

Accessing Services: Experiences of Families Living in Preston

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Abstract

Until the 1950s Canadian schools were segregated and a series of racist legislation was passed to keep Black Nova Scotians on the margins of society. Given the history of racist legislation and continued miseducation it is no surprise many students in the Preston Township experience academic disparities. There are services aimed to help families, however, these services have been described as complicated and difficult to navigate. The objective of this study was to explore how parents/guardians with students most affected by the opportunity gap make decisions about accessing services and their experience following through with their decision. A qualitative approach using Interpretive Phenomenological Analysis (IPA), combined with research reflexivity through a critical race lens was used. Seven semi-structured interviews were conducted with parents/guardians of students who access services. Transcripts were uploaded to NVivo for qualitative analysis. Parents/guardians represented students from pre-primary to grade 12. Three overarching themes were interpreted from the data. These included: The Struggle for Accountability, Cultural Inclusivity and Safety, and Barriers to accessing services. These findings provide insight into the reasons people choose to access services and their experience following through with their decisions. Our project contributes to strengthening the Preston Township voice around the need, provision, and experience of using services.

1. Introduction

Access to quality education is a social determinant of health that influences many aspects of an individual's life [1]. It is a primary driver of stable employment, financial security, and social mobility – factors that are strongly associated with increased self-reported health, as well as lower levels of morbidity and mortality [2]. However, structural, institutional, and interpersonal racism have created significant educational disparities by limiting the opportunities for Nova Scotia's Historic Black communities (African Nova Scotians). Interpersonal

racism concerns interactions between individuals [3], for example, the microaggressions, everyday looks and jokes, prejudice, and discrimination experienced by Black people. Institutional racism involves (re)producing racism through practices, policies, and procedures of an organization [4]. Lastly, structural racism refers to organized social practices, like policies at the national and/or provincial/territorial level of governance, that result in inequitable access to financial, material, political, symbolic, and social resources of a society [4].

The racism experienced by African Nova Scotian (ANS) communities has resulted in a persistent “achievement gap” [5-10]. The achievement gap measures academic outcomes (standardized test scores) of ANS students compared to the other Nova Scotian students. “Opportunity gap” is an alternative term created by Carter and Welner [11] that shifts the focus from outcome to input. This shift in perspective allows for recognition of the deficiencies in schools, communities, and society that result in educational disparities; thus, emphasizing the cause rather than the symptom.

Services (e.g., family services, academic, extracurricular) exist to support families affected by the opportunity gap. However, the experience of those accessing these services, particularly in communities that have been marginalized, remains unexplored. It is important to investigate the experience of individuals from these communities to ensure that services are appropriately adapted to meet the needs of those who have historically been denied equitable opportunity.

Preston

Nova Scotia (NS) has been home to people of African Descent since European colonialization in the 1600s [12]. The first Black person in the region was Matthew De Costa, a translator and guide with the De Monts Expedition in 1605 [12]. Nearly a century later, Black Loyalists arrived, drawn by the promise of land, freedom, and economic security in exchange for their service during the War of American Independence [12]. This migration was followed by Jamaican Maroons, who were brought to Nova Scotia by the

British as cheap labour after they liberated themselves from plantation slavery. Another significant influx occurred after the War of 1812 when enslaved African Americans sought freedom by serving the British [12]. Fleeing violence and with the promise of security and freedom, these groups, along with other original inhabitants established 52 Historic Black communities throughout Nova Scotia, with the inhabitants referred to as ANSs [13]. Our research team recognizes the ongoing discourse around social identifiers for people of African descent in Canada and the need for broader research to appropriately identify culturally safe and accurate identifiers. In recognition of this ongoing discourse, we propose the following social identifiers for the purposes of this project. The term ANS is used to describe individuals who self-identify as a descendant of the historical groups listed in the preceding text, and/or other original inhabitants of the 52 ANS communities [13]. The term African Canadian is used for individuals who are Canadian citizens and are not connected to the 52 ANS communities. The term Black is used to describe any individual who self-identifies as Black regardless of ancestry.

