



RESISTIRÉ

Reducing gendered inequalities
caused by COVID-19 policies

Care and Crisis: Fostering a Paradigm Shift

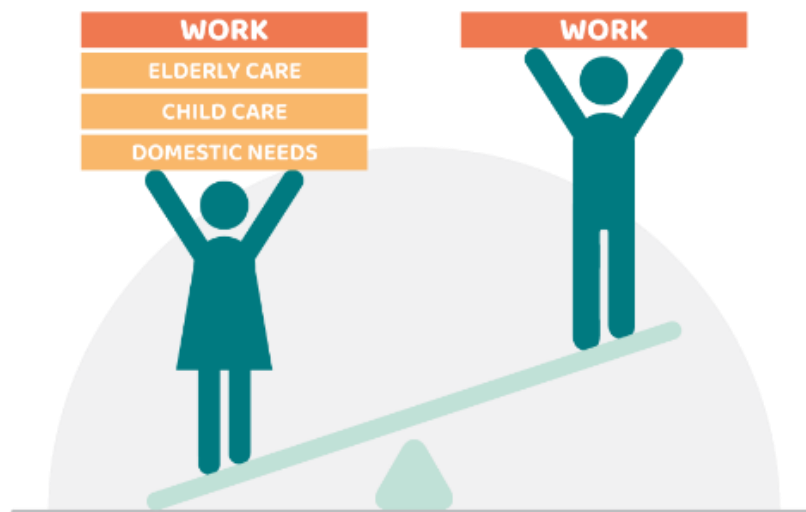
RESISTIRE recommendations to policymakers and employers to mitigate the gendered impacts of Covid-19, based on RESISTIRÉ findings.

20 December 2021

The COVID-19 crisis has reinforced many pre-existing inequalities, and simultaneously made them more visible. The lockdowns brought with them the closure of many care facilities and the requirement to stay at home, which strongly impacted people with caring responsibilities, whether it be for children, elderly people, people with a disability, and/or others. But the situation impacted men and women in different ways, as the gender care gap was exacerbated, and women took up more care work. The gender pay gap likely contributed to this trend: because women tend to earn lower wages and work in part-time jobs more often, they were the most likely to have to give up their paid work within a couple in order to sustain the increased caring duties of a household.

› Background information

With the onset of the pandemic, an additional dimension of the gendered division of labour suddenly came into focus. The rapid and widespread adoption of telework caused a significant increase in the prevalence of remote working, which, in turn, allowed for (but not necessarily resulted in) changes in the household distribution of care and domestic labour. The findings in this regard are ambiguous: while some fathers have taken up more care work since they started working from home, the existing gender care gap in Europe meant that the immediate increased burden of care due to the movement restrictions almost exclusively fell on women.



› Quantitative data: main findings

The analysis of quantitative data in the RESISTIRÉ project¹ revealed that:

"The greater time spent on caring for dependent children and older adults by women during the pandemic (gender care gap) and a lack of associated support appear to have had negative consequences for women's performance at work, time for recreation, work-life balance, income, and possibilities of accepting a job. There have also been consequences for women's wellbeing. Studies find that the pandemic had a greater impact on women's mental health than men's and that, compared to men, women felt more overwhelmed, exhausted and stressed and less satisfied with work, family life and life in general. Several studies suggest that women's poorer mental health outcomes are directly linked to the gender care gap and mothers in particular were found to suffer."

While men and non-primary caretakers have been made more aware of the importance of sharing caring tasks and some of them have actually taken up more care work in the household, this change is likely to revert back to the status quo if it is not maintained with a shift in policies which incentivise shared caring duties and foster cultural change.

For instance: *"Many RAS (Rapid Assessment Surveys) show that fathers increased their contribution to childcare during the pandemic as a result of working from home, which led to greater flexibility in work hours and reduced commute times. (...) A longitudinal panel study organised by three Dutch universities with households in the Netherlands found that the proportion of fathers reporting greater involvement in childcare increased between April (22%) and June 2020 (31%), however by September of the same year it had decreased to 23% and in November it reduced further still (18%)"*².

To conclude, it was women who bore the brunt of the increase in unpaid care work and the decrease in employment, leading to a widening of the gender pay gap, labour gap and care gap. There has been insufficient support for reconciling the demands of care, domestic labour, and work in the light of school closures and the increase in teleworking.

