were currently living in transition housing and a third single mother noted she had recently separated from a violent partner. All three mentioned that interruptions to childcare led to conflict with their children's other parent, as new shared care agreements had to be negotiated. Lack of childcare also resulted in increased contact with past partners:

But we do a lot of the exchanges with my son through daycare. There was a case of domestic violence and hence—which caused our separation. So, for me it's very triggering to be close to—in the proximity of my ex. And because of the fact that he's not going to daycare anymore, we have to do the exchanges in person . . . I take my phone and I video record it in a very obvious way. We've made the exchanges out of [grocery store] which luckily is always quite crowded. There's lots of people around and that makes me feel safer. (SSI_09)

Single mothers noted that the closure of family courts, for public health purposes, increased their sense of insecurity, if not direct risk of violence: "So it was already difficult and now with the whole COVID-19 thing the courts are still not open and I'm not sure when they will be open. So, it's just—it's making things I think even worse" (SII_04). Two mothers were unable to enforce child support payments from the other parent, due to lack of legal recourse, leading to renewed conflicts and financial hardship. A key informant noted, "It's oftentimes you know there's really protracted high-conflict family court matters behind a lot of this violence" (KII_01). Barriers accessing justice for survivors, such as lack of access to representation and prolonged delays in proceedings, predated the pandemic, with COVID-19 court closures increasing this known risk of ongoing violence (Lyons and Brewer 2021).

While provincial policy responses to violence included funding to develop virtual counseling services, those most in need faced access barriers. The woman who had left a violent relationship had to discontinue counseling after she lost her job and did not find a suitable replacement to her long-standing counseling among the available free programs.

So, from about a month before my separation up until February I was seeing a counsellor, a therapist on a pretty regular basis. But because of COVID-19—and because of the fact that I've now lost my job, I don't

really have health benefits. So, everything that, like counselling and things like that, I have to pay out of pocket. I couldn't afford it so I've kind of stopped that. She sent a list of resources that are supposed to be like free counselling but to be perfectly honest when I read through that list, I felt like none of it really applies, or nothing that I'm able to utilize. (SSI_09)

Service providers noted many clients lacked access to the technology and privacy to take advantage of virtual services: “the ones who are impacted are those who don't have the privacy in their home to be able to resume the counselling, or the women who live in collective housing and don't have the technology or the privacy, or—and some women just don't—they need the physical connection to be able to open up” (KII_03). As implementation of policies through health authorities meant clients had to provide a provincial health card, those without legal immigration status were unable to access online services: “It was quite hard for mums without status to be able to access online . . . when these services closed down, when drop-in centers closed down, they didn't have any support available to them” (KII_03). Previously, such clients had accessed services through community-based organizations, which were closed by public health orders. Service providers for gender diverse individuals similarly reported a drop in counseling clients when services went virtual. These findings are in line with research from other locations that similarly found in-person service disruptions reduced access to counseling for women living in or who had recently left violent situations (Lyons and Brewer 2021).

Both provincial and federal governments responded to increased reports of GBV with substantial funding commitments, but the effectiveness of this reactive response was limited by previous underfunding of the sector and lack of preparedness. There was little consideration of how public health policies beyond the self-isolation advisory, such as childcare and court closures, might exacerbate risks of violence and of the structural barriers to accessing virtual services.

Economic Security

While women make up under half (47 percent) of all workers in Canada, they accounted for 63 percent of COVID-19-related job losses during the first six months of the pandemic and experienced more than twice the employment rate decline than men following the initial lockdown (Statistics Canada 2020). These trends reflect gender roles, in terms of type of work most likely to be done by women, and norms around unpaid care work (discussed below) and are similar around the world due to the dominant structures of the neo-liberal global economy (Smith et al. 2021). In BC, over 50 percent of women work in industries and occupations most impacted by COVID-19 public health advisories, leading to women losing 60 percent more jobs than their

male counterparts in March 2020 (Shafer, Scheibling, and Milkie 2020). Female workers were more concentrated in low-paid jobs, as well as in part-time or temporary work, and occupations that were more likely to experience reduced hours (Statistics Canada 2020; Statistics Canada 2021). Job loss and reduced hours of work disproportionately affected migrant care workers, people living with disabilities, and racialized people (Sproule and Prochuk 2020).

