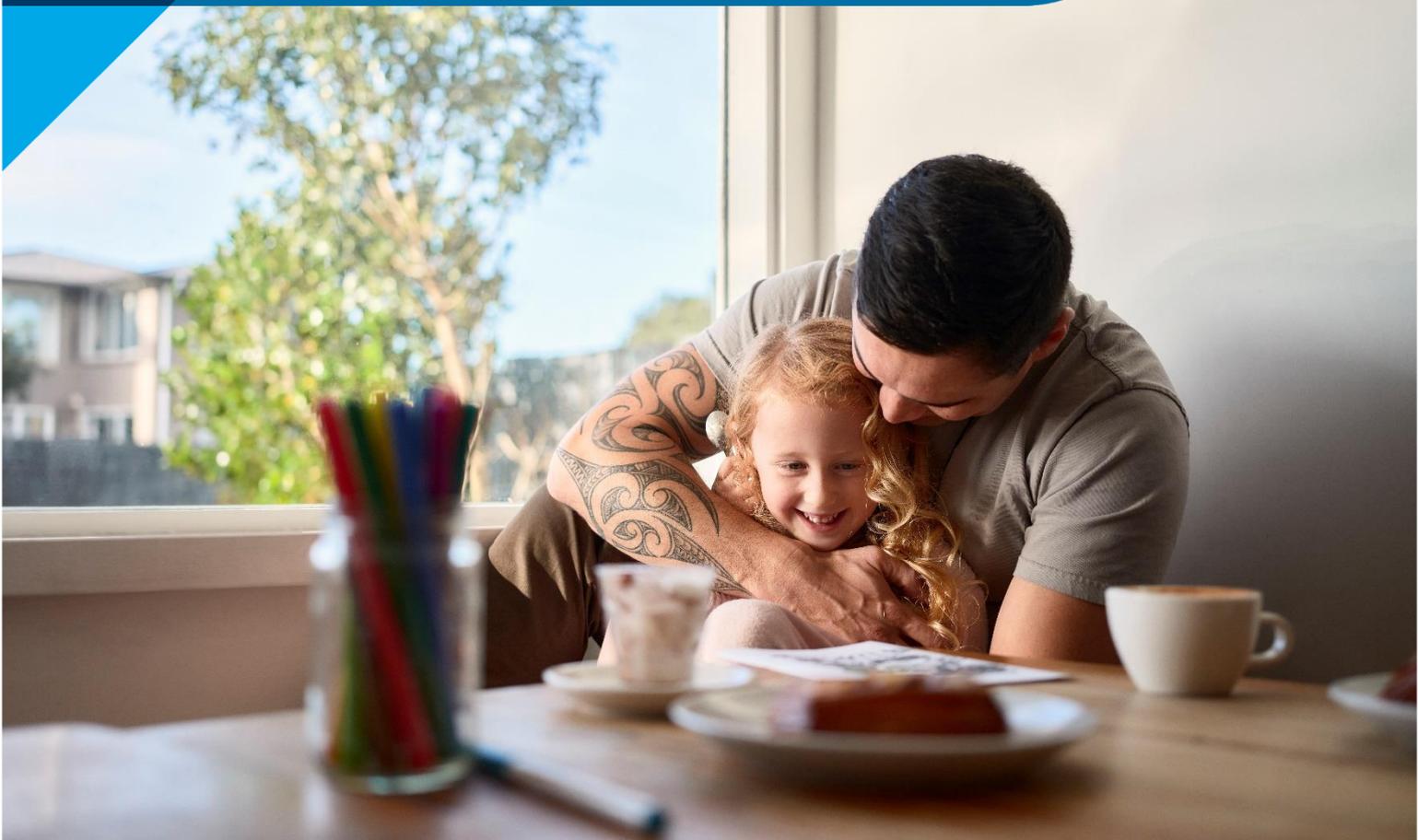




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ACC Scheme Access Report: Year 1

March 2025





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Our Scheme Access Report

ACC's inaugural Scheme Access Report: Year 1 has been prepared by ACC's Research & Evaluation Team to provide analysis of access to the Accident Compensation Scheme (the Scheme) by Māori and identified populations.

