



**I HAVE TWO
STRIKES AGAINST ME:
I AM BLACK, AND I AM YOUNG**

**A REPORT ON THE
EXPERIENCES & NEEDS OF
YOUNG BLACK CARIBBEAN-CANADIAN
MOTHERS IN TORONTO**

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We thank TAIBU for their willingness to take a chance and work with university-based researchers to achieve a shared vision of documenting the realities of life as a young Black mother in the Greater Toronto Area and transforming the lives of young Black women in this region who just need a break.

Most importantly, we wish to thank the women who so courageously shared their narratives of young Black motherhood in the hopes that in “doing things like this, I can help somebody else who did not have the resource that I had”. We hope we did you justice.



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EXECUTIVE SUMMARY

To date, there is no dedicated program tailored to meet the unique needs of young Black mothers in the Greater Toronto Area (GTA). Yet research from the United States strongly suggests that young Black women must mother in intense, complex, and intersecting living conditions characterized by racism and gendered biases (Burden & Klerman, 1984; Chaze, 2009; Kulkarni, 2010; Silver, 2008; Williams, 1991).



Concerned about the challenges they had observed young Black women facing in trying to care and provide for their children in the GTA, TAIBU Community Health Centre (TAIBU CHC) agreed to partner with Brock University to conduct a communitybased participatory needs assessment to understand the experiences of young Black mothers and what was needed to better support them.

The research team comprised two staff from TAIBU CHC, one young Black mother from the community, and two universitybased researchers. They co-developed and utilized an anti-racist, Black Feminist, trauma-informed, decolonized approach to Narrative and Constructivist Grounded Theory Methodologies. This report provides the findings and recommendations emerging from that study.

Key Findings:

There were 11 key findings from this study:

1. Our participants' stories about their academic, emotional, and physical needs being ignored or used as cause for punishment within the education system provide additional evidence of Canada's legacy of anti-Black racism.
2. The convergence of racialized poverty, childcare and the child welfare system have left Black children overrepresented in the Child Welfare System and accounts for the racialized struggles that our participants encountered growing up as Black girls in Canada.
3. Black girls' experiences of racism in Canadian society were characterized by adversities that were embedded in the daily lives of the participants and directly and indirectly barred them and their families from accessing resources that might have been useful for successfully dealing with those adversities.
4. Early motherhood was correlated with unresolved racial trauma for the young Black women in our study. Even though mainstream Canadian society could not appreciate it as a positive turning point, motherhood was also a catalyst for the participants, often compelling them to focus on their personal healing and development.
5. Becoming young Black mothers led to some stressful experiences that compromised participants' individual capacities to successfully manage their emotional and physical health.
6. Anti-Black racism influences both how service providers interact with young Black mothers and the policies that guide these interactions; this exacerbates the stress already associated with motherhood. The young Black mothers also had to navigate these services with unaddressed traumas from childhood racist experiences. Consequently, the very services they required as young mothers for the physical and mental wellbeing of themselves and their children were so unsafe that they were directly or indirectly inaccessible. This further constricted the participants' individual capacities to successfully deal with the emotional and material fallout of previous adversities produced by structural racial oppression.



7. More often than not, young Black mothers are solely responsible for caring and provisioning for their children. They understood that structural and systemic inequalities might contribute to undermining young Black men's capacities to father. Nevertheless, they had to accept that this was just the way things are.

8. The challenge of mothering while young and Black in Canada is trying to provision for yourself and your children without the basic qualifications needed to earn an adequate income, while living within systems of care and work not designed to facilitate or promote your economic self-reliance as a Black mother.

9. The pandemic intensified the racial trauma young Black mothers were already carrying around, and at times made it hard for them to mother for anti-Blackness in ways that still preserved their children's innocence.

10. The young Black mothers were able to maximize their individual capacities and informal support systems to deal, in ways that they valued, with the challenges that come with being a young Black mother. These indicators of success did not always match those of society, nor did they necessarily reflect that their life challenges were overcome. For them, effectively dealing with obstacles as a young Black mother was about consciously noting the successes that punctuated a journey characterized by daily, ongoing, structural and systemic adversities outside of their individual control.

11. The lives that participants envisioned for themselves reflect those desired by many mothers of other races and ethnicities. The key difference is that young Black women encounter unique structural and systemic barriers to achieving this vision. These specific barriers must be targeted.

Program Recommendations

Based on these key findings, we propose the following to create a centralized, community “safe space” exclusively for young Black mothers and their families:

TAIBU CHC considers offering a program with the following six components:

- Financial support and empowerment activities
- Mental health care
- Parent support and empowerment activities
- Medical care
- Policy advocacy
- Social service advocacy

That this program be:

- Culturally grounded
- Anti-racist
- Trauma-informed
- Intersectional
- Decolonizing
- Anti-oppressive
- Individually tailored



Policy Recommendations

Mental health supports: Amend the Ontario Mental Health Act (and associated legislation) and the Ontario Health Protection & Promotion Act to mandate that culturally-grounded medical and mental health services be offered to young Black girls and young Black mothers, using an anti-oppressive, anti-racist, decolonizing lens to acknowledge the racialized systemic inequalities that manifest as difficulties in young Black girls and mothers’ lives, as well as through a trauma-informed lens that addresses the mental health issues arising from racialized living conditions.

Education: Alter educational policies to more equitably allocate educational resources, provide anti-racist training for teachers and staff at schools, and instill processes that empower Black students to safely report microaggressions from peers and staff and have perpetrators held accountable.

Children’s Aid Society (CAS): Build capacity for CAS workers to give greater consideration to the realities of immigrant life, such as the loss of kinship networks and childcare support and racialized structural barriers, income inequities, elevated childcare costs, and lack of childcare spaces, – which prevent Black Caribbean-Canadian families from consistently meeting the dominant Canadian child welfare expectations.

The Family Sponsorship program: Ensure that the program accounts for the socio-cultural and economic contexts within which Black Caribbean and other immigrants who are similarly socially located function when they arrive in Canada, and the implications of this context for the income and sponsorship time commitment criteria required to sponsor family members.

OSAP: Ensure that OSAP offers grants or reduced loan repayment rates based on actual earnings or earning potential, taking into consideration a person’s parental status prior to post-secondary education as well as any structural barriers they face (such as pay inequity for Black Canadian women) that could impede loan repayment.

Ontario Works: Increase the income threshold for young Black mothers coming off OW to better account for income inequalities faced by Black Canadian women and to reflect current child raising costs and challenges, including securing childcare.



Childcare:

- a. advocate for additional childcare spaces and more flexible hours of operation to accommodate more mothers' work and school schedules.
- b. Make more childcare spaces available to Black families, especially to young Black mothers, and partner with local organizations working on similar goals (for example, the YWCA, the Canadian Center for Policy Alternatives (CCPA), Childcare Now, the Canadian Childcare Research and Resource Unit (CRRU), Campaign 2000).

Parental benefits:

- a. Make a case to the federal government for a 'mixed system' of parental benefits (maternity leave, parental leave, and paternity leave) that includes not only employment-based benefits administered through EI, but also a minimum basic income to support parents in the first year of a child's life. This basic income would ensure the financial sustainability and well-being of the families of many racialized workers employed in precarious or gig work, and who cannot meet the current EI criteria of 600 insurable employment hours to qualify for benefits.
- b. Convince the Ontario government to remove the stipulation that employees must complete 13 continuous weeks of employment in the year prior to taking leave in order to qualify for job-protected maternity, paternity, or parental leave.

Research recommendations

Given the current gross underfunding of Black-led, Black serving programs in Ontario (Pereira et al., 2020), establish the prevalence of the experiences and needs articulated by the young Black Caribbean-Canadian mothers in our study

1. Explore dominant ideologies and stereotypes, including the “Welfare Queen” stereotype, that continues to hinder effective service provision for young Black mothers.
2. Investigate the highly gendered nature of parenting reported by these young Black Caribbean-Canadian mothers, including the causes and effects of paternal absenteeism. Collaboration with the Young and Potential Father’s Initiative would be beneficial, if such research is not already underway.
3. Further unpack the experiences of young Black girls to holistically understand how barriers grounded in their intersecting identities shape their adolescence and early adulthood.
4. Examine the experiences of young Black mothers/girls/women within social, medical and mental health services to identify the many specific and targeted ways racism can be addressed.
5. In terms of wide research priorities, ensure that research is community-based, conducted by knowledgeable and experienced Black researchers, and informed by anti-racist, decolonizing, and Black feminist theories, methodologies, and epistemologies.
6. It is our hope that young Black Caribbean-Canadian mothers, TAIBU CHC and its stakeholders-funders, researchers, policy makers, partner organizations are able to build on the insights gathered from this project to transform the lives of young Black Caribbean-Canadian girls and mothers across Toronto and further.

INTRODUCTION

In Canada and across the world, young mothers and their children constitute a proportion of the at-risk populations requiring support and programmatic attention.

(Beers & Hollo 2009; Harrison et al., 2014; Hovdestad, 2015; Thompson et al., 2015)

Young mothers are capable of providing for their children and achieving success in an environment that caters to their needs but this is often not the case as the systems and structures within which they operate often do not favor them (Al-Sahab et al., 2012; Kingston et al., 2012; Luong 2008; Thompson, 2016). Findings indicate that Canada has a considerable number of young mothers (Al-Sahab, 2012; Budden et al., 2016; Luong, 2008). From 2015 to 2019 there was an average of 50, 000 infants born to young mothers (less than 25 years of age) each year in Canada (Statistics Canada, 2020a). Even though there has been a

gradual decline in the number of teenage pregnancies in Canada over time (Budden et al., 2016; McKay, 2012; Toronto Public Health, 2017), there is an increase in the proportion of young parents who decide to keep their babies instead of adoption, making support specific to this particular group a necessity (Budden et al., 2016; McKay, 2012). Academics, policymakers, and professionals have conducted research on young motherhood to inform interventions and programs for this unique population in Canada (Al-Sahab et al., 2012; Budden et al., 2016; Fortier & Foster, 2017; Lipman et al., 2011; Pasalich, 2016; Thompson et al., 2015).



Most of the recommendations for improving the lives of young mothers in Canada are grounded in the experiences of young White mothers. Studies are mainly conducted with largely White samples and implicitly incline to universalism, where circumstances of young mothers are generalized (See Al-Sahab et al., 2012; Budden et al., 2016; Fortier & Foster, 2017; Hovdestad., 2015; Pasalich, 2016). The interventions which exist in Toronto reflect this trend to universalize experiences. For example,

Jessie’s Centre offers comprehensive services to pregnant teens and young mothers ages 19 or younger and their children facing difficulties such as poverty and social isolation to nurture the healthy development of pregnant teenagers, young parents and their children. The specific services provided include housing, health and education. As part of their 2020-2023 strategic plan, Jessie’s Centre has committed to creating programming that “centers around and engages BIPOC youth”, and employing “an anti-racism lens in all organizational decisions, including staffing, enrollment, board composition, suppliers and partners”.

Rosalie Hall is another example of a program in the Toronto area that generally caters to pregnant and parenting young ages 12-25, their children and their families. It provides a wide range of community, residential, educational and child development services to meet the needs of young families from Toronto and the surrounding areas. The services offered by Rosalie Hall include community counselling, community care and treatment, school program, outreach and support, food bank and clothing boutique, early learning childcare center, live-in-treatment for expectant mothers among other services.

There seems to be only one program that has been specifically developed to support young Black parents to successfully outmaneuver adversities and improve their capacities to care for their children and families in Toronto, the Young and Potential Fathers Initiative (YPF). YPF provides culturally-sensitive parenting programs and one on one support and mentorships for young Black fathers “to positively affect the lives of African Diasporic children by fostering a community of knowledgeable, sensitive, committed and involved fathers”. Young Black mothers of the children whose fathers are involved with YPF are welcomed but the focus of the service is not on them. To date, there are no dedicated programs grounded in and centering the experiences and needs of young Black mothers in Toronto.

The available research suggests that interventions grounded in and tailored to the specific experiences of young Black mothers are warranted. Young Black mothers are more likely than young White mothers to face adversities associated with young motherhood due to their marginalizing intersectional identities (Burden & Klerman, 1984; Kulkarni, 2010; Silver, 2008; Williams, 1991). Young Black mothers are predisposed to a distinctive set of challenges due to their intersectional identities, including race, gender, and low socioeconomic status (Barto et al., 2015; Geronimous, 2003; Kulkarni, 2010; Silver, 2008). These challenges shape their mothering experiences in ways that are different from White young mothers (Chaze, 2009; Davies et al., 2001; Silver, 2008), and heighten young Black mothers’ probability of attaining negative outcomes, making them likely to be constructed as inadequate mothers whose (early) motherhood is a menace and therefore must be prevented (see Adjei et al., 2018; Duncun & Hoffman, 1990; Harris, 1991).

Indeed, young Black motherhood is often constructed as a social problem which needs to be managed based on the identified risks associated with these mothers; this erases the differential impact of their marginalized experiences (inadequate resources, discrimination, stigma, economic, social, political) resulting from the racism embedded in the social structures and policies on their chances of encountering undesirable outcomes (Adjei et al., 2018; Fante-Coleman & Jackson-Best, 2020; The Environics Institute, 2017). Data generated from the few studies on young Black Canadian mothers reveal that young Black mothers enact resilience by utilizing various individual strategies and resources to achieve good outcomes despite the adversities they face (Breen & Mclean, 2010; Davies et al., 2001; MacDonnell et al., 2012). However, the unique ways in which racist, gendered structures and systems shape young Black women’s experience of mothering in Canada are yet to be documented and used to inform program and policy interventions to support their individual efforts to care and provision for their families.

Yet, there is some evidence to suggest that young Black mothers in Canada are positioned to mother under extremely racist and gendered living conditions. The fall out of the history of enslavement of Black persons in Canada persists today; racial segregation and marginalization remain systemic and institutionalized and shape the living conditions of Black Canadians to this day to the point that their human rights are violated (African Canadian Legal Clinic (ACLC), 2005; The Environics Institute, 2017; Gooden, 2008; United Nations Office of Human Rights, 2017), and there is evidence to suggest that these conditions adversely impacts and exacerbates the experiences of young Black Canadian women (Davies et al., 2001; Turner et al., 2020). Young Black Canadian women generally face barriers that hinder their access to social services and cause and/or exacerbate other challenges, including poverty, health challenges, low education level attainment, maltreatment and sexual and physical abuse, and overrepresentation in the criminal justice system and the child welfare system (Adjei et al., 2018; Adjei & Minka, 2018; Davies et al., 2001; Houde & High, 2017; Turner et al., 2020).

However, despite this available evidence suggesting the impact of young Black mothers' marginalized intersectional identities on their experiences in Canada (Statistics Canada, 2020b; The Environics Institute, 2017; Turner et al., 2020; Canadian Center for Policy Alternatives, 2019), there is a paucity of Canadian-based and community partnership-based literature that engages a critical approach in examining the influence of Canada's racist and gendered systems and structures on the experiences of young Black mothers that could inform programs and policies to improve the wellbeing of young Black mothers in Canada. The result is that community-based organizations such as TAIBU CHC are left with very little data to inform their development of programs or inform their advocacy about how policies need to be enhanced to better support the wellbeing of young Black Canadian mothers and preserve their human rights. This report reflects a university partnership with TAIBU CHC to begin to remedy this problem.

OVERVIEW OF TAIBU CHC

TAIBU Community Health Centre is a community-driven organization in Scarborough providing a variety of health and psychosocial services to Black-identifying communities in the Greater Toronto Area. TAIBU utilizes a culturally-affirming Afrocentric approach, grounded in an appreciation that social factors such as racism and oppression negatively affect health and wellbeing.



During the Fall of 2018, one of the lead researchers on the team (Goddard-Durant) facilitated consultations with TAIBU CHC aimed at understanding their perspective about the daily lived experiences and needs of young Black mothers within the Toronto area. TAIBU was clear that young Black mothers were sorely underserved by services within that community and had the following concerns based on their experiences, observations and discussions with other community stakeholders:

- The systems that young Black mothers need to be involved with to care and provision for themselves and their families might be failing to empower them to operate independently of them.
- There was a subsection of women choosing to not engage with these systems because they seemed not to trust them or feel safe with them.
- The various systems young Black mothers had to engage with might not understand their needs and instead might be framing opportunities for development as red flags and/or perceiving as dysfunctional some aspects of learning to parent that were treated as normal for older/White women (i.e. not knowing how to change diapers seen as an indication of incompetence to mother).
- Programs targeted young mothers age 25 and younger; it was TAIBU’s observation that “normal development” for young Black girls did not follow the same path as their White peers and so the age at which they needed support to be independent and feel competent in caring for themselves and their families could extend to nearer to age 30.
- Consequently, the young women were depending on TAIBU’s Enhanced Youth Outreach Worker to access those resources these systems were intended to offer and/or connect them to.
- Older Black women in their 60’s were now processing their experiences of young motherhood that they could not before because of the need to focus on survival.
- Examination of these young women’s lives revealed that they have little to no family support; histories of childhood abuse and exposure to community violence via neighbourhoods they live in and who their partners tend to be, have been involved the child welfare system from childhood; were unable to continue school; were often unequipped to monitor and address their child’s developmental needs; and experienced stigma from society.
- Young Black women who are involved with the court system for petty crimes, reporting the highest levels of STI/HIV infection rates, and getting trafficked.