Both the federal and provincial governments took measures to mitigate the economic impacts of COVID-19-related employment loss, with the vast majority of the policies (thirty-one out of forty-five) aiming to address economic security. While not explicitly gender sensitive, eleven of the nineteen federal economic policies were assessed by the government's own GBA+ assessment tools as benefiting women. However, these assessments were based on acknowledgement of uneven job loss, as opposed to a prioritization of women's economic security. Those who lost employment prior to March 25, 2020 were able to apply for Employment Insurance (EI) with some requirements and the waiting period waived. On March 25, 2020, the Canadian Emergency Relief Benefit (CERB) was launched to specifically address unemployment related to COVID-19. CERB provided up to C\$2,000 per month to those who had lost all their income and met the eligibility criteria of having earned more than C\$5,000 of taxable income in the previous year (Government of Canada 2021). In April 2020, CERB guidelines expanded eligibility to workers who received a nominal income of C\$1,000 or less. This change increased access for low wage workers who had previously been excluded, a majority of whom were women (Macdonald 2020). In addition, CERB extended benefits to self-employed individuals and provided support to many part-time, part-year workers who were previously screened out by EI eligibility criteria, the majority of whom were also women (Scott 2021). Women, particularly those living in coupled families, gained from the focus on individual workers as opposed to households (Scott 2021). While more men than women applied for CERB, women made up 54.8 percent of CERB beneficiaries, reflecting their disproportionate job loss (Department of Finance Canada 2020).⁴ The federal government also launched the Canada Emergency Student Benefit in May 2020, C\$750 per month for those returning to post-secondary education, and suspended student loan interest and payment requirements. One-time benefits were provided in the form of an additional federal Goods and Service Tax Credit for low-income earners and one-time payments to seniors and people with disabilities. Increases in the Canada Child Benefit particularly impacted women, as mothers were the default recipients.

The provincial government added to the federal initiative through the BC COVID-19 Action Plan. Through the BC Emergency Benefit for Workers, the provincial government provided a C\$1,000 one-time payment to those receiving CERB, which stood to support women disproportionately, due to the gendered employment impacts, as did pandemic pay and emergency benefits for workers. It also offered one-off supports such as the BC Climate Action Tax

Credit and BC Hydro Payment Relief. Both governments increased funding to organizations mitigating the effects of economic insecurity, such as food banks.

Many of the women interviewed worked in the sectors most affected. A single mom working in the tourism industry shared, “In February my contract was renewed for the year until December of this year and then as COVID-19 hit and air travel as you can imagine just jumped off a cliff, so they had to cancel my contract. So since then, I have not been able to find work” (SSI_09). Many of these respondents noted the ease of applying to CERB and related programs, and appreciated the relief provided. One woman entrepreneur noted that while she would not have been eligible for EI, she was for CERB, which was “quite a lifesaver” (SSI_10). A newcomer who was not eligible for CERB was able to access the student benefit, and a single mother celebrated that she received the increased child benefit the day of the interview. Other analysis of CERB have found similar effects noting the accessibility of the program and amount of relief provided enable many to continue to maintain their lifestyle during the initial months of the pandemic (Scott 2021).

However, as Scott (2021) also points out, CERB data suggests that not all of those in need were able to access it. Other interviewees, while economically affected, were unable to access CERB and related income supports. Two single mothers had lost work a week prior to the implementation of CERB and so had already applied for EI, which made them ineligible for CERB. Consequently, one was receiving C\$400 and the other C\$1,200 per month, compared to the C\$2,000 provided by CERB. Those who lost work hours, but not employment and were making just over the C\$1,000 cut off also could not apply. This particularly affected those in precarious positions and working more than one job. A newcomer physiotherapist noted:

I work in two centers. One of them don't need me right now because of the decrease of clients, you know. But another one calls me. I can start one day a week, hopefully, if they have work and because I am on subcontract, not employee. So, if they have cases, clients, they give me clients ... And still if they don't have enough clients, I don't have job. (SSI_16)

Newcomers to Canada often did not meet CERB eligibility requirements, with one father noting, “I couldn't do that [CERB], because I hadn't had all the requirements. One of them is having five thousand job income through the last twelve months. I couldn't—I didn't have that” (SSI_13). Those who left work due to fear of infection, as opposed to because they were laid off, were also not eligible. One father explained, “So I worked as an Instacart Shopper, which is a delivery-based job. I stopped working, actually, because I was afraid for my family. If I become infected there is no one to care for them” (SSI_13). He had weighed the risk of infection, which was heightened by the nature of his work and lack of extended support networks, with economic insecurity, which relief policies did not mitigate.