The Preston Township is one of these historical regions. It encompasses the communities of North Preston, East Preston, Lake Loon, and Cherry Brook [12]. Today, Preston Township has the highest concentration of African Canadians of any Canadian community, whereby 69.4% of the population identified as Black [14]. Preston is rural and located on the outskirts of the provincial capital city, Halifax. All the historic Black communities are geographically isolated, reflecting the historical segregation imposed to maintain separation between Black and White populations [15, 16].

In addition to geographic isolation, ANS communities have been subjected to structural racism, which has contributed to generational educational disparities [6]. In 1811, financial barriers were imposed to limit Black communities' access to public education. Segregated schools were legally authorized in 1865 and formal segregation did not end until 1954 [12]. Decades of systemic racism have denied Black communities' equal opportunity to education resulting in dramatic educational disparities. In response to the educational disadvantage, the Black Learners Advisory Council of Nova Scotia released a comprehensive report in 1994 [6] outlining the major issues affecting the education of African Nova Scotians and offering detailed recommendations for reform. Despite this call to action, progress has been slow, and ANS students continue to experience educational disparities. Indeed, ANS students frequently face low teacher expectations, stereotyping, and a lack of culturally relevant material [5, 6, 17, 18].

Academic, extracurricular and health services exist to support students and their families, yet these

services remain fragmented, described as isolated and difficult to navigate [19]. Research has not yet examined the experience of families accessing these services, especially in communities that have been marginalized like the Preston Township, where systemic inequities are pervasive.

Objective

This paper reports data for the Preston area that is from a larger study titled *Optimizing Supports and Services for Public School Students from Communities that have been Marginalized*. The overarching goal of this research is to identify and address gaps in service provision for students and their families. The project has two main objectives:

- i. To identify the services, supports, and resources available to families with students in (a) Preston and (b) Spryfield, to understand how these families make decisions about whether to access services, and their experience following through with their decision.
- ii. To explore how service and support providers perceive their role in meeting the needs of families and whether these services are integrated effectively.

This paper focuses on objective 1a., identifying services and supports available to families in the Preston Township, their decision to access these services and experience following through with their decision.

2. Methodology

Design

This study was designed through a critical race lens [20, 21]. Additionally, a qualitative approach using Interpretive Phenomenological Analysis (IPA) [22] was adopted. IPA aims to examine how people reflect, process, and draw meaning from their experience. Grounded in phenomenology (concerned with individual lived experience), Hermeneutics (the theory of interpretation), and Ideography (focused on the uniqueness of the individual), IPA was a useful approach, enabling the interpretations of the lived experience of each participant rather than simply finding patterns and themes in the data. IPA along with researcher reflexivity through a critical race lens were useful in building a holistic understanding of how participants made sense of their experience accessing services in the cultural, social, and historical context of Preston.

Critical Race Theory

The design and analysis of this project was

conducted through a Critical Race Lens. Critical Race Theory (CRT) is a field of inquiry and a framework that examines the intersection of race, law, and power [20]. The key tenants we drew upon included, the social construction of race, differential racialization, racism as ordinary, and intersectionality [20, 21]. The social construction of race posits that race is not biologically inherent; rather, it was socially constructed by dominant groups to justify the oppression and exploitation of other groups [20]. Differential racialization refers to the way cultural narratives are created and maintained by society (e.g., popular culture, literature, history) by the presumed superior groups, and attribute features of negative stereotypes (e.g., *Mammy* archetype, *Lazy* and inept, *Brute* and aggressive) to the presumed lesser groups to maintain the interests of the superior group [20]. Race as ordinary describes how racism is a common, everyday experience for most Black people, making it difficult to eradicate [20]. Lastly, intersectionality recognizes that individuals have multiple overlapping identities (e.g., race, gender, sexual orientation) that intersect to create unique experiences of privilege and disadvantage [21]. CRT was imperative for understanding the systemic and structural dimensions of the issue experienced by ANSs in accessing services.