- Research on Black youth approaches them from the perspective of them causing problems for the wider society which must be addressed; their wellbeing is not centred as a reason for doing research and designing interventions.

Consequently, TAIBU was extremely concerned about the young Black mothers and girls within the Toronto communities they served and welcomed the invitation to collaborate with Brock University-based researchers to explore this issue.

Evaluation Questions

In light of all of this practice-based evidence, TAIBU felt it important to conduct evidence-informed research which illuminated the nature and extent of the issues young Black mothers face in effectively attending to their wellbeing. Specifically, the following questions guided this community-based participatory needs-based assessment:

1. How do young Black women come to be young mothers?
2. What are the experiences of being a young Black mother?
3. What barriers and difficulties do they face? How do they navigate those barriers and difficulties successfully?
4. What do young Black mothers need from programs and policies in order to meet their wellbeing needs?

TAIBU CHC is committed to using the findings and recommendations of this study to:

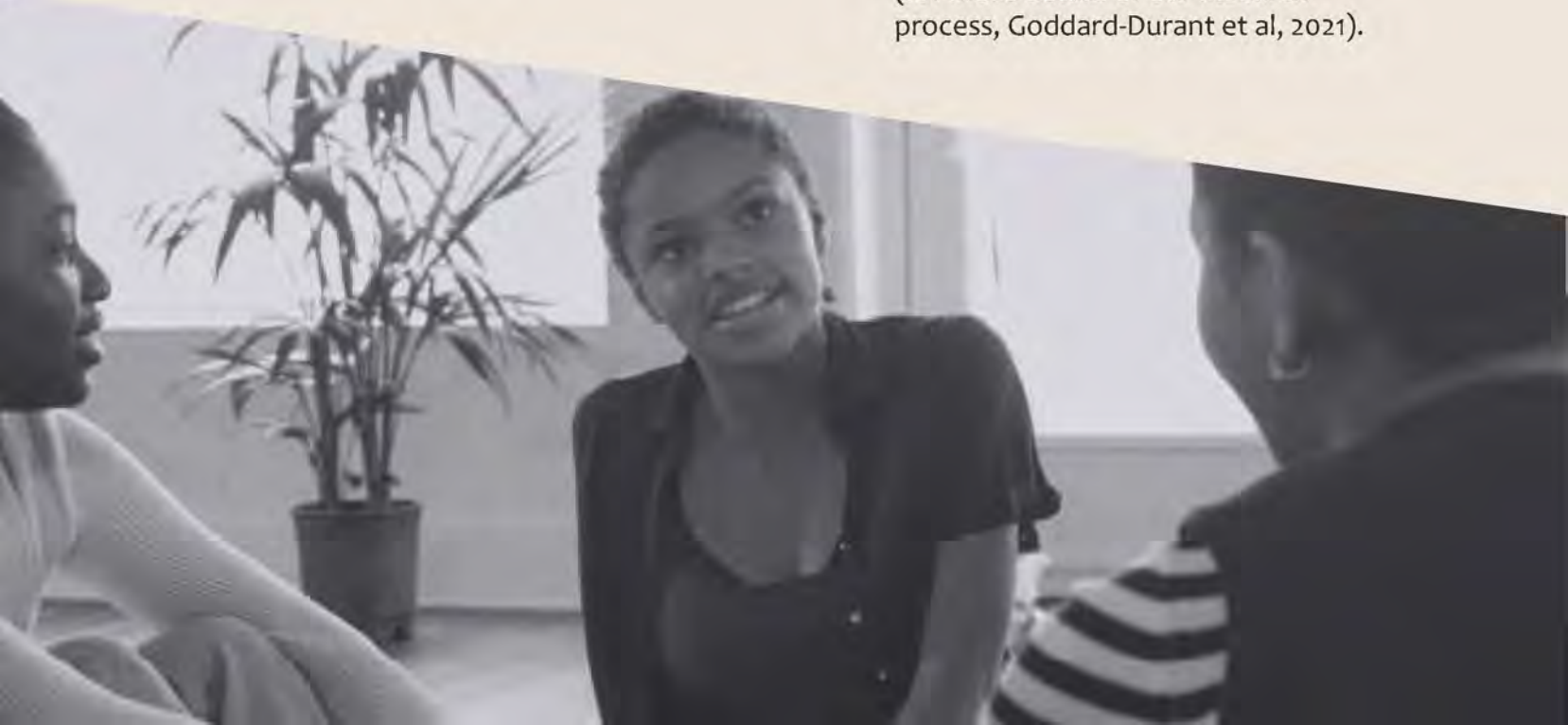
- Understand how to support young Black mothers
 - what programs they and their families need
 - what advocacy needs to occur with other systems/policies that impact the young women's lives
- Develop messaging to attract young Black mothers to their services

METHODOLOGY

Community-based and Black-centered research

We reached out to TAIBU to join us as a research partner in the fall of 2018 for three key reasons. First, we believed we could learn from their experiences with Black communities in the Toronto area. Second, we thought they could potentially benefit from our research for their programming priorities and community interventions for young Black mothers. Finally, we had shared goals of challenging negative representations of Black women's lives and of translating our research into concrete actions that could enhance the well-being of Black women and their families.

Our process of community-university collaboration included initial meetings with TAIBU's director, and multiple meetings with three peer researchers (two TAIBU employees who worked with youth and a young Black Caribbean-Canadian mother of two who attended programs at this community center) (Sieunarine). Over a year-long period, in the process of designing the study, the team engaged in ongoing frank and direct conversations about the experiences, needs, and concerns of all stakeholders involved, including the community, the community members involved in the project, TAIBU, and the researchers (for more details of our research process, Goddard-Durant et al, 2021).



Research Sample

We initially worked to reach a sample of Black mothers through TAIBU and its outreach. After more than six months, with little success, we widened, based on other Canadian data, the age range from 18-26 to 16-29 and also connected with Black mothering groups.



Through the latter as well as through more intensive efforts by a TAIBU community peer researcher, we gained a sample of 13 young Black mothers aged 16-29 who had given birth to their first child by their mid-20's.

We arrived at this definition of the age of “young motherhood” based on data that in Canada, many Black women and girls were meeting mainstream developmental milestones of young adulthood related to education, employment, and financial independence (typically held up as indicative of readiness to parent) later than their peers due to systemic barriers and social disparities (Canadian Centre for Policy Alternatives, 2019).

The women's educational levels were primary school (14%); high school (29%), and post-secondary (57%). All but one were second-generation immigrants.

DEMOGRAPHIC CHARACTERISTICS

- 13 young women
- Between the ages of 19-29
- 1st child born by mid 20's
- 5/13 women had two children
- 8/13 had one child

TAIBU's involvement was critical for gaining the trust of many of the research participants. Partly because of past negative relationships with university-based research and partly out of a desire to maximize an Afrocentric approach, it was decided that Doucet (the senior white researcher who had secured the funding for this project) would play a behind-the-scenes role in the fieldwork stages of this project.

This decision was also guided by our approach to reflexivity, which attended both to biographical and conceptual influences and effects; specifically, we were aware that a researcher's presence and appearance (in this case their race and skin color) might affect research interactions and participants' comfort with sharing their life stories (see Chadderton, 2012; Schwartz-Shea & Yanow, 2012).

Data Collection

Between 2018-2020, 13 Black Caribbean-Canadian women participated in the two interviews and 5/13 participated in the focus group. We utilized narrative and photo-elicitation methods for data co-making. Each research participant engaged in two in-depth interviews (about one hour each) with the first interview focused on her life growing up as a Black Caribbean-Canadian girl and the second interview on her experiences as a young Black mother within the Canadian context.

The young women were invited to provide photographs of their childhood families and their current families to guide the discussions about their lived experiences and to offer participants the opportunity to create visual collages of what they wanted their family lives to look like in the future and what they would need to achieve this goal. We also invited the young women to participate in focus groups to discuss what programs and policies could be developed or improved for young Black mothers.

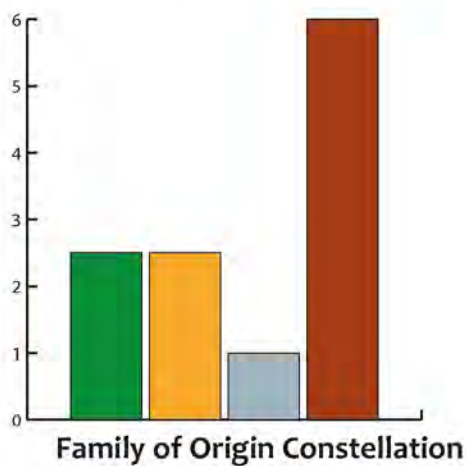
Data Analysis

Our data analysis entailed an approach that drew together the methodological expertise of Goddard-Durant and Doucet, the two lead researchers. As the COVID-19 pandemic restricted in-person group analyses, we conducted initial readings of three transcripts with one of our peer researchers (Sieunarine) (via Zoom), who was a young Black mother in order to ensure that we were reading the stories and contexts in ways that resonated with some of the mothers' everyday experiences. We then conducted a series of weekly analysis meetings (Goddard-Durant and Doucet) over a period of eight weeks where we used a combination of an adaptation of the Listening Guide approach to data analysis (Doucet and Mauthner, 2008), narrative analysis (Somers, 1994), and constructivist Grounded Theory (Charmaz, 2014, Goddard-Durant, 2019); we also used the qualitative software Atlas.Ti for both data analysis and the management of interview data, field notes, and research literature. Our narrative analysis approach was guided by four readings of transcripts that began by acknowledging the reflexive positionality of researchers in relation to "data" and how there are multiple layers of narratives.

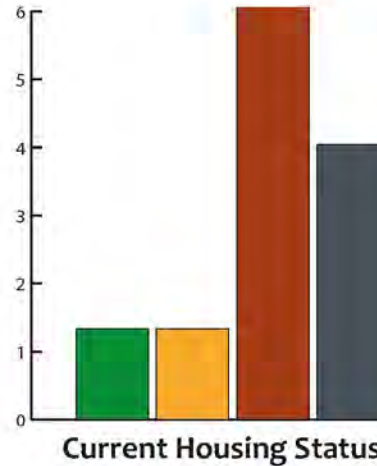
Guided by the Listening Guide approach, we conducted four readings of transcripts, asking a series of questions, including the following: (1) stories and reflexive listenings: What stories are being told and how am I hearing them? Why am I hearing particular stories (and not others)? (ii) Narrative identities and I poems: Who is the narrator? How do they speak about themselves? Who are the people (or the "characters") in the stories being told? For this reading, we traced the "I" statements from participants to gain a different vantage point on the stories being told, what matters to them, and how they experience particular challenges or opportunities; (iii) Historical, socio-cultural, and geo-political narratives (what are the contexts that constitute and shape the stories being told? Here we also drew on constructivist Grounded Theory and sought to identify in participants' narratives the specific and varied adversities and barriers they faced and we reviewed relevant and related policy documents; (iv) Conceptual narratives: How do the concepts and conceptual narratives that guide our research play a role in how we analyze the interviews? Are there new conceptual narratives that we can re-vision or reimagine?

PARTICIPANT DEMOGRAPHICS

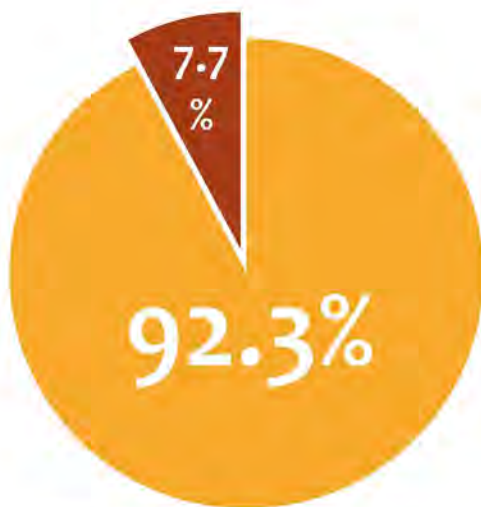
Figure 1. Participant Demographics



- Both parents
- Mother
- CAS (Foster care)
- Extended Family + Mother



- Lived with Parents
- Owned
- Rented
- Subsidized Housing



Immigration Status

- First Generation Immigrant 7.7%
- Second Generation Immigrant 92.3%

No. of Children



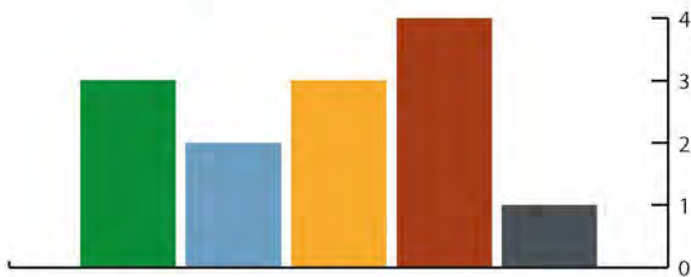
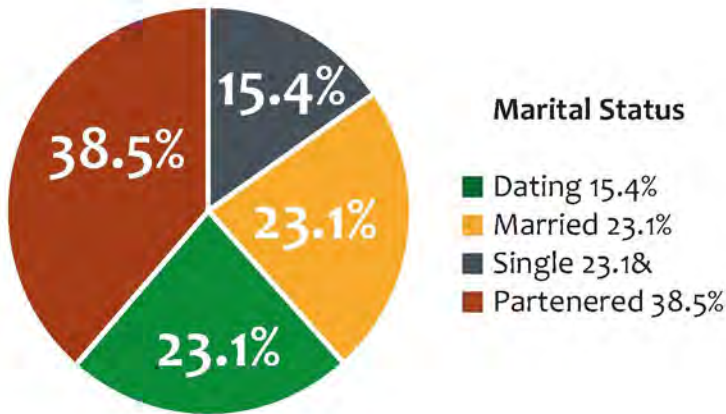
61.5%

Only had 1 child



38.5%

Had 2 children



- Low SES
- PA to Middle Class
- Middle Class
- Public Assistance
- Middle Class
- Low SES - Mid

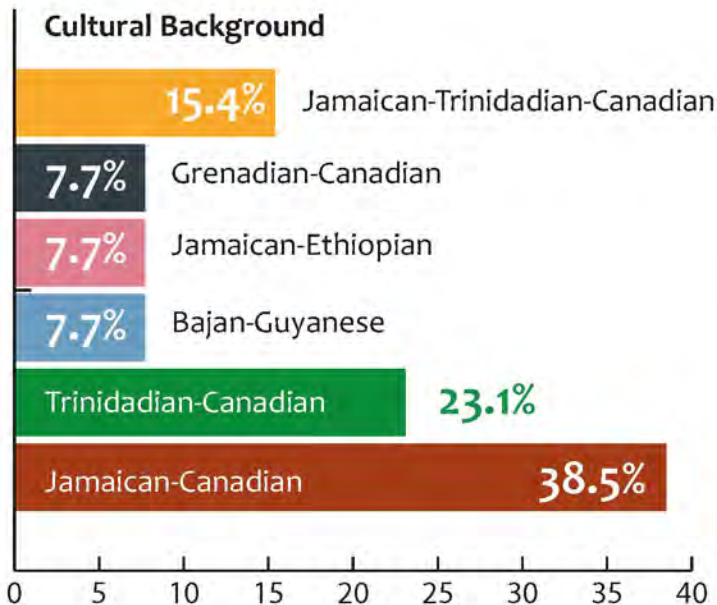
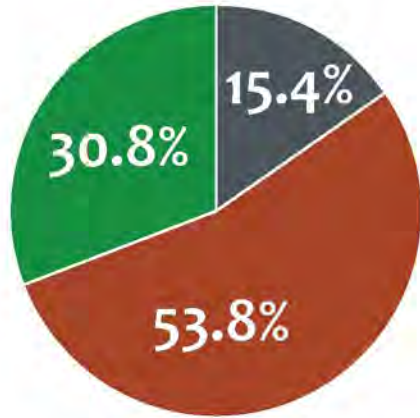
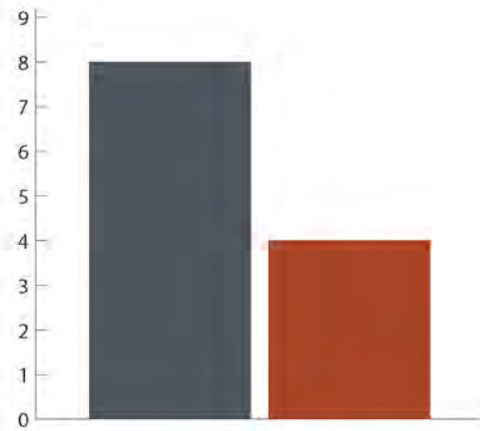


Figure 1. Participant Demographics



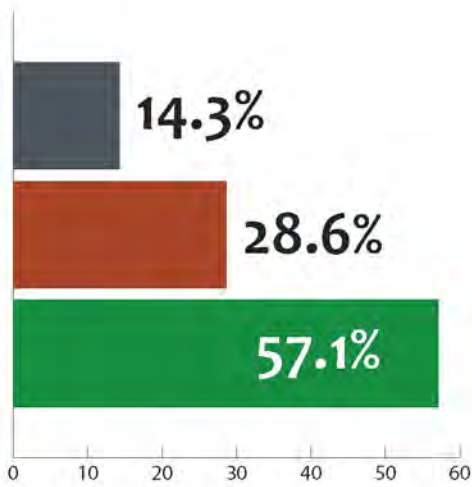
Family Orientation

- Living with parents/Child 15.4%
- Living Alone with Child 30.8%
- Living with Partner/Child 53.8%



Current SES

- Low SES
- Middle SES



Education Level

- Primary School
- High School
- Post-Secondary

Employment Status



RESULTS

Key findings emphasized how race and gender gave rise to multiple, intersecting adversities for young Black Caribbean-Canadian mothers throughout their lives.