Some respondents noted a policy gap in that CERB, and related financial supports, while providing income did not ensure access to necessities. Single mothers noted that while CERB money was welcome, they still struggled to access food and personal protective equipment (PPE), particularly in a context of lockdown when many necessities were scarce. One respondent explained:

My fear was I don't have food for my son in the fridge. That was my biggest fear because I know I have money in my bank account, but there is nothing in the store and I feel like I'm supposed to not take my son . . . I went to get groceries; it was a long line—my son doesn't have—Like he doesn't want to be standing. (SSI_04)

Without childcare, and unable to rely on external support networks, single mothers spoke of the challenges of having to take children with them to visit multiple shops, often via public transit, which increased their risk of COVID-19 exposure, to find necessities: “I sometimes have to make two trips because kids lose patience. I went out today and turned around because I knew the kids wouldn't make it [standing in line]. It is hard to find hand sanitizer. I wish I could find masks for kids” (SSI_07). Respondents reported going without fresh fruit and vegetables, eggs and milk, and protective supplies. Others noted that the amount provided by CERB was insufficient considering the costs of living in the lower mainland of BC, where a livable wage is considered approximately C\$2,800 per month. A newcomer mother of three, who had lost her service sector job, explained that her rent was C\$2,200, C\$200 more than CERB. While provincial policies like Protection for Renters (Eviction Ban) and the BC Temporary Rental Supplement aimed to avoid evictions, they mostly provided temporary deferral of payment, as opposed to reduced costs. Such experiences shed light on possible underlying causes of greater food insecurity among women (compared to men) and households with children (compared to those without), despite economic policy interventions, during the initial months of the pandemic in Canada (Men and Tarasuk 2021). Single mothers, as well as newcomers, noted they had received some necessities from community organizations, such as food banks and religious groups—provisions that may reflect increased federal funding for the Local Food Infrastructure Fund. Such funding enabled organizations to increase services, though evidence suggests these were still not able to reach the majority of those in need (Men and Tarasuk 2021).

While federal and provincial policy responses provided several cash-transfer programs, which participants benefited from, those most affected, such as single mothers, struggled to meet basic needs. Those most financially vulnerable, such as newcomers, were often unable to access any of the programs as eligibility was linked to prior income. Increased funding to non-profits did get basic supplies to some of those in need, but in the form of charity as opposed to through public programs.

Unpaid Care

Research from past health crises demonstrates that when states shed responsibilities for care—such as childcare and healthcare—women absorb this work at their own costs (Smith 2019). In Canada, women did two to three times the unpaid care work compared to men prior to the pandemic (Moyser and Burlock 2018). While men took on more care responsibilities during lockdown than previously, women continued to do the majority of unpaid care work (Shafer, Scheibling, and Milkie 2020). Increased unpaid care work in turn prevented women from engaging in paid work, with gender employment gaps among parents of young children widening between February and May 2020 (Qian and Fuller 2020). In April 2020, mothers between the ages of twenty-four and fifty-five lost 26 percent of their work hours for family and health reasons compared to 14 percent of fathers (BC Women’s Health Foundation 2020).

The federal government responded to increased unpaid care through cash transfers to individuals and funding to support organizations. In May 2020, parents benefited from a one-time increase of the Canada Child Benefit—C\$300 extra per child. In March 2020, the government directed C\$9 million to local organizations through United Way Canada to support seniors in practical ways, such as delivery of groceries and medication, or outreach activities to connect seniors to community resources. The following month, through the New Horizon for Seniors Program, C\$20 million was directed towards community-based projects aimed at reducing isolation and improving quality of life of seniors. In addition, the government offered a one-time payment for seniors of between C\$300 and C\$500 depending on pension coverage. Persons living with disability also benefited from a one-time payment of up to C\$600. These one-off payments are in line with the ruling government’s approach to supporting individuals, as opposed system change, as well as a typical emergency response focused on short-term solutions (Bezanson 2018).

BC, invoking a similar approach, complemented these policies by also increasing funding to support programs such as those provided by the United Way. Its Children and Youth with Special Needs (CYSN) Emergency Relief Support Fund offered services such as meal preparation and online counseling for families with children with disabilities. It also made the largest financial contribution, compared to other provinces, towards childcare services through temporary emergency funding for childcare providers, and was unique among provinces in keeping childcare facilities open for essential workers (Scott 2021). Its Keep Learning BC program provided both online learning resources for families and funding to school districts to improve online learning technology. Neither federal nor provincial policies explicitly noted the gendered nature of unpaid care work.

Respondents, however, clearly recognized the gendered dimensions of unpaid care, with one woman with school-age children noting:

I became, you know, the person responsible for the kids twenty-four-seven and it sort of became obvious that I'm the person responsible for the kids. I mean, we both need childcare to work, right, my husband also needs childcare, he wants to go to work, but I don't think he really gets that. So, it's obvious somebody's going to take care of the kids. He doesn't have to do anything. (SSI_08)

While two of the fathers interviewed spoke of sharing the care burden with their partner, the other two spoke of “supporting” and “having to help” their partners, suggesting the mother did majority of unpaid care—a suggestion that is supported by a number of time use surveys conducted during this period which demonstrate that women continued to take on the greatest share of unpaid care (Shafer, Scheibling, and Milkie 2020). One mother explained she took on childcare responsibilities when centers and schools closed because her children's father “doesn't think it's his realm” (SSI_11). Others recognized they took on childcare responsibilities, “almost voluntarily you know. Because we feel that responsibility” (SSI_14). For others it was a practical decision, reflecting the gender wage gap (of 16.8 percent in Canada): “And I just thought, well I guess you [husband] make more so I guess I'm the one staying home” (SSI_13). As has been noted elsewhere (Hjálmsdóttir and Bjarnadóttir 2021), women shared a mix of confusion and acceptance that unpaid care responsibilities fell to them, noting a dissonance between perceptions of Canadian society as one where gender equality is celebrated, partly due to government rhetoric, and their lived experience of wage and labour inequities.

