Leading the Settlement SHEcovery:

Advancing an intersectional pandemic recovery by investing in women-serving-women-led organizations in Ontario's refugee-and-immigrant-serving sector.

OCASI Women's Caucus Research Report

Authors: Dr. Salina Abji, Ashley Major, Roshni Khemraj

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EXECUTIVE SUMMARY

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Three months into the COVID-19 pandemic in Ontario, YWCA Canada released a landmark plan for a feminist economic recovery from the pandemic in partnership with the Institute for Gender and the Economy at the University of Toronto.[1] Coined by some as a "SHEcovery" in light of the disproportionate impacts of COVID-19 and related measures on women and equity-seeking groups, the feminist recovery plan advances an intersectional gender-based analysis (GBA+) as the primary framework through which Canada's economic recovery must be implemented. Such a framework would necessitate social investments in universal childcare, affordable housing, and good jobs, combined with measures to address systemic racism, gender-based violence, and recognition of care work as essential work. [2]

Importantly, the report acknowledges that a feminist intersectional recovery from COVID-19 must centre the voices of equity-seeking groups in decision-making. Civil society organizations – including service organizations representing the rights and needs of communities disproportionately impacted by COVID-19 – must be consulted and invested in to "help weather the storm" of public health crises.[3]

This research advances calls for a SHEcovery by centering the diverse voices of women leaders and women's organizations in Ontario's refugee-and-immigrant-serving sector. Since its formation in 2018, the OCASI Women's Caucus[4] has been advocating for a GBA+ approach to the economic and social inclusion of newcomers, immigrants, and refugees in Ontario. Composed of 38 member organizations who make up a significant portion of the province's women-serving-

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[1] Anjum Sultana & Carmina Ravanera, "A Feminist Economic Recovery Plan for Canada: Making the Economy Work for Everyone" (28 July 2020), The Institute for Gender and the Economy (GATE) & YWCA Canada at 1, online: https://static1.squarespace.com/static/5f0cd2090f50a31a91b37ff7/t/5f205a15b1b7191d12282bf5/159595574661 3/Feminist+Economy+Recovery+Plan+for+Canada.pdf. See also an important preceding report: Hawaii State Commission on the Status of Women Department, "Building Bridges, not Walking on Backs: A Feminist Economic Recovery Plan for COVID-19" (April 2020), online: https://humanservices.hawaii.gov/wp-content/uploads/2020/04/4.13.20-Final-Cover-D2-Feminist-Economic-Recovery-D1.pdf.

[2] Sultana & Ravanera, at 3-4.

[3] Ibid at 17.

[4] The Ontario Council of Agencies Serving Immigrants (OCASI) is a registered charity established in 1978 to act as a collective voice for 200 immigrant serving agencies in Ontario. Roughly 38 of those agencies are women-serving-women-led organization members of the OCASI Women's Caucus. More details are available at https://ocasi.org/.

women-led settlement organizations, the OCASI Women's Caucus has brought important attention to the disproportionate impacts of the pandemic on refugee, immigrant, and precarious migrant women and their families. According to data from June 2020, newcomers, immigrants, and refugees accounted for 43.5% of COVID-19 cases in Ontario, despite comprising 25% of the population.[5] Likewise, Statistics Canada found that 39% of recently-arrived immigrant women reported symptoms associated with moderate to severe generalized anxiety disorder during the pandemic. These women reported experiencing these symptoms at a far higher rate than both immigrant men and non-immigrant men (approximately 26% across male categories).[6]

Yet, as noted in an OCASI Women's Caucus internal document on the "Impact of COVID on Women in the Sector," the sector lacks disaggregated data on how women's organizations in settlement are faring, and the extent to which these organizations have or have not lost ground "given the dire situation facing immigrant, refugee, and racialized women in the sector in the context of the COVID-19 pandemic."[7]

To address this issue, the OCASI Women's Caucus commissioned sociologist Dr. Salina Abji and colleagues Ashley Major and Roshni Khemraj to study the impacts of COVID-19 on women-serving-women-led settlement organizations across Ontario. The objectives of the research were to:

- Identify promising practices undertaken by the sector in response to COVID-19;
- Analyze key issues and challenges faced by this sector;
- Hear from those directly impacted about what would help their organization to stabilize, recover, and better serve clients in the future.

Between January and April 2021, the research team conducted an environmental scan of existing research on the intersectional impacts of COVID-19. The team's review of over 150 research reports, media articles, and scholarly sources found a critical gap in research on the impacts of COVID-19 for women-serving-women-led (WSWL) organizations in Ontario's settlement sector.

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[5] A. Guttman, S. Gandhi, S. Wanigaratne, H. Lu, L.E. Ferreira-Legere, J. Paul, P. Gozdyra, T. Campbell, H. Chung, K Fung, B. Chen, J.C. Kwong, L. Rosella, B.R. Shah, N. Saunders, J.M. Paterson, S.E. Bronskill, M. Azimaee, M.J. Vermeulen, M.J. Schull, "COVID-19 in Immigrants, Refugees and Other Newcomers in Ontario: Characteristics of Those Tested and Those Confirmed Positive as of June 13, 2020" (September 2020), ICES at 6, online: https://www.ices.on.ca/Newsroom/Announcements-and-Events/2020/ICES-releases-report-on-COVID-19-in-Immigrants-Refugees-and-Other-Newcomers-in-Ontario.

[6] Statistics Canada, "Impacts on Immigrants and People Designated as Visible Minorities" (20 October 2020) at 8, online: https://www150.statcan.gc.ca/n1/en/pub/11-631-x/2020004/pdf/s6-eng.pdf?st=m1bq3TxQ.

[7] OCASI Women's Caucus, "Impact of COVID on Women in the Sector (December 2020), internal document shared with the authors.

To address this gap, the researchers conducted focus groups and interviews with twenty-three such organizations, comprising 61% of OCASI women's caucus members. The stories of resilience that they shared with us were insightful, and at times, harrowing. Their accounts were full of both hope and uncertainty about the future for the communities they serve, as well for the future of their own personal and professional lives.

Using a critical approach to "social resilience" as our analytical strategy, our findings highlight the vital role of women-serving-women-led (WSWL) organizations in advancing an intersectional SHEcovery for the settlement sector and beyond.

The key informants in our study described a range of promising and adaptive practices that they had developed to mitigate against disproportionate impacts of COVID-19 on the communities they served. Their capacity to identify and respond to critical gaps in public health responses came from the unique combination of specialized knowledge of the intersectional needs and systemic barriers experienced by diverse refugee, immigrant, and precarious migrant women in Ontario. The application of this knowledge was further facilitated by the relationships and networks of care that many organizations had developed pre-COVID-19, as well as their lived experiences of gender and racial discrimination, migration and refuge, and/or as survivors of sexual and gender-based violence. This combination provided degrees of individual and organizational resilience that women's organizations leveraged in combination with short-term emergency or crisis funding where it was awarded.

A constraining factor, however, for many organizations were pre-existing structural factors that limited their capacity to adapt and respond, and in many instances, left organizations more vulnerable to COVID-19 impacts at multiple levels. What these findings suggest is an over-reliance on the individual resilience of women-serving organizations and the women who lead and staff these organizations, instead of what we would call systemic forms of resilience. For our research participants, the COVID-19 pandemic had laid bare how decades of under-investment, and a neo-liberal or new public management (NPM) approach to social service organizations [8] had undermined and diluted the potential capacities to do transformative, meaningful work.

As the COVID-19 crisis continues to loom, along with the prolonged and intersecting social and economic crises that the province is facing, Ontario's refugee-and-immigrant-serving sector is at a pivotal crossroads. What the findings from this research suggest is that women leaders and women-serving organizations have the knowledge and skills to lead and inform a SHEcovery in

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[8] A neo-liberal or new public management (NPM) approach to social services refers to an economic or social policy approach characterized by deregulation of markets, corporatization of public service organizations, and the downloading of responsibility for social well-being to individuals in a free market society. In North America, it has involved a scaling back of welfare state policies and an emphasis on cost efficiencies and fee-for-service funding models.

settlement and beyond. But to rely on their individual resilience alone is both unsustainable and inequitable. Rather, now is the time to invest in these organizations to lead and inform a pandemic recovery that is intersectional and attuned to the diverse needs of Ontario's refugee, immigrant, and precarious migrant communities.

PART I: ENVIRONMENTAL SCAN

IMPACTS OF COVID-19 IN CANADA: A SCAN OF EMERGING RESEARCH

Between January and April 2021, we reviewed over 150 research reports, media articles, and scholarly articles in order to examine the intersectional impacts of COVID-19 and related pre-existing issues.[9] In what follows, we provide an intersectional overview of emerging research on COVID-19 in Canada by race, immigration status, and gender, concluding with a summary of impacts for non-status, refugee, and immigrant women (NSRI women).

In the second half of our scan, we turn to an organizational-level analysis of COVID-19 impacts for service providing organizations. Our review highlights the necessity for research on the experiences of women-serving-women-led (WSWL) organizations in the refugee-and-immigrant-serving sector as a key gap in emerging COVID-19 research.

We conclude with a detailed review of emerging calls for an intersectional feminist recovery that were heightened in the Spring of 2021, in the lead up to the federal budget and in light of a potential fall election in Canada. Referred to as a SHEcovery by some groups, the calls for an intersectional feminist recovery received notable attention in the federal budget that was tabled in April 2021, leading many groups to express cautious optimism about a more equitable future for those most impacted by the pandemic and pre-existing systemic inequities.

I. DISPROPORTIONATE IMPACTS OF COVID-19 ON EQUITY-SEEKING GROUPS

COVID-19 has had a disproportionately high impact on racialized and immigrant communities within Canada and around the globe.[10] Because of pre-existing inequalities in the social determinants of health, members of these communities are more likely to have poorer health, work in minimum wage jobs, live in poverty, and live in rental housing and/or more crowded

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[9] The authors express their gratitude to OCASI team members Margarita Pintin-Perez and Alisha Alam for their assistance in compiling an annotated bibliography of key sources collected by the research team.

[10] Colour of Poverty - Colour of Change, "Submission to the Government of Canada's Pre-Budget Consultations: Reconstruction and Reset - A Plan for Canada" (February 2021), online: https://colourofpoverty.ca/wp-content/uploads/2021/04/Federal-Pre-Budget-Consultation-Submission-COP-COC-February-2021-.pdf; Amrita Hari & Luciara Nardon, "Immigrant women are falling behind during the COVID-19 pandemic" (2 November 2020), *The Conversation*, online: https://theconversation.com/immigrant-women-are-falling-behind-during-the-covid-19-pandemic-147821; Feng Hou, Kristyn Frank & Christoph Schimmele, "Economic Impact of COVID-19 Among Visible Minority Groups" (2020), Statistics Canada, online: https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00042-eng.pdf.

living conditions where it is difficult to adequately socially distance and sanitize.[11] They are therefore more susceptible to not only being infected with COVID-19, but also experiencing a more serious and potentially fatal case of the disease.[12]

Intersectionality has a large role in the impact upon a particular individual. There are "overlapping and compounding risks related to sex, gender, racialization, income, housing, employment, and other socioeconomic factors."[13]

RACIALIZED COMMUNITIES

A study from Toronto found that the racialized groups which are overrepresented in COVID-19 cases include: Arab, Middle Eastern or West Asian, Black, Latin American, South Asian or Indo-Caribbean, and Southeast Asian communities.[14] Individuals living in low-income households with incomes under $50,000 comprised half of Toronto's cases, despite making up only one third of the city's population.[15] Similar patterns have been found in other Canadian cities and in other international locations.[16] Women of colour also experience elevated health risks arising from the intersections of gender and racialization.[17] In Toronto, for example, Black women comprise 16% of the COVID positive cases, despite making up only 5% of the city's population.[18]

Individuals of Asian descent reported the highest perceived increase in the frequency of race-based harassment and abuse since the onset of COVID.

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[11] OCASI, "Fall 2020 Pre-Budget Submission to Ontario Ministry of Finance" (16 October 2020) at 1, online: https://ocasi.org/sites/default/files/OCASI_Fall_2020_Pre-Budget_Submission_Ministry_of_Finance_Ontario.pdf.

[12] Public Health Agency of Canada, "From Risk to Resilience: An Equity Approach to COVID-19. The Chief Public Health Officer's Report on the State of Public Health in Canada 2020" (October 2020) at 21, online: https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/cpho-covid-report-eng.pdf.

[13] Ibid at 22.

[14] City of Toronto, "COVID-19: Status of Cases in Toronto", Ethno-Racial Group, Income and Infection Tab (2020), online: https://www.toronto.ca/home/covid-19/covid-19-latest-city-of-toronto-news/covid-19-status-of-cases-in-toronto/.

[15] Ibid.

[16] Public Health Agency of Canada, "From Risk to Resilience: An Equity Approach to COVID-19. The Chief Public Health Officer's Report on the State of Public Health in Canada 2020" (October 2020) at 22, online: https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/cpho-covid-report-eng.pdf.

[17] Ibid.

[18] Samantha Edwards, "5 Activists on the Alarming Impacts of the Pandemic on BIPOC Women" (5 March 2012), *CBC*, online: https://www.cbc.ca/life/culture/5-activists-on-the-alarming-impacts-of-the-pandemic-on-bipoc-women-1.5937360.

34% of front-line service workers identify as visible minorities. [19] In August 2020, the unemployment rate of non-visible minorities in Canada was 9.4%, compared to unemployment rates as high as 17% amongst certain visible minority groups.[20] Black and Indigenous women have been particularly affected. As explained by OCASI, "Black and other racialized and immigrant women are bearing the economic brunt" of the pandemic.[21]

Since the onset of COVID-19, visible minorities were 3 times more likely to report a perceived increase in the frequency of race-based harassment and abuse than non-visible minorities.[22] Individuals of Asian descent reported the highest increases. Among visible minority participants, more than 1 in 3 women reported feeling unsafe when walking alone after dark, compared to 1 in 5 men surveyed.[23]

NEWCOMERS, IMMIGRANTS, AND REFUGEES

According to data from June 2020, newcomers, immigrants, and refugees accounted for 43.5% of COVID-19 cases in Ontario, despite comprising 25% of the population.[24] Immigrants face "triple jeopardy" during COVID-19:

1. Increased exposure to the virus due to overrepresentation in the service sector, coupled with the potential for an increased risk of job loss due to overrepresentation in service sectors that were shut down;
2. More severe mental health impacts; and
3. Exposure to stigmatization/attacks.[25]

Immigrants are disproportionately employed in service sectors with direct exposure to COVID-19, including in long-term care facilities where the majority of Canadian COVID-19 deaths have

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[19] Statistics Canada, "Impacts on Immigrants and People Designated as Visible Minorities" (20 October 2020) at 2, online: https://www150.statcan.gc.ca/n1/en/pub/11-631-x/2020004/pdf/s6-eng.pdf?st=m1bq3TxQ.

[20] Ibid at 5.

[21] OCASI, "Fall 2020 Pre-Budget Submission to Ontario Ministry of Finance" (16 October 2020) at 1, online: https://ocasi.org/sites/default/files/OCASI_Fall_2020_Pre-Budget_Submission_Ministry_of_Finance_Ontario.pdf.

[22] Statistics Canada, "Impacts on Immigrants and People Designated as Visible Minorities" (20 October 2020) at 9, online: https://www150.statcan.gc.ca/n1/en/pub/11-631-x/2020004/pdf/s6-eng.pdf?st=m1bq3TxQ.

[23] Ibid at 9.

[24] A. Guttman, S. Gandhi, S. Wanigaratne, H. Lu, L.E. Ferreira-Legere, J. Paul, P. Gozdyra, T. Campbell, H. Chung, K Fung, B. Chen, J.C. Kwong, L. Rosella, B.R. Shah, N. Saunders, J.M. Paterson, S.E. Bronskill, M. Azimaee, M.J. Vermeulen, M.J. Schull, "COVID-19 in Immigrants, Refugees and Other Newcomers in Ontario: Characteristics of Those Tested and Those Confirmed Positive as of June 13, 2020" (September 2020), ICES at 6, online: https://www.ices.on.ca/Newsroom/Announcements-and-Events/2020/ICES-releases-report-on-COVID-19-in-Immigrants-Refugees-and-Other-Newcomers-in-Ontario.