Key findings emphasized how race and gender gave rise to multiple, intersecting adversities for young Black Caribbean-Canadian mothers throughout their lives.

In this section, we demonstrate how childhood living conditions shaped by racism, neo-colonization, and gender inequities contributed to young Black Caribbean-Canadian mothers not meeting educational milestones at the socially expected time and positioned them to encounter additional adversities in caring for themselves and their children once they became young mothers. Our findings illustrate that these new adversities in some cases exacerbated existing ones emerging from the living conditions they face as Black mothers more generally.

We also illustrate the futility of the individualized strategies the participants used to try to effectively deal with these adversities so they could still care for themselves and their children in the socially expected way given their structural and systemic nature and the barriers (born out of racism, neocolonization and gender inequities) they encountered to accessing resources that might have been helpful to them. Ultimately, we present a picture of how the process of resilience for young Black Caribbean-Canadian mothers is unjustly shaped by lifelong intersections of race, and gender.

We present our findings by moving between the varied layers of narratives: the stories participants told; social, public and cultural narratives, and the structural and policy contexts that shaped the lives from which these stories could be told; and the conceptual narratives that informed our research. All participant names utilized are pseudonyms, chosen by participants to protect their anonymity.



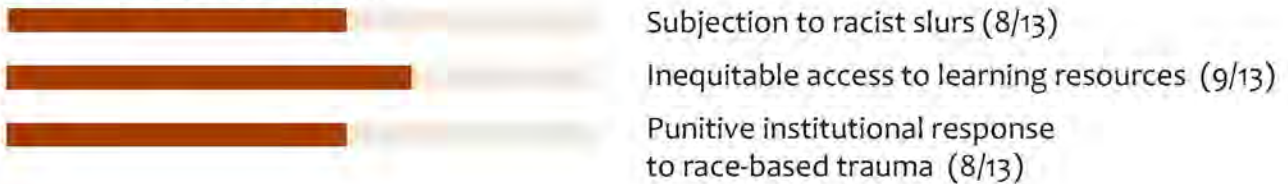
Growing up as a Black Girl in Canada

The road to early motherhood for the young women in our study started with encounters with racist systems while growing up as Black Caribbean-Canadian girls in Ontario that impacted their mental health, self-esteem and educational engagement in ways that made them vulnerable to becoming pregnant.

Their stories, when examined within socio-economic and policy contexts in the Canadian province of Ontario during the first decade of the 21st century (when they would have been children), reveal how anti-Black racism shaped their living conditions, making adversities an ordinary fixture of their everyday lives. Specifically, they shared narratives of navigating a racist education system and encounters with the Children's Aid Society (CAS), and grappling with intergenerational trauma (see Fig. 2 below for Summary of Challenges Growing up as a Black Girl).

Figure 2. Challenges Experienced Growing up as a Black Girl

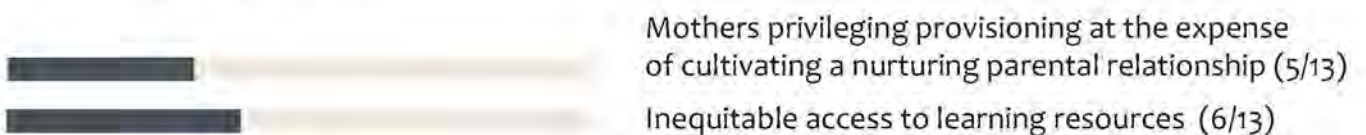
Racism in Education System



Racism in the Child Welfare System



Intergenerational Racial Trauma



Enduring a Racist Education System

According to participants, anti-Black racism played out in three key ways in their school lives. The first way was via racist slurs, experienced by eight of the 13 young women. Participants' reports of these experiences were dismissed or minimized by teachers and administrators. For example, Zoe (29-year-old mother of two) still vividly remembers being on the receiving end of anti-Black racist slurs by peers:

"I think a lot of the kids that were up there were sheltered and to see other cultures like us felt uncomfortable. So, there was a lot of tension, racial slurs that was said to us. One time I was drinking out of the water fountain and one of the kids told me that I can't do that because I'm Black. "

According to Zoe, teachers' responses to reports of these racial slurs, was to encourage her to **"talk out your feelings, express where you're coming from"**; she notes that there **"really wasn't much disciplinary action."**

While young women who attended schools in urban city centers, where there was a more diverse student body, reported microaggressions from other students, these reports were more common from participants who lived in suburban parts of Toronto. Participants described these suburban areas as predominantly White neighborhoods, where they and their siblings were often the only Black students in a school.





A second way in which anti-Black racism manifested for nine of the 13 young women was in the stark differences between resources at schools in predominantly Black neighborhoods versus those in predominantly White neighborhoods. This had a drastic impact on participants' learning experiences, as Kendra (a 21-year-old mother of one) describes in sharing her experience moving to a middle school in a predominantly Black community where many people had subsidized housing or incomes. According to Kendra, she was forced to move as a result of a change in the Toronto District School Board policy requiring students to attend schools in their own communities:

“In grade 6, I ended up going to [a school where] there was probably about six textbooks for one class [of] almost 30 kids. Normally either we would have to do group work and share a textbook or the teacher would literally just photocopy the pages that we needed. In my old school, we would have our own textbooks through the year. And I think because there was more resources for the classroom too, things were a bit easier to understand because we were still able to take certain things home, like math tools. We didn't have that in my middle school...”

The third and final way in which anti-Black racism shaped participants' educational experiences related to behaviors associated with their learning disabilities (often undiagnosed), and their struggles to cope with community and police violence or other challenges in their families were ignored or interpreted as disruptive and punishable. Eight participants shared they were ignored by teachers, suspended, and expelled as a result of these behaviors, often without any psychoeducational intervention. This punitive response is in keeping with the criminalized response to Black persons with mental health issues in Ontario (UNOHR, 2017). Furthermore, in Toronto high schools, 42% of Black students are expelled at least once as compared to 18% White students (Turner & James, 2017). It is unsurprising, therefore, that participants shared that they were also not provided with any guidance on career options or the steps needed to pursue a career. This experience was typical for all the participants regardless of whether they attended schools in mainly White middle-class areas or predominantly Black working-class communities. For example, Jay (a 22-year-old mother of 1) explains how her struggles with violence in her home and community manifested as behavioral issues that were responded to in a punitive manner, resulting in her missing school.

“I was just angry and I’m like screaming [for help] but nobody tried to figure out why is she acting like this; it’s just like “go to the office [until somebody comes to get me like my babysitter or whoever]”...I don’t think that there was any support. It was just like if you have an IEP, then you have somebody to help you. If you don’t then there’s no one there for support.”

According to all participants, their reports to their parents yielded little intervention. They explained that their parents strongly emphasized the importance of pursuing an education, but this did not seem to translate into their parents advocating for them when anti-Black racism at school was negatively affecting their academic experiences. As an example, Zoe's parents' response to her and her sisters' reports of racist interactions was to “ignore them,” “don't let them block your progress,” while Jada's mother told her to just “finish school.” Many of these parents were struggling to cope with anti-Black racism themselves; this might account for these responses. Many Black Caribbean persons who migrated from the post-emancipation era onwards were seeking to escape poverty created by colonization and neo-colonization (Lewellen, 1995; Walker 1984). Walker (1984) notes that often, these immigrants were incorporated into existing Black communities in Canada where they encountered similar structural inequalities that existed in their home countries. These young women's stories and the disempowered responses of their parents are deeply entangled with this history of racism in Canada.

These young women’s stories support and explain recent statistics about Black students’ poorer academic outcomes as compared to their White peers. In 2015, the graduation rate for Black high school students was 69% compared to 84% White children, and young Black women were less likely than other women in the same cohort to have a postsecondary certificate, diploma or degree in 2016 (Turcotte, 2020).

In light of these negative developmental outcomes, we begin to see how experiencing anti-Black racism in the educational system while growing up could have proven detrimental to our participants’ futures as young Black mothers, and how they are expected to financially provide for their children.



KEY TAKEAWAY

When examined within Canada’s foundational context of anti-Black racism, our participants’ stories about their academic, emotional and physical needs being ignored or punished within the education system provide additional evidence of a legacy of slavery in Canada.

Encountering Children's Aid Society

Approximately half of the women spoke about encounters with CAS, Ontario's child protective services in Ontario. Those who did not, described childhood scenarios that could have resulted in CAS involvement such as older but underaged siblings caring for younger siblings, which CAS would consider indicative of neglect. Lisa discussed the first time she and her younger brother were taken from her mother. We present Lisa's account of this experience in the form of a poem to illustrate Lisa's narration of this powerful act and its lasting traumatic effects:

Children's Aid came to serve my mom papers...
I heard the door ring.
And I went to the door.
My mom had like a little stool like that and
I climbed up.
I seen that someone was there so I answered the door.
And then they came in and they asked me like "Where's your mom?"
And I'm like "I don't know."
And as a child like you know what I mean,
of course you're going to lie like you know.
So I'm like, "She's sleeping."
And I was like "My brother just left, but he's coming back."
And then they told me, they asked me if I knew my mom's number.
So I remember I went into the closet
cause my mom used to have like the house phone in the closet
like you know the phones with the cords on it.
She had that in the closet and I went into the closet.
And I remember I called her at work and I'm like,
"Mommy, there's people here and they're going to take me away.
They said they're going to take me away."
I passed the phone to them and then they're like
"Yeah, we're here and we've got them. Are you coming?"
But by the time when me and my brother were in the back of the Children's Aid car, the
Children's Aid worker's car
I see my mom pull up.
And they said like no it's too late.
And they took us.
What was traumatic for me was the fact they took us,
They took me and my brother...
They took us out of our mom's house.

(Lisa subsequently grew up in foster care).

There are numerous indicators that the child welfare system in Canada is shaped by racism and neocolonialism. Children from Black families in Ontario are 40% more likely to be investigated by CAS compared to those from White families, even though they are not neglected or abused at a higher rate than White children, and Black children are more likely to be removed from their homes during these investigations (Turner, 2016). This overrepresentation of Black children, similar to Indigenous children, in the “Canadian child protection system, is inseparable from the history of white supremacy in Canada” (Pon et al., 2011, p. 386; see also Thobani, 2007).

The child welfare system aside, when we examine key policies guiding Black families’ access to child care in Canada, it is clear how racist and xenophobic structural barriers might account for their challenges caring for their children according to Canadian expectations in the first place. Childcare services in Ontario have historically been insufficient, and expensive even for families who are eligible for government subsidies (Japel & Friendly, 2018). This situation differentially impacts Black families as Black women have been among the most impoverished in Canada for decades; the last Canadian census indicates that 25% of Black Canadian women live below the Canadian poverty line compared to 6% of White Canadian women (Statistics Canada, 2016). At the same time, participants indicated that their parents did not have an alternative to formal child care while they worked due to loss of their kin networks through immigration. Caribbean persons are accustomed to relying on extended family and community members to care for their children for a variety of cultural and economic reasons including migration (Chamberlain, 2003; Stuart, 1996). Those who emigrate (to escape poverty and limited chances for social mobility in their neo-colonized homelands) continue to benefit from their family network as a resource if they leave their children behind (Chamberlain, 2003).

Canadian immigration policy makes it difficult for those who bring their children with them or who birth children in Canada to benefit from their family networks in the same way. Immigrants to Canada must demonstrate that they can support their family for three to twenty years depending on the age and the relationship of the person to be sponsored (CIC, 2021). Black Caribbean persons account for 24.1% of persons living in poverty in Ontario (Statistics Canada, 2017); therefore this policy differentially acts as a barrier, preventing this group of immigrants from bringing their families of origin with them and denying them tangible benefits such as support for childcare, that would come with this family network.

Indeed, it suggests that Walker’s (1984) concern still remains about the extent to which Canada’s immigration policy has ever considered the socio-cultural and economic contexts within which Black Caribbean immigrants live in Canada and what their wellbeing needs are, or how racist and neocolonial immigration practices continue to undergird Canadian immigration policies and ideologies. Yet, Ontario Family and Children’s services does not draw on the expertise of African Canadian agencies which are well placed to provide culturally sensitive support to them (Pon et al., 2011).

KEY TAKEAWAY

The convergence of racialized poverty, childcare and the child welfare system have left Black children overrepresented in the Child Welfare System and accounts for some of the racialized struggles that participants encountered.

Experiencing Intergenerational Trauma

9 of the participants spoke of emotionally absent and/or conflicted relationships with their mothers growing up. Six of these nine women spoke of their Black mothers as being what they saw as overly protective and giving “tough love”; indeed many described their mothers as extremely strict in ways that their White Canadian peers’ parents were not such as around socializing with friends after school. These reports reflect findings from Mullings & Mullings-Lewis (2013) Black Canadian mothers develop parenting such as a strict and structured home environment and “tough love” in response to fear about the certain encounters their children will have with racist and sexist policies and programs. According to Jackson and Naidoo (2012), Black Caribbean women who emigrated to Canada reported that racism here was an accepted part of their everyday lives, but was subtle and difficult to prove, leaving them feeling alienated, isolated, wondering if it was an illusion; these experiences ultimately contributed to mental distress. It follows that Black Caribbean mothers would worry about and try to protect their children from having similar experiences for as long as they could, particularly because as we illustrate later, our participants shared similar worries for their own children.

Additionally, five of these nine women spoke of feeling that their own mothers’ privileged provisioning for them at the expense of cultivating a nurturing interaction. Given that Black women earn 59 cents for every dollar than non-racialized men earn (Statistics Canada, 2016), and one of the highest rates of working poverty is among Black women (105% versus 4.8 per cent for White men and 4.7 per cent for White women; Stapleton, 2019), participants’ reports of their mothers’ working long hours and often are unsurprising.

Participants understood, as adults and mothers themselves, that as Black women, immigrants and often sole providers (6 of the 9), their mothers were under tremendous pressure to parent, care and provide for them in the racist, sexist, xenophobic Canadian context. This, however, does not eliminate the harm many described these experiences caused to them as children and affected their relationships with their mothers to this day. are, or how racist and neocolonial immigration practices continue to undergird Canadian immigration policies and ideologies. Yet, Ontario Family and Children’s services does not draw on the expertise of African Canadian agencies which are well placed to provide culturally sensitive support to them (Pon et al., 2011).

For example, Shanti, a 24-year-old mother of 1, reflects on why she believes she and her mother have a fractured relationship, and how it affected her:

“I-I feel like my mother worked very hard to provide the type of life that my sister and I had. And I feel like in the midst of being a provider and being a mother and being a Black mother and a Black woman and all of the stuff that comes along with that, and also trying to be a wife and all of that, I feel like the-the love and the affection that you need as a child, I feel like that kind of got lost in everything else that she had to do...It really affected our relationship...I actually would like self-harm myself...”

For these participants, their experience of their Black Caribbean immigrant mothers' approach to parenting was unfortunately more often than not, a negative one.

KEY FINDING:

The oppression of Black girls in Canadian society produced adversities that were embedded in the daily lives of the participants and directly and indirectly barred them and their families from accessing resources that might have been useful for successfully dealing with those adversities.

