



He Kaupare. He Manaaki. He Whakaora.  
Prevention. Care. Recovery.

# ACC Scheme Access Report: Year 2

March 2026

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## **Our Scheme Access Report**

ACC's Scheme Access Report: Year 2 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 2001.

A summary of the reports comprising the second year of access reporting research are available on our website [ACC - Home](#) on the Scheme access reporting page, along with the Scheme Access Report: Year 1 and other foundational research reports.



## Executive Summary

ACC is required to report annually on levels of, disparities in, and causes of barriers to access to the Accident Compensation Scheme (the Scheme) by Māori and identified populations, who are Pacific people, Asian people, and disabled people.<sup>1</sup> Understanding Scheme access is important, because through this work we can ensure that injured New Zealanders are able to access treatment and rehabilitation supports in a timely manner.

To estimate how many injured people have claims with ACC, or not, we are collecting data about the number of injured people in the population through the New Zealand Health Survey during the 2025/26 data collection period. In 2027, we will match this survey data with ACC claims data. This will allow us to estimate unmet injury needs and potential costs. The third access report will be delayed until after injury prevalence data is matched with claims data in the Statistics NZ Integrated Data Infrastructure (IDI).

While we don't have an injury prevalence rate, ACC claim lodgement rates linked to Census data in the IDI continue to be our proxy measure of access to the Scheme. Our Year 2 analysis shows that disparities in claim rates remain relatively unchanged from our first year of Scheme access reporting.<sup>2</sup> In Year 1, we found that Māori, Pacific people, Asian people, and disabled people experience multi-layered and systemic barriers to accessing the Scheme. In Year 2, we found that Māori, disabled people, and Asian and Pacific migrants face financial, geographic, information and cultural barriers to accessing the Scheme.

ACC has invested in a range of interventions that respond to access barriers, with a deliberate focus on improving access to the Scheme for Māori. For example, we are:

- Working with culturally responsive providers and providing a range of initiatives to meet people's cultural needs.<sup>3</sup>
- Providing language interpretation services and information about ACC in accessible formats.
- Employing digital channels for information and services.
- Collecting accurate and reliable data that can be disaggregated by ethnicity and disability.

Our findings help us to identify future areas that can be explored to ensure all New Zealanders have equitable access to the Scheme. This is important as faster and earlier access to the Scheme facilitates better recovery, because treatment is sought before a condition is at risk of becoming chronic.<sup>4</sup>

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<sup>1</sup> For the purposes of Scheme access reporting, we use information collected through the Census and held in the Stats NZ research database to identify disabled people. People are classified as disabled if they reported 'a lot of difficulty' or 'cannot do at all' in response to one or more of the six activities in the Washington Group Short set of 6 questions on functioning. For more information, see: See: 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* (Updated 2024). ACC. Wellington, p. 75.

<sup>2</sup> See: ACC. (2025). 'ACC Scheme Access Report: Year 1.' Wellington. Available at: [Access Report](#).

<sup>3</sup> See the section 'What ACC is doing to improve access' on pages 6 and 7 of this report for more detail about these interventions.

<sup>4</sup> For more information about early intervention see: [Off to a Better Start: What we know about Early Intervention Services - Ministry of Social Development](#); [Access and Choice Programme Report – April 2025](#); [Early-Intervention-A-synthesis-of-recent-research-and-evaluations.pdf](#)



## Report outline

This report fulfils ACC’s statutory requirement to report annually on levels of, and disparities in, access to the Accident Compensation Scheme (the Scheme) for Māori and identified populations, who are Pacific people, Asian people, and disabled people. This work also meets the requirement to identify barriers to accessing the Scheme and identify causes of those barriers. This 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.<sup>5</sup>

## Injury prevalence data collection

For the purposes of access reporting, equity of access to the Scheme is defined as the absence of disparities in claims lodged through the health system for people with severe injuries. ‘Severe’ refers to injuries that stopped a person from doing their usual activities for more than a week.<sup>6</sup>

New Zealand does not currently measure the number of injured people in the population. This measure of injury prevalence is critical for ACC to report on Scheme access because it represents injured people who are not accessing the Scheme when some could. To address this, in our first year of access reporting, ACC worked with the Ministry of Health (MoH) and Stats NZ to include injury-related questions in the 2025/26 New Zealand Health Survey (NZHS).