In writing this report, we've complied with Section 278B of the Accident Compensation Act (2023).

How to read this report

The Executive Summary summarises what we found about Scheme access, summarises the method that we will use to measure Scheme access, and details what we are doing to improve access to the Scheme.

The remainder of the report gives information on how we will collect data to understand unreported injury for future Scheme access reports, and provides more detail about what we know about Scheme access for Māori and identified populations, who are Pacific people, Asian people, and disabled people. It also outlines future research on access to the Scheme and how we're using this research to help us achieve our strategic goals.

Supplementary materials and technical reports comprising the evidence base for access reporting work are available on our website [ACC - Home](#) on the Scheme Access Reporting page.



Executive Summary

The ACC strategy for 2023 to 2033, [Huakina Te Rā](#),¹ outlines our vision for a future where all people, whānau and communities thrive. To achieve the goals of Huakina Te Rā, especially Mana Taurite | Equity, ACC is committed to monitoring and reporting on access to the Accident Compensation Scheme (the Scheme) by Māori and identified populations, who are Pacific people, Asian people, and disabled people. In 2023, an amendment to the Accident Compensation Act² introduced a new requirement for ACC to report annually on levels of, and disparities in, access to the Scheme for injured people.

Reporting and monitoring on access to the Scheme is important because ACC has a responsibility to ensure that people can access the Scheme, receive the treatment and support they are entitled to, and experience equitable outcomes from that support. We have chosen to focus on groups who face the most challenges to accessing the Scheme, which means that we will help people who most need additional support to recover from injuries. This helps us to achieve the Mana Taurite | Equity goal of Huakina Te Rā.

Measuring access for injured people is challenging. There are no current datasets that provide information about injury prevalence in New Zealand and ACC's claims data shows who is accessing the Scheme through the health system, not who isn't. Through exploratory research and public consultation, we decided the best way to measure Scheme access was to match historic survey data with ACC claims data to identify how many injured people have claims with ACC. We will begin to collect new injury data through the 2025/26 New Zealand Health Survey.

In the meantime, we are using ACC claim lodgement rates linked in the Stats NZ research database, the Integrated Data Infrastructure (IDI), as a proxy to measure access to the Scheme. Our analysis of claim rates indicates injured people are not accessing the Scheme when they could. Factors that appear to impact on claim lodgement include being born overseas, where people live, and material hardship. This evidence has helped us understand the actions we should take to remedy access disparities.

We have invested in a suite of access-related interventions that respond to equity barriers, with a deliberate focus on improving access to the Scheme for Māori, Pacific people, Asian people, and disabled people.

ACC has developed internal equity initiatives in response to the evidence showing disparities in access, experience, and outcomes. These initiatives include:

- Mana Taurite | Equity Action plan: our way of identifying and responding to equity needs.



- Mana Taurite | Equity organisational performance measures: these measures support consistent monitoring and evaluation of disparities in access, experiences and outcomes across ACC. These measures will also enable us to track how well a service, or a project is meeting the needs of Māori and identified populations. Work will be undertaken as part of the Mana Taurite | Equity Action Plan to continue to better understand the factors which affect access to ACC, and access to treatment and rehabilitation supports and services for Māori and identified populations.
- Mana Taurite | Equity Data Roadmap: there are opportunities to improve ACC's Mana Taurite | Equity data quality. We are working on a project to address the current data gaps for Māori and identified populations at ACC.
- Equity approach for commissioning: we are working on a more deliberate and practical approach to commissioning to support our strategic aims of improving Scheme access, experience and outcomes for Māori and identified populations in a practical way across ACC.

Longstanding evidence shows that culturally responsive services help to address disparities. We have designed and implemented a range of services to meet the cultural needs of New Zealanders. These include:

- Kaupapa Māori solutions: co-designed regional solutions to access barriers.
- Kaupapa Māori Navigation Service: providing advice on the claims process and support services in a culturally appropriate way.
- Hāpai: our Te Ao Māori approach to case management.
- Rongoā: our tikanga-aligned service, which is used by ACC clients of all ethnicities.