Coping with Racial Stress

The cumulative impact of dealing with these racist, xenophobic challenges while growing up was racial stress. Racial stress is a term describing the mental health effects of experiencing and witnessing racism for Black and other racialized persons, and is exacerbated for those with intersecting social identities (Comas-Dias, Hall & Neville., 2019). Five participants reported receiving mental health diagnoses of depression and anxiety that they connected to these experiences, and eight reported engaging in self-harming, aggressive and sexually and physically risky behaviors in response to their experiences. Unfortunately, as children, they were largely on their own in trying to cope with these emotions. While eight participants received formal and/or informal support, only five of thirteen participants described this support as helpful. Two of these five were able to access counselling that was helpful while three encountered teachers throughout their educational journey who provided mentorship. All these helpful formal support persons were Black. Given what is known about how the education and child welfare system are racialized, this is unsurprising. Moreover, Black Caribbean communities are well aware that their counterparts who migrated to industrialized countries were harmed by the legacies of colonialism and present-day racially stereotypical and discriminatory mental health practices in those countries (see Canadian Black Policy Network [CBPN], 2021; Hicklin & Hutchinson, 1999). It is not surprising, therefore, that participants reported that they only received formal mental health support when it had been mandated; their families chose instead to deal with their mental health struggles internally. However, at a structural level, disproportionately high unemployment rates and low paying jobs resulting in lack of coverage for mental health services present immense barriers to accessing services for Black Canadians (CBPN, 2021).

These same five participants identified informal social support as helpful - God parents and relatives who provided a listening ear or more tangible support like a home. This is reflective of Caribbean ways of living culturally where extended family members are involved in helping to parent children (Chamberlain, 2003; Stuart, 1996). Naja (a 29-year-old mother of 2) talks about how she flourished under her uncle's parenting approach after her mother kicked her out from her home for piercing her nose, the culmination of years of rebelling against what she saw as overly strict rules:

“He’s a lot different, he’s a lot more rational, he’s more, like, pick your battles; if you have your nose pierced, I don’t care, are you going to still function in society? He’s more like that. So he thought my mum was just absolutely wrong for telling me to leave for the nose piercing, yeah. So he said come stay with us for a while –so then I went there for grade nine. That was actually probably the best part of my childhood, living there, because they were very family-oriented.”

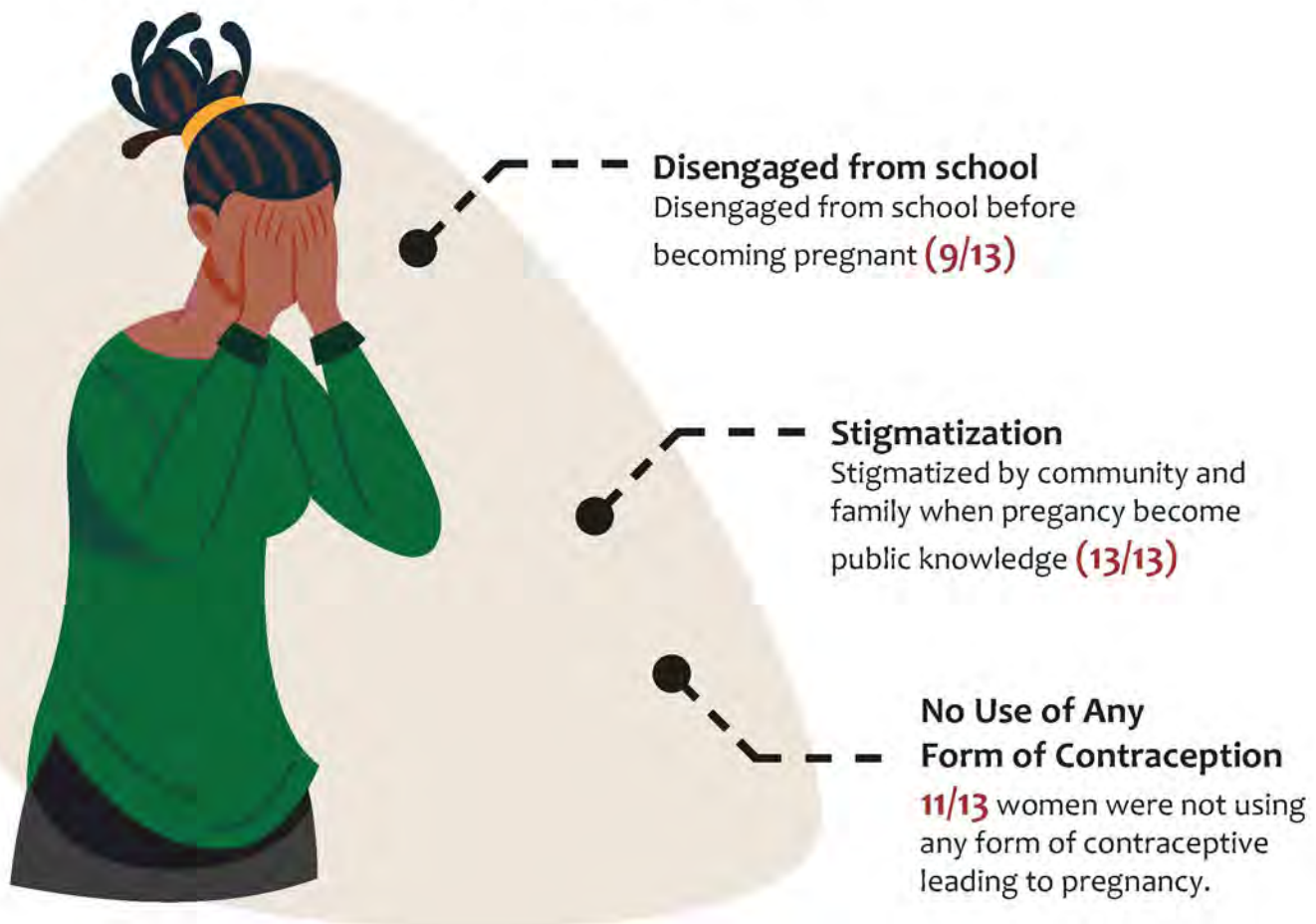
There was no one strategy that was commonly used across participants; rather they identified a variety including praying; journaling; using the creative arts like music, dancing and poetry; and connecting to a community of like-minded people.

From Young Black Girl to Young Black Mother

According to participants' stories, the emotional impact of these racialized childhood experiences indirectly contributed to their early pregnancies—they all spoke of losing sight of planning for and securing their future. Their mental state was further compromised by the stigma they faced from their community once their pregnancy became known.

Figure 3 below provides an overview of their Experiences Becoming a Young Black Mother.

Figure 3. Experience Becoming a Young Black Mother



Jay (a 22-year-old mother of 1) is an exemplar of the demotivation and lack of direction that most of the young women discussed experiencing as responses to their childhood experiences, and the type of young men they were involved with.

“Even before that when I was with the guy I wasn’t going to school. I would be in his bed all the time There was no point in me going to school. He would go on the road and I was just at his house. At that point I was just like I’m going to be here for an extra year. I don’t really care about school. That was my mindset. I was also suicidal at the time like before even finding out I was pregnant. So it was just like who cares? Like why make a plan for my life? I probably won’t be here.”

Raina (a 23-year-old mother of 2) discusses how she got into and remained in an emotionally and sexually abusive relationship with her daughters' father and became pregnant due to low self-esteem from internalizing the messages in her school that she was not beautiful because of her Blackness and that "light skin is prettier":

"If I could tell myself as a 16-year-old that, it would be just to value myself, which I don't think I did back then. Value myself. Because then the right person will come and treat you that way. Don't settle for the negative behavior, because you don't want to end up – like I love my kids to death and I would never change in anyway, but they did change my life way different than what I had it planned."

11 of the 13 women indicated that while they were aware of ways to manage their sexual and reproductive health, they were not using any form of contraception. All 11 of these women ultimately decided to keep the pregnancy because they did not agree with abortion or they were concerned about the emotional toll of making that decision. Most mothers (9/13) in our study had initially dropped out of high school before becoming pregnant and only returned later to complete it. Indeed, these women indicated that becoming pregnant was a catalyst for them pushing through their emotional challenges and focusing on their future, as Naja explains:

"At that point I'd went back to high school, because I'm, like oh my gosh, I'm having a child. My life isn't really going anywhere. I should probably re-enroll in school and try to finish. When you're just living for you, you can really do what you want at your own pace. I could go back to school whenever I thought it was necessary. But for me that was motivation. I knew I had nine months to figure things out and kind of get it together."



The decision to keep their pregnancies and get their lives in order to provide for their babies, however, did not seem to come without backlash from family and members of their own community. While participants who had their children outside of marriage all reported that their families were disappointed, the backlash from family seemed greatest for those three who were in university or about to begin. The disappointment from their family was intense to the point of fracturing their relationships. Kendra's experience was an exemplar:

**"So my mom ended up telling my dad for me.
I was too afraid to tell him;
he doesn't think before he reacts to stuff.
So he was upset about it.
Yeah, he didn't really have much to say to me -
they both basically said finish school and do what you
have to do.
But my dad and I didn't really talk as much after that
for a while."**

Participants spoke of the stigma and judgment they endured as persons became aware of their pregnancies. Bianca had this to say about how the public responds to her:

**"I'm really skinny
and I was carrying a very big baby so my stomach was
huge
and I knew that's why people stared at me.
And I still had on nails
and stuff like that
and that's why people stared at me.
But now I think it's just like I am young
and I'm pushing a stroller
and that's why they stare."**





KEY FINDING:

Becoming a mother could be attributed to unresolved racial trauma for these young Black girls. However, motherhood was also a catalyst, often compelling them to focus on their personal healing, even though mainstream Canadian society could not appreciate how early motherhood was a positive turning point for them.

Mothering While Young & Black in Canada

The young women shared stories of how these adversities that came with being young Black girls set them up for adversities as young Black mothers and exacerbated those adversities which Black mothers and women face generally. (see Fig. 4 below for summary of Challenges Experienced as Young Black Mothers).

Figure 4. Challenges Experienced as Young Black Mothers

Mental Health Impacts of Motherhood

- 9/13 Postpartum depression
- 8/13 Lifelong race-based mental health struggles exacerbate postpartum depression

Mothering in Unsafe, Inappropriate Spaces

- 13/13 Unsafe services postpartum depression
- 10/13 Unsafe, inappropriate medical & mental health resources
- 9/13 Unsafe social services unsafe, inappropriate medical & mental health resources

Mothering with(out) Fathers

- 10/13 With no or little support from child's father

Economic Barriers

- 9/13 Do not receive maternity or parental leave benefits
- 9/13 Unmanageable OSAP debt to further education
- 9/13 Accessibility barriers in trying to obtain childcare or not receive maternity or parental leave benefits

Mental Health Impacts of Motherhood



Already struggling with their mental health due to the racialized, traumatic experiences they had to contend with growing up, these young women all shared that they then also battled with additional mental health struggles when they became mothers. All 13 participants indicated that they dealt with Postpartum Depression. Eight of the women explicitly spoke about how their lifelong untreated struggles with anxiety and depression were exacerbated with motherhood. Lisa explains how her anxiety that developed from systemic racism in Child Welfare intensified with having her son:

“And I come to school and the teachers are telling me that I should have a psych evaluation for my son.

Type of anxiety that comes through me because this is shit I had to go through. You think I want that for my kid?

And when I found out I was pregnant
only thing that was riding my head was Children’s Aid.
Nothing else.

Not even just thinking about the fact that I’m about to have a kid and it’s about to be joyful.
I was thinking about what if Children’s Aid looks at me
as being 16 and pregnant and they want to take my kid away from me.

That’s all I’m thinking.

They’re going to take my kid away from me,
they’re going to take my kid away from me cause I got taken away from my mom.

And they made me feel like my mom was an unfit mother
because I’m not with her.

They had that in my head, implanted in my head. “

The women also spoke of struggling to deal with the demands and changes associated with motherhood at the expense of their own self-care. Whilst almost one quarter (23%) of all mothers recently giving birth in Canada report feelings consistent with postpartum depression or an anxiety disorder (Statistics Canada, 2019a), these young mothers’ ages contributed to the ways in which these struggles played out, and all this occurred in the context of existing mental health challenges. For example, Nicky (24-year-old mother of 1) speaks about the combination of neglecting her own self-care to focus on her son in the context of adjusting to the marked changes to her body as a young woman:

“But my focus was just on the baby,
not more so on myself.
And I started seeing all these changes in my body, stretch marks, loose skin,
and it was just a lot that I wasn’t used to.
I was 23 now and that started making me get depressed again.
Just not being able to fit into any of my clothing.
I started wearing my boyfriend’s clothes-baggy pants and sweaters.
And I started hating my body.
And the only thing that helped was eating, eating, eating.
Eating junk food.
And I just ate, ate, ate. Ate, ate, ate,
and to the point where now I was like, almost 300 pounds,
100 pounds more than when I was pregnant.”

KEY TAKEAWAY

Mothering while young and Black in Canada exacerbated the mental health issues participants were already facing from racism in childhood.



Mothering in Unsafe, Inappropriate Spaces

Unfortunately, although participants reached out to formal services for support coping, they experienced further challenges, once more rooted in their intersectional identities as young Black mothers. The women all talked about how most supports were provided in ways or in places that were unsafe, inaccessible, or inappropriate for them as young Black mothers. They explained that, more often than not, racism, discrimination, and White privilege in the various contexts of services constrained their access to resources needed to care for themselves and their children.

Social Services Settings

All mothers shared that their awareness of encountering racism as Black mothers due to their childhood experiences intensified their mental health struggles. For example, Lisa explains how her anxiety that developed from experiencing systemic racism in Child Welfare as a child intensified with having her son:

“And when I found out I was pregnant,
the only thing that was riding my head was Children’s Aid. Nothing else.
Not even just thinking about the fact that I’m about to have a kid and it’s about to be joyful.
I was thinking about what if Children’s Aid looks at me as being 16 and pregnant and they
want to take my kid away from me.
That’s all I’m thinking.
They’re going to take my kid away from me,
They’re going to take my kid away from me
‘cause I got taken away from my mom.
And they made me feel like my mom was an unfit mother because I’m not with her.
They had that in my head, implanted in my head. “

Nine participants’ stories highlighted how the impact of their childhood traumas of racism had an impact on if and how they engaged with services for themselves and their children, which in turn prolonged and exacerbated their mental health challenges, especially post-partum. Specifically, participants expressed anxiety that CAS might be called by a White service provider to remove their children if they disclosed to them that they had mental health issues, were struggling financially to care for their children, or were experiencing domestic violence. Zoe, who was in a violent domestic relationship at the time, explained why she hid her anxiety from the White medical social worker whom she had actually found quite helpful in accessing medical care for her infant daughter:

“You don’t want to look like you don’t have everything together because I have two strikes on me: I’m Black, and I’m young. So, I say that, and they take my child away from me. So, it was a combination of just saying I’ll just [go along with the stress] and I’m not going to be vocal about how stressed that I am and what I’m going through. Because they may just find a way to take my child away from me.”



Medical & Mental Health Settings

Leaders in Canada's Black communities have long highlighted that the lack of race-based health data prevents insight on differences in illnesses, access to services and health outcomes (The Black Health Alliance, 2020; Waldron, 2010). Others have advocated for changes to address structural factors that contribute to underrepresentation of Black persons in health care professionals and outlined strategies for facilitating culturally relevant, anti-racist, anti-oppressive and decolonized service delivery (Annan, 2020; Dryden & Nnorom, 2021, Wickham, 2017). Our findings innovatively illustrate the mental health fall out of these medical and mental health policies and practices for young first and second generation Black Caribbean-Canadian mothers.

Seven participants spoke of experiences of being dismissed or ignored by White medical professionals when they reported concerns about their and their children's well-being; these experiences heightened their mental distress. Zoe describes the differential experience she had in getting the correct care for her son when she shared her concerns with a White versus a Black doctor:

**“My doctor for me and my children they’re Black.
She was able to give me answers that I was looking for for years,
that I wasn’t getting from my previous family doctor that was White.
My son, since he was like two months,
his nose would constantly run
and he couldn’t breathe when he was sleeping.
And I questioned, I questioned, I questioned, I questioned,
and I went to a Black doctor,
and she instantly said “He has enlarged adenoids.
Booked a surgery instantly and he was in.
But it wasn’t until he was almost two years old that we got the surgery.
We went through like over a year dealing with
“No, don’t worry, he’s fine, he’s fine, he’s fine”**



Young Canadian women under age 25, and those with histories of anxiety and depression are at heightened risk of PPD (Davey et al., 2011; Statistics Canada, 2019a). This suggests the need for intervention with young first and second-generation Black Caribbean-Canadian mothers. Unfortunately, although participants all reached out to formal services for support coping, they experienced further challenges, once more rooted in their intersectional identities as young first- and second-generation Black Caribbean-Canadian mothers. The women all talked about how most supports were provided in ways or in places that were unsafe, inaccessible, or inappropriate for them as young Black mothers. They explained that, more often than not, racism, discrimination, and white privilege in the various contexts of services constrained their access to resources needed to care for themselves and their children.