[25] Statistics Canada, "Impacts on Immigrants and People Designated as Visible Minorities" (20 October 2020) at 9, online: https://www150.statcan.gc.ca/n1/en/pub/11-631-x/2020004/pdf/s6-eng.pdf?st=m1bq3TxQ.

occurred.[26] Because of their overrepresentation in service sectors, immigrants also comprise a high proportion of individuals who lost their jobs due to lockdown rules and economic shutdowns. Many of those who lost their jobs did not qualify for social assistance benefits, such as CERB.[27] In general, few labour market protections existed for the precariously employed prior to the pandemic.[28]

Immigrants with language barriers have faced difficulties navigating changing public health orders and instructions.[29] Non-status individuals and those without Canadian health cards are facing additional barriers with booking and obtaining vaccinations; non-status individuals who have been able to navigate the booking system to access a vaccine might nonetheless feel uncomfortable giving out the personal information required because of fear of deportation.[30]

Recent immigrants surveyed by Statistics Canada were more likely to report symptoms associated with moderate to severe generalized anxiety disorder (30%), compared to established immigrants (21%) or Canadian-born individuals (26%). [31] In the Statistics Canada study, immigrants were nearly twice as likely as Canadian-born individuals to be afraid of being targeted with unwanted behaviours.[32]

COVID-19 has also interrupted the refugee and immigration settlement process. The closure of the Canadian border and resulting lapsed entry permissions have affected many individuals who were set to land during the pandemic. [33] While immigration and refugee resettlement has

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[26] Ibid at 4.

[27] Joan Atlin & Faiza Mehboob, "Impact of COVID-19 on the Economic Well-Being of Recent Migrants to Canada" (4 February 2021), *World Education News and Review*, online: https://wenr.wes.org/2021/02/impact-of-covid-19-on-the-economic-well-being-of-recent-migrants-to-canada.

[28] Canadian Women's Foundation, Women's Shelters Canada, Pauktuutit, Inuit Women of Canada, Anita Olsen Harper & Jihan Abbas, "Resetting Normal: Systemic Gender-Based violence and the Pandemic" (December 2020) at 23, online: https://fw3s926r0g42i6kes3bxg4i1-wpengine.netdna-ssl.com/wp-content/uploads/2020/12/20-08-CWF-ResettingNormal-Report3_v5.pdf.

[29] Victoria Esses, Jean McRae, Naomi Alboim, Natalya Brown, Chris Friesen, Leah Hamilton, Aurelie Lacassagne, Audrey Macklin & Margaret Walton-Roberts, "Supporting Canada's COVID-19 Resilence and Recovery Through Robust Immigration Policy and Programs" (March 2021), Royal Society of Programs at 62, online: https://rsc-src.ca/sites/default/files/Immigration%20PB_EN.pdf.

[30] Kritsa Hessey, "'Everyone is at risk': Migrants and Undocumented need the COVID-19 Vaccine too" (20 March 2021), *Global News*, online: https://globalnews.ca/news/7706181/covid-19-vaccine-migrants-undocumented-workers/.

[31] Statistics Canada, "Impacts on Immigrants and People Designated as Visible Minorities" (20 October 2020) at 8, online: https://www150.statcan.gc.ca/n1/en/pub/11-631-x/2020004/pdf/s6-eng.pdf?st=m1bq3TxQ.

[32] Ibid at 9.

[33] Dan Hiebert, "Migration Portrait: The Impact of COVID-19 on Migration Globally and in Canada, and Future Possibilities for Canada and Ontario" (20 November 2020), OCASI webinar.

resumed over the past several months, many individuals have not been able to enter the country and have suffered adverse emotional and financial effects as a result.[34]

IMPACTS ON WOMEN

Existing research also demonstrates that COVID-19 has had a disproportionately negative effect on women.[35] The United Nations asserts that COVID-19 is "deepening existing inequalities, exposing vulnerabilities in social, political and economic systems which are in turn amplifying the impacts of the pandemic".[36]

Women represent the majority of those who have lost their jobs due the pandemic. One study estimated that an estimated 1.5 million women living in Canada lost their jobs in the first two months of the pandemic.[37] These losses dropped Canadian women's participation in the labour market to the lowest level it has been in 30 years.[38] The recession created by the pandemic has been referred to as a "She-cession" due to its disproportionate impact on women.[39]

Many of the women who managed to keep their jobs work in front-line essential services that have placed them at direct risk of coronavirus infection, including in healthcare, education, and other service positions.[40] 56% of women in the Canadian workforce are employed in the "5C's":

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[34] Jennifer Edmonds & Antoine Flahault, "Refugees in Canada During the First Wave of the COVID-19 Pandemic" (2021) 18 *International Journal of Environmental Research and Public Health* 947.

[35] Canadian Women's Foundation, "Gendered Impacts of COVID-19 Policy Brief" (24 March 2020), online: https://canadianwomen.org/wp-content/uploads/2020/04/Policy-Brief-COVID19-1.pdf; Victoria Esses, Jean McRae, Naomi Alboim, Natalya Brown, Chris Friesen, Leah Hamilton, Aurelie Lacassagne, Audrey Macklin & Margaret Walton-Roberts, "Supporting Canada's COVID-19 Resilience and Recovery Through Robust Immigration Policy and Programs" (March 2021), Royal Society of Programs, online: https://rsc-src.ca/sites/default/files/Immigration%20PB_EN.pdf.

[36] United Nations, "Policy Brief: The Impact of Covid-19 on Women" (9 April 2020) at 2, online: https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406.

[37] Royal Bank of Canada Economics, "Pandemic Threatens Decades of Women's Labour Force Gains" (16 July 2020), online: https://thoughtleadership.rbc.com/pandemic-threatens-decades-of-womens-labour-force-gains/.
[38] Ibid.

[39] Anjum Sultana & Carmina Ravanera, "A Feminist Economic Recovery Plan for Canada: Making the Economy Work for Everyone" (28 July 2020), The Institute for Gender and the Economy (GATE) & YWCA Canada at 1, online: https://static1.squarespace.com/static/5f0cd2090f50a31a91b37ff7/t/5f205a15b1b7191d12282bf5/1595955746613/Feminist+Economy+Recovery+Plan+for+Canada.pdf.

[40] Public Health Agency of Canada, "From Risk to Resilience: An Equity Approach to COVID-19. The Chief Public Health Officer's Report on the State of Public Health in Canada 2020" (October 2020) at 23, online: https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/cpho-covid-report-eng.pdf; Canadian Women's Foundation & Platform, "Resetting Normal: Gender, Intersectionality and Leadership" (March

cleaning, catering, cashiering, caring, and clerical workplaces.[41] In the healthcare sector, women comprise more than 90% of nurses, 80% of medical lab workers, and up to 90% of personal support workers. Many of these women are Black, racialized, immigrant, migrant, and/or non-status women.[42]

Women also make up the majority of those who have shouldered childcare and eldercare responsibilities.[43] According to a recent national survey, women were more likely than men to consider quitting their job, ask for reduced working hours, or take a position with different working conditions in order to help balance work and care labour in the home.[44] From February to September 2020, the number of mothers who worked less than half of their regular hours due to the pandemic increased by 70%, compared to only 24% for fathers.[45] A June 2020 study by

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2021) at 5, online: https://fw3s926r0g42i6kes3bxg4i1-wpengine.netdna-ssl.com/wp-content/uploads/2021/04/Resetting-Normal-Gender-Intersectionality-and-Leadership-Report-Final-EN.pdf.

[41] Melissa Mosyer, "Women in Canada: A Gender-based Statistical Report. Women and Paid Work" (2017), Statistics Canada at 23, online: https://www150.statcan.gc.ca/n1/en/pub/89-503-x/2015001/article/14694-eng.pdf?st=XBEifXZa%20.

[42] A. Guttman, A., S. Gandhi, S. Wanigaratne, H. Lu, L.E. Ferreira-Legere, J. Paul, P. Gozdyra, T. Campbell, H. Chung, K Fung, B. Chen, J.C. Kwong, L. Rosella, B.R. Shah, N. Saunders, J.M. Paterson, S.E. Bronskill, M. Azimaee, M.J. Vermeulen, M.J. Schull, "COVID-19 in Immigrants, Refugees and Other Newcomers in Ontario: Characteristics of Those Tested and Those Confirmed Positive as of June 13, 2020" (September 2020) ICES, online: https://www.ices.on.ca/Newsroom/Announcements-and-Events/2020/ICES-releases-report-on-COVID-19-in-Immigrants-Refugees-and-Other-Newcomers-in-Ontario; Amina Zafar, "COVID has Taken 'Heavy Toll' on Female Immigrants Working in Health Care, Report Says" (10 September 2020), *CBC News*, online: https://www.cbc.ca/news/health/female-immigrants-covid-19-protection-1.5717465.

[43] Community Foundations of Canada & Vital Signs, "Gender Equality in Canada - Power" (2020) at 13, online: https://communityfoundations.ca/wp-content/uploads/2020/10/CFC-VS-National-Report_Power_EN.pdf; Amrita Hari & Luciara Nardon, "Immigrant women are falling behind during the COVID-19 pandemic" (2 November 2020), *The Conversation*, online: https://theconversation.com/immigrant-women-are-falling-behind-during-the-covid-19-pandemic-147821.

[44] Royal Bank of Canada Economics, "Canadian Women Continue to Exit the Labour Force" (19 November 2020), online: https://royal-bank-of-canada-2124.docs.contently.com/v/canadian-women-continue-to-exit-the-labour-force-report; The Prosperity Project, "'Anxious, Stressed and Depressed'. Tracking Poll Shows Working Moms Feel Frozen as Pandemic Impact Worsens" (15 March 2021), online: https://blog.canadianprosperityproject.ca/anxious-stressed-and-depressed/.

[45] Statistics Canada, "Labour Force Survey, September 2020" (9 October 2020), *The Daily*, online: https://www150.statcan.gc.ca/n1/daily-quotidien/201009/dq201009a-eng.htm.

Oxfam Canada found that 49% of Indigenous women and 55% of Black women reported increased financial hardships due to care work, compared to 34% of white women.[46]

Because of these inequalities and the extent of violence against women around the world, COVID-19 has fueled a "shadow pandemic" of violence against women. One report indicates a 20-30% increase in domestic violence rates in Canada at the start of the pandemic.[47] The impacts

> The impacts of COVID-19 and related public health measures have created a "perfect storm" of factors increasing risks of domestic violence.

of COVID-19 and related public health measures have created a "perfect storm" of factors increasing risks of domestic violence. Factors such as isolation, psychological strain, pressures of sacrifice/perseverance, and uncertainties surrounding what is open and safe, create conditions for increased domestic violence against women and children.[48] A report from the VAW Learning Network (2020) examines how COVID-19 creates "pathways" leading to GBV and Violence Against Women and children (VAW/C) in the Canadian context.[49] The authors describe the following cross-cutting risks for all types of VAW/C that COVID-19 may produce:

1. Crises as a catalyst for GBV;
2. Fewer options of reporting/escaping violence due to perceptions of risk and changes to services;
3. Fear, stigma, and xenophobia;

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[46] Oxfam Canada, "71% of Canadian Women Feeling More Anxious, Depressed, Isolated, Overworked or Ill Because of Increased Unpaid Care Work Caused by COVID-19" (18 June 2020), online: https://www.oxfam.ca/news/71-per-cent-of-canadian-women-feeling-more-anxious-depressed-isolated-overworked-or-ill-because-of-increased-unpaid-care-work-caused-by-covid-19-oxfam-survey/.

[47] Raisa Patel, "Minister Says COVID-19 is Empowering Domestic Violence Abusers as Rates Rise in Parts of Canada" (27 April 2020), *CBC News*, online: https://www.cbc.ca/news/politics/domestic-violence-rates-rising-due-to-covid19-1.5545851.

[48] Robert Nonomura, Linda Baker, Dianne Lalonde & Jassamine Tabibi, "Supporting Survivors of Domestic Violence During COVID-19 Reopening. Learning Network Brief 37" (2020), Learning Network, Centre for Research & Education on Violence Against Women & Children at 4, online: http://www.vawlearningnetwork.ca/our-work/briefs/briefpdfs/Brief-37.pdf; Heidi Illingworth & Nadia Ferrera, "Submission to Ms. Dubravka Simonovic United Nations Special Rapporteur on Violence Against Women. COVID-19 and the Increase in Domestic Violence Against Women", Office of the Federal Ombudsman for Victims of Crime (June 2020), online: https://www.victimsfirst.gc.ca/vv/2020/UN-JN30/index.html.

[49] Learning Network at the Centre for Research & Education on Violence Against Women & Children, "COVID-19 & Gender-Based Violence in Canada: Key Issues and Recommendations" (2020), Western University online: http://www.vawlearningnetwork.ca/docs/COVID-gbv-canada-recommendations.pdf.

4. Social/physical isolation creating conditions for/barriers escaping violence;
5. COVID-19 mitigation measures leading to intensified forms of exploitation;
6. Health hazards compounded by effects of inequality and gendered violence; and
7. Constrained agency of precarious and low-paid workers.

Indigenous women, women from racialized and immigrant communities, single women, women living without status, and women with disabilities are particularly vulnerable.[50] Racialized women and girls are experiencing a syndemic, i.e. multiple pandemics: GBV, systemic racism, and COVID-19.[51] Racialized women have poorer health outcomes due to the intersections of poverty, racism, discrimination and other structural inequities.[52]

Many disabled women who lost their jobs in the pandemic were unable to qualify for CERB because they were also on social assistance. This created new stressors and financial challenges for these women, as their social assistance allowance now had to cover new expenses such as masks and sanitizer. Racialized disabled women were overrepresented in the number of disabled women who lost their job due to the pandemic.[53]

IMPACTS ON NON-STATUS, REFUGEE, AND IMMIGRANT WOMEN (NSRI)

Non-status, refugee, and immigrant (NSRI) women face unique social, economic, and health risks arising from difficulty adapting to a new country, interpersonal violence, employer exploitation

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[50] Claudia Dessanti, "The SHE-COVERY Project: Confronting the gendered economic impacts of COVID-19 in Ontario" (2020), Ontario Chamber of Commerce at 9, online: https://occ.ca/wp-content/uploads/OCC-shecovery-final.pdf; Amnesty International, "Amnesty International Submission to the House of Commons Standing Committee on the Status of Women on Gender and Human Rights During COVID-19" (30 October 2020) at 1, online: https://www.ourcommons.ca/Content/Committee/432/FEWO/Brief/BR10945619/br-external/AmnestyInternationalCanada-e.pdf.

[51] Nazilla Khanlou, Andrew Ssawe, Yvonne Bohr, Jennifer Connolly, Iris Epstein, Thumeka Mgwigwi, Soheila Pashang, Farah Ahmad, Negar Alamdar & Sajedeh Zahraei, "COVID-19 Pandemic Guidelines for Mental Health Support of Racialized Women at Risk of Gender-Based Violence. Knowledge Synthesis Report" (22 July 2020) at 28, online: https://covid19mentalhealthresearch.ca/wp-content/uploads/2020/06/KHANLOU-merged-knowledge-synthesis-and-infographic_2020-07-29.pdf.

[52] Shivangi Misra & Tara Ward, "A Feminist Economic Recovery Plan for Canada: Human Rights Approach" (10 December 2020) at 7, online: https://static1.squarespace.com/static/5f0cd2090f50a31a91b37ff7/t/5fd17ce4a9eaf43bd84b44e1/1607564520499/Feminist+Economic+Recovery+Plan+-+Human+Rights+Approach.pdf.

[53] Samantha Edwards, "5 Activists on the Alarming Impacts of the Pandemic on BIPOC Women" (5 March 2012), *CBC*, online: https://www.cbc.ca/life/culture/5-activists-on-the-alarming-impacts-of-the-pandemic-on-bipoc-women-1.5937360.

and abuse, and poor working conditions.[54] The COVID-19 pandemic has exacerbated existing crises for many NSRI women.[55] While these risks pertain to all NSRI women, some are at a higher risk and experience negative impacts more acutely.

Newcomer, immigrant, and refugee women face particular economic challenges. While many may have permanent status or be on the path to obtaining status, barriers still exist. Oftentimes, NSRI women struggle to obtain recognition of their foreign credentials.[56] A lack of Canadian work experience and professional connections creates further barriers in obtaining steady, well-paying work. As a result, women from these communities make up a disproportionate percentage of workers in minimum wage, front-line services positions.[57] This places them at a heightened risk of being infected by COVID-19.