ACC survey data shows that communities have varying levels of awareness of ACC and people do not always know what we do. We have developed communications and engagement approaches to increase awareness of the Scheme amongst Māori and identified populations. These are:

- Sponsorships: we have several sponsorships which target messages to a Māori audience, including Waka Ama, Iron Māori and Te Matatini.
- Understanding and addressing how our injury prevention approaches can lead to better safety outcomes for Māori and identified populations.
- Kia Mahea Kia Puāwai: our communications campaign to build understanding with Māori of the support available from ACC. This campaign also has good reach with Pacific communities.



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- **Hikitia! Community-led Prevention Partnership:** a community-led primary prevention initiative focused on addressing the causes of family and sexual violence, that considers the access needs of Māori and the identified populations.

We use insights generated from engagement with Pacific communities to support culturally informed interventions, which aim to prevent injuries and increase awareness of the Scheme. For example, we support Atū-Mai a national Pacific violence primary prevention programme delivered in partnership with LeVa.

We have commissioned a range of services for disabled clients, including the disability support service Living My Life.

We recognise there is more to do. We will continue to use access reporting research and data to target interventions that improve equity of access.



Report outline

People access the Accident Compensation Scheme (the Scheme) by taking part in ACC's injury prevention initiatives and by having claims lodged through the health system after injury. For the purposes of access reporting, equity of access to the Scheme is defined as the absence of disparities in claims lodged for people with severe injuries. 'Severe' refers to injuries that stopped a person from doing their usual activities for more than a week.³ This is important because although the Scheme is available to everyone, research indicates that some injured people are not accessing the Scheme when they could, which means injury prevention, treatment, and recovery needs may not be met.⁴

ACC is committed to improving access to the Scheme by Māori and identified populations, who are Asian people, Pacific people and disabled people. To find out more about how we are reflecting the Mana Taurite | Equity goal of our strategy Huakina Te Rā in access reporting, see the Access Reporting page 'Our Strategic Approach' on the ACC website.

As the inaugural annual Scheme access report, this report:

- Confirms that Māori will be reported on in all subsequent annual scheme access reports.
- Describes the identified populations.
- Provides analysis of the levels of access and disparities in access to the Scheme.
- Describes the methods we will use for Scheme access reports.
- Outlines our plans to evolve these reports over time, including:
 - Our ongoing engagements with Māori and the identified populations we will report on, and;
 - Our efforts to understand the prevalence of injury in the New Zealand population.

Why we are reporting on access

Our legislation requires us to report on levels of access and disparities in access to the Scheme for Māori and identified populations.⁵ Reporting on access in this way helps us to understand where we should place our efforts to improve access to the Scheme and achieve the Mana Taurite | Equity goal of Huakina Te Rā.

Through research and work to develop our approach to meeting these legislative requirements, in addition to Māori, we have identified Pacific people, Asian people, and disabled people as our initial focus for improving equitable Scheme access, service experience, injury prevention, and rehabilitation and treatment outcomes.⁶

We consider these identified populations represent an important and meaningful starting point for access reporting. When we consulted with the public on our proposed approach to access reporting,



submitters generally agreed with the identification of these groups.⁷ We may adapt identified populations for access reporting in subsequent years, if the evidence suggests barriers and disparities exist for groups different to this initial framing.

In identifying these groups, we considered several factors relevant to ACC, including health and social service access and outcomes, known barriers to access, availability of ACC and agency data, reporting feasibility and methodological robustness. We also looked at multiple aspects of a person's identity and circumstances that impact on access to health care and the Scheme.⁸

What this means is that we are considering how factors, such as age, gender, location, education, health and socio-economic status influence access for Māori and identified populations. This approach will help us understand specific barriers to accessing the Scheme for each group. It acknowledges that the effects of different factors can vary between populations. This will help us to better target our disparity reduction efforts.