For some women, mental health-promoting spaces were inappropriate for them as young Black mothers due to the vast difference in their lived experiences of motherhood, as Shanti explained in a focus group:

“Services that I was kind of looking forward to, like Mommy and Me time. Um, I was looking at a lot of like library services, or like Community Centres, or things that would just be able to get me out of the house. I went to one of those groups and I felt like a sore thumb. I’m not saying it wasn’t a friendly space or it wasn’t welcoming, but I could just – I felt different. Most – because I was a Black woman, but also partly too because I was a young woman as well. I found that a lot of the groups were really women in their 30’s. Like they’re having all these conversations. And I’m just like, “I don’t relate.”



However, according to the vast majority of participants (10/13) spaces where they could access the mental health resources they needed to meet social expectations about them as mothers were unsafe. Participants explained that this was partially due to White service providers’ ignorance of the effect of racialized experiences on their mental health as mothers such as their postpartum mental health, as Stacy describes:

“So, I had a bit of postpartum, um, I’d say about six months into my Mat leave. And so when I spoke to my doctor about it, She was kind of like, “Here are some of the resources that we have with the hospital and this clinic,” And I’ll be honest, part of the reason why I didn’t really, um, look into them too much, is because my expectation of those things is generally not geared to women of colour. Being in spaces that have been primarily non-coloured people – especially non-coloured mothers – um, I’ve noticed that it’s, it’s more exhausting for me to have to then explain, or describe my experience, which is not being shared by the people around me, in a space that is supposed to be supporting me and helping me. I already don’t have the energy to deal with my day-to-day. I don’t now also have the energy to deal with other people’s ignorance and judgment.”

Participants also shared that when they did decide to access these services delivered by White service providers, they claimed to understand their racialized experiences; this was upsetting. In a focus group, Jay discussed the additional stress of having to engage with White service providers and how it disadvantaged her in getting the help she needed:

“I guess working with people or having supports from people who are not of colour, it’s too much for me to explain. Like I already have so much stuff going on and then to explain to you one of my Black girl struggles, it’s just a lot. Or they don’t understand. Or it’s like awkward explaining to even like to my doctor or my therapist that I’m having issues because I’m being called a “Black bitch”.... And like even some of the issues that you deal with, like where they can be like, “Yeah, I know, I totally understand that experience,”. No, they don’t. So, it’s kind of like I don’t want to share. So, it’s like I’m not really sharing the parts of me that are really bothering me. So, it’s like am I really getting help or not?”

Those who advocated for themselves in these scenarios with medical, mental health and social support services also described this as an emotionally unsafe experience. In one focus group, participants had this to say:

Shanti: I don't need anymore difficulties.
I don't have the energy.

Jay: And it just takes you out of character as well.

Stacy: And the expectation is that I'm always going to be angry,
but I'm not always angry.
I just told them, "I came in [Crosstalk] just asking questions like
a regular person and you took me for a fool, then I have to be angry.
Now I have to be mad.
Like I, I don't need to be that person all the time.

Shanti: Because you know what it is, they feel like
we're not as educated as they are.
We don't know, we don't know what we need for ourselves.
And they're like, "Yeah. You think that, but here, this is what you should do."
And it's like, "No. I'm telling you, what I need for myself."

These stories might explain recent statistics about maternal mental health, for Black women. According to Statistics Canada (2019b), while over 70% of mothers who were concerned about their experiences spoke to a partner or family member about their experiences, only 43% raise it with a medical professional and only 24% speak to a mental health professional about it.

More generally, our findings provide further support to the Canadian Public Health's Association (2018) assertion that racism adversely affects the health of individuals. Indeed, our findings underscore the necessity of the CPHA's (2018) call for all agencies and organizations involved in the provision of health and social services as well as education and research to identify and remove any racist systems and approaches in their policies procedures and practices, provide mandatory anti-racism and anti-oppression training to all staff and volunteers, collect and analyze race and ethnicity in data in an appropriate and sensitive manner, and monitor their organizations for stereotyping, discrimination, and racist actions and take corrective actions.

KEY FINDING:

Anti-Black racism plays out in both how service providers interact with young Black mothers and in the policies that guide these interactions. This exacerbates the stress already associated with motherhood.

Moreover, they had to navigate these services with unaddressed traumas from racist experiences growing up. Consequently, the very services they required as young mothers for the physical and mental wellbeing of themselves and their children were so unsafe that they were directly or indirectly inaccessible.

This further constricted participants' individual capacities to successfully deal with the emotional and material fallout of previous adversities produced by structural racism.



Mothering with(out) Fathers

Ten of the young Black mothers in our study were caring for their children with little to no help from their children's father. The four women whose children's fathers were involved in their lives were all still in intimate relationships with them, either married or cohabitating. While 4 of these 10 fathers were supportive of keeping the pregnancy, at least 3 were explicit that they were not ready to father.

7 of the 9 participants who were still in contact with their children's fathers indicated that they have historically endured repeated broken promises to assist, or rejections of their requests for assistance meeting the child's basic needs, even in times of crisis. Scenarios ranged from assisting with feeding the child to regaining custody due to allegations of neglect rooted in poverty. It must be noted that all 9 of these women have been on or were on public assistance at the time of the interview but none of the women whose partners were involved were nor had been on public assistance. 65% of families headed by Black women who are single mothers in Canada experience poverty compared to 26% for families of white single mothers (Katshunga et al., 2020). Lisa's account of her son's father's response to the daily challenges she faces as a mom struggling to provide for her son's basic needs even on public assistance captures the range of disengagement the young Black mothers reported about their children's fathers:

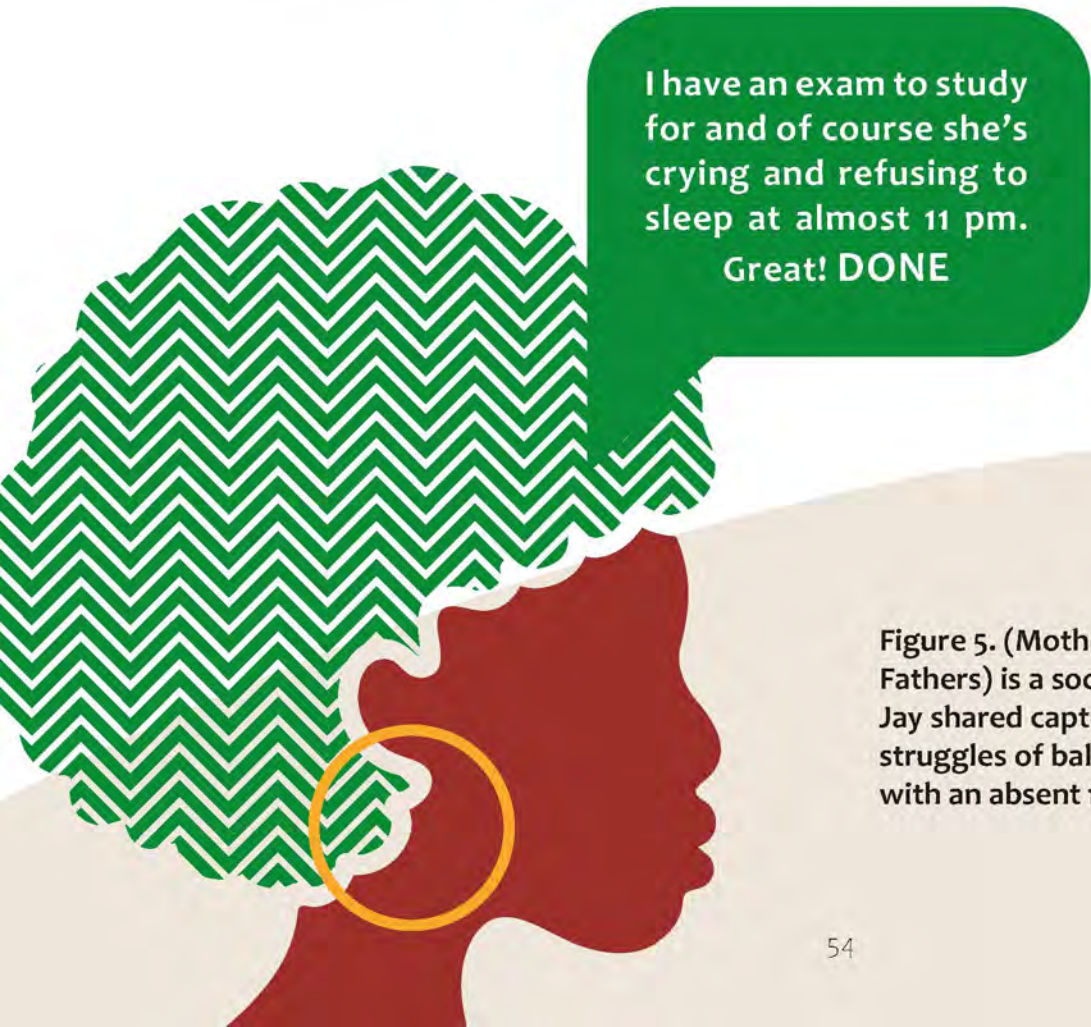
**"I used to like call his dad all the time and cry.
Like you have a son,
and you could just live your life and not care about nothing?
I called you and told you that Children's Aid took my son from me
And you're like, "Wow".
What?
I asked you if you can help me,
"I can't".
Wow, what?
"Oh you need to get him back?
" What?! Who are you talking to?
Are you doing anything?
Is this not your son too?"**

According to participants, they had come to a place of acceptance that they would have to bear the responsibility for the child alone, regardless of how difficult this was, and consequently kept their contact with their children's fathers to a minimum. As Jay matter of factly asserted,

"I think he does the bare minimum and because I'm not into the whole going to court and going through all of the stuff. It's kind of like if you're not going to help me, leave me alone because you're not really doing anything for her."

Not only was the financial support lacking, but the instrumental support as well. The single mothers all described struggles to balance the day-to-day tasks of caring for their child, working and in some cases attending school. Raina describes the toll this takes

“Like I can count the amount of diapers he changed on my daughter.
He couldn’t even take them to the doctor.
He couldn’t even watch her by himself.
It’s hard day-to-day.
And if I’m going to school, I have to go and drop her to the babysitter.
And I’m usually late for school because of that.
I don’t really eat breakfast because I spend so much time getting the kids ready
And then I get to school. I’m at school.
And then I pick up my daughter –
it’s really hard because sometimes my school is later than three.
So, I just have to rush to go get my older daughter,
and then come back and pick up my second daughter
So that – like it was really tiring doing that.
But some of the classes were like,
I couldn’t miss them or I wouldn’t pass the class.”



I have an exam to study
for and of course she’s
crying and refusing to
sleep at almost 11 pm.
Great! **DONE**

Figure 5. (Mothering without Fathers) is a social media post Jay shared capturing the daily struggles of balancing motherhood with an absent father.

The women’s accounts paint a picture of the gendered nature of raising children. Having decided to keep the pregnancy, they took on the most of the responsibilities for the children’s overall daily care and the financial provisioning for this care.

At the same time, our research did not explore fathers’ perspectives on why they were not caring for, nor financially providing for their children. The women’s description of their children’s fathers suggests that they were caught up in unaddressed mental health issues from their own cycles of racism, low education levels, drug use, violence in families and communities. For example, Jay describes her daughter’s father in this way:

“It was like alcohol abuse issues, his own mental health issues, like abuse from his mom that he’s dealing with and it was like then he started to abuse me so it’s like it just escalated to another – I guess another form of toxic behaviour, yeah.”

Evidence from community-based programs in Toronto indicates that Black youth are dealing with trauma from various ways in which racism plays out for their families and in their communities but this is often framed as delinquency within the educational system and often remain undiagnosed in Black boys and men until they end up incarcerated (Black Health Alliance, 2016). Historically, such structural, and systemic forces have made Caribbean women, including Caribbean immigrants, the primary provider and caregiver for their families (Reynolds, 2005). Whatever the reason, the result has been that the burden of provisioning for their children’s financial needs fell to these young Black mothers alone and this situation was difficult for the 9 mothers who were sole parents.





KEY FINDING:

Mothering while young and Black more often than not meant eventually resigning to carrying the burden of caring and provisioning for children alone. While these young mothers could appreciate that structural and systemic inequalities may be undermining young Black men's capacities to father, the burden was nevertheless a heavy one to bear..

Economic Barriers

Our participants described challenges in meeting their economic needs that were directly and indirectly rooted in the gendered character of various social structures and systems in Ontario as well as racialization. They shared how their ability to work was undermined by the high cost and lack of childcare services; how their goal planning to complete post-secondary studies to improve their capacity to support their families was sabotaged by the inaccessibility of child care and the non-inclusive character of the Ontario Student Assistance Program (OSAP student loans); and how, when they were unable to secure employment or to support their studies, they were left with social assistance options, specifically Ontario Works (OW, social assistance program in the province), that did not seem aimed at facilitating their eventual independence from these systems.

Working for pay to support one's family is culturally indicative of good mothering for Black American and Black Caribbean British women (Dow, 2019; Reynolds, 2005). However, for Black Caribbean immigrant women, including those in our study, working is also a necessity because of the intersecting structural conditions and inequalities of childcare services, paid work, and employment policies (see also Reynolds, 2005).

Family Care/Work Policies

Remaining at home to care for their children was not an option that these young Black mothers had. The majority of participants (9/13) did not speak about maternity or parental leave benefits, and only four women actually received them. Approximately 30% of all mothers in Canada (with the exception of the province of Québec, which has its own parental leave system) and 60% of low-income mothers in Canada do not receive parental benefits after the birth of a child (McKay et al., 2016). Although there is no race-disaggregated data on the receipt of parental benefits, one can deduce, from recent statistics on low-income mothers' exclusion from benefits, and data on racialized groups' access to employment insurance benefits (parental benefits are included in these benefits), that racialized populations are often excluded from parental benefits (Hou et al., 2020). It was, therefore, imperative that these women secured child-care as they had to work from very early in their children's lives. The alternative would have been to risk leaving their jobs and then attempt to re-enter employment when their child was older or when they secured adequate or affordable childcare.

Securing childcare, however, incurred a cost. As Black Caribbean Canadian mothers, participants would be unable to benefit from the cultural tradition of having their own mothers assist with childcare. Participants' mothers (those still alive and/or in contact with their daughters) were employed full-time due to the high levels of poverty that Black Caribbean Canadian female immigrants experience as well as the fact that their daughters having a child as a teenager meant that they were still young enough to be a part of the workforce (Reynolds, 2005; Statistics Canada, 2017). Consequently, our participants had no choice but to pay for childcare.

However, there is a lack of affordable and available regulated child care in Canada. Toronto has the highest childcare fees in Canada (for infant and toddler care, \$1,900 and \$1,557 per month, respectively) and high childcare fees are a key reason why parents stop using childcare services (Macdonald & Friendly, 2021). Participants reported that while there are government subsidies to help offset child care expenses, they are difficult to qualify for, and do not fully cover costs. Yet Black women are likely to require subsidies to afford child care given that, at 10.5%, twice that of their White female or White male peers, they have one of the highest rates of working poverty in Canada (Stapleton, 2019). In addition, "childcare deserts" (i.e. communities where there are at least three children for every licensed childcare space) are more prevalent where Black, Indigenous, and other racialized populations live (Prentice & White, 2019). Consequently, racialized women are left with the predicament of insufficient child care spaces that they can even barely afford with a subsidy when one does become available. This puts them at a severe disadvantage as Stacy indicated in a focus group:

**"I had a similar experience.
Even being on subsidy it's still a long time.
By the time I was like maybe two months out from going back to work,
is when we actually had our space confirmed.
And then like a week before we went in to confirm everything with the subsidy office,
we kind of found out that our space was no longer confirmed.
Because like, they had taken other kids.
And it was very stressful."**

Participants also encountered accessibility barriers to childcare when they tried to work or complete post-secondary education to secure jobs that would improve their financial independence. As expected, the participants contending with absentee fathers fared the worst. More often than not participants were unable to find post-secondary education programs that offered daycare. For those who were working, the operating hours of daycare providers did not align with their working hours. As Jada (a 29-year-old mother of 1) explains:

“Even when I was finished maternity leave, the type of work that I was basically qualified to do did not necessarily happen within the hours of 07:00 and 18:00. So even if I went back to that job, who’s watching my kid? I was trying to express this to the case worker [about receiving] subsidized childcare: “Well, can I at least get daycare so I can sleep during the day? Like you guys just want me to be at home.” She said, “No, there’s nothing we can do, your job’s not within the hours [to qualify].” And I’m like “So how does that make any sense? There’s not only jobs that are within the hours of 07:00 to 18:00. Every daycare closes at 18:00.” “



Student Loans

Participants also encountered another barrier to completing post-secondary as a way to achieve economic independence for their families. Nine of the young women reported that they had to take on OSAP debt to finance their post-secondary education. While this loan made post-secondary education possible for them, the repayment rates, when considered within the context of their earning potential and expenditures as young Black mothers, perpetuate inequities. The low income of these young mothers would have to cover a loan repayment on top of food, shelter, and maintenance expenses for the entire family, especially for those women receiving little or no help from their child's father. This jeopardized many participants' pursuit of higher education to improve their income potential. For those able to attempt juggling work, school, and mothering, the OSAP debt hanging over their heads exacerbated their stress and made this balancing act unsustainable. As Naja (a 29-year-old mother of 2) says below:

I have not finished the degree.
Don't know if I ever will.
I only lasted, I think, one semester.
The OSAP was accumulating.
I had gotten a better job, in my field.
I wasn't seeing the immediate benefit of that sacrifice.
Because it became a lot. It was extremely overwhelming.
Working full time, having the two kids by myself, going to school two days a week.
When you're not at school physically you're doing the assignments
It was extremely too much.
And then the travel time, it was just ...
it was exhausting.
So, I just dropped out and
I haven't gone back since.