Recruitment and Participants

The study population included two research cohorts: (a) parent(s)/guardian(s) of school students living in Spryfield or Preston, and (b) several different types of service/support-related stakeholders (e.g., social workers, nurses, student support workers). This paper will focus on the parent(s)/guardian(s) from Preston.

Participants were recruited from the Preston Township, which included North Preston, Cherry Brook, Lake Loon, and East Preston. Recruitment materials, such as posters, were distributed throughout the community. In addition, letters were sent to school principals and electronic recruitment posters were distributed through the school's online system to reach parents.

Recruitment took place pre-Covid in 2018-2019. Sampling was purposeful to allow for meaningful perspectives from the position of shared cultural and historical experience. Participants self-identified as ANS, affected by the opportunity gap. Preston has been subjected to a substantial disadvantage that it is understood people living in these communities are more likely to have been affected by, and continue to be affected by, inequitable opportunity. Snowball sampling [23] was also used to build trust with participants and to leverage community networks to further recruit participants with common experiences.

Eligible participants were English-speaking parents/guardians of students from pre-primary to

grade twelve living in Preston, who either accessed, or did not access, school services and supports. While our goal was to recruit equal numbers of service users and non-service users, we discovered that most families in the region had used some form of support, and it was difficult to find parents who considered themselves non-service users. Those interested contacted the principal investigators, and the team followed up to confirm eligibility via phone or email. Seven people expressed interest and ultimately participated in the study.

Ethics

Ethics approval for this study was granted by the Dalhousie University and Mount Saint Vincent University Research Ethics Boards. All participants received information about the aims of the study and research purpose. Electronic consent was obtained before the interviews and verbal consent was re-confirmed on the day of the interview. Participants were informed they may withdraw from the study at any time.

Data Collection

Semi-structured interviews were completed either via telephone or in an agreed-upon private location. Interviews were no longer than two hours. The interview guide, developed by the research team, consisted of both open-ended and specific questions designed to explore the needs of each family, available services, factors influencing the decision to seek services, and experience accessing those services. The questions also addressed whether the services met the unique social and cultural needs of families, and parents were encouraged to provide suggestions on how support could be improved to better meet their needs.

Interviews were audio recorded with the participants' verbal consent and professionally transcribed. All data were deidentified and electronic transcripts were password-protected, encrypted, and only accessible to the research team.

Data Analysis

Transcripts were imported into NVivo (QRS) for qualitative analysis. The data analysis followed an iterative, interrogative, and inductive approach, consistent with IPA methodology [22] and incorporating a critical race lens. The initial analysis, conducted by KM, consisted of four stages. In the first stage, each transcript was read, and exploratory notes were made to capture initial impressions and emerging themes. The second stage involved summarizing the text into experiential statements using the participants' own words and the researcher's interpretations. The third stage consisted of searching

for patterns and connections between experiential statements and determining how they fit together before moving on to the next interview. Each interview analysis had a theme map. The final stage involved completing a cross-case analysis between theme maps to find overarching group experiential themes.

Initial themes were reviewed with BH and JY to refine codes and overarching themes. KM re-coded the data to incorporate feedback, and consensus was achieved through a secondary meeting with BH and JY.

Reflexivity

Researcher reflexivity played an essential role in this study, as some of the investigators (KM and BH) shared cultural and historical perspectives enabling them to better understand and relate to the participants' experience. This reflexivity helped minimize cultural bias and allowed for a more nuanced interpretation of the data. Reflexive practices involve ongoing self-examination by the research team, ensuring that interpretations remain grounded in participants' realities and broader social context [24].

3. Findings

Three group experiential themes were identified from the data, The Struggle for Accountability, Cultural Needs and Safety, and Barriers to Accessing Services.