Further, examining multiple identity factors allows us the flexibility to adapt our groups of interest as new data is collected, and is consistent with ACC's commitment to use data and evidence to understand and meet client needs. Where practicable and feasible, we will also align with any changes in reporting measures that ACC develops as new data is gathered and analysed.⁹ Submitters on the public consultation for access reporting agreed with our proposed approach of examining multiple factors related to barriers to accessing the health and social system.¹⁰

To find out more about our evidence base for access reporting, see the Access Reporting page 'Evidence supporting access reporting' on the ACC website.

What we found

We know that people access the Scheme by taking part in ACC's injury prevention initiatives, and by having an ACC claim lodged through the health system after they have an injury. For the purposes of access reporting, equity of access to the Scheme is defined as the absence of disparities in ACC claim rates for injured people.

Understanding the population of people who are getting injured and have no associated ACC claim is a practical and feasible first step in understanding levels of access and disparities in access to the Scheme. This is challenging to measure, because it requires injury data that is independent of ACC claims, so that we can estimate the proportion of injured people who do not have an ACC claim.

The most practical and robust way of measuring the population of people who have had an injury and have no ACC claim¹¹ is by collecting injury prevalence data through a nationally representative survey of the New Zealand population and matching this with ACC claims data in the Stats NZ research database, the Integrated Data Infrastructure (IDI).¹²



Currently, there is no up-to-date injury prevalence data available to us to determine current levels of access using this approach. So, we analysed the most recent available injury prevalence data, which was collected in the Statistics New Zealand General Social Survey (GSS) in 2008, 2010 and 2012. This was a nationally representative survey of the New Zealand adult population. The GSS included questions about physical health problems or injuries resulting from crime, work, traffic accidents, or accidents at home or elsewhere. Respondents were not asked whether the injuries stopped them from doing their usual activities for more than a week, so the GSS definition of injury differs from the definition we are using for Scheme access reporting. This means we have not referred to the GSS injuries as 'severe'.¹³ Survey responses from the 2008, 2010 and 2012 GSS were linked to ACC claims in the IDI. The claims data includes claims that employers provided to ACC through the Accredited Employers Programme (AEP).

We found that 21% of the survey respondents (n=24,741) indicated they had had an injury over a 12-month period between 2008 and 2012. Of that 21%, an estimated 56% had an ACC claim with an injury date in the same period.¹⁴ From this, it can be deduced that 44% of respondents who indicated they had had an injury had no associated ACC claim.

See 'Our injury prevalence information' on the ACC Access Reporting page on the ACC website for more detail about this analysis.

We acknowledge that using 12-year-old data, the different definition of injury and the broadness of the injury-related question in the GSS, means this analysis serves as a beginning for understanding disparities between people who are injured and who have an ACC claim or not. We will continue to develop our research approach.

See 'Evolving our research approach' on the ACC Access Reporting page on the ACC website for more information.

Developing an injury prevalence rate

We require a current injury prevalence rate to match with claim lodgement data to estimate levels and disparities in access for future reporting. We worked with the Ministry of Health and Stats NZ to include injury-related questions in the 2025/26 New Zealand Health Survey (NZHS). The NZHS is an existing on-going nationally representative population survey linked in the IDI. This will provide confidence that our estimates of the levels of access to ACC and disparities in access for Māori and identified populations are current, regular, accurate, and representative. It will also allow us to provide information on how disparities between injury prevalence and ACC claim rates change over time for each of these groups.



An injury prevalence rate will help us to target our interventions more effectively to reduce the incidence of injury. For example, we can use the wide range of variables and indicators in the IDI to conduct analysis of multiple demographic and socio-economic characteristics to further understand specific cohorts within the Māori, Pacific, Asian, and disabled populations who report a severe injury, but do not have an ACC claim. This means we can identify those cohorts within identified populations that face barriers in accessing the Scheme. From this, we can refine our understanding of barriers to access and reasons for those barriers, and then design appropriate interventions to address them.

For more information, see 'Evolving our research approach' on the Access Reporting page on the ACC website.

Who seems less likely to have an ACC claim

While we do not have a current injury prevalence rate, claim rates remain our proxy measure for disparities in Scheme access.