Welfare

Receiving OW did not alleviate the financial challenges these young Black mothers were facing. Instead, they were deeply concerned about how hard it was to transition permanently off OW. According to participants, their OW subsidy amounts were barely enough to support their families, to begin with, yet when they secured employment, the meagre wages they could earn (from the only jobs they could qualify for) rendered them ineligible to continue to receive an income subsidy because of OW's low-income threshold. They went as far as to imply that the current design and mode of implementation of OW and other programs kept them reliant on government subsidies. In a focus group, Zoe explained:

"I think, in all these programs that I've been to, no one talks about self-reliance. You go on to Ontario Works and it's like you're in a cycle— yes, they give you the workshops to get a job, but then it's hard because on subsidy there's only certain daycares you can choose and maybe in your area you don't like those daycares. So, it's like you're in that cycle of what are you going to do? If you're on OW you can't make a certain amount of money. It was crazy. It's the resources we need to build self-reliance [that are lacking]."

This deep concern about their lack of access to information and tools to cultivate self-reliance in part stemmed from their heightened awareness that the public perceived them as Welfare Queens. As Raina explained in a focus group, they were concerned about being stigmatized and dismissed as **"another young black woman who's pregnant, who's not married, and who has probably three different baby fathers"**. Participants' concerns about their outcomes within the system as it currently exists are not unfounded. In a recent five-year period (2013 -2018), only 10-15% of persons receiving OW found employment and left the program (Office of the Auditor General, 2018). Indeed, that report found that OW lacked the structures needed to help recipients overcome significant barriers to employment; and it did not measure secure employment and self-reliance outcomes (Office of the Auditor General, 2018).



KEY FINDING:

Mothering while young and Black in Canada involves trying to provision for yourself and your children without the basic qualifications to earn an adequate income, while living within a context of systems of care and work not designed to facilitate or promote one's economic self-reliance as a Black mother.

COVID-19 and the anti-Black racism pandemics

The focus groups occurred during the early months of 2020 in the context of the COVID-19 pandemic and heightened anti-Black racism globally. The participants explained that their mental health was further affected by these experiences; they spoke of heightened vigilance, disconnecting from others and worrying about their children being mistreated or harmed. These symptoms are all in keeping with racial trauma (see Comas-Díaz et al., 2019). Jay describes the way her hyper-vigilance has severely constricted her social interaction:

**“Trusting nobody.
Everywhere I go I’m like,
“OK. What’s going on? Who’s where? What’s going on?”
I’m looking to see if the police are going to pull me over.
I’m looking to see if people are going to drive by and shoot me.
I really don’t want to go outside, is how that’s affected me. “**

Shanti notes that she felt overwhelmed and disinterested in connecting to others.

**“I was working overnight;
because of COVID, I had to switch my shifts,
because there was no daycare.
So, I was working overnights
and I’m watching my daughter in the daytime.
So, I’m exhausted. And I don’t have the time to think about anything,
anything at all.
And it’s hard too, obviously, because we all have social media.
We all see what’s going on.
We all see the protests.
We all see all the racial violence that’s happening around the world
and in our communities
and to our loved ones.
And it’s just really overwhelming.
So, it’s like,
I just don’t even want to connect
because it’s just too much energy.”**

The women also shared how it affected their parenting. Raina described the intensity of the situation as an adult who has had to find the emotional resources to support her children through the experience:

“So I feel like people in the Black community as a whole have not gotten a break yet and if we don’t take the time to give ourselves a break, it’s just going to keep piling on on top of that. And then you’re still a parent, so you still have to teach them things. And like my daughter is six, so like explaining it without explaining it too detailed is such an interesting conversation. It’s “Yes, we’re Black and we are treated differently because we’re Black and it is not right, but this is where we live right now.” This conversation and then on top of that it’s like “I’m sorry, you no longer go to school. You are staying home. You are doing virtual learning, you are – we just uprooted your life from everything you’re used to.” “



KEY FINDING:

Mothering while young and Black in Canada during a pandemic intensified the racial trauma young Black mothers are already carrying around, and at times made it hard for them to mother for anti-Blackness in ways that still preserved their children’s innocence.

Strategies & Resources Used to Cope Successfully

In light of these systemic and structurally shaped challenges and barriers to accessing resources, the young Black mothers were left with only their individual strategies and resources to try to manage. They spoke of (1) accepting support from their families, (2) seeking mental health support, (3) mothering for anti-Blackness, (4) acting

to change the experience children have of Black motherhood, and (5) acting with determination and focus. The women also identified indicators that they valued as reflective that they were successfully coping with the difficulties of being young Black mothers.

Accepting Family Support

Given that in Caribbean families extended family members assist with child-rearing (Chamberlain, 2003; Stuart, 1996), it is not surprising that a strategy that all the participants shared was accepting family support. For them, this was a major way to relieve the stressors associated with mothering, as Shanti explains:

“And then my family, maybe I’ll see them on weekends, but they always send me home with like containers and containers of food. Then I don’t have to cook for a week because food is there. Because that’s another stressor as well, having to cook, having to prep everything, cook it, get it on the stove and all that kind of stuff, when she’s running around. And she’s a climber, so it’s just dangerous and it’s just, oh so. I find that they would just kind of help pick up the slack and that’s where it helps me.”

As expected, this family support was even more instrumental for participants who were single mothers, even where relationships were fractured as a result of the their mothers’ approach to parenting or the pregnancy. Naja shares how her mother set aside their conflicted history and offered financial assistance over the years:

“So she’ll send money if I’m in a pinch. For the first two years she covered \$500 of my rent until she realised that I could afford it on my own, right? So even though we didn’t have a good relationship in childhood, right, in growing up, when I got pregnant then she started playing a different role, in terms of, like more supportive. Because she saw, like this is her grandchild. And I couldn’t financially do it on my own. So then she kind of switched roles and instead of being the enemy, she was supportive. She would not want to see me suffer with my child, right? “

Seeking mental health support

Secondly, the women sought out support for their mental health. Some women sought out therapy as they recognized that they needed to deal with their issues so that it wouldn't impact their parenting. In all cases, they explicitly chose/are seeking out Black and/or Caribbean service providers. Zoe describes her journey,

“So not until now is where I really realized that there was a lot of things I didn't really take care of before from my past that affected me in my adult life now. And it's only recent where I've realized that and said, “I'm a mess, I need to talk to somebody.” One of my main credentials was that I needed somebody that was Black Caribbean. I needed somebody who was going to know roots, or understand culture. So if I was talking about things that I went through as a child, or things that I'd seen in my community, because of that similar culture, they truly know.”

In the context of inappropriate/ unsafe formal mental health services, the women attended to their mental health by drawing on their social circles and relatives who were Black mothers, as Bianca describes in her discussion about what helps her:

“Even online I've joined a bunch of pregnant and mommy groups like Black Moms Connection. And it's just funny you see in the contrast between my regular pregnancy group and Black Moms Connection. I can just go to that group if I want to laugh or if I have something to say, like everybody's reacting to it. And there's just such a level of honesty like amongst Black mothers. It's wonderful.”

Mothering for anti-Blackness

A third major strategy that all the women alluded to, some more explicitly than others, was mothering for Anti-Blackness. They expressed that it was important that they protected their children from anti-Black racism within the various systems that they had to function in daily. For example, Lisa describes the way she has dealt with her son's school trying to suspend him due to displaying aggressive and disruptive behavior:



“ When they called me, they made it seem like, I don’t know why your son’s doing this... they’re trying to have me pick him up at 12. And I told them no. I’m in a program and I was done with my program but I didn’t come, because I know my son and he’s not doing things for no reason. So you guys need to figure out that reason. So I’m picking up my son at 3:15 where I’m supposed to. The teacher’s like “Yeah we, we spoke about it and he told me that it was because another kid was ignoring him”. Wow. So you guys called me in the morning and I would have come to pick up my son from school, to take him home, to make him feel like he did something bad because a next child made him feel a way and you guys weren’t on the ball to even see their interaction?”

For many participants, mothering for anti-Blackness also included creating generational wealth, setting their children up to be more financially stable than they were. As Tina explain, this would be one struggle-free thing she wants to do for her children:

“Um, probably a full paid education for whatever, whatever they wanted to do, whatever they wanted to study, whatever they wanted to be and just to take that worry or that struggle away from them that, you know, “If I want to be a doctor, I can do that and I don’t have to worry about by the time I finish school and I have my degree and what I actually want to do, I’m not \$100,000 in debt.”

For many participants, however, it was equally important that they also prepared their children for dealing with Anti-Black racism. For Jada, there are conversations she plans to have with her son to prepare him for navigating the world as a Black person:

“The way how the world is set up for Black people, period. Like just realizing you’re different from the beginning, no matter what they say, no matter who says they don’t see colour, we know it’s all a load of crap. And just kind of like learning how to deal with it, because you’re going to have to deal with it, especially him, my child being a boy. No matter what neighbourhood you live in.”



Disrupting Intergenerational Trauma

Fourthly, a few of the women acted to consciously change how they mothered for anti-Black racism so that they did not repeat the traumatic experiences they had with their own mothers. For example, Jay explains how she nurtures her daughter's curiosity instead of shutting it down as her mother did with her:

“Even when she was younger and she didn’t understand that well it was always just like how are you feeling? How was your day? What did you learn today? Or like explaining to her like this is why you’re on time out and having a conversation with her other than being like “shut up, go sit in the corner”. So now it’s just like she’s always talking, always talking and I’m just like I don’t want her to shut up so I let her speak and say what she wants to say just so she doesn’t feel the way that I felt as a child.”



Acting with Determination and Focus

However, the fifth and most instrumental strategy that underpins all the others is the young mothers' determination and focus. As Naja explains about her approach to completing post-secondary education to be more financially stable:

“Even now I have a very task-specific approach. So I don’t really think about what happened yesterday or what’s happening tomorrow. That came from necessity. If I was, like oh, I’m tired from yesterday and I’m allowing my mind to sway, like you don’t get things done...when you’re put in a situation you literally just have to deal with the situation, right? I cried and I whined but I still did it. You can’t just cry and whine and take no action. You have to still do it, right?... Because I knew that I had three years and I had to finish the three years. “

Indicators of success

According to participants, there were a few indicators that let them know they were dealing with the challenges they face as young Black mothers effectively. A theme running through participants' reflections on how they knew they were doing better was them marking their progress along the journey in ways that were important to them. One key indicator was their emotional state pertaining to the situation. For example, Tina explains that her challenges are not over but there is some relief and so she knew she was successfully coping because **"I just don't think about it as much"**. Their children's development was one such key indicator, as Nicky describes:

"So, you know, just – and that's how I know I'm doing a good job, because he – he didn't cry over the spilt milk or he didn't – he wasn't scared to come and tell me or – you know what I mean? He was just more so happy to clean it up, kind of thing. And I looked at that and it made me happy. "

For others, it is the recognition that the decisions they made along the way led to outcomes they are satisfied with even if life is not ideal. For example, Zoe explains her preference for the adjustment her daughter has now rather than the abusive situation she would have grown up in had she remained with her father:

"As my daughter's getting older I'm starting to see the negative impact of my past in her, like things that she may be going through, but like it's something that I've learned to deal with and I'm okay with. I'd rather – I'm content with this outcome than any other outcome that would have happened if I had stayed with her Dad or maintained contact with him."

Participants' also shared how important it was for them to not let others' opinions devalue their success in dealing with life as young mothers. Jay had this to say about how she manages the stigma from others:

"When people bring attention to it like "oh my God you're a young Black mom" Like even as I was working. And I was just like but we're working the same job. So it was just kind of just like I'm doing the same exact things you're doing. So it's not even just for me but it's also bringing to the other people's awareness it's just like you're not doing any better than me because I'm young or whatever else, because I'm a young parent. We're doing the same job. You're taking the bus, I'm driving. That's kind of what I say in my head."



KEY FINDING:

Participants were able to maximize their individual capacities and informal support systems to deal with the challenges that come with being a young Black mother, in ways that they valued. These indicators of success did not always match those of society, nor did they necessarily reflect that their life challenges were overcome. What is clear is that, for them, effectively dealing with obstacles as a young Black mother was about consciously noting the successes that punctuated a journey characterized by daily, ongoing, structural and systemic adversities outside of their individual control.

Young Black Mothers’ Visions & Needs from Programs & Policies

Our appreciation of the structural and systemic nature of the challenges these women faced as young Black mothers led us to invite them to participate in individual interviews and focus group sessions to envision what futures they wanted for themselves and their children, and what policy and program supports they would need to achieve their vision.



Vision for Their Families

Participants’ visions for their families mainly included good mental health, positive family relationships, and financial stability. The order of importance shifted slightly, often in response to things the mothers were struggling with in their lives.

Healthy Family Relationships

9/13 participants desired healthy familial relationships. For example, Shanti’s top priority was a good relationship with her daughter due to her strained relationship with her mother:

“Oh, I hope that my daughter and I will maintain a strong mother-daughter relationship. Because I see the people who are around me, my friends and my cousins, I see a lot of disarray or I discord between mother and daughter. It’s just not, there’s no relationship, they’re not connecting. I will give anything to have my mother here. So more than anything, I’m going to make sure that we have a strong relationship.”