Many women also experienced increased elder care demands, having to drop off supplies, support virtual medical appointments, and provide technology training to prevent social isolation. One respondent described providing daily supplies for her elderly mother with dementia who lived over an hour's drive away, and then having to diagnose her mother with a urinary tract infection over the phone, and call an ambulance as, due to COVID-19 restrictions, she was unable to accompany her to the hospital. In addition to worrying about her mother's physical health, the interviewee was distraught with concern that by the time she could visit in person, her mother would no longer remember her. Respondents described dealing with such senior care challenges on their own, unaware of external support programs, with one-off payments having no effect on the physical and emotional toll of such work.

Women noted that care work included more than just doing physical care, but had a hard time articulating the triple burden (including productive, reproductive, and community activities) they carried (McLaren et al. 2020). One mother reflected:

It could be that's my imagination. It's not just the physical, you know, taking care of them . . . there's this whole other layer of, it's not exactly work and you can't really quantify it but you're doing it all the time. Like oh how do I make sure that they still keep in touch with their friends, how do I make sure that they have the clothes that they need because, you know, nothing is open. There's still eating normal food and they're keeping a routine, like all those things that it's sort of a, it's all my mind, mind work. (SSI_08)

The mental load of managing families and household, which is predominantly borne by women in non-crises times as well as in crises, was exacerbated in a context of uncertainty and increased needs: "And, like I said, there's lots of lack of clarity around exactly what is happening. So, and I'm sort of the one that kind of ends up managing it because my husband has to deal with his job and anything that's around that, but everything else is my, my thing" (SSI_12). As substantial feminist analysis has documented, women take on multiple responsibilities essential to family and community wellbeing, as well as economic development, that go largely unrecognized (Folbre 2006). COVID-19 added to these burdens, increasing women's awareness of their multiple tasks, particularly as the load became unmanageable; lack of acknowledgement of such contributions as work, however, continued to obscure it.

Alongside providing unpaid care, mothers were often responsible for online learning. While homeschooling posed challenges for all parents, single parent families and households living below the poverty line were particularly affected by the digital divide. One mother explained, "We actually realized that we didn't have the right technology to do the online learning. So, we discovered that we can't use an iPad—the iPad does not work for it, just because of the interface that—you know, the way the iPad is, it does not work at all, I've discovered. And then we had a laptop, a different laptop, and we were, like, it's too slow, it's too slow" (SSI_15). Children often had to use parents' cell phones for online learning, which were inadequate. A key informant explained her organization was, "trying to provide women with resources for, you know, computers and what—what have you. But it was definitely a challenge. We also heard from women that, within their school district, people could request a laptop from their school, but there were all long waiting lists for these as well. So, there weren't enough provisions for all students" (KII_08).

The closure of community services exacerbated education inequities. A newcomer mother who had lost work due to COVID noted,

We just pay for basic needs, not for extra . . . For instance, I think my daughter ask me I want to have—I want to order this book. She find it online and I explain for her I couldn't pay lots of money for book, for buying book, and she not believing and yeah. And before COVID we borrow at library . . . I think everywhere were closed and she told me I

read some of them twice or three times. It's boring. I need more books. (SSI_16)

Another newcomer mother worried about her children's English language development without the exposure provided by the community early childhood education program.

Families with children with disabilities were particularly effected:

We also were hearing from some of those families where there were some of them that have children with special needs such as autism. And all the supports that have been in place for them such as their behavioral interventions and so forth, all of it was cut at the beginning of the pandemic and was cut for at least three to five months, I think. So those families got no behavioral intervention support at all. (KII_07)

A mother was anxious that childcare closures had interrupted her child's speech therapy, and another noted lack of childcare meant her son was no longer seeing a specialist who had been helping him overcome severe anxiety, which was now returning to the point that he was becoming physically ill.