A Statistics Canada study on COVID-19 job losses found that immigrant women had the slowest gains moving from non-employment to employment after an initial COVID-19 job loss.[58] Another study conducted by Carleton University with 50 immigrant women found that 41 of the 50 participants reported that COVID-19 negatively affected their careers.[59] Participants reported reversed career trajectories, increased family demands, diminished opportunities to advance and perform remotely, and limited social supports.[60]

A loss of a job for some migrants can have broader implications beyond the loss of income; it can amount to a loss of a work permit, access to healthcare, and the right to remain in Canada.[61] The

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[54] Salina Abji, Margarita Pintin-Perez & Rupaleem Bhuyan, "In Canada, Non-Status Women are Being Left Behind" (27 May 2020), *Open Democracy*, online: https://www.opendemocracy.net/en/pandemic-border/canada-non-status-women-are-being-left-behind/.

[55] OCASI, "Building Leadership Capacity to Address Gender-Based Violence against Non-Status, Refugee and Immigrant Women Across Canada. National Roundtable on Gender-Based Violence" (16 July 2020), online: https://ocasi.org/building-leadership-capacity-address-gender-based-violence-against-non-status-refugee-and-immigrant.

[56] Ana Ferrer & Bessma Momani, "The Startling Impact of COVID-19 on Immigrant Women in the Workforce" (21 October 2020), *Policy Options*, online: https://policyoptions.irpp.org/magazines/october-2020/the-startling-impact-of-covid-19-on-immigrant-women-in-the-workforce/.

[57] Statistics Canada, "Impacts on Immigrants and People Designated as Visible Minorities" (20 October 2020) at 2-4, online: https://www150.statcan.gc.ca/n1/en/pub/11-631-x/2020004/pdf/s6-eng.pdf?st=m1bq3TxQ.

[58] Statistics Canada, "Impacts on Immigrants and People Designated as Visible Minorities" (20 October 2020) at 6, online: https://www150.statcan.gc.ca/n1/en/pub/11-631-x/2020004/pdf/s6-eng.pdf?st=m1bq3TxQ.

[59] Amrita Hari & Luciara Nardon, "Immigrant women are falling behind during the COVID-19 pandemic" (2 November 2020), The Conversation, online: https://theconversation.com/immigrant-women-are-falling-behind-during-the-covid-19-pandemic-147821;

[60] Ibid.

[61] Gender & COVID-19, "Migrant Women in Canada: Indirect Effects of the COVID-19 Response" (17 December 2020), online: https://www.genderandcovid-19.org/research/migrant-women-in-canada-indirect-effects-of-the-covid-19-response/.

stress of adapting to the Canadian workforce and ensuring that they remain safely in the country can be constant. Statistics Canada found that 39% of recently-arrived immigrant women reported symptoms associated with moderate to severe generalized anxiety disorder during the pandemic. These women reported experiencing these symptoms at a far higher rate than both immigrant men and non-immigrant men (approximately 26% across male categories).[62]

The risks and challenges of NSRI women are heightened for non-status women or women with precarious immigration status, such as temporary workers, international students, and refugee claimants. Many newcomers and temporary workers are limited in the type of employment or the number of hours they are permitted to work. They might not be able to legally work at all.

Non-status women cannot easily access protections from the state, if at all. Non-status and refugee women may also live in constant fear of deportation and in a state of stress over an inability to adequately access healthcare, social services, and refuge from violence.[63] Women without a health card may face difficulties in obtaining health care, particularly primary health care. Many women must choose between paying for healthcare expenses out of pocket or forgoing healthcare altogether.[64] Those who can access the healthcare system may nonetheless find it difficult to navigate, particularly if there is a language barrier.[65] Others may choose not to interact with any official systems for fear of deportation.

The pandemic has been particularly devastating for non-status women. Those who were working and were laid off because of the pandemic likely did not qualify for CERB, as they did not have a Canadian Social Insurance Number or could not meet the stringent eligibility requirements.[66]

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[62] Statistics Canada, "Impacts on Immigrants and People Designated as Visible Minorities" (20 October 2020) at 8, online: https://www150.statcan.gc.ca/n1/en/pub/11-631-x/2020004/pdf/s6-eng.pdf?st=m1bq3TxQ.

[63] Salina Abji, Margarita Pintin-Perez & Rupaleem Bhuyan, "In Canada, Non-Status Women are Being Left Behind" (27 May 2020), *Open Democracy*, online: https://www.opendemocracy.net/en/pandemic-border/canada-non-status-women-are-being-left-behind/; Bushra Sabri, Maria Hartley, Jyoti Saha, Sarah Murray, Nancy Glass & Jacquelyn C. Campbell, "Effect of COVID-19 Pandemic on Women's Health and Safety: A Study of Immigrant Survivors of Intimate Partner Violence (2020) 41: 11-12 Health Care for Women International 1294; Anjum Sultana & Carmina Ravanera, "A Feminist Economic Recovery Plan for Canada: Making the Economy Work for Everyone" (28 July 2020), The Institute for Gender and the Economy (GATE) & YWCA Canada at 9, online: https://static1.squarespace.com/static/5f0cd2090f50a31a91b37ff7/t/5f205a15b1b7191d12282bf5/1595955746613/Feminist+Economy+Recovery+Plan+for+Canada.pdf.

[64] Gender & COVID-19, "Migrant Women in Canada: Indirect Effects of the COVID-19 Response" (17 December 2020), online: https://www.genderandcovid-19.org/research/migrant-women-in-canada-indirect-effects-of-the-covid-19-response/.

[65] Ibid.

[66] Salina Abji, Margarita Pintin-Perez & Rupaleem Bhuyan, "In Canada, Non-Status Women are Being Left Behind" (27 May 2020), *Open Democracy*, online: https://www.opendemocracy.net/en/pandemic-border/canada-non-status-women-are-being-left-behind/.

Migrant sex workers are amongst the most vulnerable members of the NSRI community. Migrant sex workers typically fall within the non-status category and therefore experience the constant fears and stressors outlined above. They are also particularly at risk of being infected with COVID-19 due to the intimate nature of their work. Additionally, they experience intersecting vulnerabilities, including sexism, racism, language barriers, xenophobia, and high rates of stigmatization and criminalization.[67]

II. IMPACTS ON SERVICE ORGANIZATIONS IN ONTARIO: AN INTERSECTIONAL ANALYSIS

Service organizations are key to a pandemic recovery. UN Women stressed the need to centre civil society, women's organizations and grassroots organizations in policy work and recovery efforts, describing these organisations as "essential partners in raising awareness and in providing essential services to hard-to-reach, remote and vulnerable populations."[68]

Yet, much of the research outlines the impacts upon service users themselves but does not delve into the impacts on service organizations. This is problematic for a number of reasons. First, any impact on service organizations is likely to have cascading impacts for the clients and communities who access those services or who stand to benefit from the organization's work in the community.

Second, many workers in the non-profit sector are themselves members of equity-seeking groups. 80% of workers in the non-profit sector are women, the majority of whom are racialized women.[69] In other words, the health of these organizations is a litmus test for the economic and social participation of equity-seeking groups at multiple levels.

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[67] Elene Lam, "Migrant Sex Workers Left Behind During COVID-19 Pandemic" (2020) 111(4) Canadian Journal of Public Health 482, online: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7365026/; Amnesty International, "Amnesty International Submission to the House of Commons Standing Committee on the Status of Women on Gender and Human Rights During COVID-19" (30 October 2020) at 2, online: https://www.ourcommons.ca/Content/Committee/432/FEWO/Brief/BR10945619/br-external/AmnestyInternationalCanada-e.pdf.

[68] UN Women, "Report on the UN Women Global Response to COVID-19" (February 2021), Policy Programme & Intergovernmental Division at 10, online: https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2021/report-on-the-un-women-global-response-to-covid-19-en.pdf?la=en&vs=1258.

[69] Canadian Women's Foundation, Women's Shelters Canada, Pauktuutit, Inuit Women of Canada, Anita Olsen Harper & Jihan Abbas, "Resetting Normal: Systemic Gender-Based violence and the Pandemic" (December 2020) at 3, online: https://fw3s926r0g42i6kes3bxg4i1-wpengine.netdna-ssl.com/wp-content/uploads/2020/12/20-08-CWF-ResettingNormal-Report3_v5.pdf.

IMPACTS OF COVID ON GBV SECTOR ORGANIZATIONS: EMERGING TRENDS

Perhaps because of the alarming rates of gender-based violence (GBV) that have characterized the "shadow pandemic," a number of studies have emerged more recently that shed some light on the organizational impacts of COVID-19, specifically among GBV sector organizations. These studies are largely geared towards measuring the impacts on women's shelters and their programming.[70] The research has highlighted both the challenges faced by and examples of resilience within these organizations.[71]

In terms of the positive impacts of COVID-19 response efforts, women's shelters and other GBV service organizations rose to the challenge of providing essential, crisis response services to support survivors of GBV as well as those at risk.[72] Thanks in part to an influx of emergency government funding, many organizations were able to adapt their services to reach their clients from afar.[73] A study by Shelters Canada indicated that 82% of VAW shelters had to purchase new technology (including telephones, tablets and laptops for both clients and staff) to adapt to new online outreach services and text-based counselling.[74]

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[70] See for example: Shiva Mazrouei & Cherie Wong, "Born to be Bold: COVID-19 Update. The Impact of COVID-19 on YWCA Programs. Recommendations for the Canadian Labour Market and Gender-Sensitive Responses to COVID-19", YWCA Canada (July 2020), online: https://ywcacanada.ca/wp-content/uploads/2020/07/B2B_COVID-19-Impact-Report_July-2020.pdf; Danielle Slakoff, Wendy Ajula & Eva PenzeyMoog, "The Role of Service Providers, Technology, and Mass Media When Home Isn't Safe for Intimate Partner Violence Victims: Best Practices and Recommendations in the Era of COVID-19 and Beyond" (2020) 49 *Archives of Sexual Behaviour* 2779; A.L. Trudell & E. Whitmore, "Pandemic Meets Pandemic: Understanding the Impacts of COVID-19 on Gender-Based Violence Services and Survivors in Canada" (2020), Ending Violence Association of Canada & Anova, online: http://www.anovafuture.org/wp-content/uploads/2020/08/Full-Report.pdf; Woman Abuse Council of Toronto, "Violence Against Women Sector Survey: Impacts of COVID-19" (17 April 2020), online: https://womanact.ca/wp-content/uploads/2020/11/WomanACT-Covid19-Pandemic-VAW-Sector-Survey-Report.pdf; Women's Shelters Canada, "Special Issue: The Impact of COVID-19 on VAW shelters and Transition Houses (November 2020), *Shelter Voices*, online: http://endvaw.ca/wp-content/uploads/2020/11/Shelter-Voices-2020-2.pdf; YWCA Canada, "Women's Sector at Risk of Financial Devastation — Implications for Canada's COVID-19 Recovery (2020), online: https://ywcacanada.ca/wp-content/uploads/2020/12/The-Womens-Sector-COVID-19-Briefing-Note-Dec-2020.pdf.

[71] Canadian Women's Foundation, "On the Front Lines: Remarkable Resilience in the Face of the Pandemic" (2020), online: https://canadianwomen.org/blog/on-the-front-lines-remarkable-resilience-in-the-face-of-covid-19-pandemic/.

[72] A.L. Trudell & E. Whitmore, "Pandemic Meets Pandemic: Understanding the Impacts of COVID-19 on Gender-Based Violence Services and Survivors in Canada" (2020), Ending Violence Association of Canada & Anova, online: http://www.anovafuture.org/wp-content/uploads/2020/08/Full-Report.pdf.

[73] Women's Shelters Canada, "Special Issue: The Impact of COVID-19 on VAW shelters and Transition Houses (November 2020), *Shelter Voices* at 6, online: http://endvaw.ca/wp-content/uploads/2020/11/Shelter-Voices-2020-2.pdf.

[74] Ibid at 5.

Despite these valiant efforts, a number of studies emphasize potentially devastating impacts of COVID-19 on the GBV sector: these range from sector-wide risks of "financial devastation" for the women's sector as a whole, as well as economic, social and health impacts on individual organizations and staff.[75] Indeed, a prominent study has placed the economic costs of GBV at a staggering $7.4 billion annually.[76] Of that amount, violence perpetrated against women amounts to $4.8 billion annually.[77] This figure accounts for costs across multiple sectors, including employment, health and mental health care, social services, policing, and the justice system. A 2016 study from Saskatchewan estimated that each incident of violence against women costs over $115,000.[78]

> The GBV sector's largely female workforce are experiencing a triple-burden of unpaid care work when working from home or working on the frontlines of service delivery.

Taken together, these studies show how, when the health of the sector is at risk, this can have long-term and rippling consequences for communities most in need of support, as well as for the equity-seeking groups who comprise a large share of the workforce.

Two common themes among these studies are particularly indicative of this rippling effect:

The first common theme had to do with the impacts of COVID-19 and related measures on a largely female workforce. As indicated by the Canadian Women's Foundation (CWF), workers have reported that they have limited support when working from home or working in the

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[75] YWCA Canada, "Women's Sector at Risk of Financial Devastation — Implications for Canada's COVID-19 Recovery (2020), online: https://ywcacanada.ca/wp-content/uploads/2020/12/The-Womens-Sector-COVID-19-Briefing-Note-Dec-2020.pdf.

[76] Ting Zhang, Josh Hoddenbagh, Susan McDonald & Katie Scrim, "An Estimation of the Economic Impact of Spousal Violence in Canada, 2009" (2012), Department of Justice Canada at 80, online: https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_7/rr12_7.pdf; Canadian Women's Foundation, "The Facts About Gender-Based Violence" (2021), online: https://cfc-swc.gc.ca/violence/knowledge-connaissance/fs-fi-1-en.html.

[77] Statistics Canada, "Measuring Violence against Women: Statistical Trends" (2013) at 89, online: https://www150.statcan.gc.ca/n1/pub/85-002-x/2013001/article/11766-eng.pdf.

[78] The Circle Project Assoc. Inc, "Economic Impact: The Cost of One Incident of Domestic Violence" (June 2016) at 7, online: http://www.circleproject.ca/cp2015/wp-content/uploads/2016/06/Economic-Impact-Cost-of-Domestic-Violence.pdf.

frontlines, creating the triple-burden of unpaid care work.[79] EVA Canada and ANOVA (2020) undertook a national survey of service providers and advocates working with survivors of gender-based violence. 376 participants answered the survey, highlighting the impact upon their clients as well as their own organisations.[80] The report showed impacts on GBV-sector organizations in terms of work-related stress because of challenges of working from home, fears of illness, and responsibility to protect others during an uncertain future. As they noted: "GBV staff and volunteers highlighted how uncertainty and unpredictability of the future and the long-term consequences that the pandemic holds for GBV survivors and service provision contributed to their work-related stress."[81]

The second common theme had to do with funding and social infrastructure. A survey conducted by CWF and partners revealed that despite delivering essential services and responding to increased GBV, women's organizations were operating without a safety net.[82] Prior to COVID-19, decades of under-investing in the women's sector limited the capacity of the sector to respond. The women's sector has "experienced several decades of erosion" of funding.[83]

Indeed, it was primarily the combination of short-term emergency funding and the strategic efforts of women leading and working in the sector that allowed for the adaptations that were made in response to COVID-19. This included broad-based emergency funding for businesses and NGOs struggling to adapt to COVID-19, such as the $350 million Emergency Community Support Fund to support community-based organizations.[84] It also included specific funds to address the gendered impacts. For example, in May 2020, the Federal Government released $50 million to

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[79] Canadian Women's Foundation, Canadian Centre for Policy Alternatives, Ontario Nonprofit Network, & Fay Faraday, "Resetting Normal: Women, Decent Work and Canada's Fractured Care Economy" (May 2020), online: https://fw3s926r0g42i6kes3bxg4i1-wpengine.netdna-ssl.com/wp-content/uploads/2020/07/ResettingNormal-Women-Decent-Work-and-Care-EN.pdf.

[80] A.L. Trudell & E. Whitmore, "Pandemic Meets Pandemic: Understanding the Impacts of COVID-19 on Gender-Based Violence Services and Survivors in Canada" (2020), Ending Violence Association of Canada & Anova, online: https://endingviolencecanada.org/wp-content/uploads/2020/08/FINAL.pdf.

[81] Ibid at 22.

[82] Canadian Women's Foundation, Ontario Nonprofit Network, Canadian Centre for Policy Alternatives & Kathleen Lahey, "Resetting Normal: Funding a Thriving Women's Sector" (May 2020) at 8, online: https://canadianwomen.org/wp-content/uploads/2020/05/Resetting-Normal-Report-Womens-Sector.pdf;

[83] Ibid at 5; Woman Abuse Council of Toronto, "Violence Against Women Sector Survey: Impacts of COVID-19" (17 April 2020) at 6, online: https://womanact.ca/wp-content/uploads/2020/11/WomanACT-Covid19-Pandemic-VAW-Sector-Survey-Report.pdf; YWCA Canada, "Women's Sector at Risk of Financial Devastation — Implications for Canada's COVID-19 Recovery (2020) at 1 online: https://ywcacanada.ca/wp-content/uploads/2020/12/The-Womens-Sector-COVID-19-Briefing-Note-Dec-2020.pdf.