Financial Stability

For those who struggled with provisioning for their children, like Jada, financial stability was the main desire:

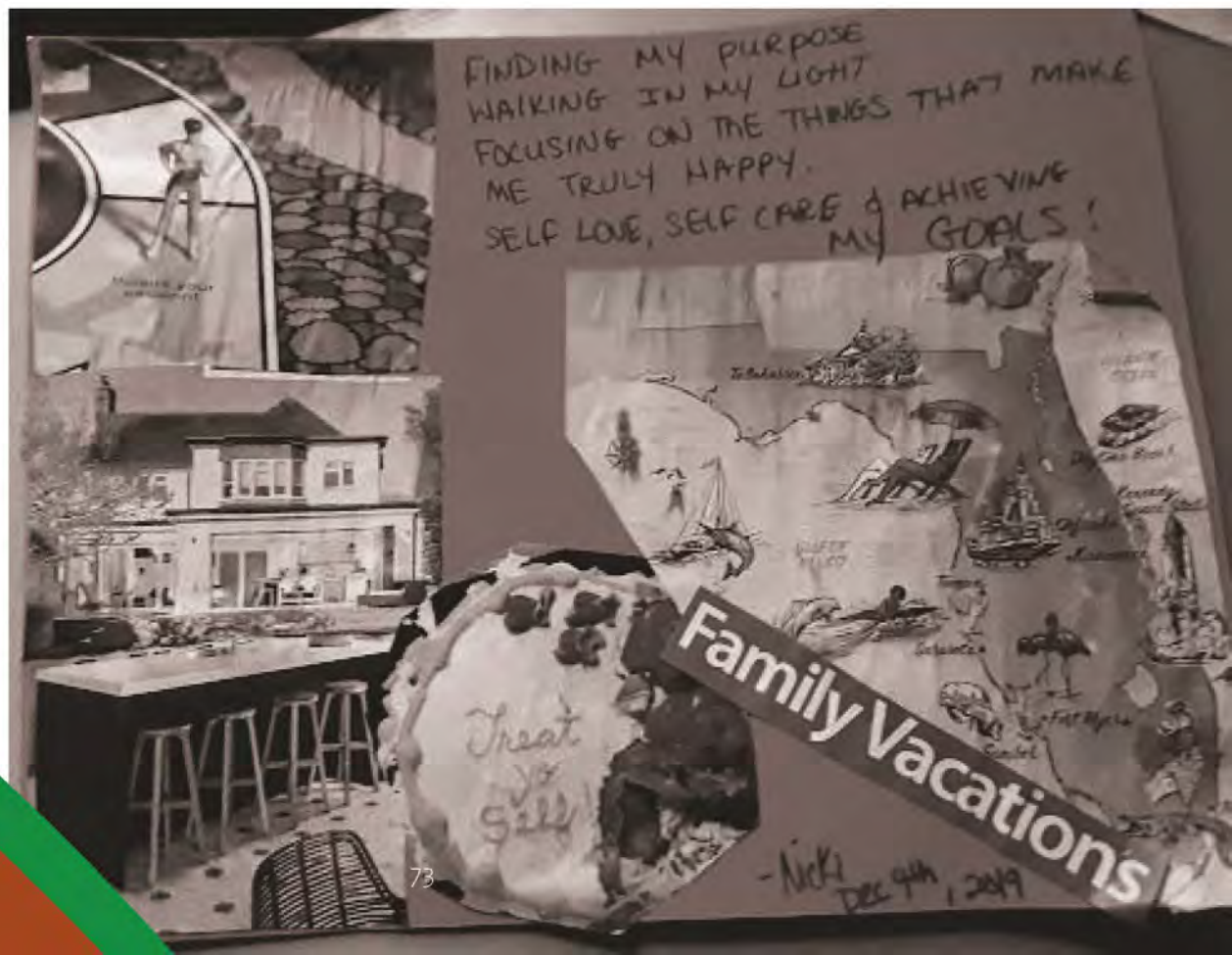
“What I hope or what I’ve been dreaming about anyway, for a while is being independent. I really do – I am working towards and hoping that it works out, that I am able to live a life where I don’t really have to depend on anyone or anything to keep me afloat. I want to make my own money, I don’t want to depend on a man or anything else to like give me my own income, I want to make money for myself.”

Mental Health

Those who struggled with poor mental health desired that above all. Nicky’s response was an example of this,

“My main goal in everything is to be happy.”

Her vision is depicted in Fig 6. (Vision for Their Families) below:



Service & Policy Needs

The young Black mothers had very clear ideas about what support they would need to achieve their visions for their families and how these would look. These included 1) mental health support; 2) support for young Black fathers; 3) Black led services for young Black mothers; 4) a centralized, easily accessible list of resources and Black service providers; 4) adequately funded spaces.

Mental Health Support

Mental health support was the most popular suggestion and the participants wanted it to be provided in a way that recognized the varied ways that postpartum depression and other mental illnesses can limit young Black women’s capacities to access help, as Bianca explains:

**“Mental illness looks different with everybody.
But as a mom that – I’m just super anxious all the time
and I can’t bring myself to leave my house.
And because I’m anxious I also can’t call anybody.
I think that more compassion could be very helpful.
And you know, providers have to really chase people down
because it’s hard to ask for help as a mother
so providers have to be able to be there and be like “Do you need
this?” you know, like it’s-it’s-it’s complicated
but, it’s people’s lives we are talking about
so you have to put in the effort;
it can’t just be the job that you don’t take too seriously.”**

They also suggested that mental health support be provided through race-based trauma and interpersonal trauma lens. Participants connected their poor mental health to their racialized struggles on a daily basis, as expressed by Lisa below:

“Therapy is a big thing and how we get support to go through it, is what matters. Because how we go through it is what reflects how we live our life after. And if someone could help us go through it a different way our end result won’t always be the same. And right now the end result is always the same.

Black people suffer through depression. Black people suffer through insecurities. Black people are suffering through anxiety.

It’s so common for Black people to have heart problems. It’s most common for Black people to have high blood pressure, because of this stress that we go through trying to prove every day that we’re not just Black.

I’m also this and that and this and that. And having to fight every day to get that point across is what I feel needs to change. Our fight shouldn’t be such a fight anymore, because everyone has open knowledge and understanding of what’s going on.”



Supports for Black Fathers

They also wanted this support available to their children’s fathers, as Kendra explains below:

“I feel like the main issue is that it’s not just young women that aren’t getting the help that they need but it’s also young men that aren’t getting the help that they need too. If they had a bit more guidance or a bit more access to certain resources that would just help them better themselves or even counsellors to just help them speak about things that they probably went through or they don’t have to deal with, then they’ll probably help them make better choices because when it comes to Black men, they’re told that speaking about their feelings is a bad thing like talking to somebody about their feelings is a bad thing. That just spiralled into situations that they could no longer seem to control or get out of. And then that just turns into probably them not knowing what they’re capable of doing in positive ways. So that’s also what puts younger women in situations similar to this. And even in worse situations.”



Organizations (or programs) Dedicated to Young Black Mothers

Another common suggestion from participants was that there needed to be organizations dedicated to connecting young Black mothers to all the types of support they might need. Such services should be provided exclusively by Black persons to young Black mothers and their families, and should be focused on supporting them to thrive and build community. Some participants felt the focus of such organizations should be on the full range of their experiences of Blackness. Stacy's description of what this might look like captures the sentiments expressed by many participants:

"I'm thinking of having like a [plethora] of, Black doctors, gynecologists, sociologists, psychologists, nutritionists, just all in that one space, where they are able to service, uh, Black mothers, Black women. Where you can come in and find out actual information. Also, it doesn't just service us in our current experience, but also in the experiences of other people who make it, who make it here. So, it would be almost like a lifestyle hub that facilitates the black experience all around, not even just, uh, motherhood. Because my expectation is that once we pass the stage where we feel like us being mothers, or being first-time moms, or being young moms, then we have to go find new resources and where do we find those? So make it someplace where you can go in that space and you don't have to go searching for that information. You don't have to go searching for a place to feel comfortable. But also, you end up growing with those same people. You're building community, but also like community with success and not just, um, with what I assume people associate with handouts. And so, it's not just about what the Community Centre can give to you, but what you can then in turn, give back to the community. In a way that the Black dollar, the Black resource can turn around more than seven times before it leaves our community."

Other participants felt that the services should be further oriented to building community for young Black mothers only, as Zoe articulates:

“I would create a program that is geared towards mothers from whatever age you get pregnant until about 29 years old. And it basically provides them resources to get to self-reliance, where they don’t have to rely on any government support, don’t have to rely on the food banks. So when I say “resources” I mean it could be open forum discussion where it’s like a healing circle, because being teen moms, of course, you go through a lot, so it’s just a group of women who are able to come in and be transparent, open, share experiences and advice in how they got through what they’ve been through. Also, workshops- resume building, career path, dream building. And just talking about the resources that exist within our community, like utilizing a platform that we have like – like a directory and always reiterating to them “OK we have this, we have this, we have this that you can utilize.

I would also say weekly meal drop-offs because it’s hard enough to have to come to a realization that you don’t have something and then it’s even harder to walk into a place and get it. But having them know “OK, this is here, we do feel comfortable” And I feel like open-minded communication, support, where they can talk to somebody, right, they can say like “Hey, you know what, I’ve been going through this.” I feel like right now within our community, one of the top stigmas that we didn’t look at before was depression and depression’s a real thing, right? So – then you add everything else that’s going on in the world, plus you have a young baby that’s entrusted to you, it’s like you start to feel dark sometimes, right? “

Participants explained that this was important to them given the vulnerable state they were in while pregnant and postpartum within the context of the danger to their mental and physical health that they experienced at the hands of non-Black providers. Jay sums this up:

“ I’m not saying that other people of colour cannot learn and open up their minds and understand our experience. I’m not saying that they might not be successful and that they can’t interact with Black people the same way as black people. That’s not what I’m saying. But what I’m saying is the time and energy that you would spend into making sure that these people have all that sensitivity, you could spend hiring Black people. I feel like either way, I’d probably still feel comfortable seeing a Black face, in the space where I’m vulnerable, where I’m scared, where I’m nervous, where I have no idea what’s going on.”it’s like you start to feel dark sometimes, right? “

Participants also preferred Black-provided services due to the shared cultural backgrounds in approaching health and wellbeing. For example, Zoe asserted:

“It’s our roots, I think. I’ve had a conversation with Caucasians, they don’t have the same remedies. Like my parents, my grandparents can go through all the remedies, the ginger and the honey, even Vicks, ginger ale, everyone gives you ginger ale.”

A minority of participants suggested that where non-Black providers were used, they needed to listen to them. Shanti explains,

“I think it’s more like, if you’re not a person of colour,
“Please listen to what I’m trying to tell you.”
Like, yes, I’m going to tell all of the Black women and Black friends,
“Advocate for yourself.”
But it’s like, why do I need to keep pushing for myself?
Why don’t – why aren’t you listening to what I have to say the first time?
Why do I need to get out of character?
And then it’s like, “Why are you acting like this?”
No. Why aren’t you listening?
Why isn’t this enough for you?”

A Centralized, Easily Accessible List of Resources and Black Service Providers

In addition to such a space, the women suggested that a centralized, easily accessible list of resources and Black service providers would reduce the stress they experienced. The women explained that some of this work had already started. One initiative was an online social media group, named Black Moms Connection out of the GTA. Shanti describes how their services helped her,

“So, um, I found a group called Black Mom’s Connection. I emailed them. They were doing like webinars, something that you could do with your kids. So, I was like, “OK. Let me just give it a try,” because I’m at home and I’m losing my mind. It was like a Zoom with a Black art therapist. And there were other Black mothers there. And she was just doing art with us, for half an hour. And she showed me how you could do this with your child. So that was a good experience.”

However, this was not the norm, as explained earlier.

Adequately Funded Spaces & Service Providers

Pereira and colleagues (n.d) reported that for every \$100 the top 15 community foundations in Canada disbursed, only 70 cents went to Black-serving organizations and only seven cents went to Black led organizations in the 2017 and 2018 fiscal years. According to participants, the disparities in funding were clear and spaces serving Black people needed to be properly funded. Jay’s observation was supported by several of the mothers:

“ You know what I also realized in spaces that are meant for Black people or like these little Community Centres they build for the Black children, it’s underfunded. It does not look like the other Community Centres. You can tell you know they want to make it look ghetto. I feel like the structure is different. The way they give money is different. The way they interact with their employees – cause the directors are white women – I’m going to tell you that. Cause I’ve worked for multiple Community Centres and it, it is so different when you are – when they are servicing people of colour.”

Finally, recognizing that the need to have more Black providers was a structural issue, the women shared that it was important to have initiatives to increase Black representation in various spaces, as Shanti articulates below:

"I would just say initiatives for more Black people in more institutional spaces, whether that be government, whether that be medicine, whether that be education, whether that be community services, what have you."

Participants, therefore, had specific ideas about the ways in which services could be made more accessible to them in terms of reflecting their daily lived experiences of racialization, gender bias and poverty.

KEY FINDING:

The lives that participants envisioned for themselves reflect those desired by many mothers of other races and ethnicities. The key difference is that young Black women encounter unique structural and systemic barriers to achieving this vision. These specific barriers must be targeted.



RECOMMENDATIONS

We provide program, policy, advocacy and research recommendations for TAIBU CHC based on our research, and an environmental scan of existing services in the GTA.

Program Design

There are currently no programs specifically designed to meet the varied needs of young Black mothers in Toronto in ways that cater to their racialized, gendered experiences of young motherhood. Our research reveals that, like any other parents, young Black mothers need financial security, good mental and physical health, parenting competence, and to have their unique needs represented in the design and delivery of key policies and social services in order to successfully care and provision for their families. Additionally, these policies and social services must be informed by an understanding of the unique contexts in which young Black mothers must parent. We propose that TAIBU CHC considers offering a centralized program with the following six components to young Black mothers ages 16-30: financial support and empowerment activities; mental health care; parent support and empowerment activities; medical care; policy advocacy; and social service advocacy. These components must be guided by the following principles: culturally grounded, anti-racist, trauma-informed, feminist, decolonizing, and individually tailored to create a community "safe space," which participants articulated is needed. These guiding principles about service design and delivery reflect the existing TAIBU approach. Our theory of change (see Fig. 7) is grounded in our analysis of the experiences, needs, and ideas shared by the participants and diagrams our understanding of their desires. How those changes might be achieved is detailed in a logic model of the proposed program (see Fig 8); the outcomes for program participants, program outputs; the activities which would facilitate those outcomes and output; and corresponding resources.



Young Black Mothers Better Equipped To Care And Provision For Their Families

PROGRAM OUTCOMES

NEEDS REFLECTED IN SOCIO-ECONOMIC POLICIES

FINANCIAL STABILITY

- Income security
- Transportation
- Housing & food security

PARENTING COMPETENCE

- Knowledge of Child development
- Access to safe, accessible child care
- Access to respite care
- Access to support navigating educational system for children
- Access to support navigating family court

MENTAL HEALTH

- Interpersonal trauma resolution
- Racialized trauma healing
- Goal setting competence

PHYSICAL HEALTH

- Access to Pregnancy and postpartum, Pediatric, Family, Dental, Optician, Dermatologist, & Nutritionist Care

TAIBU YOUNG BLACK MOTHERS PROGRAM ACTIVITIES & APPROACH

- INTERSECTIONAL
- CENTRALIZED
- TRAUMA-INFORMED
- BLACK SERVICE PROVIDERS
- ANTI-RACIST
- INDIVIDUALLY TAILORED
- ANTI-OPPRESSIVE
- DECOLONIZING
- CULTURALLY-GROUNDED

MENTAL HEALTH CARE

- Short & Long-term Individual therapy
- Ongoing Psychoeducational groups
- Ongoing Family therapy
- Crisis intervention

MEDICAL CLINIC

- Appointments
- Walk In

POLICY ADVOCACY

- Representative on key municipal & provincial committees
- Provide Training on integrating EDI in key policies

FINANCIAL SUPPORT & EMPOWERMENT

- Secondary school curriculum tuition
- Academic & Career counsellor appointments/drop in
- Business development, management and marketing classes
- Financial management classes
- Job readiness preparation
- OW Appointments/drop in
- Resource board
- Housing Support Appointments
- Food bank
- Clothing bank

PARENTING SUPPORT & EMPOWERMENT:

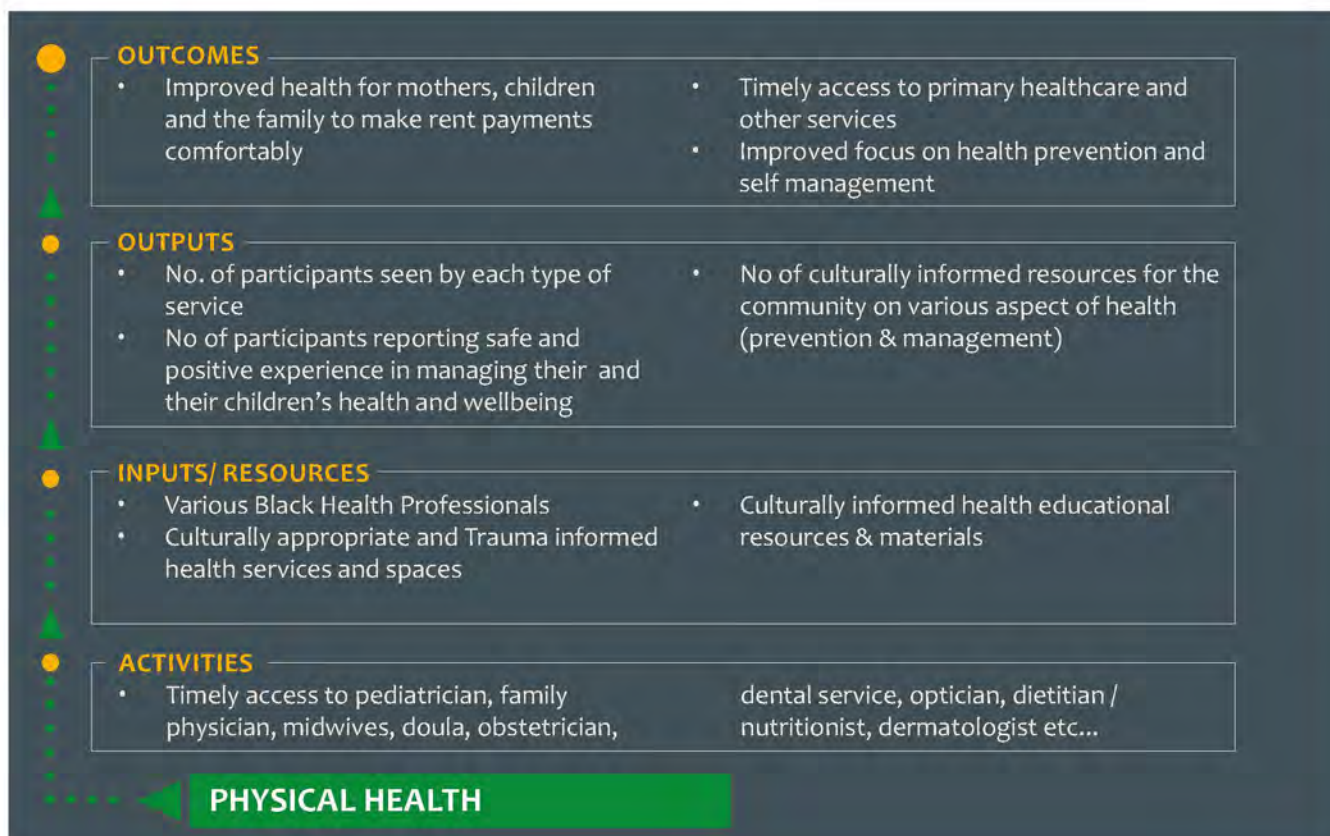
- Parenting for anti-Black racism support group
- Mommy & me groups
- Child development classes
- Licensed Daycare
- Licensed Respite care
- Educational Advocacy
- Family Mediation & Legal Support
- Child Welfare Support