¹ <https://zenodo.org/record/5541035#.YZ5W7NDMKUK>

² Ibid.

› Narratives: main findings

Narratives collected by the RESISTIRÉ project have indicated some examples of how domestic work, and especially care work, has increasingly fallen on the shoulders of women. Below are two examples:

Caring for a disabled child



ITALY

An Italian woman close to retirement age has both a professional career and caring responsibilities for her son, who has a serious disability. It was possible to manage this before COVID-19 because of a set of routines, but this ended once the pandemic started. During the lockdown, the care facility her son attended closed, which meant that she had to work from home while also caring for him. Her husband is old-fashioned and believes it is not his duty to take care of the caring tasks around their son and their household. This was close to impossible for her, and life at that

moment was very difficult.

"With the onset of COVID-19, my life suddenly exploded. The management of my son fell solely on me. During those months, I faced all the same difficulties that other women may have faced, but mine were aggravated by the fact that I could not escape, not even to take refuge in my work, which had become nearly impossible to perform. My smart working experience was consistently burdened by the presence of my son, who constantly demanded attention. Before I was a caregiver only on Saturday, Sunday, and during the holidays. Now I am a caregiver every day."

Teleworking with a small child



GREECE

A working middle-aged mother living in Greece had to devote more of her time to taking care of her small child when the pandemic started, as education moved online and her son had only just started the first grade. To be able to do this, she had to combine these caretaking responsibilities with her (newly imposed) telework arrangement. Her ex-partner, meanwhile, refused to share this burden with her, even when she had other important appointments.

"I felt that I had to become a housewife, drinking coffee with other mothers, and playing with the kids in the morning and then trying to work. At work I could not cope. His father did not help us at all."

> Better Stories

Within RESISTIRE, we identify “Better Stories”, a term taken from Dina Georgis for promising practices that identify how a given societal situation can be ameliorated to improve existing practices.



SPAIN

In Spain, policies tried to keep a balance between work and family responsibilities (primarily care) by **allowing a reduction of working hours for employees** who had to take care of family members due to COVID-19 reasons. Some regional governments provided economic compensation for the loss of income.

Also in Spain, **workers (including the self-employed) benefitting from a special allowance for the care of a minor with a severe illness (cancer, etc.) kept receiving that allowance even if their contract was suspended or their working hours were reduced due to the COVID-19** crisis. Moreover, the allowance was declared compatible with unemployment and other schemes for self-employed workers who had to stop their activities.



NETHERLANDS

In the Netherlands, several organisations and businesses came up with their own ideas to relieve the increased care burden on their employees. Internet and data provider VodafoneZiggo proclaimed that children were a priority during the pandemic in order to lower stress on employees with children. For instance, these employees received a maximum of seven extra vacation days to care for their children. SURF, a cooperation of different schools, universities and research institutions, allowed its employees to register ‘corona hours’ in its work hours system, meaning hours when they had to take care of their children. These hours did not have to be compensated for later on. Law firm NautaDutilh ensured that employees with children could be reimbursed for a babysitter at home and Tilburg University provided employees with full pay even if they were not able to work full hours during the day due to care responsibilities.