Using the IDI, we explored trends in claim rates and factors that might influence claim rates (e.g. age, gender, location, indicators of material hardship) for Māori, Pacific people, Asian people and disabled people. We analysed the results to understand what factors influence the likelihood of having lower or higher ACC claim rates for these groups (compared to non-Māori, non-Pacific people, non-Asian, and non-disabled people respectively).¹⁵

We have assumed that low claim rates could indicate an experience of barriers to lodging a claim, and variables that are associated with higher claim rates possibly point to ease of lodging a claim. From this work, we found that:

- For Māori, Pacific people, and Asian people, claim rates are lower than for other population groups (even when adjusted for age).¹⁶
- Disabled people's claim rates are higher than non-disabled people's claim rates and children with a disability are less likely to make an ACC claim than non-disabled children.¹⁷

We found a number of factors that were common across Māori and identified populations.¹⁸ For example, lower claim rates for adults in these groups were commonly associated with indicators of material hardship, including:

- neighbourhood deprivation
- low income
- benefit receipt
- household crowding.

Higher claim rates for adults were associated with:



- living in an owner-occupied home with a mortgage
- participating in study or training, having qualifications
- being enrolled at a Primary Healthcare Organisation (PHO)
- having a history of serious offending
- mental health diagnosis indicators.¹⁹

These findings are broadly consistent with the desktop research work done to investigate barriers to accessing the health and social system and the Scheme.²⁰

See 'Our claim rates analysis' on the Access Reporting page on the ACC website for more detail on associations between claim rates, and demographic and socio-economic characteristics.

Future research work

Our foundational research on access to the Scheme shows that both Māori and non-Māori experience multi-layered and systemic barriers to accessing the health system and the Scheme.²¹ In future access reporting, we will build on this initial understanding and the claim rates analysis results by filling gaps in the evidence on barriers and causes of barriers to access.

Along with barriers to access, we will investigate factors that may enhance access to health services and facilitate ACC claim lodgement. This will allow us to identify and support interventions that improve access to the Scheme arising from engagement with populations and communities. We intend to use this information to support community-based interventions and initiatives that improve access to the Scheme.

As a starting point, we have developed potential research topics in collaboration with agency partners for investigation in subsequent access reporting, for example:

- Investigate claim rates and associations with demographic and socio-economic factors for a longer-term disabled population from 2018 to 2023 with the new data available from Census 2023.
- Identify factors that enable Māori disabled people, Pacific disabled people and Asian disabled people to access the health system and the Scheme.
- Investigate cultural factors driving higher or lower claim rates for Pacific and Asian peoples, with a deep dive into migrant communities within the Asian and Pacific populations.
- Explore factors associated with higher claim rates for the Māori, Pacific, Asian and disabled populations to develop our understanding of claim lodgement pathways.



How we are using this research

This research will help us move towards a future where all people, whānau and communities thrive as outlined in the ACC strategy for 2023 to 2033, [Huakina Te Rā](#).²² Huakina Te Rā is a dual-framed approach that reflects ACC's obligations to Māori and non-Māori. Mana Taurite | Equity is our dual goal for all people in Aotearoa New Zealand to experience accessible services and improved outcomes.

We have work underway through ACC's Mana Taurite Equity Action Plan to improve access, experience and outcomes for Māori and identified populations.

ACC has developed internal equity initiatives in response to the evidence showing disparities in access experience and outcomes. These initiatives include:

- Mana Taurite | Equity Action plan: our way of identifying and responding to equity needs.
- Mana Taurite | Equity organisational performance measures: these measures support consistent monitoring and evaluation of disparities in access, experiences and outcomes across ACC. These measures will also enable us to track how well a service, or a project is meeting the needs of Māori and identified populations. Work will be undertaken as part of the Mana Taurite | Equity Action Plan to continue to better understand the factors which affect access to ACC, and access to treatment and rehabilitation supports and services for Māori and identified populations.
- Mana Taurite | Equity Data Roadmap: there are opportunities to improve ACC's Mana Taurite | Equity data quality. We are working on a project to address the current data gaps for Māori and identified populations at ACC.
- Equity approach for commissioning: we are working on a more deliberate and practical approach to commissioning to support our strategic aims of improving Scheme access, experience and outcomes for Māori and identified populations in a practical way across ACC.