Table 1. Group experiential themes

The Struggle for Accountability	Ongoing challenges families faced in seeking a reliable and supportive educational environment.
Cultural Needs and Safety	The importance of community inclusion and cultural representation in the school environment and throughout service provision.
Barriers to Accessing Services	Parents described the multifaceted and systemic nature of the obstacles they experienced when accessing services.

3.1. The Struggle for Accountability

The decision to access services was heavily influenced by a lack of adequate education. Most parents expressed deep distrust in the school system's ability to provide adequate education for their children, with one parent stating, *"the kids [were] just not learning"* (Parent 4). This distrust comes from the legacy of differential treatment rooted in anti-Black racism.

Another parent described the moment they learned their child was academically behind:

"I started to see a big change when we came from primary to grade one because obviously the education

starts to get a little bit harder and when we started to realize some of the issues that were actually going on at the school and when I started asking more questions and you know investigating more is when I realized that my son was actually falling behind so for me, that was like a wake-up call that I can't just leave it up to the school system to provide equal education you know to my son." (Parent 2)

This lack of confidence extended beyond academic quality as parents also felt the schools were passive and lacked initiative in addressing academic gaps. This lack of initiative led parents to believe that if they did not intervene directly, their child would have been overlooked:

"Would that have happened had I not been that deliberate and asked directly? I don't think it would have. I really think that they were very prepared to continue just letting him slip through those cracks. And that was unacceptable to me." (Parent 7)

One participant described the failure to educate a systemic issue, affecting all children across the entire community rather than being isolated to individual schools:

"I really think the school board just failed them like...It's just another park for the map, just a statistic, just having a Black school and all these kids, but the kids are just doing bad. It's just another statistic to add in the book, that's all it is, it's not, no one's taking the fault and no one's caring about making sure that they kids get learning." (Parent 4)

This demonstrates that participants perceived a complete failure of accountability and responsibility by the school and school board. Families expressed having a longstanding distrust of the education system, and outline how the continued failures, combined with the lack of accountability and initiative to address these issues, only deepened their distrust and further neglected the children from their communities.

Participant 2, 5, and 7 reflected on their own school experience, emphasizing that these issues of miseducation are longstanding and there has been *"no real change"* from the time they were in school until now. Participant 5 captured this sentiment *"When I was 14 years old, I [went] through the same foolishness that my daughter was going through and it's the truth."* This highlights the continuity of experience between generations and speaks to the perceived lack of progression in the education system.

A common sentiment among participants was that the responsibility for their children's education had shifted to them. Many parents felt they had no choice but to advocate for their children's needs because the school did not take the initiative to address the

academic challenges without prompting:

“So say I wasn’t a parent that wasn’t more involved and I would have left it as is, how far behind would my son be? The school system or the education system, the school board would not come to me and say oh your son needs extra tutoring you know.” (Parent 2)

Receiving critical information too late in the academic year was highlighted as a challenge by some parents as this did not provide them with adequate time to develop and implement learning plans. As a result, parents learned they had to establish communication with the school early in the year to make sure they were informed about their child’s progress. This was captured by Participant 1 as they reflected on communications with the school:

“So in grade 1 I said don’t sit me down in May, I want to know early in the school year what’s going on.” (Parent 1)

Some parents were able to leverage their professional backgrounds in fields like “nursing”, working on the “student academic committee”, or as a “service provider” to navigate the school system and advocate more effectively. However, Parents 1, 5, and 7 also expressed empathy for others who lacked the resources, higher education, social support, and/or time to advocate for their children. This sentiment was captured by Parent 7,

“I keep coming back to some parents, 'cause again this is a hard enough fight for me all the time, ongoing right? And so I really get upset when I think about those parents that I again lots of them I know firsthand whether it be through what I do or just in general, knowing them as parents, they’re not going to necessarily a) pick up on it, or b) feel comfortable with challenging that and saying no, no, no sorry, this is how you explained it to me...is this correct or incorrect?” (Parent 7)