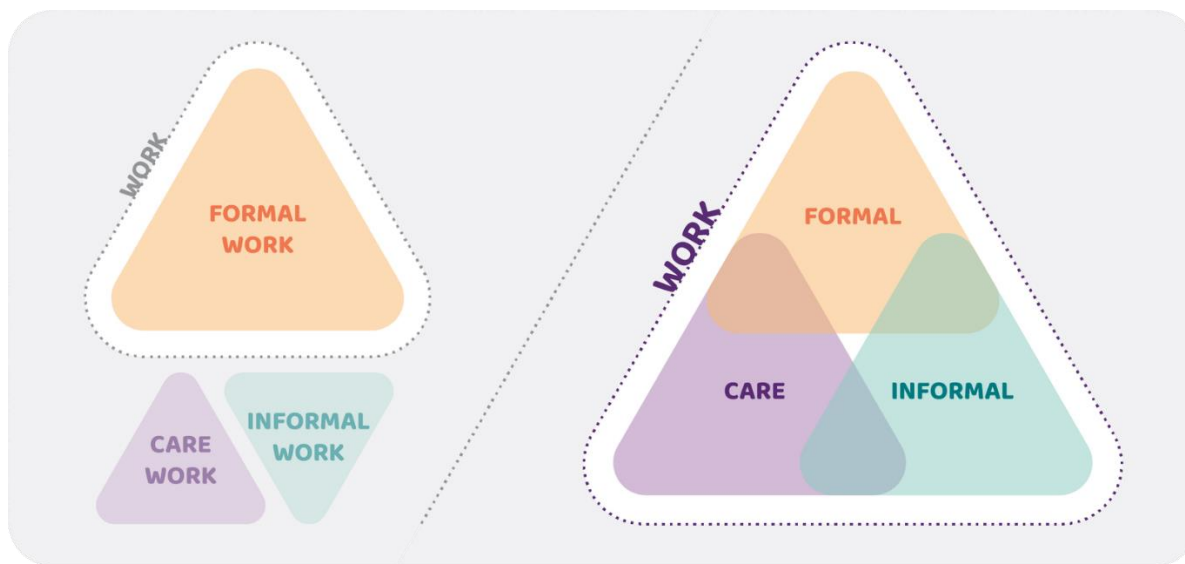
UNITED KINGDOM

In the UK, the Dope Black Dads podcast platform provides a safe space for mutual learning and exchange among black fathers. They are able to share various experiences on the intersection of fatherhood and race, including on the risk of discrimination for both them and their children/families.

› Recommendations

Recognise the Complex and Multifaceted Nature of Work

From a policy perspective, ‘work’ should be viewed not only as formally compensated labour, but also as unpaid work (care and domestic work) and informal work arrangements. Thus, it is crucial to take into account how work and labour market policies impact those in unpaid and informal work arrangements, because people in these arrangements are affected by them, but are often also most vulnerable. Furthermore, there should be policies specifically addressing the needs of people in unpaid and informal work arrangements. Additionally, recognising work in this manner could facilitate a cultural shift in how people generally think about work and, especially, where work takes place (in the home, as well as in the workplace).

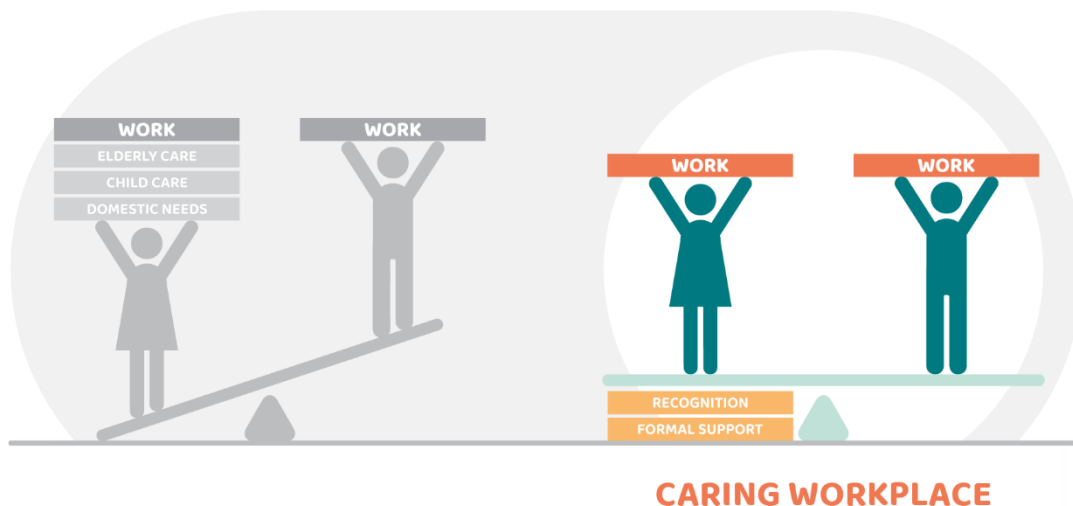


EVOLUTION OF 'WORK'

Promote 'Caring Workplaces' among Employers

A caring workplace is one that recognises the importance of employees' work-life balance and inclusive workspaces, as well as the fact that care work is demanding and, as such, should be equally divided within households. Caring workplaces' practices and policies should focus on the recognition of care as part of the working hours of an employee, and promote healthy balance between work and private life. The measures listed below can provide both employees and employers with multiple benefits, including an increase in the well-being of workers, a reduction of psycho-social risks at the workplace, a reduction in absenteeism and sick leaves, increased levels of creativity and greater sense of belonging and solidarity among employees.