[84] Government of Canada, "Emergency Community Support Fund", online: https://www.canada.ca/en/services/benefits/emergency-community-support-fund.html.

organizations offering gender-based violence supports. [85] In October 2020, the Federal Government pledged an additional $50 million to over 1000 organisations providing services to women and children experiencing gender-based violence.[86] In February 2021, the Government pledged $100 million to organizations via the Feminist Response and Recovery Fund.[87]

However, as some pointed out, the rollout of emergency support was markedly uneven across provinces and risked producing an even more "uneven patchwork" of GBV services across the country. Women's Shelters Canada, for example, conducted a survey of selected shelters in Canada. Their findings indicated that not all shelters were deemed "essential" services by their provincial or territorial governments, nor were they all able to provide the necessary cleaning and personal protective equipment (PPE), the space for physical distancing, or support for staff despite emergency funding increases related to the pandemic.[88]

Beyond emergency government funding, some organizations also lost significant fundraising dollars as well as revenue from social enterprise streams.[89] A survey by OCASI found that some organizations reported more than a 25% loss in revenue.[90] Likewise, witnesses at the recent Federal Review Committee in March 2021 agreed that gaps persist in access to and availability of appropriate services and support for women fleeing violence, migrant and newcomer women,

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[85] Government of Canada, "Supporting Women and Children Experiencing Violence During COVID-19", online: https://women-gender-equality.canada.ca/en/funding/supporting-women-children-experiencing-violence-during-covid-19.html.

[86] Government of Canada, "Government of Canada Announces Agreement with the Canadian Women's Foundation and Women's Shelters Canada to Provide Funding for Gender-based Violence Supports", Women and Gender Equality (17 December 2020), online: https://www.canada.ca/en/women-gender-equality/news/2020/12/government-of-canada-announces-agreement-with-the-canadian-womens-foundation-and-womens-shelters-canada-to-provide-funding-for-gender-based-violenc.html#shr-pg0.

[87] Government of Canada, "Government of Canada to Invest $100 Million to Support Women Impacted by the Pandemic", Women and Gender Equality (11 February 2021), online: https://www.canada.ca/en/women-gender-equality/news/2021/02/government-of-canada-to-invest-100-million-to-support-women-impacted-by-the-pandemic.html.

[88] Women's Shelters Canada, "Special Issue: The Impact of COVID-19 on VAW shelters and Transition Houses (November 2020), *Shelter Voices*, online: http://endvaw.ca/wp-content/uploads/2020/11/Shelter-Voices-2020-2.pdf.

[89] Shiva Mazrouei & Cherie Wong, "Born to be Bold: COVID-19 Update. The Impact of COVID-19 on YWCA Programs. Recommendations for the Canadian Labour Market and Gender-Sensitive Responses to COVID-19", YWCA Canada (July 2020) at 2, online: https://ywcacanada.ca/wp-content/uploads/2020/07/B2B_COVID-19-Impact-Report_July-2020.pdf.

[90] OCASI, "OCASI's Crisis Response Survey: Highlights" (2020), Internal Presentation.

women living with disabilities, and Indigenous women, lending credence to the intensification of systemic gaps as a result of under-investment and a patchwork of support.[91]

Some shelters in Canada have voiced concerns that their operating funding will eventually be clawed back due to increased government funding during the pandemic. There is significant fear among agencies that emergency funding will be short-lived, while the consequences of COVID-19 will be long-term.[92] As some participants noted in the EVA Canada study, when speaking about the stress of uncertainty and unpredictability of the future, respondents focused on the following areas:

- Anticipation of funding cuts;
- Unpredictable outcomes for projects that have been many years in the making;
- Significant setbacks in policy and reform work;
- The need to constantly adapt and change; and
- Uncertainty about access to resources and capacity of organizations to meet demand, especially with pandemic protocols in place.[93]

IMPACTS ON WOMEN-SERVING-WOMEN-LED ORGANIZATIONS IN THE REFUGEE-AND-IMMIGRANT-SERVING SECTOR: A CRITICAL MISSING GAP

While research on the impacts of COVID-19 for the GBV sector have largely acknowledged the importance of using intersectional approaches, specific data on the direct impacts of the pandemic on women-serving-women-led (WSWL) settlement organizations is relatively thin. Rather, NSRI women are more likely to be acknowledged as clients or recipients of services, rather than as organization leaders, if and when they are acknowledged.

Yet, we know that WSWL settlement organizations in Ontario have been playing an active role in advancing gender equity in the sector and intersectional approaches to settlement more broadly. Contributions of these organizations were formalized when OCASI's Women's Caucus was created in 2018, but had long preceded this milestone. The OCASI Women's Caucus plays a pivotal role in advising OCASI on priorities for WSWL organizations around the province. The

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[91] Parliament of Canada, "Impacts of the COVID-19 Pandemic on Women. Report of the Standing Committee on the Status of Women" (March 2021), FEWO Committee Report, 43rd Parliament, 2nd Session, online: https://www.ourcommons.ca/DocumentViewer/en/43-2/FEWO/report-6.

[92] A.L. Trudell & E. Whitmore, "Pandemic Meets Pandemic: Understanding the Impacts of COVID-19 on Gender-Based Violence Services and Survivors in Canada" (2020), Ending Violence Association of Canada & Anova at 22, online: http://www.anovafuture.org/wp-content/uploads/2020/08/Full-Report.pdf.

[93] Ibid.

Caucus serves as a focal point where leaders of 38 organizations can come together to strategize and advocate for best practices and policy changes relating to the needs of NSRI women.[94]

WSWL organizations have also come together nationally as part of OCASI's programming to address gender-based violence. The *Building Leadership Capacity* project hosted a series of roundtables in the summer of 2020, inviting WSWL organizations across the country to come together and discuss the impacts of COVID-19 on their organizations and clients in Toronto, Ottawa, Vancouver, Halifax, and Edmonton.[95] The Caucus has also been instrumental in advocating for NSRI women throughout the pandemic. The contributions of WSWL organizations – as witnessed in the work of the OCASI women's caucus – is an important component of this burgeoning field of feminist analysis moving forward.[96]

Many of the reports coming out of the GBV sector recognize that NSRI women survivors of GBV face unique systemic risks and barriers to supports, and that these factors are being intensified in the pandemic response. In some cases, this is a more "surface" recognition, where NSRI women are grouped as part of a broad-strokes recognition of diverse women's voices.

Research on the experiences of women's organizations in the refugee & immigrant sector is therefore necessary for unpacking:

1) How COVID-19 is impacting organizations that interface with refugee and immigrant women;
2) How organizations that may be primarily led or staffed by a racialized and immigrant female workforce are responding; and
3) What these organizations might need to build resilience in a post-COVID-19 recovery.

While it is crucial to undertake this intersectional analysis of COVID-19's impact on WSWL organizations, it is also equally important for researchers and policy makers to turn their attentions towards planning for a post-COVID-19 world. This is why multiple organizations have advocated for intersectional recovery efforts that are centred around the impacts that COVID-19 has had on women: a SHEcovery.

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[94] OCASI, "Annual Report 2020. Board of Directors", online: https://annualreport.ocasi.org/en/about/board/.

[95] OCASI,"Building Leadership Capacity to Address Gender-Based Violence against Non-Status, Refugee and Immigrant Women Across Canada. National Roundtable on Gender-Based Violence" (16 July 2020), online: https://ocasi.org/building-leadership-capacity-address-gender-based-violence-against-non-status-refugee-and-immigrant.

[96] OCASI, "Annual Report 2020. Board of Directors", online: https://annualreport.ocasi.org/en/about/board/.

CALLS FOR A SHECOVERY

Multiple organizations have stressed the need for an intersectional, feminist recovery post-COVID-19.[97] They have asserted that governments must identify and engage with local grassroots organizations that represent vulnerable and marginalized populations that might otherwise be excluded from data.[98] Services must be localized and tailored to the communities affected.[99] Efforts must be made to focus on the gendered and racialized nature of the crisis. As explained by Fay Faraday, "[u]nless the recovery plan is directly addressed to rectifying the structural inequality that led to disproportionate harm, there will be no real recovery".[100]

An overarching theme emerging from the literature is the need to focus on "nurturing women's economic empowerment" to best recover from this pandemic.[101] Recovery efforts must be built with the specific needs of women, with a purposeful focus on the intersectional impacts upon diverse women, in mind. As Oxfam Canada asserted, a feminist recovery involves "linking economic recovery to poverty reduction in Canada and globally, putting gender equality and feminist leadership at the heart of response and recovery efforts, and adequately resourcing the promises" made by Government.[102] Recovery efforts must also be focused upon the communities

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[97] Jasmine Ramze Rezaee, "An Intersectional Approach to COVID-19 She-Covery" (2020) YWCA Toronto at 8, online: https://www.ywcatoronto.org/Assets/YWCA/Documents/An%20Intersectional%20Approach%20to%20COVID-19%20She-Covery.pdf; Shivangi Misra & Tara Ward, "A Feminist Economic Recovery Plan for Canada: Human Rights Approach" (10 December 2020), online: https://static1.squarespace.com/static/5f0cd2090f50a31a91b37ff7/t/5fd17ce4a9eaf43bd84b44e1/1607564520499/Feminist+Economic+Recovery+Plan+-+Human+Rights+Approach.pdf.

[98] E.N. Rosser, R. Morgan, H. Tan, K. Hawkins, A. Ngunjiri, A. Oyekunle, B. Schall, D. Nacif Pimenta, E. Tamaki, M. Rocha & C. Wenham, "How to Create a Gender- Responsive Pandemic Plan: Addressing the Secondary Effects of COVID-19" (2021), Gender and COVID-19 Project at 2, online: https://www.genderandcovid-19.org/wp-content/uploads/2021/01/How-to-create-a-gender-responsive-pandemic-plan.pdf.

[99] Learning Network at the Centre for Research & Education on Violence Against Women & Children, "COVID-19 & Gender-Based Violence in Canada: Key Issues and Recommendations" (2020), Western University, at 6, online:, http://www.vawlearningnetwork.ca/docs/COVID-gbv-canada-recommendations.pdf.

[100] Samantha Edwards, "5 Activists on the Alarming Impacts of the Pandemic on BIPOC Women" (5 March 2012), *CBC*, online: https://www.cbc.ca/life/culture/5-activists-on-the-alarming-impacts-of-the-pandemic-on-bipoc-women-1.5937360.

[101] Heidi Illingworth & Nadia Ferrera, "Submission to Ms. Dubravka Simonovic United Nations Special Rapporteur on Violence Against Women. COVID-19 and the Increase in Domestic Violence Against Women", Office of the Federal Ombudsman for Victims of Crime (June 2020), online: https://www.victimsfirst.gc.ca/vv/2020/UN-JN30/index.html.

[102] Oxfam Canada, "Investing in A Feminist Green Covid-19 Recovery: Oxfam Canada's Recommendations for Budget 2021" (October 2020) at 2, online: https://42kgab3z3i7s3rm1xf48rq44-wpengine.netdna-ssl.com/wp-content/uploads/2020/11/Oxfam-Budget-Brief-October-2021_REVISED.pdf.

hit the hardest by the pandemic, considering the impact of race, gender, and migration upon certain populations.[103]

As noted in these reports and calls for action, the recovery must be intersectional. It must reflect the lived reality of those disproportionately affected. To ensure that recovery efforts are responding to, rather than deepening, existing inequalities, disaggregated data should be collected in an ethical manner.[104]

The Gender and COVID 19 Working Group recommended focusing attention on several key areas that have had disproportionate impacts upon women: gender-based violence; mental health; sexual and reproductive health services; economic and work-related concerns; representation and valuing diverse voices; and education.[105] Oxfam Canada recommended similar focus areas: the care sector; social protection and decent work for women; the green economy; ending gender-based violence, global recovery; and feminist leadership.[106]

Increasingly, these reports have highlighted how representation matters during this rebuilding phase. There is an under-representation of Black, Indigenous, and racialized women in public leadership positions.[107] Conversely, racialized women, many of whom are immigrants to Canada themselves, make up the majority of the settlement sector.[108] The workers in this sector go

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[103] Josephine Etowa & Ilene Hyman, "Unpacking the Health and Social Consequences of COVID-19 Through a Race, Migration and Gender Lens" (2021) 112:8-11 *Canadian Journal of Public Health* 8 at 10.

[104] Anjum Sultana & Carmina Ravanera, "A Feminist Economic Recovery Plan for Canada: Making the Economy Work for Everyone" (28 July 2020), The Institute for Gender and the Economy (GATE) & YWCA Canada at 3 - 4 online:
https://static1.squarespace.com/static/5f0cd2090f50a31a91b37ff7/t/5f205a15b1b7191d12282bf5/159595574661 3/Feminist+Economy+Recovery+Plan+for+Canada.pdf.

[105] E.N. Rosser, R. Morgan, H. Tan, K. Hawkins, A. Ngunjiri, A. Oyekunle, B. Schall, D. Nacif Pimenta, E. Tamaki, M. Rocha & C. Wenham, "How to Create a Gender- Responsive Pandemic Plan: Addressing the Secondary Effects of COVID-19" (2021), Gender and COVID-19 Project, online: https://www.genderandcovid-19.org/wp-content/uploads/2021/01/How-to-create-a-gender-responsive-pandemic-plan.pdf.

[106] Oxfam Canada, "Investing in A Feminist Green Covid-19 Recovery: Oxfam Canada's Recommendations for Budget 2021" (October 2020), online: https://42kgab3z3i7s3rm1xf48rq44-wpengine.netdna-ssl.com/wp-content/uploads/2020/11/Oxfam-Budget-Brief-October-2021_REVISED.pdf.

[107] Canadian Women's Foundation & Platform, "Resetting Normal: Gender, Intersectionality and Leadership" (March 2021) at 4, online: https://fw3s926r0g42i6kes3bxg4i1-wpengine.netdna-ssl.com/wp-content/uploads/2021/04/Resetting-Normal-Gender-Intersectionality-and-Leadership-Report-Final-EN.pdf.

[108] Victoria Esses, Jean McRae, Naomi Alboim, Natalya Brown, Chris Friesen, Leah Hamilton, Aurelie Lacassagne, Audrey Macklin & Margaret Walton-Roberts, "Supporting Canada's COVID-19 Resilience and Recovery Through Robust Immigration Policy and Programs" (March 2021), Royal Society of Programs at 22, online: https://rsc-src.ca/sites/default/files/Immigration%20PB_EN.pdf.

beyond offering settlement assistance, taking part in civic engagement, anti-racism work, social planning, and counselling, amongst other roles.[109]

As CWF explains, "[w]ithout adequate inclusion and input of Black, Indigenous, and racialized women and gender-diverse people, policy decisions will continue to enhance systemic oppression and further marginalize underfunded and underserved communities."[110] Strategic efforts must be made to ensure the participation of diverse women in decision-making and policy development at all levels. These women should be recognized, supported, and compensated for their efforts.[111] Indeed, as suggested in this report, without the significant representation of WSWL organizations in the settlement sector in future policy development and pandemic recovery efforts, decisions will be made by individuals who may not consider the full range and nuances of intersectional impacts.

At the time of writing this report, important developments were emerging among federal policy-makers showing some indication that calls for a feminist intersectional recovery were being heeded. In March 2021, the Federal Government created a Task Force on Women in the Economy to assist with the implementation of a feminist recovery.[112] On April 19, 2021, the Federal Government released its 2021 budget entitled "A Recovery Plan for Jobs, Growth, and Resilience".[113]

Some of the relevant provisions to NSRI women are:

- $30 billion in the first five years, and $8.3 billion each year after, towards the creation of universal childcare. The goal is to reduce daycare fees by 50% by the end of 2022 to an envisioned $10/day subsidized care by 2025/2026 (p. 101);
- $601.3 million dedicated to the National Action Plan to End Gender-Based Violence (p. 278);
- $105 million over 5 years to enhance WAGE's Gender Based Violence Program (p. 279);

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[109] Victoria Esses, Jean McRae, Naomi Alboim, Natalya Brown, Chris Friesen, Leah Hamilton, Aurelie Lacassagne, Audrey Macklin & Margaret Walton-Roberts, "Supporting Canada's COVID-19 Resilience and Recovery Through Robust Immigration Policy and Programs" (March 2021), Royal Society of Programs at 22, online: https://rsc-src.ca/sites/default/files/Immigration%20PB_EN.pdf.