This quote highlights there are subtle messaging in parent-educator meetings that can easily be missed, especially if educators are using jargon. It also reflects the consideration that community members have for one another, acknowledging that not everyone has the prior knowledge and support to confidently and consistently advocate for themselves. Similarly, parent 2 felt the school should provide equal opportunity to all students, irrespective of advocacy efforts:

“I think the situation that our school is currently in that we still need to do a lot more to help boost education and the supports not only for myself, but also for parents that aren’t as involved in the school

as I am. So you know giving kids equal opportunity whether their parents are in the school system or they’re not.” (Parent 2)

The burden of advocacy took a toll on many parents. Some described their advocacy as “exhausting”, a “full-time job”, and feeling “burnt out.” Another parent expressed hopelessness in response to the lack of progression despite their efforts, stating “*I don’t think there is no hope. I think it is done, I think it’s finished, I think it’s squashed*” (Parent 4). Similarly, Parent 5 discussed the emotional impact of their constant fight for accountability, noting the strain it placed on their mental health, stating they were “depressed”, and they “*[didn’t] want to get out of bed.*” These examples illustrate how racism, as a social determinant of health, had negative long-term consequences on the physical and mental wellbeing of parents.

3.2. Cultural needs and safety

Many parents and their families accessed academic and extracurricular services like “tutoring”, “swimming classes”, “finance workshops”, “library”, and “afterschool programs” through the community center. Parent 3 highlighted the role of these community services, noting “*the services that she doesn’t get from school are the services basically that she gets within the community.*”

Overall, parents recalled positive experiences and a strong sense of safety when using services within their community. For instance, Parent 5 emphasized this sentiment while reflecting on their experience at the community center:

“There are Black people who work there, people from my culture who work there... I always feel welcome at the Wade Centre, yah [name] she knows me by name and she’s always, they’re very thoughtful and they’re always trying to help, provide help if you, whether you need it or not but yah.” (Parent 5)

These community-based interactions were more than just service interactions; they were meaningful engagements with people who shared and understood their cultural background, making these spaces feel inherently safe. Another parent echoed this sentiment, emphasizing the comfort their child experienced when receiving health care from familiar faces in the community:

“It’s also a very safe place too right? Because you know like for my son if I take him to the health centre in the community centre, he already knows everyone up there cause he’s up there every day. So he gets to see the nurse that’s up there, or he gets to see the doctor that’s up there, he gets to interact with the receptionist, like he knows people up there.” (Parent 6)

Families felt safe accessing services in the community when they were delivered by people from within the community or by those with visible similarities. These spaces eliminated the need for families to be conscious of their skin colour and the threat of differential treatment based on race. This also highlights the importance of community and connection the Preston Township.

In contrast to services in the community, other settings like the broader health care system were described as lacking safety. Parents 3, 5, and 7 described their experiences using services offered through the hospital as “untrustworthy” and “culturally irrelevant.” For example, Parent 3 expressed reluctance to engage with social workers due to fear of losing their children, stating “I’m not getting involved with a social worker and then I will get my kids taken away.” This fear was compounded by the lack of familiarity with service providers, as Parent 3 further explained, “and actually it would depend on who the social worker was too...If it’s somebody that I know then maybe, just maybe I would think about it but somebody that I don’t know, not at all.” The reluctance to interact with social workers from a different cultural background was a protective response from Black parents. Black children are overrepresented in child protection services and Black families have historically been judged more harshly because of racial and cultural bias, therefore parents avoided social work, regardless of whether it could be helpful.

In addition to distrust of service providers, the Eurocentric framework and material of some services further alienated parents:

“I did have to point out a few times this is not culturally relevant. You know for the first I don’t know how many sessions, I didn’t identify one way or the other, and finally, I said, I don’t think I ever told you but I, you know what cultural background I’m from, but I’m Black and my cultural background you know that’s, and this stuff is not applicable to how we live and how we raise our kids. And so some of these behavioral things that we’re talking about and some of your techniques don’t really fit with my culture.”
(Parent 7)

This is an example of how racism is perpetuated through the normalization of Whiteness as the gold standard. Culturally irrelevant services reminded parents that these services were not designed with them in mind, further alienating them. The lack of safety and culturally relevant material extended to the schools, where several parents felt there was “definitely a lot of racism” (Parent 5). Parent 3 recounted their sister’s negative experience accessing services for her children, describing it as “discouraging” and likening the experience to “being belittled.”