Following the Work From Home Advisory, introduced by the federal government on March 15, 2020, parents identified a lack of recognition, within policies and employer responses, of the impossibility of working from home without childcare:

When something like this happens and we were asked to work from home, and also care for our kids at the same time. It's kind of like we understand that's two jobs, but yet the system doesn't recognize it's two jobs and there's no consideration made around it to make sure that we're managing two jobs right? It's never—somehow, it's just like yeah, the kids are home yay, you're good to go. No. (SSI_11)

And:

I think that there's a lot that is being asked from the female people of the household. You know, you're doing not only are you doing all of the teaching and the childcare and most likely the cleaning, but you're also trying to hold down a job too. (SSI_20)

While the Canada Labour Code was amended to provide for absences for reasons related to COVID-19, and the province instituted three days unpaid job protected leave, these did not extend to unprecedented childcare responsibilities. Consequently, women's paid work suffered: "My work productivity is probably, you know, about forty percent less than what it usually was" (SSI_20). An employer similarly noted, "When I look at our employees, women are still the ones who are primarily responsible for their children and for their households. We still have that gender difference, and there's still the

pressure for them to be at work . . . So, the impact on mental health and stability of the family, I think, is going to be an on-going issue” (KII_07). While financial support by the government eased income loss, it did not address the triple burden and career impacts that were primarily borne by women. As one key informant noted, “money in a parent’s pocket doesn’t equal childcare so they can work” (KII_01). Or, in other words, the continued focus on individual relief did not address the structural barriers, many of which pre-dated COVID-19, to support for unpaid care.

Many respondents spoke of unhealthy levels of stress and anxiety, including the “residual stress that’s just bubbling in the background” (SSI_20) where “you think you are fine and then you just start to cry” (SSI_04). Juggling unpaid care and paid work meant less, or no time, for self-care. One single mother explained, “I’m staying up later than I normally would just because I think that you know, by the end of the day I’m just—I just crave so much time to just do things for me” (SSI_20). Another mother noted she no longer had time to engage with peer support groups, asking, “when are we actually going to talk about our pain, and suffering when our kids are not around to listen?” (SSI_11). Lack of time and privacy prevented women from accessing the virtual mental health supports invested in by the province.

Mothers in particular spoke of the moral distress of feeling “like a bad mom” and having “mom guilt” due to their self-perceived inability to manage during a pandemic:

I asked my neighbor, “Can you look after my son, I need to go for milk and eggs, and I don’t want to bring my son there” and she said, “Sorry, I can’t” . . . And then I just took my son with me, and I go to the cashier who was like, “Why are you taking your kid to get groceries” and I was just, “I don’t know where to put him”, like I can’t leave him alone, right? . . . I feel like I was being a very bad mom. (SSI_04)

And:

I think from a development standpoint like that mom guilt that you know, your child’s getting—I mean some days—my Fridays for instance. I have meetings that are—that start at eight o’clock in the morning and run until midday before I get a break . . . I feel like sometimes I’m throwing snacks at her as she walks past me. And the TV is on. (SSI_20)

Such feelings of guilt over inability to manage impossible tasks have been documented as a persistent feature of motherhood in Canadian society, rooted in patriarchal cultural and labour norms (Watson 2020). Again COVID-19 exacerbated these experiences.

Few policies responses to COVID-19 considered unpaid care burdens, and none explicitly recognized the gendered dimensions of care work. In contrast,

respondents described unpaid care work as deeply gendered, disproportionately effecting women who lost employment, and as resulting in reduced productivity and mental health challenges. Policy responses focused on providing financial support, as opposed to accessible services, had limited impact on access to care, or the wellbeing of care providers and their dependents.

Conclusion

Despite being labeled feminist, Canada's response to COVID-19 appears to have exacerbated inequities more than it mitigated them. Policy priorities reflect a continued narrow application of GBA+, and approach to feminist policymaking in general, with an emphasis on equal opportunities (as opposed to capabilities) and individual (as opposed to collective) responsibility. The prioritization of individual economic relief and virtual support downloaded the labor of translating money and technology into childcare, education, food, and security onto those already most affected. This in turn exacerbated unacknowledged gendered care burdens. Policies at the federal and provincial level had more in common than otherwise, demonstrating policy coherence, but also common limitations. The only explicitly gender-sensitive measures in both jurisdictions focused on GBV. This perpetuates the framing of women as victims during emergencies, alongside failure to acknowledge the gender dimensions of economic security and care work. Lack of mention of gender diverse individuals across policy levels and documents is also consistent, with those policies that did benefit gender diverse populations, for example around responding to GBV, achieving this by default through lumped funding to service providers, as opposed to because of targeted interventions. While Canada's response has been held up as one of few examples of a gender-based pandemic response, other jurisdictions ought to learn from, as opposed to emulate, this approach.