[110] Canadian Women's Foundation & Platform, "Resetting Normal: Gender, Intersectionality and Leadership" (March 2021) at 4, online: https://fw3s926r0g42i6kes3bxg4i1-wpengine.netdna-ssl.com/wp-content/uploads/2021/04/Resetting-Normal-Gender-Intersectionality-and-Leadership-Report-Final-EN.pdf.

[111] Ibid at 18; Learning Network at the Centre for Research & Education on Violence Against Women & Children, "COVID-19 & Gender-Based Violence in Canada: Key Issues and Recommendations" (2020), Western University, online: http://www.vawlearningnetwork.ca/docs/COVID-gbv-canada-recommendations.pdf.

[112] Government of Canada, "Budget 2021: A Recovery Plan for Jobs, Growth, and Resilience" (19 April 2021), Department of Finance Canada at 97, online: https://www.budget.gc.ca/2021/home-accueil-en.html.

[113] Ibid.

- $200 million for organizations addressing gender-based violence (p. 279);
- $250 million for transitional housing and shelter spaces for women and children fleeing GBV (p. 282);
- $400 million for community service organizations (p. 207);
- $15 million over two years to the IRCC to continue to fund the Racialized Newcomer Women Pilot (p. 220);
- $49.5 million over three years to support community service organizations to provide migrant worker-centric programming (p. 219);
- $2 million over 5 years to Immigration, Refugees and Citizenship Canada to support refugees and immigrants facing GBV (p. 281);
- $200 million to create a Black-led Philanthropic Endowment Fund supporting black-led organizations (p. 229);
- $100 million to the Supporting Black Canadian Communities Initiative (p. 229);
- $75 million over 5 years (and $13.5 million in subsequent years) to the RCMP to combat systemic racism (p. 284);
- 40% of $960 million put towards creating skilled workers will be set aside for women, persons with disabilities, and Indigenous people (p. 112);
- 25% of the $1.5 billion allocated for the Rapid Housing Initiative will be dedicated to women-focused housing projects (p. 194); and
- $172 million for 5 years (with $36.3 million each year afterwards) for Statistics Canada to create a Disaggregated Data Plan (p. 230).

The response to the budget has largely been positive. OCASI welcomed several proposals included in the budget, particularly those focused on women, immigrants and migrants, and racialized populations.[114] The Wellesley Institute praised the budget for addressing the social determinants of health, child-care, housing, and social security programs.[115] EVA Canada praised the budget for focusing on gender-based and sexual violence and recognizing the disproportionate impact COVID-19 has had on women, gender diverse individuals, Indigenous and racialized persons.[116]

At the same time, the positive responses have been cautiously optimistic. There is general agreement that the budget is a positive step in the right direction, but a more fundamental

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[114] OCASI, "OCASI Comments on Federal Budget 2021" (21 April 2021), online: https://ocasi.org/ocasi-comments-federal-budget-2021.

[115] Wellesley Institute, "Federal Budget Response 2021" (26 April 2021), online: https://www.wellesleyinstitute.com/health/federal-budget-response-2021/.

[116] Ending Violence Association of Canada, "EVA Canada Reflects on the Federal Budget 2021" (28 April 2021), online: https://endingviolencecanada.org/eva-canada-reflects-on-the-federal-budget-2021/.

transformation is required over time. Funding can be revoked with the change of Federal or Provincial Governments, a fact that the women's sector and the WSWL refugee-and-immigrant sector knows all too well. Without developed infrastructure, staffing, and other resources in addition to dedicated funding, this Budget will not be able to accomplish the feminist recovery it is aiming for.

What is clear is that WSWL organizations in Ontario's refugee-and-immigrant-serving sector are an important part of this transformation. Yet, there is work to be done in studying and integrating their experiences into emerging research and policy on the SHEcovery.

In what follows in Part 2 of this report, we share findings from a qualitative study conducted with members of the OCASI Women's Caucus as an in-depth look at the experiences of WSWL organizations in Ontario. This study examines the experiences of these organizations from the onset of the pandemic into the first quarter of 2021, focusing on promising practices and limits to the resilience of the WSWL organizations and their staff members.

PART II: QUALITATIVE STUDY

ANALYZING THE IMPACTS OF COVID-19 ON WOMEN-SERVING-WOMEN-LED ORGANIZATIONS IN ONTARIO'S SETTLEMENT SECTOR

This study adds to research examining the impacts of COVID-19 on service organizations and the communities they support.

The research was commissioned by the OCASI Women's Caucus, a group of 38 member organizations founded in 2018 to advise on priorities of women-serving-women-led (WSWL) organizations in the Ontario settlement sector.

RESEARCH OBJECTIVES AND METHODOLOGY

To measure the impacts of COVID-19 on WSWL settlement organizations in Ontario, the researchers conducted qualitative research with members of OCASI's Women's Caucus.

Our research questions were three-fold:

1. How are women's organizations in the refugee & immigrant serving sector being impacted by COVID-19 and related public health measures?

2. How are women's organizations responding to these challenges?

3. How can the resiliency of these organizations be enhanced or supported?

We operationalized these questions by collecting data on:

- Challenges and opportunities experienced by study participants during COVID-19;

- Strategies, tools, and promising practices that were developed in response; and

- Hearing from study participants on the resources, policies, or approaches that are needed to build their capacity and resiliency moving forward.

The title of the research project shared with participants was "collecting our stories of resilience" and it was emphasized that the focus was primarily on impacts at the organizational level. The rationale shared with participants was that resiliency offered a strengths-based approach to analyzing impacts of COVID-19, allowing for an examination of challenges as well as adaptive strategies developed by women leaders and women's organizations.

Methods

Between February and April 2021, the research team conducted five focus groups and four semi-structured interviews with women-serving-women-led (WSWL) settlement organizations across Ontario. Participants were recruited from the OCASI Women's Caucus list of 38 member organizations. The research was first introduced by the Co-Chairs and OCASI leadership, followed by email recruitment by the research team.

Twenty-three representatives of WSWL settlement organizations participated in the research, representing 61% of the OCASI Women's Caucus membership. It is important to note that the key informants in this study participated in the research while in the midst of Ontario's second wave of the pandemic – while ensuring continuity of services in their organizations, lobbying for paid sick days and urgently-needed proactive public policies, and balancing their fiscal year-end budgets. The timing of the research also coincided with an accelerated community consultation process to help inform a proposed National Action Plan to End Gender-Based Violence, with many organizations pulled into leading and/or participating in this process. Given these constraints, a member of the research team attended a NAP consultation session with OCASI Women's Caucus members, and data from this session was included as one of the focus groups represented in this study.

Format

Focus groups were 1.5 hours in length ranged between 2-6 participants to help facilitate deep conversations and connection. Interviews were 1 hour in length. Focus groups were conducted jointly by the lead researcher and another member of the research team who took notes. The one exception was the OCASI-led consultation, which was facilitated by OCASI staff with the second author in attendance, who took notes and briefly introduced the research project. All interviews were conducted by the lead researcher. All sessions were hosted on zoom.

Each session began with introductions and an outline of the research and ethical considerations. Respondents were reminded that their participation was voluntary and that they could withdraw from the research at any time without consequence. The researchers noted that all names and organizations would be anonymous in the report; however, full confidentiality could not be guaranteed since it would be clear that study participants were member organizations of the OCASI Women's Caucus. The researchers also established group guidelines requesting that respondents maintain confidentiality of the issues discussed and avoid sharing sensitive information about clients or other potential sources of harm. While the sessions were recorded for internal notetaking purposes, the researchers shared that recordings would be deleted upon completion of the research and saved on a password protected system prior to deletion. Transcripts of the sessions would also be anonymized.

The team then invited participants to share their 1-2 minute COVID "story", outlining 1 or 2 ways that their agencies had responded to COVID-19. They were also asked to share a keyword or phrase that captured their experience.

The research team then presented participants with highlights from our environmental scan of existing research and invited participants to challenge, clarify, expand, or add to the findings based on their organization's experiences. The researchers did this to help distill the specificities of the experiences of women's service organizations from broader experiences of non-profit sector organizations. The research team built off of the responses of the participants, asking follow-up questions and opening up the point to further discussion within the larger group.

At the end of each session, the research team outlined the next steps for the research report and invited any questions from study participants. To wrap up the session, respondents were invited to share in 1 or 2 words how they were feeling or any closing thoughts that they wanted to share with the group.

Research Sample

Twenty-three key informants participated in the study, representing twenty member organizations in total. This amounted to a 61% participation rate among members of the OCASI Women's Caucus committee.

All regions were represented in the research (see Chart 1).

The majority of participants were from Toronto (N=15). While this might seem like a high proportion, it is a similar proportion of member organizations from Toronto in the women's caucus as a whole (approximately 70% of the sample versus 80% of member organizations).

Chart 1: Participants by Region

Legend: Central East, Central West, East, North, South, Toronto, West
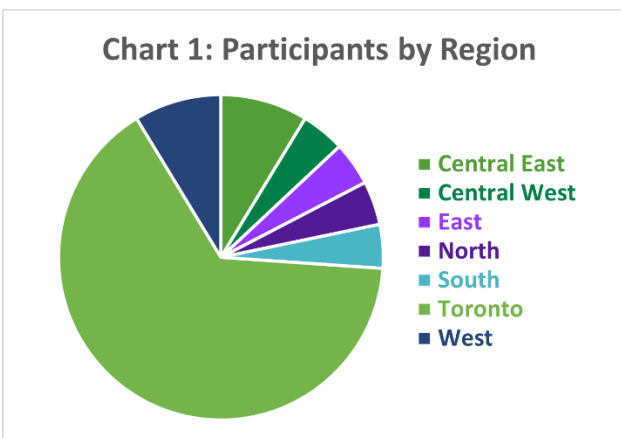
The research sample also represented a fair cross-section of organizations by primary sector(s) and by primary population(s) served (see Chart 2 and Chart 3). As indicated in Chart 2, the WSWL settlement organizations in this sample were positioned at the intersections of multiple sectors, including gender-based violence (GBV), employment services, youth services, women's empowerment, and services for seniors. There were also a range of perspectives in terms of the primary population(s) served by these organizations. Most were organizations focused primarily on services for women, including but not exclusively serving refugee and immigrant women

(52%). The next largest group were ethno-specific organizations focused on women (26%). There were also respondents from organizations that primarily serve refugee and immigrant women (13%) and others that were general settlement organizations that included specialized programs for women, but were not exclusively women-serving organizations. One limitation of the data is that we did not collect information on how many of these organizations served trans and gender-diverse people, although the issue of trans-inclusion and gender diversity did come up in the data.

Chart 2: Organizations by Primary Sector(s)

Chart 3: Primary Population(s) Served
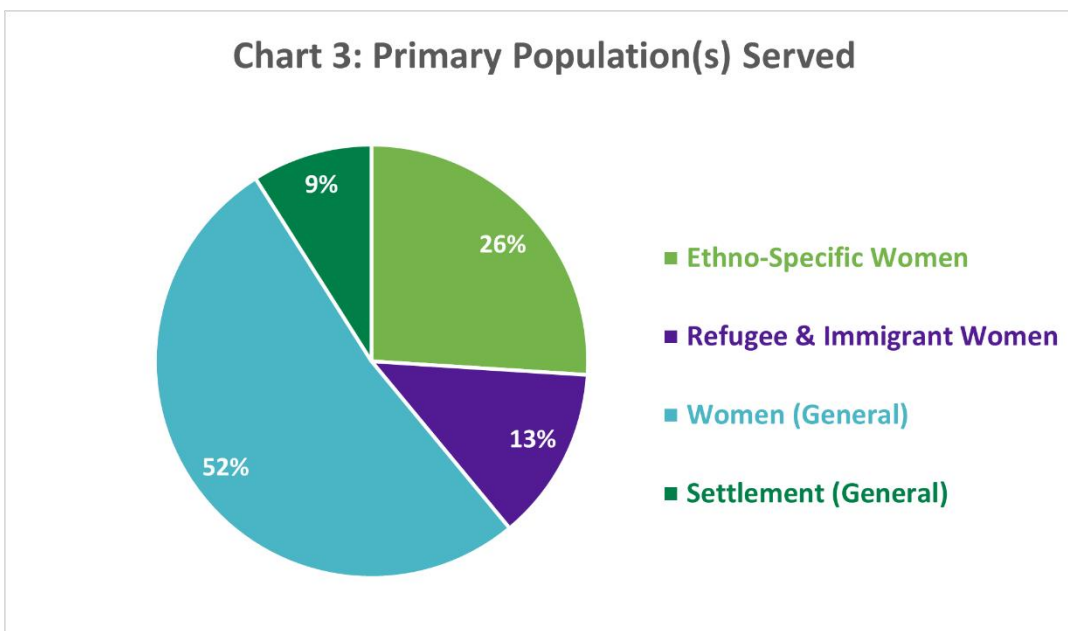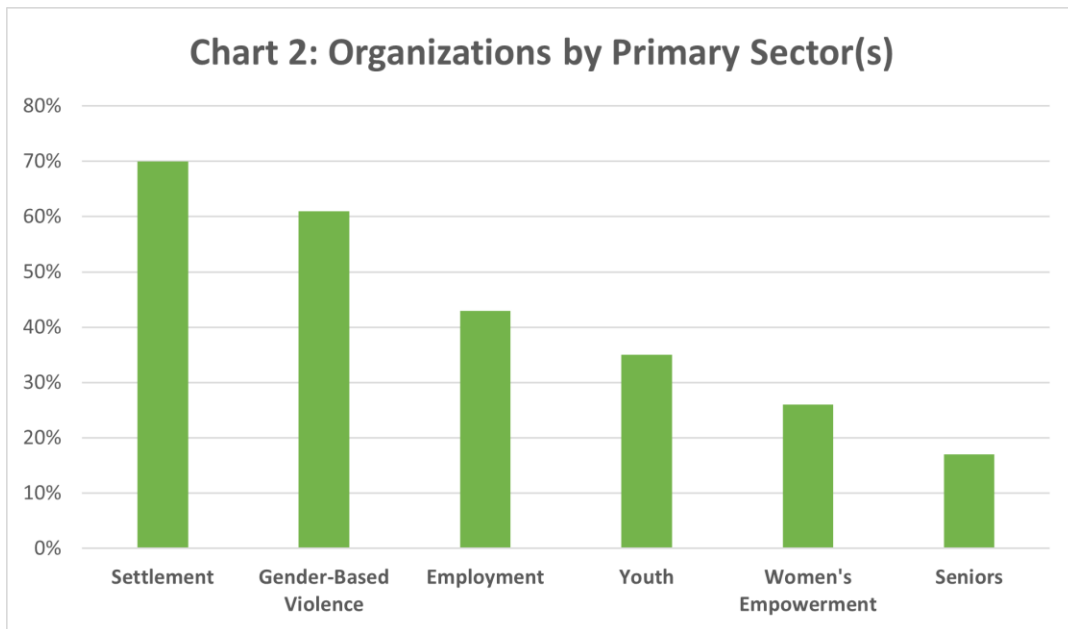
There was a relatively even distribution of organizations by size (see Chart 4). This was important given key themes around challenges experienced by smaller organizations that emerged in our data.

Over a quarter (26%) of organizations had 25 or more full-time staff members, or what we considered "larger" organizations comparatively. 22% of organizations had between 10 and 25 full-time staff members. Over a quarter (26%) of organizations had under ten full-time staff members, or what we considered "smaller" organizations comparatively.

While participation in the focus groups was based on respondent availability, it so happened that one of the focus groups was primarily attended by smaller organizations. This allowed the researchers to hone in on key issues experienced based on organization size, but it should be noted that such insights were not generalizable given the size and scope of the research.