The negative experiences were not isolated incidents but rather a reflection of systemic issues, as captured by Parent 4:

“We just had a discussion cause my son felt that the school is very racist. So I said to the teacher what you need, the principal actually, what you need to do is have a meeting before the end of this school year with parents of that one class, with the kids, so that we can fix the issue. I said because if not, the issue is going to go right back into the next year and it’s not going to be good cause it’s going to get worse. It hasn’t been fixed but it’s just not a good. Like it’s, my son finds that it’s always the white kids against the Black kids and it’s very challenging.” (Parent 4)

Teachers were identified as a key factor in children’s experience. The lack of representation among educators led to a disconnect, where teachers could not “relate or identify with the kids that they are teaching” (Parent 2). Many parents expressed that this lack of understanding resulted in negative experiences like being “labelled”, “stereotyped”, “misunderstood” and “harshly judged”:

“Our children, our Black children. It comes off as something completely different. And you know than it would if it was a non-Black. That’s why we still have so many cases of two children, same situation, one child gets this punishment, and the other child gets something else, more severe. I still see it. It’s not, I’m just hearing about you know, I’m seeing it.” (Parent 7)

Some parents believed that teachers entered the schools with preconceived negative impressions influenced by stereotypes, “because they hear the bad things about North Preston, and they just don’t really care” (Parent 4). Others felt there was insufficient education and awareness about the unique needs of ANS children, leading to inadequate support, “things present differently for African Nova Scotians than they might for non-African Nova Scotians... and there’s not enough time and resources taken to support or to even learn about that” (Parent 7).

The above demonstrates how parents felt the pervasive stereotypes and the absence of cultural awareness influenced the way Black children were perceived and treated, resulting in negative school experiences. In addition to advocating for equitable education, parents also advocated for school staff to address anti-Black racism and promote a safer environment for their children.

Despite the negative experiences, parents mentioned some of the times when they felt their family needs were met at the school. This included interacting with teachers who were from the community, being in the loop about their children’s progress, open communication with the teachers and developing learning plans, and receiving support from

the cultural representative student support workers. Parent 1 described the benefits of their neighbors teaching at the same school as their child:

"He knows her as a parent, he knows her as someone in our backyard, someone that he is comfortable talking to, he is comfortable going to if he has an issue. She has my cell phone number, like the first few days of school, she was texting... Just that extra support." (Parent 1)

This is an example of how teachers who are from within the community can provide parents with an additional feeling of safety.

3.3. Barriers to Accessing Services

Several participants felt services were not adequately promoted by the school, leading them to get the information from elsewhere. Community networks were crucial in passing along and learning about new programs and services both in the school and community. Parent 6 stated they learned about "tutoring services" by "word of mouth basically" through their cousin who "runs the tutoring program."

Although finding out about programs was advantageous for some, others identified challenges with this being the only mode of knowledge transfer. Parent 3 explained how "sometimes there is miscommunication" and "you won't get no help cause you don't know anything about it."

In contrast to the sentiments outlined above, Participant 5 felt the school had overwhelmed parents with "tonnes of emails", stating "you'll never get a chance to find out because you just don't want to read it."

The intake process for services was identified as another barrier. Parents explained they were instructed to call a central referral line '211' for a variety of family programs and supports. The intake process via the central referral line was described as "time-consuming", "inflexible", and "inconsiderate" to parents who have competing demands. Parent 7 captured this sentiment, "I can't take [calls]...a lot of parents can't...a lot of them aren't in roles that allow them that flexibility". Parent 1 explained how they "ultimately gave up cause some of their questionnaires were quite lengthy."