Many of the limitations within Canada and BC's application of GBA+ are reflective of previous critiques of the framework and application of gender mainstreaming more generally—including the disconnect between stated intentions and outcomes. While there have been few applications of gender-based approaches with health crises, COVID-19's gender impacts have both added to demand for such responses and further exposed their limitations (Harman 2021). The lived experiences documented here demonstrate the need to move beyond a focus on policy trackers which, while a necessary step, only indicate if gendered risks and challenges have been considered, not why and how gender is included, and whether inequities are meaningfully addressed. While rankings are employed to motivate action, feminist scholars have also critiqued such indicators for privileging easily accessible quantifiable data, use of proxy indicators (such as if a policy mentions gender, as opposed to action on gender inequities), and lack of contextualization (Taylor 2020). These critiques raise questions about how lived experiences of policy

responses might be incorporated to facilitate more in-depth, and potentially accurate, assessments of commitments to gender equality. The application of GBA+, or gender mainstreaming more broadly, only matters if it results in reduced inequities and increased protections against further rights violations. The lived experience of research participants in this study highlights numerous policy gaps on both accounts, despite Canada being celebrated for its gender-based response.

More transformative approaches might engage affected women and priority populations in GBA+ assessments and ensure the use of feminist methods (such as participatory action research) in formulating policy responses (Davies et al. 2019). Recognizing the challenges of such assessments within emergency time frames, innovative approaches have been piloted. For example, researchers in the Netherlands have demonstrated that by using participatory value evaluation, extensive public engagement is possible on timely policy decisions (Mouter, Hernandex, and Itten 2020). The intersectionality-based policy framework provides further opportunities to reform GBA+ approaches to address multiple inequities (Christoffersen and Hankivsky 2021).

Despite the limitations noted above, Canada, and the province of British Columbia, offer a crucial example of the inclusion of gender analysis in crisis response policies, they now need to improve and act on this analysis. Participants offered numerous suggestions on how the rights and needs of women and priority populations could be better met during a pandemic response, including: providing necessities such as PPE and healthy food at central neighborhood locations such as schools and libraries, creating open-air drop-in childcare centers for parents who need time to look for work or for self-care, and addressing the socio-economic structures that increase vulnerability, such as lack of affordable housing. Such suggestions demonstrate the validity of lived experience as knowledge in policy process and a method of policy assessment. The voices of those most affected provide insightful instruction of how Canada's celebrated feminist response can move beyond technical solutions to addressing structural drivers of inequalities as a form of pandemic preparedness.

Supplementary Data

Supplementary data can be found at www.socpol@oup.com.

Notes

1. Priority populations refers to those groups made vulnerable by political, social, and economic structures, and systemic inequities. It is a preferred term within the BC Centre for Disease Control COVID-19 Language Guide (Purdue 2020).

2. Gender matrix domains examine how gender interacts with access to resources, roles in society, societal norms and beliefs, distribution of decision-making powers, and institutional provisions.
3. A third policy, support to women entrepreneurs, is identified as gender sensitive in the Gender and COVID-19 tracker. However, it is not included in this analysis as it targets businesses as opposed to individuals.
4. Official complete data on CERB beneficiaries is not publicly accessible (March 17, 2021). Related open data webpage indicates gender disaggregated data was collected on CERB beneficiaries. <https://open.canada.ca/data/en/dataset/94906755-1cb9-4c2d-aaa6-bf365f3d4de8>

Acknowledgments

The authors are grateful to Professor Sara Davies at Griffith University and Associate Professor Clare Wenham at the London School of Economics for comments on drafts of this article.

Funding

This research was supported by the Canadian Institutes of Health Research under grant OV7-170639.

Conflicts of interest

The authors' declare no conflicts of interest.

References

- BC Women's Health Foundation. 2020. *Unmasking gender inequality: Revealing the socio-economic impacts of COVID-19 on women's health*. BC Women's Health Foundation: Vancouver.
- Berkhout, Suze G., and Lisa Richardson. 2020. Identity, politics, and the pandemic: Why is COVID-19 a disaster for feminism(s)? *History and Philosophy of the Life Sciences* 42 (4): 49.
- Bezanson, Kate. 2018. Feminism, federalism and families: Canada's mixed social policy architecture. *Journal of Law & Equality* 14: 169–97.
- Bohoslavsky, John Pablo, and Mariana Rulli. (2020). Assessing the gender-sensitivity of international financial institutions' responses to COVID-19: Reflections from home (with kids) in lockdown. *Feminist Legal Studies* 28: 311–19.
- Boucher, Lisa. 2021. Making change on gender-based violence: Assessing shifting political opportunities in Canada. *Journal of International Women's Studies* 22 (9): 222–35.
- Branicki, Layla. 2020. COVID-19, ethics of care and feminist crisis management. *Gender, Work & Organization* 27 (5): 872–83.

