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Untold Stories of Black and Racialized Immigrants with Disabilities During COVID-19 in the Greater Toronto and Hamilton Area

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Background

- The COVID-19 pandemic deepened structural inequities in Canada's health and social systems, especially for Black, racialized, disabled, and newcomer communities (Howard et al., 2023).

- While immigrants make up over 21% of disabled people in Canada, and 14% identify as racialized (Statistics Canada, 2017), their experiences remain largely absent in public health and disability research.

- This study centers the stories of Black and racialized immigrants with disabilities in the Greater Toronto and Hamilton Area (GTHA), who faced layered barriers, including inaccessible services, digital exclusion, and systemic misrecognition during the pandemic (Larcombe et al., 2023).

Objectives

This study aimed to:

- Understand the barriers faced by Black and racialized disabled immigrants in accessing health, rehabilitation, and social services during the COVID-19 pandemic.

- Document participants' insights and recommendations for improving service access, equity, and responsiveness during public health emergencies and beyond.

Methods

We used narrative storytelling to explore the lived experiences of 10 participants.

Each participant completed:

- A short questionnaire about their demographics

- A virtual interview where they shared stories about their migration journey, their experiences accessing services, and the challenges they faced during the COVID-19 pandemic

Findings and Analysis

Participant Demographics:

Variable	Details
Median age (Range)	30 years (20-42yrs)
Gender	Female: 6; Male 4
Racial Identity	Black: 8; Middle Eastern: 2
Country of Origin	Afghanistan, Germany, Iran, Nigeria, South Africa, St. Lucia, U.K
Years in Canada	<4yrs:1; 4-7 yrs:3; 7-10yrs: 5

Participants' stories reveal a broader system of misrecognition, where policies, services, and professional assumptions failed to reflect the complexity of their lives. Their experiences challenge the idea that care systems are neutral or accessible to all.

Theme 1: Migrating While Disabled – Language, Precarity, and Isolation
Participants described migration and settlement as ongoing struggles shaped by exclusion, language barriers, and isolation. Many felt they were constantly trying to survive in systems that didn't see or support them. Racism, ableism, and bureaucratic rules compounded their challenges.

"Because I am back pain… I can't go so fast working, and I always forgetting the new words in English. How can I get the job?" – Maryam a 42-year-old woman from Afghanistan who immigrated to Canada three years ago.

Theme 2: Inaccessible Health, Rehab, and Social Services
Health and social services were often described as confusing, disconnected, or simply out of reach. Even when services were technically available, participants faced long waits, unclear instructions, and a lack of support navigating complex systems.

"If it's the disability and all those other stuffs, it is hard… especially for people that don't know how to do the forms and stuff and don't have somebody to walk them through." – Regina a 34-year-old woman who immigrated to Canada from Kenya about six years ago.

Theme 3: Belonging and the "Other of the Other"
Many participants felt excluded from both mainstream systems and their own communities. Their identities as disabled, racialized immigrants often meant being misunderstood, dismissed, or misread. They had to constantly navigate stigma and make parts of themselves invisible to stay safe.

"Sometimes when I'm walking with my cane, and I stumble or I miss something, they think I'm drunk… It's always like, 'What's wrong with her?' not, 'What happened to her?'" – Melanie a 38-year-old woman who immigrated from Jamaica to Canada about seven years ago.

Theme 4: Disrupted Care During COVID-19
COVID-19 disrupted services. Participants lost access to trusted providers and were left to navigate shifting systems on their own. Many experienced deeper isolation and a decline in their mental and physical health.

"Trying to get the bookings and appointments made before vaccinations, and accessibility to centers is a little bit challenging." – Arosa a 30-year-old woman who immigrated to Canada from Iran about six years ago.

Discussion

- Participants described systems that misunderstood, misread, or dismissed them. Help often came with conditions. Language fluency, tech access, and cultural familiarity were assumed.

- Many felt erased because they didn't fit the "ideal" client image.

- Exclusion was not accidental. It was built into how care was defined, assessed, and delivered. These systems often reinforced the very inequities they claimed to fix.

Implications for Policy and Practice

Practice
- Build real relationships with clients. Do not rush.

- Work alongside communities to design services that reflect their needs.

- Hire, support, and retain racialized staff. Create safer spaces for them to thrive.

- Include people with lived experience in service delivery and decision-making. Their insight is not optional.

Policy
- Access to care must not depend on immigration status or documentation.

- Language and disability access must be built into all services from the start.

- Fund long-term, community-based supports that reflect how people actually live.

- Stop offering short-term solutions to long-term harm.

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