Injury prevalence data is therefore not available for analysis for the second year of Scheme Access Reporting. We intend to report on injury prevalence in 2027, when the data will be available for matching with ACC claims data in the Stats NZ research database, the Integrated Data Infrastructure (IDI). We will publish the Year 3 Scheme Access Report in 2027, on the completion of our analysis of the injury prevalence survey data matched with ACC claims data.

## Our updated claim rates analysis

ACC claim lodgement rates linked to Census data in the IDI, are our proxy to measure access to the Scheme.<sup>7</sup> Figure 1 (below) shows the age-adjusted<sup>8</sup> percentage of Māori, Pacific and Asian people who have an ACC claim from 2013 to 2024, compared to non-Māori, non-Pacific, and non-Asian people, respectively. It is important to note that because we don’t have injury prevalence data (as

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<sup>5</sup> ACC. (2025). ‘ACC Scheme Access Report: Year 1.’ Wellington. Available at: [Access Report](#)

<sup>6</sup> A measure of severity is required, so that we can estimate the number of unreported injuries in the New Zealand population that warrant injury cover and entitlements. We worked with Stats NZ and the Ministry of Health to design an injury survey question that also has a measure of injury severity. The question is ‘Have you had an injury that stopped you from doing your usual activities for longer than a week.’ This question is based on our analysis of previous surveys that collected injury prevalence information. See: Knox, A. & Morris, M. (2024). ‘Measuring Equity of Access to ACC: Investigation of datasets and methods for ACC’s reporting on Mana Taurite | Equity of Access’ p.23.

<sup>7</sup> Access to the data used in this study was provided by Stats NZ under conditions designed to give effect to the security and confidentiality provisions of the Data and Statistics Act 2022. The results presented in this study are the work of the author, not Stats NZ or individual data suppliers.

<sup>8</sup> We adjusted for age to account for the younger age profiles of the Māori and Pacific populations.



opposed to claim data), it remains unclear if populations with higher claim rates, or greater disparities in claim rates, are at greater risk of injury.

**Figure 1: Percentage of Māori, Pacific, and Asian people compared to the percentage of non-Māori, non-Pacific, and non-Asian people with an ACC claim.**