- Cameron, Anna, and Lindsay M. Tedds. 2020. *Gender-based analysis plus (GBA+) and intersectionality: Overview, an enhanced framework, and B.C. case study*. Calgary: University of Calgary.
- CARE Canada. 2020. New COVID-19 Global Rapid Gender Analysis Addresses Concerns of Women and Girls in Pandemic. *CARE Canada*, April 1.
- Carman, Tara. 2020. Women, Children Turned Away from Shelters in Canada almost 19,000 Times a Month. *CBC*, March 05.
- Christoffersen, Alex, and Olena Hankivsky. 2021. Responding to inequities in public policy: Is GBA+ the right way to operationalize intersectionality? *Canadian Public Administration* 64 (3): 524–31.
- Department of Finance Canada. 2020. *Supporting Canadians and fighting COVID-19: Fall economic statement 2020*. Ottawa: Government of Canada.
- Dada, Sara, Henry Charles Ashworth, Marlene Joannie Bewa, and Roopa Dhatt. 2021. Words matter: Political and gender analysis of speeches made by heads of government during the COVID-19 pandemic. *BMJ Global Health*, 6 (1): e003910.
- Davies, Sara, Henry Charles Ashworth, Marlene Joannie Bewa, and Roopa Dhatt. 2019. Why it must be a feminist global health agenda. *The Lancet* 393 (10171): 601–03.
- Folbre, Nancy. 2006. Measuring care: Gender, empowerment, and the care economy. *Journal of Human Development* 7 (2): 183–199.
- Hankivsky, Olena, and Linda Mussell. 2018. Gender-based analysis plus in Canada: Problems and possibilities of integrating intersectionality. *Canadian Public Policy/Analyse de Politiques* 44 (4): 303–16.
- Harman, Sophie. 2021. Threat not solution: Gender, global health security and COVID-19. *International Affairs* 97 (3): 601–23.
- Hennink, Monique M., Bonnie N. Kaiser, and Vincent C. Marconi. 2017. Code saturation versus meaning saturation: How many interviews are enough? *Qualitative Health Research* 27 (4): 591–608.
- Hjálmsdóttir, Andrea, and Bjarnadóttir Valgerður. 2021. “I have turned into a foreman here at home”: Families and work–life balance in times of COVID-19 in a gender equality paradise. *Gender, Work & Organization* 28 (1): 268–83.
- Koch, Micheal, and Park Sara. 2022. Do government responses impact the relationship between age, gender and psychological distress during the COVID-19 pandemic? A comparison across 27 European countries. *Social Science & Medicine*, 292: 114583.
- Johnstone, Rachael, and Bessma Momani. 2020. Gender mainstreaming in the Canadian Armed Forces and the Department of National Defence: Lessons on the implementation of gender-based analysis plus (GBA+). *Armed Forces & Society*. Preprint.
- Lokot, Michelle, Amiya Bhatia, Shirin Heidari, and Amber Peterman. 2021. The pitfalls of modelling the effects of COVID-19 on gender-based violence: Lessons learnt and ways forward. *BMJ Global Health* 6 (5): e005739.
- Loyns, Minna, and Gayle Brewer. 2021. Experiences of intimate partner violence during lockdown and the COVID-19 pandemic. *Journal of Family Violence*.
- Macdonald, David. 2020. Which Unemployed Canadians Will Get Support? *Canadian Centre for Policy Alternatives*, April 2.
- Madrigal-Borloz, Victor. 2020. *Violence and discrimination based on sexual orientation and gender identity during the coronavirus disease (COVID-19) pandemic*. A/75/258. New York: United Nations General Assembly.