- **Caring workplace policies should concretely recognise that care work still happens after the paid working hours of an employee, and therefore should promote a healthy division between labour at work and at home.** This can be done by providing more flexibility to working hours and more control to employees in order to organise their duties.
- **Caring workplace policies should explicitly state that most caring roles are unequal within households,** and that care is a responsibility disproportionately covered by women in society. Therefore, mindful of this necessary division of care roles within households, they should **incentivise support for care hours and leaves for male employees, and ensure that these hours are used by all workers,** regardless of rank within a workplace. This equal treatment and responsibilities should be highlighted and is key to ensuring and communicating that taking time off from work to care for others does not have a negative connotation within workplaces.
- **Caring workplace policies could focus on helping those with care responsibilities in delegating care.** Offering employees details about local spaces of care/caring institutions (day-care, retirement homes, hospices, and hospitals) as well as incentivising their use by giving employees structural (or monetary) support in utilising these care spaces can directly encourage those with caring duties to use these services. Even more concretely, employers can create a mainstreamed flow between workplaces and caring facilities, as well as a more institutionalised recognition of the caring duties of workers, by establishing formal relationships and partnerships with these kinds of institutions.



Expand Care Facilities

Governments should provide free and accessible care facilities. These should be nearby in order to reduce the travel burden, which mainly falls on women. Attention should be paid to those in irregular conditions, such as night workers, who should have access to special 24-hour childcare facilities. Particular attention should also go to childcare facilities for children under three years old, as the Barcelona Objectives on the development of childcare facilities have not yet been reached in a number of countries and can be made more ambitious. The facilities for children younger than three years are sparser, stemming from the expectation that it is the responsibility of the mother to take care of the child in these years.

Care Leave Policy

Care leave policies should explicitly remind employers and employees that care should be an equal duty within households, and that this care often disproportionately falls on the shoulders of women, whether they are in a relationship or not. Moreover, rather than developing care leave policies in isolation, they should be integrated in more flexible work schedules, which can accommodate the various needs of workers. Care leave can have the detrimental effect of furthering the care gap if implemented in isolation, as it can create an incentive for non-primary caretakers to let their partners take up the care burden. Therefore, it should be strongly encouraged to reshape working schedules while taking into account the heterogeneous needs and duties of workers alongside the proposition of care leave policies.

Paternity Leave Policy

Paternity leave should be as long as maternity leave, and remunerated, compulsory and untransferable. This would not only give options to fathers on paper, but also in practice, whereas now fathers often cannot take up their full paternity leave. This policy would directly challenge cultural assumptions and customs about women being the primary responsible ones for children.

Make Men's Care More Visible

Showcasing examples of changes in the values, actions and decisions of men by, for example, highlighting men with a political background involved in gender equality or reversing stereotypical depictions of caring roles. This would help create healthy role models for young men and lead to more equal and open caring roles and gender roles. An initiative like this can be carried out by both policymakers and employers through promotional campaigns.

Approach Care from an Intersectional Perspective

There is a need for an intersectional approach when designing care policies, with a focus on vulnerable groups in relation to care. Some types of workers are disproportionately burdened by unequal care arrangements (i.e., night workers, minimum wage workers, ...), while some social groups (ethnic minorities, same-sex couples, single parents, sex workers, ...) might also face discrimination, stigmatisation, and racism when trying to make use of care facilities and policies. Any policy or campaign should make sure to adequately address these different situations and guarantee equal rights and treatment for all.

› About RESISTIRÉ

This factsheet is based on data collected within RESISTIRÉ's first research cycle which ran from 15 May to 30 June 2021. 31 national researchers worked with the consortium to map policies and societal responses, together with qualitative and quantitative indicators, related to the pandemic in the EU27 countries along with Iceland, the UK, Serbia, and Turkey.⁴ This research activity was completed with workshops and interviews with gender equality experts whose input informed the main findings from expert consultations.⁵

RESISTIRÉ is an EU-funded Horizon 2020 project the aim of which is to 1) understand the impact of COVID-19 policy responses on behavioural, social and economic inequalities in the EU27, Serbia, Turkey, Iceland, and the UK on the basis of a conceptual gender+ framework, and 2) design, devise and pilot policy solutions and social innovations to be deployed by policymakers, stakeholders and actors in different policy domains.

Find out more about the project at <https://resistire-project.eu>.



Discover all project outputs at <https://resistire-project.eu>.

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