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- Kia Mahea Kia Puāwai: our communications campaign to build understanding with Māori of the support available from ACC. This campaign also has good reach with Pacific communities.
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We use insights generated from engagement with Pacific communities to support culturally informed interventions, which aim to prevent injuries and increase awareness of the Scheme. For example, we support Atū-Mai a national Pacific violence primary prevention programme delivered in partnership with LeVa.

We have commissioned a range of services for disabled clients, including the disability support service Living My Life.

For more information on how we are achieving our Mana Taurite | Equity goal, see ACC's 2024 Annual report here: [ACC8695-Annual-Report-2024.pdf](#).

Future reporting

We will continue to engage with Māori and identified populations in our work to improve access to the Scheme:

- To test and develop any changes to the proposed methodology with Māori and identified population groups (where required) to ensure the research is undertaken in a culturally safe way.²³
- To check that findings reflect the perspective and experience of Māori and identified populations.

Feedback from the consultation on access reporting methodology and engagement identified the limitations of using surveys with Māori and identified populations.²⁴ We know that the people who tend to respond to surveys may not represent all the communities facing barriers to access from whom we need to hear. We will use a range of research methods, such as quantitative data analysis, literature reviews, interviews, focus groups, wānanga (structured group discussion), talanoa (an



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inclusive and free-flowing conversation), and other appropriate methods, to help fill gaps in our understanding of barriers to access and reasons for these.

We will continue to use a variety of mechanisms for our engagement on access reporting including:

- Inter-agency working groups: Whaikaha - Ministry of Disabled People Disability Data Working Group, and the Social Investment Agency's Social Researchers Forum.
- Commissioning research with partner agencies: Te Puni Kōkiri, Ministry for Pacific Peoples, Ministry for Ethnic Communities, and Whaikaha - Ministry of Disabled People.
- Working with organisations and groups with whom ACC has existing relationships and those with which we are establishing relationships.
- Working with community groups and organisations through the ACC Injury Prevention Team.
- Engaging directly with communities, where appropriate.

For more information on the engagement approach for access reporting, see 'Evolving our engagement approach' on the Access Reporting page on the ACC website.



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Knox, A & Morris, M. (2023). Exploratory Analysis of Claim Rates to Support Mana Taurite | Equity of Access: Analysis of IDI data for Māori, Pacific people, Asian people and disabled people. Accident Compensation Corporation.

ACC. (2025). ACC Access Reporting: Public consultation feedback summary.



¹ [Our strategy | Huakina Te Rā](#)

² [Accident Compensation \(Access Reporting and Other Matters\) Amendment Act 2023 No 26, Public Act – New Zealand Legislation](#)

³ We require a measure of severity to detect unreported injuries in the New Zealand population that warrant injury cover and entitlements. We chose ‘stopping usual activities for longer than a week’ as a measure of injury severity based on our analysis of previous surveys that collected injury prevalence information, namely, The General Social Survey (GSS) and The Survey of Families, Income and Employment (SoFIE). The GSS used a broader definition of injury than the SoFIE, which asked survey respondents ‘In the last 12 months, have you had an injury that stopped you from doing your usual activities for more than a week?’ Our analysis found that the SoFIE question may have done a better job than the GSS of identifying people with injuries of a similar profile to those covered by the Scheme. See ACC. (2024). ‘Measuring Equity of Access to ACC: Investigation of datasets and methods for ACC’s reporting on Mana Taurite | Equity of Access’ p.23.

⁴ ACC. (2025). ACC Access Report: What we know about access to the system and ACC, p. 1.

⁵ ACC’s access reporting legislation came into effect 2023 [Accident Compensation \(Access Reporting and Other Matters\) Amendment Act 2023 No 26, Public Act – New Zealand Legislation](#)

⁶ ACC. (2025). ACC Access Report: What we know about access to the system and ACC, p. 2.

