



The Indigenous Experience and Complex Relationship with Employment: Providing Informal Care During COVID-19

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CONTEXT

In Canada, average life expectancy is continuously increasing and so too are the risks for developing age-related disabilities and chronic illnesses (PHAC, 2021). With this, the number of Canadians taking on unpaid caregiving roles for their loved ones (family, friends, neighbors, etc.) is also increasing. From data that is available, it is estimated that the economic contribution of unpaid caregiving is somewhere between 25-26 billion dollars (Sinha, 2013). However, these figures fail to account for quickly-growing immigrant, visible minority and Indigenous populations (First Nations, Metis and Inuit) who make up a great portion of unpaid caregivers. This study in particular, focuses on Transnational carer-employees (TCEs) who are identified as those who reside and work in Ontario, while simultaneously providing care to adult family members, friends or neighbors who are living with a disability or have age-related needs elsewhere or in another country/province. COVID-19 has made this issue exceedingly difficult for unpaid caregivers to provide care, especially on a cross/trans national basis. By highlighting this, we can inform policy and practices to better accommodate the diverse needs of TCEs.

BACKGROUND

Indigenous populations are growing at rates nearly four times faster than their non-Indigenous counterparts and the portion of those living passed age 65 has increased 2.5% since 2016 (Statistics Canada, 2016). Aging Indigenous populations have significantly higher risk for chronic illnesses/conditions and lack of access to primary health care services. This has resulted in increased reliance on family members or loved ones for unpaid care which has been further complicated by the COVID-19 pandemic. Not only is there an increased burden on caregivers to provide adequate care; the ability to do so is significantly limited by COVID-19 restrictions. It is imperative to highlight the importance of being a caregiving-employee and the mental, physical, emotional and cultural implications that this additional responsibility has.

OBJECTIVE

With constant respect Indigenous culture, diverse ways of knowing and Indigenous research methods, the objective of this study is to explore the caregiving experiences of peoples who identify as First Nations, Metis or Inuit, are 18+, reside in Ontario, and work while providing care simultaneously to an adult family member or loved one. In addition, this study also explores the impact of COVID-19 on caregiving and employment related roles and duties. The data gleaned from this study will provide a better understanding of how to best accommodate caregiving-employees, provide guidance to employers and determine resources needed.

METHODOLOGY

Community-based participatory methods

- ❖ Arts-based ethnography to provide context and for the purpose of thematic analysis
- ❖ 10 semi-structured virtual interviews with eight female and two male participants across Ontario
- ❖ Purposive and snowball sampling

Indigenous research methods

- ❖ Participants were offered medicine bundles and tobacco ties so that interviews could begin in virtual ceremony
- ❖ Recruitment relied on establishing a connection with participant first
- ❖ Interviews based heavily on the sharing of traditions and stories



"The drawing is of myself with bear paws which represents my clan. An Elder told me the things I do to take care of my family falls into my responsibility as a member of the bear clan." - Marilyn

"We each also have lines of communication to the moon and that shows that we also connect through spirit and prayer as we are away from each other right now." - Alexis



PRELIMINARY RESULTS

Preliminary thematic analysis revealed the following three key themes:

Duty/necessity to provide care

- ❖ Issues with accessibility to on-reserve primary health care services for care recipient
- ❖ Many off-reserve health services fail to incorporate culture – important aspect of healing for Indigenous peoples
- ❖ Issues with lack of trust within Western healthcare
- ❖ Issues with quality of healthcare
- ❖ Part of Indigenous culture

Caregiver burden and distress

- ❖ Additional stress resulting from being a caregiver and working simultaneously
- ❖ Inability to take the time off to provide the necessary care
- ❖ Additional worry from COVID-19 restrictions that limit the abilities of caregivers to provide in person care
- ❖ All access to health/social services limited by COVID-19
- ❖ Increased flexibility with working from home due to COVID-19 has helped

Establishing connection and relationship in the workplace

- ❖ Participants felt Indigenous employers have typically been more supportive and understanding of caregiving duties
- ❖ Participants felt that they had strong relationships with their employers which allowed them to feel comfortable asking for time off
- ❖ Participants felt understood when working for Indigenous employers/ organizations with strong cultural competency
- ❖ Communication, willingness to understand and respect/awareness of Indigenous culture are foundational

CONCLUSION AND IMPLICATIONS

From the study evidence, it is clear that proper supports are needed in the workplace for TCEs to mitigate negative effects that can come from caregiver burden and distress. Increasing awareness and understanding of the diverse cultural responsibilities that Indigenous peoples have - including caregiving - is important to better understand how to support these specific segments of the Canadian population, especially during times of crisis such as COVID-19. It is also clear that increased cultural awareness is crucial in the workplace, as well as the health care system in building trust with Indigenous peoples and helping relieve some of the stress that Indigenous CEs and their loved ones face.