Chart 4: Smaller versus Larger Organizations

- Under 10 FTE
- 10 to 25 FTE
- 25+ FTE
- Not Reported
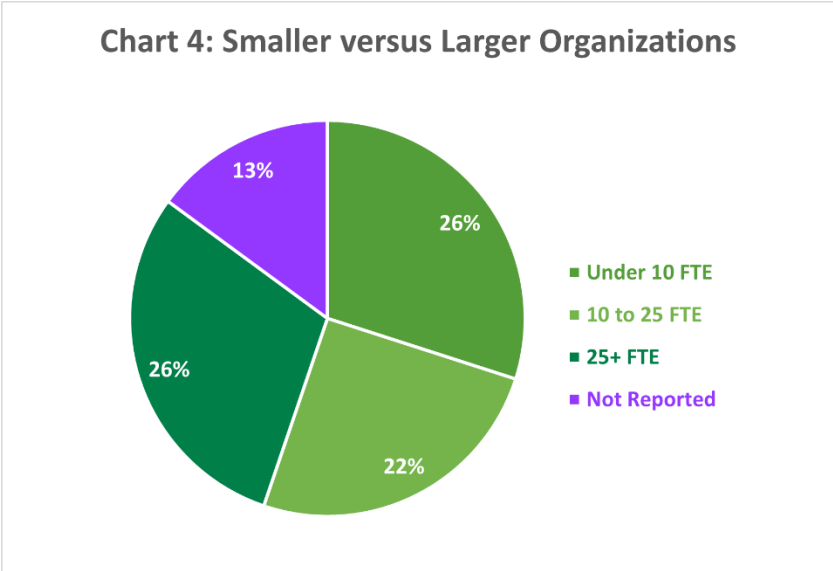
Another important characteristic of the sample was that it was primarily composed of women leaders and senior management (see Chart 5).

The majority of the participants were the Executive Directors of their organization (52%). Over a quarter of the participants were in management (26%). The remaining participants were front-line counsellors, settlement workers, and advocates (22%).

This distribution fit the focus of our study, since women's leadership was a key gap that emerged in our scan of existing research. Future research can expand to include a broader sample of service providers in a range of roles.

Chart 5: Participants by Role

- Executive Director — 52%
- Management & Senior Management — 26%
- Coordinators & Front-Line — 22%
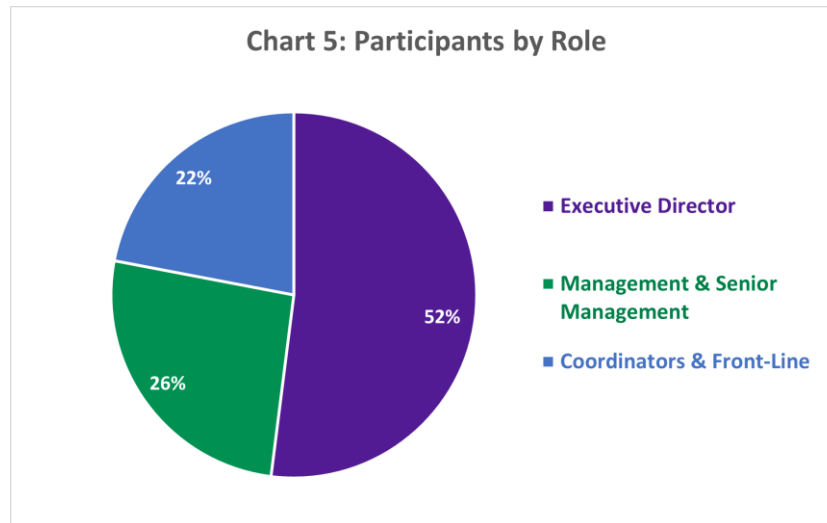
Data Analysis

Focus groups and interviews were transcribed using Microsoft Dictate and were open-coded manually by all three members of the research team. The team met regularly to discuss key themes emerging from the data, including:

- Specialized knowledge;
- Adaptive or promising practices;
- Pre-existing systemic constraints on capacity to respond;
- Long-term impacts of COVID-19; and
- Recommended actions – practices to continue, actions needed to transform, and approaches to avoid.

The lead researcher then performed focused-coding of the data using the key themes in order to develop the analysis. In completing the write-up, the second author helped verify that a diversity of examples and perspectives captured in the data were reflected in the analysis.

Resilience proved a useful framework for our analysis. This included a careful review of scholarship and relevant critiques of the concept. For example, recent critiques have pointed to increased use of the term by governments in discourse on migrants, racialized people, and other

vulnerable groups.[117] While complex, discourse on resilience has tended towards a problematic individualizing of responsibility for social change onto equity-seeking groups. Discourse on Black women in particular has used claims of resiliency to concurrently undermine arguments for systems change, leading one critic to call for resistance, not resilience. [118] For migrant communities, Bhuyan and Leung observe how resilience discourse has been used by local government officials to reinforce problematic categorization of some racialized and migrant groups as in need of resiliency, compared to other, usually economic migrants, who were framed as resources for building a city's resilience and global competitiveness. [119] In contrast to problematic uses of resilience, some scholars and advocates have proffered alternatives like *social resilience* while others have rejected the term altogether.

In this study, we operationalized different uses of the term to distinguish forms of individual and organizational resilience that our study participants drew from as they mobilized services for their communities. We contrasted these sources of resilience with what we termed *systemic* resilience, defined as the structural investments required to truly build equitable communities.

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[117] See for example: Rupaleem Bhuyan & Vivian W.L. Leung, "Framing Migrant Resilience as a Civic Responsibility: A Case Study of Municipal and Provincial Immigration Integration Policies in Toronto, Ontario" (2021) 00 *British Journal of Social Work* 1; John Shields & Zainab Abu Alrob, "COVID-19, Migration and the Canadian Immigration System: Dimensions, Impact and Resilience" (2020), York University, online: https://bmrc-irmu.info.yorku.ca/files/2020/07/COVID-19-and-Migration-Paper-Final-Edit-JS-July-24-1.pdf?x82641.
[118] As quoted in Vinita Srivastava, "Don't Call me Resilient – it Covers up Systemic Racism" (16 February 2021), online: https://www.toronto.com/opinion-story/10330423-don-t-call-me-resilient-it-covers-up-systemic-racism/; see also Ruth E. Samuel, "The 'Strong Black Woman' Stereotype is Dangerous" (19 June 2020), online: https://www.teenvogue.com/story/strong-black-woman-stereotype-oped.
[119] Rupaleem Bhuyan & Vivian W.L. Leung, "Framing Migrant Resilience as a Civic Responsibility: A Case Study of Municipal and Provincial Immigration Integration Policies in Toronto, Ontario" (2021) 00 *British Journal of Social Work* 1.

SECTION I: PANDEMIC RESPONSE AT THE INTERSECTIONS

DEMONSTRATING THE VITAL ROLE OF WOMEN-SERVING-WOMEN-LED ORGANIZATIONS IN ONTARIO'S SETTLEMENT SECTOR

Key points in this section:

- Like many organizations across Ontario's settlement sector, the organizations in our study quickly pivoted their operations in response to COVID-19 public health measures.

- However, as WSWL organizations, our study participants used their specialized knowledge of systemic barriers and the intersectional needs of clients to identify and respond to critical gaps in public health measures.

- The findings overall suggest that WSWL organizations can play a vital role in a Settlement SHEcovery by: contributing their specialized knowledge towards pandemic recovery; leveraging their networks and relationships of care in response efforts; and drawing from their lived experiences to lead and inform systemic change.

When we asked participants to share how they adapted in the early days of the pandemic, many recalled how those first days and weeks of the pandemic were chaotic and daunting. Like other organizations across Ontario's refugee-and-immigrant-serving sector, the respondents in our study described quickly pivoting their operations to adhere to COVID-19 public health measures. For many, this meant transitioning all programs and services to virtual platforms or phone-based services, and in some cases, suspending offerings that could not be safely delivered. For organizations delivering services deemed "essential" by the province, this also meant adapting operations to ensure client and staff safety: installation of plexiglass, rapid implementation of on-site screening, and integration of personal protective equipment (PPE) and sanitization practices as part of regular operations.

> Our agency has been open this whole time, except for two weeks at the beginning of March when we had to close down … Just putting the brakes on was not an option!

> It looks like a completely different space now, with plexiglass installed everywhere for client-facing work. We have a walk-in protocol, we have a washroom protocol, we have all kinds of protocols!

We also asked participants what 1 or 2 words or phrases they would use to describe this period. Many agreed that the early days of COVID-19 were a "big scramble" where "all hands were on deck". Some commented that it was so intense that even the recollection of it was a blur. Yet

most also expressed pride in how they rose to the challenge and kept services running. There was a general sense that the crisis had been a period of intense learning, or as one participant described, it was like being dropped in the Sahara Desert and not knowing your capacity to survive until you are in that situation.

> You know [laughing], I can barely remember the actual beginning! It was such a scramble! … It was "pedal to the metal" just scrambling to overhaul the way the online services were going to work and how we could accommodate it.

> It was a time of huge learning. Just *huge* learning. And I think you never know, when someone kind of drops you in the middle of the Sahara, or in the middle of the jungle, what you can do until you're there. So, you look around and you think, "Oh, I had a flashlight!" "Oh, I had a penknife!" "I know how to tie a Slipknot!" And I think this was our version of having to really protect our clients' access to health on the drop of a dime, because for many we are the one-stop shop.

As suggested in the above metaphor of being dropped in the Sahara Desert, the intense experience of adapting to a new pandemic reality made the vital role of WSWL organizations much more visible, even to the organizations themselves. In the same way that one might discover tools and skills one had all along – flashlights, penknives, and knowing how to tie a slipknot for climbing out of a situation – the study participants revealed key factors that demonstrated their vital role in mitigating the effects of COVID-19 for the communities they served. We highlight three such factors below: their knowledge of the intersectional needs of communities and systemic barriers to support; their pre-existing networks and relationships of care; and the forms of experiential knowledge or lived experience that WSWL organizations drew from to advocate for an equitable pandemic recovery.

Factor I: Applying specialized knowledge of intersectional needs and systemic barriers

The organizations in our study adhered to public health guidelines, but they did not stop there. Rather, they used their specialized knowledge to identify and respond to critical gaps in public health measures. This specialized knowledge involved an astute awareness of the intersectional needs of the communities they served, as well as the systemic barriers that created those conditions in the first place. As we illustrate below, WSWL organizations adapted their crisis response to account for a growing digital divide, alarming rates of gender-based violence, increased immigration precarity, and deepening racial disparities resulting from both the pandemic and response efforts.

An intersectional understanding of the digital divide

WSWL organizations were among the earliest to call attention to the "digital divide" as a pre-existing systemic barrier that became much more pronounced in the move from in-person to virtual services. Likewise, when families were told to shelter in place, these organizations had called immediate attention to how home is not a safe place for everyone, referring to increased risks of domestic and family violence.

The service providers in our sample used their intersectional analysis of issues like the digital divide to help shape their adaptive practices. If home is not a safe place for everyone, they reasoned, then providers need to make sure that women have access to their own independent technological devices. Providers likewise need strategies in place to make virtual access a trauma-informed practice, they reasoned, by considering client privacy, safety, and prevention of harm. From the outset of stay-at-home measures, the key informants in our study described "pounding the pavement" for tech donations for women, gathering up and distributing cellphones and tablets to drop off at clients' homes using safety protocols. They applied for – and in many cases secured – emergency COVID-19 funding to enhance digital safety for their work with clients and step up their organization's tech infrastructure.

> I remember all I did for 10 days was knock on every door of every big and small corporation to say, "We need cell phones, tablets, and SIM cards for our clients!"

> For our crisis and counselling services, we saw an increase of over 50% of women calling in for violence-related support. We realized very quickly after the lockdown that home was no longer safe for many, many immigrant women. And then we were sadly aware that there are some women who may have fallen through the cracks because they may not have had the cell phone or the technological know-how to contact us.

> Staff would be communicating with their clients virtually and then somebody's partner walks in. So, developing a safe word, developing a screening process before client care can even commence. Strategies around privacy all had to be developed.

In some cases, research participants talked about the added complexities of ensuring digital safety for racialized and ethnic minority women and/or women with precarious immigration status. One interviewee described how building trust with clients over the phone required flexibility in the time and number of conversations typically required when navigating the stigma of GBV combined with differing cultural norms or expectations: or, what she termed "high-context cultures". Rather than positioning this as an issue of a woman's culture impacting service,

however, she linked this to the systemic contradictions between the pressures to achieve service efficiency versus best practices in trauma-informed care for all survivors of GBV.

> In high-context cultures you might be three phone calls in before you get into the need of something. There's a lot of "get to know you" speak, lots of preamble, lots of peripheral stuff before you get at the issue, if you ever get at it, right? So, it might take a few conversations of lightly skimming the top of something before they actually feel like "OK, if I'm going to get anything I'm going to have to put it out there." And *then* it's a bond, it's a *bond* that's formed.
>
> But it becomes challenging given the way the sector is sort of set-up. We have targets to meet, we have timelines, and it's just not the way [high-context cultures] work. I mean, in fairness, I don't think *anybody* really functions like that: "I'm going to pour my heart out to you but I'm going to do it in my assigned slot."

What these collective insights amounted to, we suggest, is a developing gender-based analysis plus (GBA+) of the digital divide. That is, an intersectional gender-based analysis of how disparities not only exist in who has access to technology and technological competencies, but also inequities in issues such as digital safety and approaches to virtual service design that are trauma-informed and culturally-responsive.

Navigating systemic barriers in the midst of deteriorating conditions

Not only did their specialized knowledge inform how they adapted their services, but they also rose to the challenge of helping clients navigate other systems during a time of great uncertainty and rapidly deteriorating conditions for families disproportionately impacted by the pandemic.

One key informant gave an example of how, prior to the pandemic, her organization had been used to giving out food vouchers to clients. But when the pandemic hit and food and toilet paper flew off the shelves, there was no food left at the grocery stores where clients went to use their vouchers. Her organization instead quickly adapted in the early days of the pandemic from providing vouchers to physically purchasing food for clients in crisis and delivering this food while maintaining safety protocols, taking care to be mindful of maintaining client dignity in the process.

WSWL organizations' knowledge of immigration and racial impacts of COVID-19 on clients also helped them assist clients in navigating systems in flux, particularly in the early days. Likewise, their advocacy at the client level and in their communications with funders and policy-makers led to important wins in terms of access to supports, such as increased flexibility in the ID requirements that are often a critical barrier for clients with precarious immigration status.

> I told some of the women [staff], "Please stay home if you want to" but they said "No, there's too much to do!" You know, issues related to permanent residency (PR) card extensions, women separated from their children in other countries, women who are survivors of abuse and who have different situations, yeah? And so the intensity of the need was there.

> We normally have all of these ID requirements around [immigration] status … and we've seen [government] really loosen up a bit on how that works. It's actually been remarkable to watch the change from being super, super, super officious and uptight, to "No, no it's not a problem, it's OK." Like really? You can do a 180 like that? Interesting! All of a sudden, they've made the change out of necessity.

In addition to helping clients navigate changing legal and immigration systems and requirements, WSWL settlement organizations also used their knowledge of client needs to help navigate changes in access to healthcare. At the time of our focus groups, Ontario's vaccine rollouts were in their early stages, and several study participants explained the degree of care required to help diverse clients navigate much-needed access to vaccines.

> There's a lot of navigation through the healthcare system and providing care for people who don't fit the "regular" needs profile that other services might be accustomed to. We've couriered taxi chits to elderly people, because there's no other way of getting them to the hospital for their vaccine shot, right? So, you really have to think outside the box, you really have to try and figure out how to tailor your care in a way that you're not excluding the people who have the least resources.

> Even trying to book somebody for a COVID-19 vaccination, that's something that from beginning to end can take 20 plus minutes, right? Trying to figure out, when can this person get an appointment? Like, do they speak English? Great, OK. So, no OHIP? OK. So, then we have to call the 188 number [instead of using the online booking system] and wait on hold for our turn while trying to ask the client what type of ID they have, if any. [We ask] "Where do you live? Let's try and see if there is anything around your area, so that you don't have to take as much time off…" Because clients will tell you "I'll get fired if I take time off work, but I DO want to get my vaccine." Also, there's a lot of mistrust about the vaccine itself and the time that it takes just to discuss that.

As illustrated by the above examples, the degree of uncertainty and the rapidly changing situation in health and legal systems all required a constant and intentional translation of how universal

measures should be adapted to ensure equitable access. The WSWL settlement organizations in our study played a vital role in translating their intersectional knowledge into adaptive practices for clients from the granular to the systemic level.

This process of continual translation and adaption required an "all hands on deck" approach. Many Executive Directors and management staff found themselves buying and dropping off food, cellphones, and tablets at their clients' homes, while figuring out how to support frontline staff working from home or providing essential services in-person. They adapted their roles to meet the changing needs.

> Not being able to have volunteers on site, staff has stepped up in completely new ways, supporting not just our point of entry screening, [but also] supporting the emergency food bank, service and support for clients, rotating assigned duties, which just allows us to function.

Overall, these examples illustrate how the WSWL organizations in our sample were able to apply and, in some cases, hone their intersectional analysis of clients' needs and systemic barriers to support. This analysis helped guide the strategies they used to try and mitigate against systemic vulnerabilities intensified by the pandemic and related measures.