Academic needs were a high priority for many families. Parents expressed their children struggled with "reading and literacy" along with "French immersion." For parent 1, getting a diagnosis was the largest barrier to accessing academic support, "there is a two-year waitlist for psych-eds to be done through the school and he [was] low on the waitlist." Given the waitlist, Parent 1 felt they had no choice but to pay "\$2,500" for a private psych-education evaluation instead of watching their child "struggle." Parents 3,

4, 5, and 7 also paid out of pocket for services such as tutoring (e.g., math, literacy, French immersion), learning technology (e.g., iPad, communication devices), medical evaluations (e.g., speech-language pathology services), and extracurricular activities (e.g., camp, swimming). There was a shared understanding from most participants that parents from the community who did not have the means to pay out of pocket for health-related and academic services would be "left struggling."

All participants identified transportation as a barrier. Preston is rural and located on the periphery of the major city, Halifax, where the children's hospital is located. Parents described the logistical difficulties of "organizing transportation", taking "time off work", and "arranging childcare". Transportation was difficult for parents with vehicles, as highlighted by parent 7, "I can't necessarily afford gas all the time to go to Halifax."

Attempting to access services outside of the community without a car was described as "very challenging" because services are "so far". Parents 3, 5, and 6, did not have access to a car and would have to either "take the bus", "cab" or "pay somebody gas money to take [them]." This sentiment was captured by Parent 5, who explained the difficulties of arranging transportation in the context of a poorly organized public transportation system:

"That would be hard, well I would have to just call a taxi, I mean I would, yah me personally I mean ambulance or a taxi but I'd tell the taxi man by the time I get there I can't pay you, [...] But yah it's actually challenging and obviously it is. I mean people who don't drive and don't have like, I do drive so I'm able to just pick up and go. People who don't drive who need cars and you know people who live in East Preston there's no bus in East Preston." (Parent 5)

This is an example of how the geographical isolation of Black communities has contributed to modern disparities parents experienced when accessing centralized services. It was particularly challenging for parents without a car, child support, or sufficient funds to travel to the city for services.

4. Discussion

This is the first study to explore how families in the Preston Township make decisions about accessing services and their experience following through with those decisions. Families accessed a variety of private and public health-related, extracurricular, and academic services. Parents were generally satisfied with the services delivered in the community due to the familiarity among staff, convenience, and safety those spaces provided. In contrast, health and family-related services were often described as difficult to navigate, far and expensive to travel to, and culturally

irrelevant.

Academic needs were a primary driver for service use among families. Families had a difficult time locating free academic services like tutoring for literacy and math and would pay out of pocket for private services. Compared with the non-ANS population, ANS people have a lower average total income and experience a higher prevalence of low household income [25]. ANS communities also experience socioeconomic setbacks because of the historical and ongoing structural and spatial racism. This is significant because ANS children are most affected by the opportunity gap and paying for private services can reinforce existing financial inequities experienced by those in the Preston Township and further marginalize those who cannot afford to pay.

The pattern of low academic performance may be attributed to several school factors identified by parents, including unrelatable teaching practices, poor inclusion of parents in learning plans, harsher judgement towards Black children, and low teacher expectations. These findings are unfortunately consistent with other research examining the experience of ANS children in education [5], [26], [27], [28]. Moreso, this differential treatment has been shown to occur as early as preschool age [29]. Unsurprisingly, the negative experience of Black children in the education system is not confined to Nova Scotia; Indeed, Black children across Canada face similar issues including labeling, over-suspension, lower marks compared to non-Black students, and streamlining into college-level courses [30], [31].