⁷ ACC. (2025). ACC Access Report: Public consultation feedback summary, p.3.

⁸ ACC. (2023). Exploratory Analysis of Claim Rates to Support Mana Taurite | Equity of Access: Analysis of IDI data for Māori, Pacific people, Asian people and disabled people, pp.7 – 11.

⁹ ACC. (2024). Pūrongo ā-Tau | Annual Report, p.35

¹⁰ ACC. (2025). ACC Access Report: Public consultation feedback summary, p. 3.

¹¹ Knox, A. (2023). Measuring Equity of Access to ACC: Investigation of datasets and methods for ACC’s reporting on Mana Taurite | Equity of Access, p.19.

During the public consultation on our proposed approaches to access reporting, submitters were broadly supportive of our proposed approach to use a survey to measure injury prevalence in the population and match this information to claim lodgement to estimate levels of access and disparities in access. See ACC. (2025). Summary of public consultation feedback on ACC access reporting, p. 3.

¹² The Integrated Data Infrastructure (IDI) links administrative datasets from government organisations and agencies for the purposes of research. For more information, see [Integrated Data Infrastructure | Stats NZ](#)

¹³ We acknowledge that different definitions of injury are used across different survey instruments and datasets. Collecting injury prevalence data with a consistent definition of injury through the New Zealand Health Survey will provide us with data points, which we can then use to track trends in levels of injury in the community. For more information on this, see the section of this report ‘Developing an injury prevalence rate.’

¹⁴ This is an estimate of the injury prevalence rate using Statistics New Zealand General Social Survey (GSS) 2008, 2010 and 2012 pooled responses linked to ACC claims data in the Stats NZ IDI research database.

¹⁵ Total ethnicity from IDI central tables is used, meaning that people who identified as an ethnicity were categorised into that group, while people who did not identify as that ethnicity were categorised as non-members of the group.

People who identified as more than one ethnicity were classified into each group that they identified with.

People were classified as disabled based on 2018 Census responses in the IDI. The 2023 Census responses were not available at the time of this analysis.

¹⁶ Knox, A. & Morris, M. (2023). Exploratory Analysis of Claim Rates to Support Mana Taurite | Equity of Access: Analysis of IDI data for Māori, Pacific people, Asian people and disabled people, pp.14 – 21.

Note that this analysis has been updated to include 2023 claims data.

¹⁷ Knox, A. & Morris, M. (2023). Exploratory Analysis of Claim Rates to Support Mana Taurite | Equity of Access: Analysis of IDI data for Māori, Pacific people, Asian people and disabled people, pp. 21- 23.

¹⁸ Knox, A. & Morris, M. (2023). Exploratory Analysis of Claim Rates to Support Mana Taurite | Equity of Access: Analysis of IDI data for Māori, Pacific people, Asian people and disabled people, pp. 7 – 11.

Note the detailed analysis of associations between claim rates and demographic and socio-economic factors was based on 2012 to 2022 IDI data, because that was what was available at the time. Since then, we have updated part of the analysis to include 2023 data. There was insufficient time to update all of the analysis for this report (e.g. more recent information regarding disability).



¹⁹ Associations between higher claim rates and health-use related factors, such as PHO enrolment and mental health diagnosis indicators, are complicated to interpret. This could mean that people face fewer barriers to accessing the health system, but it could be because people might be enrolled in PHO or other health care services as a consequence of accessing health care for their injury (a reverse causation effect).

²⁰ ACC. (2025). ACC Access Report: What we know about access to the system and ACC, pp.1 – 2.

²¹ ACC. (2025). ACC Access Report: What we know about access to the system and ACC, pp.1 – 2.

²² Huakina Te Rā sets out the strategic direction for ACC from 2023 to 2033, [Our strategy | Huakina Te Rā \(acc.co.nz\)](https://acc.co.nz/our-strategy).

²³ See the Access Reporting page on the ACC website for more information on the Māori-centred approach.

²⁴ ACC. (2025). ACC Access Report: Public consultation feedback summary, p. 4.