Their specialized knowledge, however, was only one factor that we noted in the data. Providers also highlighted the important role of what we would call relationships of care in facilitating pandemic response efforts. We elaborate on this factor below.

Factor II: Leveraging pre-existing networks and relationships of care

Many respondents described how the relationships they had fostered with local communities, as well as the networks of care they had built over time, had helped them to identify and respond to urgent community needs. This was particularly the case among smaller organizations, composed of members of local ethnic, cultural, or religious groups or who had grown up in the local neighbourhood, and who now worked or volunteered at those organizations.

> Community organizations are the essential tools that connect to women in the community. We have existing trust and relationships with women in the community… [When the pandemic started] we immediately activated our community resources.

Relationships of care were an "essential" resource for communities who were suffering; for this reason, the key informants we spoke to saw all of their work in community as essential. A refugee women's sewing class may seem like an inconsequential thing to put on hold during a pandemic, but for many clients, this type of space was central to a woman's sense of belonging, emotional wellbeing, and a respite from isolation or unpaid care work in the home during a time of

transition and settlement for her family. Some described the important responsibility of being a lifeline for isolated women, often seniors, newcomers, or those whose first language was not English or French. Another key informant noted how, with many faith institutions closed under COVID restrictions, the role of service organizations as collective spaces was all the more vital.

> When you say, "What is essential?" – in our work, we believe everything is essential work!

> We have a number of seniors – racialized women – living in isolation. The same woman would call about five times in a day! That was the level of fear and agony.

> Folks can't get to their mosques, they can't get to their churches. They cannot get to some of the only places that provide solace, faith, and the ability to link as a community. Much of the way that we mourn is collective, much of the way that we build is collective.

The switch to virtual services also enabled organizations in some cases to improve or expand their networks and relationships in ways that were efficacious for some clients. Several interviewees described how the expansion of virtual services was highly beneficial for reaching tech-savvy clients, or in cases where being able to engage with the organization from home amounted to fewer barriers to accessing support for some clients. Temporary domestic workers who were tech savvy, for example, could now access support outside of their regular work schedules. Likewise, newcomer mothers with young children did not have to physically transport their children with them to access care – even though virtual access was not without its challenges as described earlier. Finally, some organizations described how virtual access enabled them to reach more clients across Canada and globally, and to expand the networks of professionals who could be called upon as guest speakers, collaborators, and tutors, for example.

> The switch to virtual has been really good in a lot of ways. We are accessing a whole bunch of people that we might not otherwise have accessed. We've got a tutor in India who's coming in and doing weekly tutoring! I mean, we can do anything when it's like this.

> We could reach more clients. We even have clients out of the city, getting the programs. Women were calling from Turkey and Abu Dhabi! This was new. Their friends shared links to our programs with them.

> The caregivers we work with have really limited free time and they are very tech savvy. And typically they don't have great access to transit, so coming in for an appointment is a problem. They're very happy to come in for social stuff on their days off, but if they're trying to squeeze

> in anything else that's kind of hard. So just to have [virtual access] as an option is fantastic.

> Mothers coming in with three little guys [kids] wailing "I'm hungry!" and running around – it must have just taken every last ounce of her energy to take this clan and bring them here, right? So, we will certainly continue with online services as an option.

At the same time, the participants in our study worried about the long-term impacts of COVID-19 on their capacity to sustain relationships of care with under-served communities. Many described being highly concerned for families and vulnerable individuals at high risk of being left behind altogether. Others saw this as an issue of certain critical services just not translating well to virtual platforms and were concerned about an over-emphasis on digital access in a post-COVID-19 reality. Others lamented the potential impacts of pandemic strain on their capacity to foster partnerships with other service organizations.

> An entire portion of our communities don't have access to virtual care and cannot spend an hour on the telephone because they're working three jobs still, three precarious jobs.

> There is so much connection that is lost when you are counselling a survivor online. You can't hand a crying woman a box of Kleenex on zoom, or offer comfort in the same way. But we are trying our best to be resilient.

> Keeping in touch with our partners is very hard. They don't have the time, we don't have the time… [Before the pandemic] it was probably 20% of our work that was participating in our partners' activities or meetings and co-creating, but not anymore.

Beyond intersectional knowledge, the networks and relationships of care that WSWL settlement organizations fostered were a key ingredient in the "essential" support provided to break fear, uncertainty, and isolation. Organizations leveraged these networks to increase access to care, and in some cases, COVID-19 measures enabled them to expand the reach of networks globally. However, as finite resources, networks of care were also stretched in ways that raised concerns about the long-term impacts of the pandemic on the capacity to serve.

Factor III: Drawing from lived experience to lead and inform systems change

A third contributing factor to the vital role played by WSWL settlement organizations had to do with leaders and staff members who themselves identified as members of equity-seeking groups. Indeed, several participants emphasized the important role of what we would term *experiential knowledge*, garnered from lived experiences, in shaping pandemic responses. In other words, it

was significant that these organizations were women-led, and in many cases led by racialized, immigrant, and/or refugee women who drew from experiences of sexism, racism, xenophobia, and gender-based violence as important sites of knowledge.

> There is value to having women-*led* organizations doing women's services. The quality of the programming itself will change – it's a specialized knowledge and not the same as just having a few women on staff.

Leaders of organizations described how their lived experiences as immigrant and refugee women fueled their capacity to innovate and organize during times of crisis, sometimes citing examples of community-building during their pre-migration experiences or as part of grassroots organizing in Canada. The leaders of WSWL organizations in our study emphasized how awareness of the trauma of forced migration and gender-based violence came into play in their roles. As one study participant explained it, it shaped how they balanced care for clients with the necessary work of caring for staff during the pandemic, including recognizing the importance of hope in times of uncertainty.

> There was a balance that sector leaders, who again, mostly are women, had to maintain. You had to navigate uncertainty and still lead with a steadiness which could give people some hope… It's not talked about enough … where you are continuously in the world of trauma … this is unrecognized by the funders and unrecognized by the system.

While leaders of WSWL organizations drew from their experiential knowledge in balancing care for clients and staff, their positionality also exposed them to forms of sexism, racism, and other forms of discrimination and exclusion in their leadership work. Indeed, the settlement sector was not always a safe place for women leaders. The examples shared by study participants ranged from sexist or racist comments in their dealings with people in positions of power, to being excluded from "old boys' networks" or overlooked as secondary.

> I had a Program Officer say to me "maybe you should change your [agency] name to become more attractive to men" … I was stunned.

> [A high-profile government decision-maker] comes to our session, which is 98% women, and what does he do? He addresses the man in the group, basically saying "I had a beer with your boss…" The women in there were just appalled…. But this is the kind of behaviour that we get constantly and consistently… they have a [old boys] club.

> The male-led organizations [in my ethnic community] that try to push aside women's groups, use our names, use our logos to promote themselves… I find that absolutely disgusting. I think men should be

> supporting women, but they need to do it in a supportive way, not as if they know everything, because we already live in a patriarchal society.

Taken together, our analysis of how WSWL settlement organizations pivoted in response to COVID-19 demonstrates their vital role as part of Ontario's social services sector. Specifically, they rose to the challenge by using their specialized knowledge to identify critical gaps in public health measures for the diverse communities they worked with. They also leveraged their networks and relationships of care to bridge growing disparity in the communities they served. And, they combined this adaptive work with forms of experiential knowledge as members of equity-seeking groups.

All of these factors combined to shape what we would call the individual and organizational forms of resilience among WSWL settlement organizations. However, in line with critiques of resilience theory outlined in recent scholarship, such forms of resilience should not be confused with what we would call *systemic* resilience, defined as the structural investments required to truly build equitable and resilient communities. Our analysis of the impacts of COVID-19 on WSWL settlement organizations illustrates the importance of building systemic resilience as a key part of a SHEcovery for the settlement sector.

SECTION II: "THIS WAS ALREADY A CRISIS"

HOW PRE-EXISTING SYSTEMIC INEQUITIES PROLONGED AND DEEPENED THE COVID-19 CRISIS FOR WOMEN-SERVING-WOMEN-LED SETTLEMENT ORGANIZATIONS.

Key points in this section:

- Like other social service organizations in Ontario, the women-serving-women-led (WSWL) settlement organizations in this study experienced direct impacts of COVID-19 on organizational capacity and staff mental health. Given these impacts, study participants were grateful for short-term emergency funding and flexibility on the part of many funders in light of the pandemic.

- However, pre-existing inequities in the sector also contributed to the effects on WSWL settlement organizations, leading them to rely heavily on individual and organizational sources of resilience to cope. As such, study participants expressed serious concerns about the long-term impacts of the pandemic on the sector and worried about a deepening of pre-existing inequities for WSWL organizations in particular.

- The findings call for transformative investments in the *systemic* resilience of the sector, which would not only take seriously the need for core operational funding, but would also apply a stronger GBA+ in the design and implementation of settlement services. Building systemic

resilience would also necessitate taking concrete measures to monitor and overcome inequities in how funds, resources, and decision-making power are distributed.

When OCASI launched its national webinar series examining COVID-19 impacts for non-status, refugee, and immigrant (NSRI) women in the summer of 2020, the title theme was that "this was already a crisis" for NSRI women. The series featured leaders of women-serving-women-led (WSWL) settlement organizations, who presented their analysis of a rapidly-deteriorating situation for NSRI women and their families. In what follows, we add to this analysis by considering how WSWL organizations themselves were affected by the pandemic and related public health measures. As indicated in our environmental scan report (see Part I), few research studies have examined the organizational-level impacts of COVID-19 for WSWL settlement organizations, yet these remain vital sources of support for NRSI women and their families.

Like other social service organizations in Ontario, the WSWL settlement organizations in this study experienced direct impacts of COVID-19 on organizational capacity and staff mental health. For instance, some participants described the impacts of having colleagues or clients contract COVID-19. In several cases, in fact, participants shared stories of staff deaths, and how there was little time or opportunity to grieve such losses.

> COVID-19 impacted us very, very hard. One of our staff members died of COVID very early, actually. She was working for us for a long time, maybe 15 years. She passed away very, very fast… We are only 11 staff members.

The mental health impacts of isolation and uncertainty of COVID-19 combined with intense hours at work also meant that sources of joy outside of work were no longer as available.

> For the longest time nobody took sick days, right? Nobody took sick days… And then I just had the latest staff person today say to me: "I'm on sleeping meds, I missed the meeting because I couldn't get up this morning, and I think I'm depressed." And so we're seeing this stuff playing out… It's a mental health thing: the fact that there is nothing *but* work. The other things that give them joy in their life have vanished.

> We're working nonstop, you know we start at 8:00 o'clock in the morning and we can go until 9:00 or 10:00 at night, there's no limit. So, it's important to be able to take that break.

As outlined in our environmental scan (Part 1), the mental health impacts of COVID-19 on service organizations have been well documented in existing research. Our findings confirmed that WSWL settlement organizations were not spared those effects.

However, as we analyzed our respondents' stories of impact, the phrase "this was already a crisis" took on a deeper meaning. Namely, that WSWL organizations were also impacted by pre-existing and intersecting systemic inequities that together played a profound role in how WSWL organizations experienced COVID-19. For WSWL organizations too, we suggest, "this was already a crisis."

In what follows, we outline three contributing factors that demonstrated this phenomenon: (1) the direct impacts on service providers from equity-seeking groups; (2) the vicarious impacts borne by care workers supporting vulnerable communities; and (3) pre-existing structural inequities that combined with pandemic effects to intensify organizational impacts.

Factor I: Direct Impacts on Service Providers from Equity-Seeking Groups

The key informants we spoke to challenged stark distinctions between service providers and clients, particularly when it came to smaller, community-based organizations.

> The impact we see in the community is the same impact on community organizations.

At first, we were puzzled by this repeated refrain. But as we analyzed the data, we began to understand how the composition of the workforce itself meant cascading effects of COVID-19 for service providers from equity-seeking groups. Some described how, because many staff are from racialized communities or neighbourhood "hot spots" disproportionately affected by COVID-19, they were experiencing multiple sources of exposure: through their home life and their work life delivering essential services.

The impacts of working from home experienced across service organizations also had gendered dimensions for WSWL staff. Our study participants described the triple burden carried primarily by women in the workforce as childcare centres closed and schools moved to virtual learning. The digital divide also impacted service providers who needed access to technology, Wi-Fi, and digital platforms. Moreover, not all staff had adequate space in their homes to transition easily.

> Staff didn't have a safe space in their homes to communicate with clients over the phone, because the staff too come from very marginalized communities. They are not privileged. Many of them have gone through the same experiences of violence and abuse.

Direct impacts were not solely a result of COVID-19, but linked also to longstanding issues of police violence and anti-Black racism that saw national protests in North America following the murder of George Floyd. Several key informants described how violence against Black bodies affected WSWL organizations simultaneously and inextricably.

> I think that given our large proportion of Black women, women of colour, on our staff, who are also being impacted by violence against Black bodies, right? That's also had an impact on our organization. So, there's been mental health issues within the staff as well, I would say. Not everyone, but there has been some element of that as well.

Others described how their experiences of racism and xenophobia deeply impacted their sense of belonging as second and third generation Canadians. While such experiences enabled important forms of experiential knowledge as illustrated earlier, it also came with its own set of mental health impacts that long pre-existed the pandemic.

> From the mental health perspective, what does it mean to be mentally healthy when you're unseen in a society that consistently asks you where you're from even though you were born here, your parents were born here, your grandparents were born here, their parents were born here. You're really not allowed to be Canadian, to be honest. You're expected to be passing through Canada by way of somewhere else.

Overall, these findings call for a more nuanced understanding of the cascading effects of COVID-19 on communities, where people from equity-seeking groups often comprise part of the NGO workforce, particularly in lower-wage, part-time, or precarious positions. Such an approach would still acknowledge power differentials between staff and clients, but without over-simplification.

Factor II: Vicarious Impacts of Care Work with Vulnerable Communities

A second related factor had to do with the vicarious impact service providers experienced in performing care work with vulnerable communities. In some cases, this had to do with the nature of the work and the vicarious trauma that service providers encountered in a rapidly-deteriorating and uncertain situation. Indeed, the stakes were high for service providers who were responding to alarming rates of domestic violence, refugee claimants prevented from crossing the borders into Canada, and non-status families contending with food insecurity.

> When you read in the paper about violence rates going up, it's very different than in practice. When your clients are reaching out to your staff in precarious living situations – calling from on a balcony, locked in the bathroom. I don't want to be too graphic, but you really get a sense of the broader danger for clients when the walls are closing in. Really, this year the walls have been closing in.

> Refugees who are waiting to come and who are dealing with cancelled flights and closed borders, and you're supporting them. This one family

> had sold everything and their flight was cancelled, now it's 13 months still waiting. These are huge impacts… because of all the trauma they have gone through, and now uncertain conditions – there was this daughter whose mother had passed away, and the flight was cancelled, and then her grandma passed away – and you're supporting them, and it's a struggle.

> Our emergency food bank is serving over 300 families across Toronto, they don't have a job, they don't have immigration status, what happens when the [emergency] funds from the government finishes? These families won't find jobs immediately, and the situation for deportation will be higher.

Another expressed how heart-wrenching it was to explain to her senior clients that they could no longer come into the centre for their social and health activities. She conveyed how the seniors had said they were "even willing to take the risk" of contracting COVID-19 if it meant being able to see each other again – speaking to the long-term mental health impacts of isolation from stay-at-home measures. Having to enforce the rules for one pandemic at the expense of the impacts of widespread mental health and isolation among seniors caused a significant degree of distress.

Other sources of distress involved increasing requests for support in a situation where clients' needs could not be as easily resolved.

> Our workers now have these clients whose work should be closed in their workload, but it's not getting closed. And the new clients are still coming to them at the same speed. And the emotional turmoil and the trauma that the clients are facing has an impact on the work capacity, because they have to hold so much space for that extra emotional work.

What we were struck by as researchers, was how often our key informants described cumulative effects of experiencing vicarious trauma while navigating their own direct impacts of the pandemic and related crises. One participant described this as "community suffering," where you experience the direct impact yourself and vicariously through your clients. She related this to how the many Black women at her organization experienced anti-Black racism during the pandemic. Another participant made the connection between staff who represent their communities and the practice of caring for the community at the same time.

> The violent death of George Floyd was something that was *felt* by the organization … So, providers are also carrying that burden of seeing that racism and the inequalities being so much more present for

> clients, and they are feeling it as well. It's kind of like, I would say that's more of a feeling of *community suffering*.