- McIntosh, Ian, and Sharon Wright. 2019. Exploring what the notion of “lived experience” offers for social policy analysis. *Journal of Social Policy* 48 (3): 449–67.
- McLaren, Helen, Wong Karen, Nguyen Kieu, and Mahamadachchi Komalee. 2020. Covid-19 and women’s triple burden: Vignettes from Sri Lanka, Malaysia, Vietnam and Australia. *Social Sciences* 9 (5): 87. <https://doi.org/10.3390/SOCSCI9050087>.
- Men, Fei, and Tarasuk Valeria. 2021. Food Insecurity amid the COVID-19 Pandemic: Food charity, government assistance, and employment. *Canadian Public Policy* 47(2): 202–30
- Moreau, Greg. 2019. *Canada residential facilities for victims of abuse, 2017/2018*. Ottawa: Statistics Canada.
- Mouter, Niek, Jose Ignacio Hernandez, and Anatol Valerian Itten. 2020. Public participation in crisis policymaking. How 30,000 Dutch citizens advised their government on relaxing COVID-19 lockdown measures. *MedRxiv*. Preprint.
- Moyser, Melissa, and Amanda Burlock. 2018. Time use: Total work burden, unpaid work, and leisure. In *Women in Canada: A gender-based statistical report*. Ottawa: Statistics Canada.
- Nowell, Lorelli S., Jill M. Norris, Deborah E. White, and Nancy J. Moules. 2017. Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods* 16 (1): 1–13.
- Office of the Premier. 2018. Premier John Horgan appoints Mitzi Dean as parliamentary secretary for gender equity. February 15.
- Paterson, Stephanie, and Francesca Scala. 2020. Feminist government or governance feminism? Exploring feminist policy analysis in the Trudeau era. In *Turbulent times, transformational possibilities? Gender and politics today and tomorrow*. Toronto: University of Toronto Press.
- Payne, Sara. 2011. Beijing fifteen years on: the persistence of barriers to gender mainstreaming in health policy. *Social Politics: International Studies in Gender, State & Society* 18 (4): 515–42.
- Purdue, Harlan. 2020. *BCCDC COVID-19 Language Guide*. Vancouver: BC Centre for Disease Control.
- Qian, Yue, and Sylvia Fuller. 2020. COVID-19 and the gender employment gap among parents of young children. *Canadian Public Policy* 46 (S2): 89–101.
- Rochette, Annie. 2016. Climate change is a social justice issue: The need for a gender-based analysis of mitigation and adaptation policies in Canada and Québec. *Journal of Environmental Law and Practice* 29: 383–410.
- Ryan, Gery W., and H. Russell Bernard. 2003. Techniques to identify themes. *Field Methods* 15 (1): 85–109.
- Scala, Francesca, and Stephanie Paterson. 2017. Gendering public policy or rationalizing gender? Strategic interventions and GBA practice in Canada. *Canadian Journal of Political Science/Revue Canadienne de Science Politique* 50 (2): 427–42.
- Scott, Katherine. 2021. *Women, work and COVID-19: Priorities for supporting women and the economy*. Ottawa: Canadian Centre for Policy Alternatives.
- Shafer, Kevin, Casey Scheibling, and Melissa A. Milkie. 2020. The division of labour before and during the COVID-19 pandemic in Canada. *Canadian Review of Sociology* 57: 523–49.

- Smith, Julia. 2019. Overcoming the “tyranny of the urgent”: Integrating gender into disease outbreak preparedness and response. *Gender and Development* 27 (2): 355–69.
- Smith, Julia, Asha Herten-Crabb, and Clare Wenham. 2021. COVID-19 & feminist foreign policy: Canada’s comparative advantage. *Canadian Foreign Policy Journal*.
- Smith, Julia, Sara E. Davies, Huiyun Feng, Connie C. R. Gan, Karen A. Grépin, Sophie Harman, Asha Herten-Crabb, Rosemary Morgan, Nimisha Vandan, and Clare Wenham. 2021. More than a public health crisis: A feminist political economic analysis of COVID-19. *Global Public Health* 16 (8–9): 1364–1380.
- Sproule, Roxanne, and Alana Prochuk. 2020. *BC gender equality report card 2019/2020*. Vancouver: West Coast Leaf.
- Statistics Canada. 2020. *Labour force survey, March 2020*. Ottawa: Statistics Canada.
- . 2021. *Labour force survey, January 2021*. Ottawa: Statistics Canada.
- SWC (Status of Women Canada). 2017. *GBA gender-based analysis plus. Demystifying GBA+: Job aid*. Ottawa: Status of Women Canada.
- Taylor, Sara R. 2020. UN Women’s feminist engagement with governance by indicators in the Millennium and Sustainable Development Goals. *Global Social Policy*. 20 (3): 352–66.
- Trudell, A. L., and E. Whitmore. 2020. *Pandemic meets pandemic: Understanding the impacts of COVID19 on gender-based violence services and survivors in Canada*. Ottawa & London, ON: Ending Violence Association of Canada and Anova.
- UNDP (United Nations Development Programme), and UN Women (United Nations Entity for Gender Equality). 2021. “COVID-19 Global Gender Response Tracker”, accessed May 15, 2021, <https://data.undp.org/gendert tracker/>.
- WAGE (Women and Gender Equality Canada). 2021. Government of Canada announces recipients of \$100-million Feminist Response and Recovery Fund. March 8.
- Watson, Amanda. 2020. *The juggling mother: Coming undone in the age of anxiety*. Vancouver: UBC Press.
- Wenham, Clare, Julia Smith, Rosemary Morgan, and the Gender and COVID-19 Working Group. 2020. COVID-19: The gendered impacts of the outbreak. *Lancet* 395 (10227): 846–48.
- Wright, Sharon. 2016. Conceptualising the active welfare subject: Welfare reform in discourse, policy and lived experience. *Policy and Politics* 44 (2): 235–52.
- Yarrow, Emily, and Victoria Pagan. 2020. Reflections on front-line medical work during COVID-19 and the embodiment of risk. *Gender, Work & Organization* 28 (S1): 89–100.