SOCIAL SERVICE ADVOCACY

- Representative on key community, municipal & community committees
- Provide Training on integrating EDI in delivery and implementation of key social services

Figure 7. TAIBU Young Black Mothers Program Theory of Change

Figure 8. TAIBU Young Black Mothers Program Logic Model



FINANCIAL SUPPORT & EMPOWERMENT OUTCOMES

Income security

- Secondary & post-secondary qualification
- Money management and investment competence
- Good credit report
- OW navigation
- OSAP navigation
- Entrepreneurship guidance
- Job readiness support
- Knowledge of labor rights and responsibilities

Transportation

- Access to reliable transportation: car ownership/leasing; train/bus fare

Housing & food security

- Able to make rent payments comfortably
- Sufficient space to house family
- Access to healthy food
- Access to community resources

FINANCIAL SUPPORT & EMPOWERMENT OUTPUTS

- No. High school credits & diploma
- No. Post secondary qualifications
- No. Money management & investment plan
- No. participants with improved credit report
- No. participants with adequate income to meet family's needs
- No. participants employed
- No. participants provided with adequate tokens/ Transportation support per week or month
- No. participants not in rent arrears/able to comfortably pay rent
- No. participants accessing food bank
- No. participants accessing clothing bank# participants transitioning off food bank
- No. participants transitioning off clothing bank

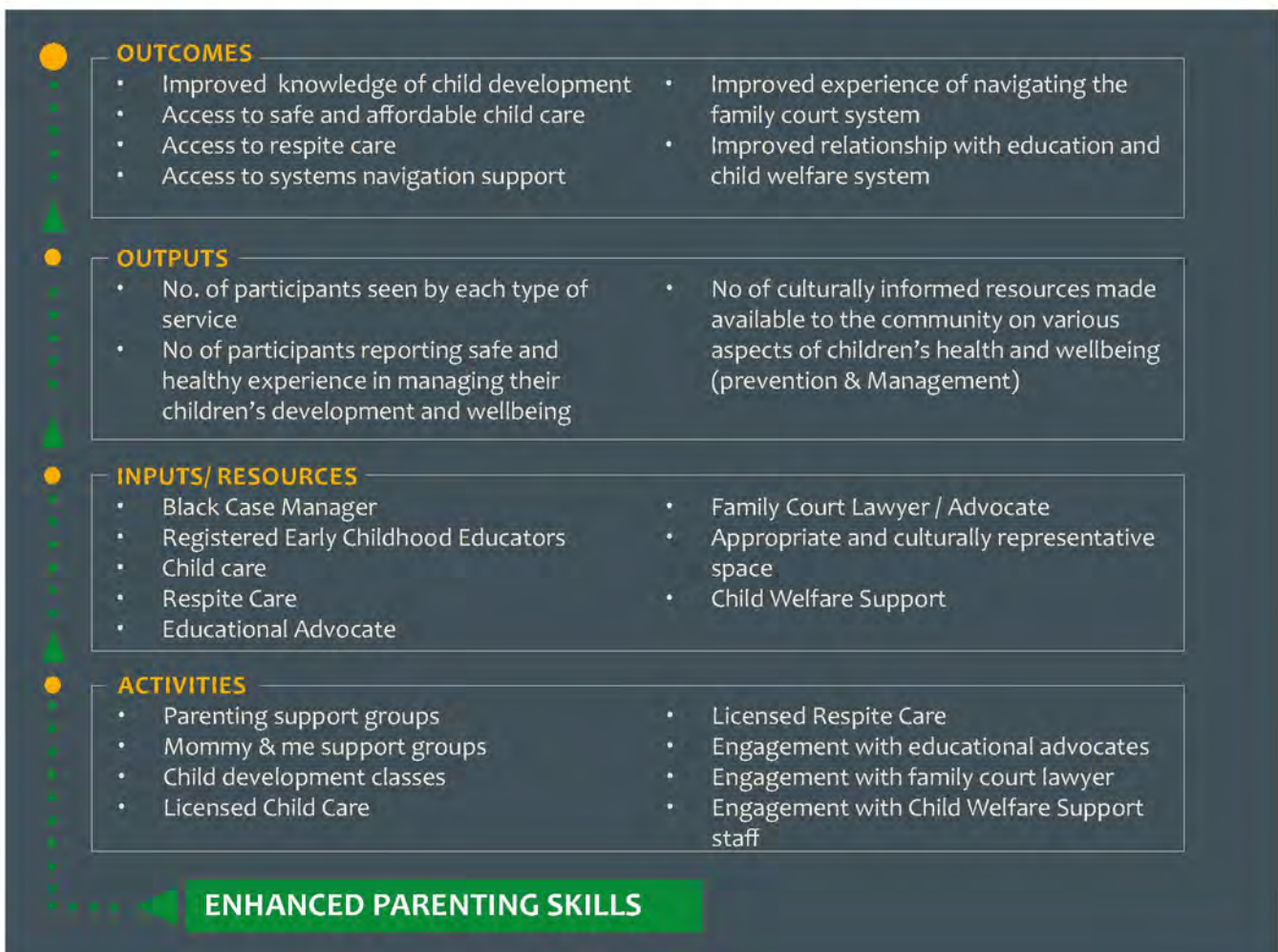
FINANCIAL SUPPORT & EMPOWERMENT INPUTS / RESOURCES

- Black, trained teachers & special needs teachers
- Educational Psychologist
- Teaching supplies & materials
- Black Academic & Career Counsellor
- Classroom space
- OW Worker on site on select days
- OSAP worker on site on select days
- Job boards
- Office space
- Tokens
- Black Housing Support worker
- Ontario tenant and landlord rights & responsibilities resources
- Housing listings
- Furnishing resources
- Food bank
- Clothing bank

FINANCIAL SUPPORT & EMPOWERMENT ACTIVITIES

- Secondary & Post Secondary education & Support
- Academic & Career counselling
- Appointments/drop in post secondary (applications, educational grants)
- Entrepreneurship guidance
- Financial management , Marketing & Business development classes
- Job readiness preparation (job search, application preparation, interviewing skills, contract negotiation skills)
- Awareness & capacity building on labor rights and responsibilities
- Appointments/drop in support for OW & OSAP navigation
- Resource board
- Transportation Support
- Housing Support Appointments
- Food bank/ Food Security Initiatives
- Clothing Bank

FINANCIAL STABILITY & SECURITY



OUTCOMES

- Improved experience registered with Young Black Mothers and their support system
- Improved access to social services

OUTPUTS

- No. of Young Black Mothers who are members at different community, organizational and government tables
- No of training, capacity building initiatives
- No of services making EDI changes

INPUTS/ RESOURCES

- Equity Diversity & Inclusion (EDI) portfolio
- Black community stakeholders
- Black focused social service agencies

ACTIVITIES

- Young Black mothers are participating in community, organizational and government tables (e.g community advisory groups)
- Young Black mothers are influencing and contributing to social services design and delivery

CHANGES IN SOCIAL SERVICES DESIGN & DELIVERY

Policy & Social Service Advocacy

Advocating for young Black mothers' needs to be represented in key policies and social services, our analysis indicates, is a critical way that TAIBU CHC can help transform the lives of these young Black mothers. Our research highlights a number of key policy and social service enhancements in keeping with Ontario's Human Rights Code that TAIBU CHC can fight for to improve the daily living conditions in which young Black girls must grow up and mother in the GTA. These include improvements to mental health, child welfare, childcare, OSAP, and OW services and policies, and to educational, immigration, and parental leave policies. The recommendations are specific evidence-based policy changes that TAIBU CHC can push Ontario to make in response to the concerns expressed by the United Nations Office and Human Rights (2017, p. 7) that "Canada's history of enslavement, racial segregation and marginalization has had a deleterious impact on people of African descent" and that this "must be addressed in partnership with communities."

- 1. Amend the Ontario Mental Health Act (and associated legislation) and the Ontario Health Protection & Promotion Act to mandate that culturally-grounded medical and mental health services be offered to young Black girls and young Black mothers, through an anti-oppressive, anti-racist, decolonizing lens to acknowledge the racialized, systemic inequalities that manifest as difficulties in young Black girls and mothers' lives, as well as through a trauma-informed lens that addresses the mental health issues arising from enduring racialized living conditions.**

We build on the Canadian Black Policy Network's (2021) urgent call for culturally-grounded mental health services for Black Canadians. Statistics Canada (2019b), indicates that the percentage of mothers under age 25 reporting feelings consistent with postpartum depression or an anxiety disorder was 30% higher than in all other age groups. Our qualitative research findings enhance these statistics by suggesting how interventions can be delivered to address the unique mental health problems faced by young Black mothers in Canada. These policy revisions are applicable for other groups with intersecting identities who encounter discrimination and barriers in accessing mental health services.

- 2. Alter educational policies to more equitably allocate educational resources, provide anti-racist training for teachers and staff at schools, and instill processes that empower Black students to safely report microaggressions from peers and staff and have perpetrators held accountable.**

These are not new recommendations (see Turner & James, 2017), but we feel it is important to add our voices to those already advocating these types of changes to the educational system as they are relevant to TAIBU CHC's commitment to supporting young Black girls at risk of early, unplanned pregnancies. These policy changes would also benefit other populations experiencing discrimination in current educational policies and practices based on their intersecting identities.

- 3. Children's Aid Society (CAS) must give greater consideration to the realities of immigrant life, such as the loss of kinship networks to help provide childcare and racialized structural barriers, such as income inequities, childcare costs, and lack of childcare spaces, which leave Black Caribbean-Canadian families unable to meet the expectations of Canada for attending to children's welfare.**

Our research builds on the calls by Pon and colleagues (2011) and the Steering Committee of the One Voice One Vision Research Report (Turner, 2016) that the CAS needs to take a more supportive approach with Black (immigrant) families, focusing on equipping them to care for their children as opposed to punishing them with over-policing and seizing of children.

- 4. Require the Family Sponsorship program to account for the socio-cultural and economic contexts within which Black Caribbean and other immigrants who are similarly socially located function when they arrive in Canada, and the implications of this context for the income and sponsorship time commitment criteria required to sponsor family members.**
- 5. Ensure that OSAP offers grants or reduced loan repayment rates based on actual earnings or earning potential, taking into consideration a person's parental status prior to post-secondary education as well as any structural barriers they face (such as pay inequity for Black Canadian women) that could impede loan repayment.** This policy change can be applied to other populations who face similar barriers to accessing post-secondary education. It remains to be seen whether the 2017 change in OSAP policy to provide a greater percentage of financial aid in the form of non-repayable loans rather than payable grants (Office of Auditor General, 2018) will help to address the accessibility problem encountered by young Black mothers. Their experiences would be an important component of future evaluations of the impact and effectiveness of this policy adjustment.

- 6. Increase the income threshold for young Black mothers coming off Ontario Works to better account for income inequalities faced by Black Canadian women and to reflect current child raising costs and challenges, including securing childcare.** It does not appear from the Office of the Auditor General's report (2018) that OW has yet identified the challenges to sustainably getting off OW faced by young Black mothers. Indeed, our findings suggest the need for an ideological shift or a reconnection to existing ideology about the purpose of OW as a launchpad to self-reliance. Careful attention to barriers the existing policy might be perpetuating for young Black mothers is in order.
- 7. Childcare services and parental leave benefits are out of reach for most young Black mothers and must be improved.**

Our findings highlight the need for additional childcare spaces, more flexible hours of operation, and more affordable childcare fees. Although there is some movement on policy, with the federal and Ontario governments currently working out agreements for a \$10-dollar a day childcare program by 2023, current attention and advocacy is still needed to make the case for racialized parents and for young Black mothers.

In terms of parental and maternity benefits only four women in our study actually qualified for and received maternity and parental benefits. As we know that 60% of low-income mothers in Canada do not receive parental benefits after the birth of a child, and that a high number of racialized parents and students are among these mothers, more research is needed on the specific experiences of Black mothers, as well as Black fathers.

On childcare and parental benefits, our findings extend calls by others organizations for high quality, affordable, universal, and culturally-sensitive early learning and childcare services and more socially inclusive parental benefits; some of these organizations include the Canadian Childcare Research and Resource Unit (CRRU), Childcare Now, the YWCA, the Canadian Center for Policy Alternatives (CPPA), Ontario Coalition for Better Child Care (OCBCC), Campaign 2000, and the Atkinson Foundation as well as the SSHRC-funded research partnership, Reimagining Care/Work Policies.

Research with Young Black Canadian Mothers

Our research has six important implications for research on young Black Caribbean Canadian mothers that TAIBU CHC can explore in fulfilling their vision of being a centre of research excellence and of understanding the experiences and meeting the needs of Black communities in Canada:

1. Given the current gross underfunding of Black-led, Black serving programs in Ontario (Pereira et al., 2020), it is important to establish the prevalence of the experiences and needs articulated by participants.
2. Our research questions the purpose and impact of the “Welfare Queen” stereotype within the Canadian context. Our participants shared their belief that service providers were drawing on this stereotype which stigmatizes them and impedes their access to the resources they needed to become self-reliant. The young Black Caribbean-Canadian mothers in our study actively sought to resist and to dispel this stereotype by trying to better their economic situation and provide for their children despite tremendous barriers. Future research might consider exploring the extent to which this stereotype is indeed shaping service provision to young Black mothers and how it could be addressed.
3. Our research illuminates the need for future investigation of the highly gendered parenting practices reported by these young Black Caribbean-Canadian mothers, and an examination of the role and causes of paternal absenteeism in their children’s lives. The women articulated the importance of providing support to fathers to help them be a positive presence in their children’s lives. We recognize that the Young and Potential Father’s Initiative is designed to support young Black men’s involvement in their children’s lives. Our findings suggest an opportunity for partnering with them to further unpack this issue if such research is not already underway.
4. Our study highlights the need to further unpack young Black girls’ experiences - in schools, in communities, in families, and with social services – to holistically understand how barriers grounded in their intersecting identities shape their adolescence, early adulthood, and parenting.
5. There is a need for more research on the experiences of young Black mothers/girls/ women within social, medical and mental health services in order to identify the multiple, specific, and targeted ways in which racism occurs and how it can be addressed.
6. Research with young Black mothers must be community-based, conducted by knowledgeable and experienced Black researchers, and informed by trauma-informed, anti-racist, decolonizing, and Black feminist methodologies, and epistemologies.

CONCLUSIONS

Our research findings present a clear picture of how young Black Caribbean Canadian mothers' racialized, gendered, colonialist, and classist living conditions and experiences as girls growing up in Canada contributes to their disengagement from school, undermines their focus on their life goals, and erodes their mental health, making them more vulnerable to early, unplanned pregnancies.

Although motherhood, even in this context, can be a catalyst, giving young Black girls added incentive to thrive, trying to care and provision for a child without the qualifications needed to earn a sufficient income while contending with active trauma symptoms too often creates a cycle of struggle. This pattern is punctuated by occasional successes that are meaningful to young Black mothers in ways not valued by mainstream Canadian society, such as decreased feelings of stress around their challenges, and making incremental progress towards achieving emotional and material wellbeing for their families.

These successes are facilitated by family and community resources and stem from young Black mothers' determination to achieve the life they envision for their children—one with access to psychological and social resources needed to overcome structural and systemic barriers and racism in Canada.

This must all be considered in any efforts to support young Black mothers in being equipped to care and provision for themselves and their children.



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