> Our staff represents our communities. So, in a very real way, they are feeling all of the backlash and impact of COVID-19 and Anti-Black racism, and trying to hold community at the same time.

Given direct and vicarious impacts of the pandemic and other intersecting issues, study participants were grateful for short-term emergency funding and flexibility on the part of many funders in light of the unprecedented situation. But this funding generally went to purchasing PPE, installing plexiglass, or updating technological infrastructure. In some cases, it was used to hire new staff to deal with increased demand. Several organizations described instituting special "pandemic days", or personal days that staff could use to help manage. Given the deep impacts described above, however, the emergency funding almost seemed like scratching the surface. Indeed, many study participants questioned the very notion of a "recovery" from the pandemic and related issues. Some worried about their capacity to sustain response efforts. There was a pervasive fear that any flexibility on the part of funders would be short-lived, or worse yet, would switch to a cutting of services using austerity measures, as had been the case in previous recession periods.

> I think we are pretending there is a recovery, the government is using the wrong word "recovery"… This kind of intense isolation and fear that particularly racialized women have gone through, have they really been able to recover? The solutions have to be long-term, they can't be short-term emergency funding.

> We're heading towards austerity and the sector needs strong leaders who have their steam still, because austerity would need us to be working even harder, and we're headed towards "this is writing on the wall". It's only a matter of how much time.

> Women's organizations already being under-resourced as they are, not having the capacity to go fully. And so they're going to be at a greater disadvantage when this all comes down in the end. Those who are able to sink or swim kind of thing, right? And if you're treading water, I mean, that might not be good enough. And that's a big fear.

The strong concerns expressed by our key informants led us to consider pre-existing systemic inequities that were often referenced in such moments of concern. In what follows, we offer an analysis of these inequities as a third factor contributing to the claim that this was already a crisis well before the coronavirus pandemic.

Factor III: Pre-Existing Systemic Inequities

Pre-existing systemic inequities limited the capacity of service organizations to adapt and respond, and in many instances, left organizations more vulnerable to COVID-19 impacts at the organizational level. Indeed, the key informants we interviewed provided many examples of how project-based funding and an over-emphasis on quantity of numbers served (as opposed to quality of care provided) had put pressure on service organizations to organize work according to top-down demands from funders rather than bottom-up needs of communities.

One key informant used the metaphor of a starfish to help convey how much project-funding and austerity measures had impacted service organizations. Changes in funding and political party ideologies meant an uneven development. The experience of having to shut down operations or pull out of communities after the funding runs out felt like the severing of the arm of the metaphorical starfish structure, and a weirdly cobbled together shape as the organization grew in a different direction informed by top-down priorities.

> I always call it the "starfish" kind of organization… Depending on the government of the day and their particular hobby horses, we're either "rolling in clover" or it's "slim pickings." So, we have this thing where every time there is money and we can grow, we will take on an office or a space, and we kind of cobble stuff together. Even in terms of our infrastructure, it's all weirdly cobbled together … And then when the funding goes, we have to sever the arm and away we go! … We're always scarred by the memory of having to do that.

The cobbled-together shape of service organizations – like starfish – demonstrate both the resilience of organizations and individuals to adapt and grow, while also illustrating the impacts at the systemic level of being forced to grow according to unpredictable and sometimes misinformed priorities from above. As the above respondent added, the cobbled-together structure of the organization was mirrored in the lack of technological infrastructure to support adaptation to a virtual environment. Lack of core funding meant few opportunities to sustain a more robust infrastructure, and the respondent worried about the implications of this for clients' security and protection when accessing services.

> When COVID came around, it created all kinds of concerns around security and our storage and our VPNs. Our infrastructure is not meant to have people working from 50 different homes. It's just not set up for that ... Just the idea that at some point for security and maintenance and monitoring, we should be moving to some kind of cloud-based function. We ran the numbers for something like that, and it's like $50,000 a year, every year. So, there's a lot of pressure for us to be able to give all the assurances that the funding entities would like us to be able to give them, and you know, not really an eye to that.

> For one thing, it's a long-term investment [and] they never want to commit to anything long-term!

Many Executive Directors spoke about how time spent competing for funding dollars – often without the same grant-writing resources as larger organizations or male-led organizations – meant time away from meaningful work in community. The move away from funds covering operational expenses meant that organizations were having to work creatively just to sustain core operations: one participant described using the 10% administrative allocations from 25 different grants just to cover the cost of renting their facilities. Study participants also described significant impacts of project-based funding models on their capacity to operate, to hire and retain staff, and to meet community needs.

> We are a small organization, we go from funding to funding. If there is no grant or no funding, there are no programs and no way to pay staff.

> We've been receiving the same amount of funding for 21 years! Not one penny in increase! So, 21 years ago the funding paid for two staff and program expenses, now it pays one staff and program expenses, but we still need to achieve the same deliverables.

> It makes it really difficult to plan for the future. We hire some amazing young, ambitious women and then you say to them, "Well we can give you a job until March 31, then we have to wait and see". It's just not fair to them, it's not fair to us, and it's not fair to the women we serve.

Inequities in how funding was allocated – and who had the resources to compete for funding – were cited by some key informants. Others cited pay equity as a long-standing issue in the sector, which again made it challenging to attract and retain staff.

> Can we come back to the issue of systemic racism in the way that funding has been allocated to our organizations, particularly smaller organizations? Many of the organizations [who are not getting funding] are made up of people who are from the communities. Many are women, racialized immigrant women in the sector.

> Equal pay for equal work is very important and something we can tire of advocating for. In this sector, especially as a women's organization, we are definitely not getting what others doing the same work are getting. Let's just look at settlement agencies that are mixed and not women's, their rate of pay is higher than ours.

In one case, a participant described how a funder re-announced funding that it had already disbursed to the agency, enjoying the PR opportunity without any actual new funds being dispersed for client services.

> The government announced [redacted amount] for our organization and you know, all these emails came in congratulating me. But it was the same money they gave us two years ago! They just decided to announce it again. So, it got me feeling a little cynical again because it really did look like we got more money, but it was just a re-announcement of the same money (*amount redacted to protect confidentiality*).

Some described this as the lack of an intersectional analysis (or GBA+) in how immigration policies and settlement services were organized and delivered. This seeped into everyday interactions with funders, with sector colleagues, and even in the push to compete with other settlement organizations for scarce resources. In other instances, it was the lack of a GBA+ analysis that put their organizations at a disadvantage, such as cases where a cap on "additional supports" such as transportation and childcare, meant that women's organizations were scrambling to find money for clients compared to other programs where male clients did not have the same level of need. Moreover, key informants noted how refugee, immigrant and precarious migrant women have more care duties – more children, more extended family members, etc, – that when funds are disbursed for what funders believe is a "regular" sized family and are not undertaken with the intersectional analysis of the communal living settings of certain populations, settlement sectors cannot adequately support client needs. Their insights emphasized the importance of intersectional gender-based analysis frameworks.

> There's a real emphasis on numbers served... and the comments that we always get, generally, it's about value for dollar, right? And you know, if you're serving a lower number of clients, high risk clients, and your value for dollar is higher, does that make you less effective? Those are the things that we need to do take apart and look at.

> The whole competing with each other thing: I look at it as an oxymoron to equality-building... I think this goes for the large organizations as well, we can't play a kind of political game in and among ourselves. I think we have to build some level of solidarity.

As our analysis suggests, pre-existing inequities in the sector also contributed to the effects on WSWL settlement organizations, leading them to rely heavily on individual and organizational sources of resilience to cope. As such, study participants expressed serious concerns about the long-term impacts of the pandemic on the sector and a potential deepening of pre-existing inequities for WSWL organizations in particular.

Given the significance of these impacts, the women leaders in our study expressed some frustration with the limits in their own capacity to support their teams beyond more frequent check-ins, encouraging self-care activities like yoga and wellness exercises, or instituting personal

days. Indeed, as researchers, we were struck by how much more difficult it seemed for our study participants to identify promising practices they had implemented to address impacts on staff compared to their outlining of strategies with clients. One participant described it as an unrecognized challenge requiring honest conversations and research like this study.

> I do talk about vicarious trauma and we do try to take care of us. We have been talking about self-care in the sector for many years now. But during COVID, the impact - I think we will probably have some more information coming out of out of this kind of research and some other honest conversations. It is an acute challenge unrecognized by the funders or the system really.

We interpreted this struggle not as a lack of consideration for staff, because the providers in our sample were very aware of the impacts on staff and the need for measures to address these impacts. Rather, we linked this phenomenon to the stretched capacity of organizations in a context of pre-existing systemic inequities that long preceded COVID-19.

Indeed, one key informant described this as a breaking point in the very resilience of WSWL settlement organizations, due to decades of underfunding and lack of succession planning as a result:

> The women who I started with 40 years ago are still here, you know? We're all getting older. It's different this time. It's not "this too shall pass with this government …" This definitely has a different tone to it. Even the men in our sector are worried – they're not stressing as much as the women – but they're saying, "Is this going to be sustainable for us in the long run? We're tired!" So, our resiliency has its limits. It's like recycling: you can only recycle aluminum so many times before it starts to become brittle and fall apart. I think that's what can happen to the sector. You keep breaking it so much that it's going to fall apart. It's not easy to put back together. That's what scares me.

The findings call for transformative investments in the *systemic* resilience of the sector, which would not only take seriously the need for core operational funding, but would also apply a stronger GBA+ in the design and implementation of settlement services. Building systemic resilience would also necessitate taking concrete measures to monitor and overcome inequities in how funds, resources, and decision-making power are distributed.

SECTION III: TOWARDS A SETTLEMENT SHECOVERY

ADVANCING AN INTERSECTIONAL PANDEMIC RECOVERY IN ONTARIO WITH WOMEN-SERVING-WOMEN-LED ORGANIZATIONS AT THE FOREFRONT OF SYSTEMS CHANGE.

Key points in this section:

- Some participants expressed hope and optimism that lessons learned during the pandemic might lead to systemic change.

- Many expressed fears that austerity measures would be introduced and that conditions would continue to worsen for marginalized communities and the WSWL organizations who support them.

- To build systemic resiliency, WSWL settlement organizations want their voices to be heard and to have decision-making power in redesigning systems to align with the rights of the most vulnerable and for the collective good of all.

At the conclusion of our focus groups, we asked our key informants if they would like to share in a few words how they were feeling or any other closing thoughts. We were struck by their overwhelmingly hopeful and appreciative responses, despite the significant challenges and concerns they had shared with us. They described feeling more connected, listened to, and less isolated in their experiences, particularly as leaders of organizations and teams who were facing so much uncertainty and loss.

This led us to place added emphasis in our analysis on the brief moments of visioning a better future that came through in the research. Several respondents framed this as a lesson or gift in times of adversity, where you can no longer look away from the deeply problematic social problems that a crisis can lay bare. Despite the impacts of the pandemic on their individual and organizational resilience, some of our informants saw a window of opportunity for transformational change. This led to new resolve to no longer accept the unacceptable.

> This pandemic has given us a lesson. This pre-existing inequality cannot exist in society. COVID-19 affects everyone: now everyone realizes that together we have to survive, we cannot survive alone. Now we feel momentum, we need inclusiveness, and we need to work together in the recovery.
>
> I would say that there's less opportunity to pretend we don't see what would impact our communities in a much more profound way, so I think that the gift of this journey is possibly clearer vision into the disparity, into the disparity that we can't just claim equity around - that

> we must say racism, that we must say division, that we do need a different language now because the threat is heightened.

> We're being managed into a corner by a virus that is not discerning, so that's really creating an opportunity for communities to see each other with a more human lens.

> We don't want to go back to the previous normal, we want a new normal. This new normal needs to be inclusive and equitable.

Given their resolve to build back better and to implement the lessons learned from the pandemic, many of the women leaders and service providers in our study wanted more than to be consulted, but rather, to also have decision-making power. One described this as a "bottom-up approach" to systems change.

> There is an over-representation in the impact on us, but we are very under-represented in decision-making authority. Our voice is not getting heard … We need this game changed to a bottom-up approach, so that the communities, women organizations, women leaders can all be part of this change mechanism. So, there are changes [that are] going to come based on our rights.

> Impact, recovery, and response: in every place we need the voice of the women!

Such decision-making power would involve key factors like a shift from project-based to core funding, and an approach to care that recognizes impacts on service providers who are part and parcel of Ontario's equity-seeking groups. As one study participant framed it: "[w]hat we would hope for women, we would hope for women's organizations!"

> We don't want project funding, we need core funding and that's the only way that we can do our work well and build our capacity.

> The focus on client care can't be two-tiered, it can't just be caring for clients; we need to be caring for ourselves in order to care for clients.

> What we would hope for women, we would hope for women's organizations! That they can stand firm and with integrity and do the work that they feel they need to do on the ground with the communities that they need to do it with!

As researchers, we interpreted these calls for a bottom-up approach as indicative of systemic resilience as an alternative to the over-reliance on the individual and organizational resilience of women leaders and women-serving organizations.

CONCLUSION AND RECOMMENDATIONS

LEADING A SETTLEMENT SHECOVERY

The findings in this report outline the vital role played by women-serving-women-led (WSWL) settlement organizations in mitigating the effects of COVID-19 for communities who are disproportionately impacted. Like many organizations across Ontario's settlement sector, the organizations in our study quickly pivoted their operations in response to COVID-19 public health measures. However, as WSWL organizations, our study participants used their specialized knowledge of systemic barriers and the intersectional needs of clients to identify and respond to critical gaps in public health measures.

Our findings overall confirm calls for an intersectional recovery that centres the voices of equity-seeking groups in decision-making power. In response to this vital role, it is important for government funders, policy makers, and sector leaders to:

- Recognize and support the specialized knowledge of WSWL settlement organizations, by: listening to and centering their critical analysis of systemic gaps; by valuing and investing in the networks and relationships of care that such organizations foster with local communities; and by giving serious weight to the intersectional and lived experiences that leaders and members of WSWL organizations bring to their work.

- Where calls for proposals are focused on improving women's social and economic empowerment, give weight to women's organizations that primarily serve women in recognition of this specialized knowledge.

- Create meaningful opportunities for WSWL settlement organizations to lead and participate in decision-making and systems change at all levels. Making room for leadership and input of Black, Indigenous, racialized, and immigrant women and gender-diverse people is essential to redesign systems to align with the rights of the most vulnerable and to contribute to the collective good of all.

Importantly, our findings suggest that recognition of the resilience of WSWL organizations alone is not enough. Indeed, when we shifted our research focus to consider the organizational impacts of COVID-19 on WSWL settlement organizations themselves, our findings were highly instructive. Like other social service organizations in Ontario, WSWL organizations experienced direct impacts of COVID-19 on organizational capacity and staff mental health. However, pre-existing inequities in the sector also contributed to the effects on WSWL settlement organizations, leading them to rely heavily on their individual and organizational sources of resilience to cope. As such, study participants expressed serious concerns about the long-term impacts of the

pandemic on the refugee-and-immigrant-serving sector and worried about a deepening of pre-existing inequities for WSWL organizations in particular.

To address the long-term impacts of COVID-19 on the health of WSWL organizations and the sector more broadly, it is important for government funders, policy makers, and sector leaders to:

- Use this window of opportunity to build systemic resilience. This would necessitate long-term investments in women's organizations through core operational funding rather than project-based funding alone.

- Create policies that build the long-term capacity of women's organizations. Effects of the pandemic laid bare the need for human resources, technological, and administrative infrastructure supports so that organizations can focus their efforts on their vital work with local communities.

- Take steps to facilitate a SHEcovery for the settlement sector by: investing in women's leadership and succession planning for WSWL organizations within the sector; by investigating and addressing gender inequities in funding/resource allocation and salaries; and by using a GBA+ lens to adapt and transform inequities in how services are organized and funded in a post-COVID-19 reality.

Ultimately, our findings suggest that Ontario's refugee-and-immigrant-serving sector is at a pivotal crossroads. No longer can we justify over-reliance on the individual and organizational resilience of women leaders and women-serving organizations. As our findings suggest, the impacts of COVID-19 place these vital organizations at risk of regressing or folding altogether. Indeed, the risks of NOT investing in a SHEcovery are critical. Millions of women have lost their jobs. Women's participation in the workforce is the lowest it has been in decades. Countless women are shouldering childcare and/or eldercare on top of their job responsibilities. And far too many are experiencing heightened levels of domestic violence and abuse. Yet, the potential benefits of ushering in a new era of core funding, intersectional GBA+ of settlement services, and equitable distribution of resources in the sector can only stand to benefit the province and its most systemically-vulnerable communities.

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