Critical race theory posits that racism is ingrained in the fabric and systems of society, affecting all aspects of life. Teachers, although sometimes well-meaning, may be unaware of their bias towards Black children and how these biases manifest as differential expectations and treatment [26]. Addressing these issues requires more than surface equity diversity inequity initiatives; educators should be trained in Critical Race Theory (CRT) during teachers' college to help educators recognize the role of Eurocentrism in teaching materials, understand how intersectionality influences privilege and oppression, and identify how dominant cultural narratives maintain the status quo and shape behavior. Furthermore, the school jurisdictions need to work with the community to create information structures, professional development, and provide ongoing resources to support teachers to meet the unique needs of the ANS community.

Since commencing this research, there have been several initiatives in Nova Scotia to improve the Education outcomes of ANS children. Nova Scotia has introduced the first Africentric high school cohort based on Africentric principles and CRT. Research on the success of this program demonstrated positive outcomes like increased parental engagement and

positive youth development [32]. Additionally, the Minister of Education and Early Childhood Development accepted the ANS Framework put forth by the Council on African Canadian Education in 2019 [33]. This framework will provide provincial education system leadership and accountability to support the achievement of ANS/Black learners. Furthermore, Acadia University created a new program intended to train ANS Student Support workers to be school educators [34]. These initiatives are clear examples of the provincial government investing in social justice programmes aimed to address created systemic barriers.

Many families reported learning about services through community networks rather than formal channels, leading to a lack of awareness about available services. This highlights the need to better promote available services to the community. Effective strategies could include distributing information at common community hubs like grocery stores, community centres, churches, and schools. In addition to increasing awareness, strategies should be designed to help parents navigate these services more effectively. Parents described the intake process as "inflexible" and "time consuming." To mitigate this, solutions could include allowing families to schedule appointments online or via telephone, enabling better planning around work and other commitments.

Racialization of space describes how differences related to income, race, class, and other social identities are spatially organized to create social hierarchies that maintain the imagined domination and subordination of specific groups [35]. In Nova Scotia, the failure to invest in public infrastructure like transportation, hospitals, and funding for schools are examples of spatial violence rooted in racism [15], [16]. These enduring structural inequities further marginalize families in the Preston Township, as they face additional barriers such as organizing childcare, finding transportation, paying high gas prices, and taking time off work to travel to the city center for services.

5. Recommendations

Following the analysis of the participants voices we put forward a short list of recommendations for public and private institutions to better address the family needs and service provision:

- Improve service awareness and public engagement through intentional distribution of service materials throughout the community (e.g., church, community center, school, flyers).
- Invest in community infrastructure like public transportation and existing community centers.
- Implement Critical Race Theory educator curricula in pre-service training and ongoing

professional development to provide educators with a better understanding of race and racism.

- Monitor and evaluate health and family-related services through the children's hospital for outcomes to ensure quality among all user populations, including Black children and families.
- Explore family needs and available services post-COVID-19 pandemic.

5.1. Limitations

The findings of this study should be interpreted within the following limitations. Community engagement and data collection were conducted just before the global pandemic. The pandemic drew global awareness to the disproportionate health outcomes for Black people affected by Covid-19, alongside the televised brutalization of Black bodies. This led to growing public interest in anti-Black racism and increased demand for Black researchers and experts in Black studies. Consequently, our research efforts were redirected, delaying data analysis. However, it is important to note that despite the time delay from data collection to publication, we suspect our results will remain unchanged given the increasing and longstanding data supporting our results.

6. Conclusion

Health, education, and family-related services exist to support families; however, these services have been described as fragmented, challenging to understand and difficult to navigate. This study is the first of its kind to examine how families in the Preston Township decide to access services and their experiences doing so. The findings reveal a deep-seated distrust among parents regarding the school's ability to provide an equitable education for their children. While community-based services offer a refuge of cultural safety and support, the broader systems continue to fall short in meeting the needs of families. The results suggest the need for social justice initiatives to address the differential treatment in education experience by children in the Preston Township, the need to integrate cultural understanding and community engagement into instructional services could enhance their effectiveness and foster greater trust among ANS families, and last, the need to invest in local infrastructure and service delivery within the community. This study provides new insight that can be used to inform and improve service provision and delivery in the Preston Township.

7. References

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