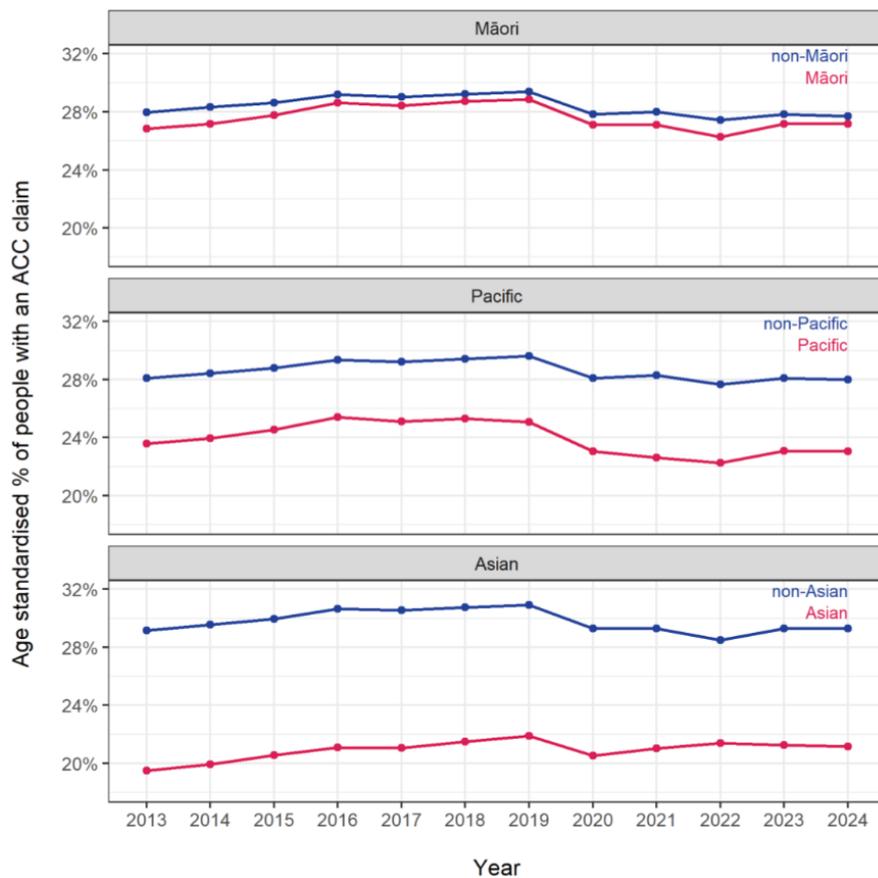


Figure 1 shows that:

- Overall, in 2022 slightly fewer Māori (26% of the Māori population) have an ACC claim compared to non-Māori (27%). The difference between the percentage of Māori (27%) claims and non-Māori (28%) claims very slightly decreased from 2023 to 2024. This was largely because of a slight decrease in claims from non-Māori.
- In 2022, Pacific people (22%) had fewer claims than non-Pacific people (28%). In 2023, the percentage of Pacific people's claims increased very slightly to 23%, and the percentage of non-Pacific claims stayed steady at 28%. The difference between these groups remained stable from 2023 to 2024 (Pacific people 23% and non-Pacific people 28%).
- In 2022, Asian people had fewer claims at 21% compared to non-Asian people at just over 28%. In 2023, the percentage of Asian people's claims remained steady at 21% and non-Asian



people's claims increased to 29%. This difference remained the same between 2023 and 2024 (Asian people 21% and non-Asian people 29%).

Without prevalence data, we do not know the proportion of the Pacific and Asian populations who are getting injured and not making ACC claims. However, the larger gaps between Pacific and non-Pacific people's claim rates, and between Asian and non-Asian people's claim rates, point to potentially greater access disparities for these populations. We will prioritise investigating these disparities further when injury prevalence data becomes available.

We also investigated claim rates and associations with demographic and socio-economic factors for disabled people with Census 2023 data. We calculated the ACC claim rates (claims per 1,000 population) for the disabled and non-disabled populations in the IDI, and we found that:

- The claim rate for disabled adults (15 – 64 years) was 438 claims per 1,000 compared with the non-disabled adult population, 395 claims per 1,000.
- The claim rate for disabled older people (65 – 94 years) was 503 claims per 1,000 population, compared with the non-disabled older people population, 397 claims per 1,000.
- Disabled children (5 – 14 years) have a slightly lower claim rate compared with non-disabled children (333 claims per 1,000 versus 345 claims per 1,000 ).<sup>9</sup>

We compared disparities in claim rates between disabled and non-disabled people by ethnicity, age, gender, and variables related to socio-economic status and locality.<sup>10</sup> From this, we learnt that variables related to age, gender and socio-economic status are associated with greater disparities in claim rates for disabled people, compared to non-disabled people.

- Disabled Asian, Māori and Pacific children are less likely to have a claim than non-disabled children across all ethnicities.
- Disabled Asian, Māori and Pacific males are less likely to have a claim when compared to non-disabled males across all ethnicity groups.
- Disabled people in the lowest income bands have the lowest claim rates across all the ethnic groups.

These results suggest potentially greater disparities in access for these groups of disabled people. Investigating this further will become an important focus once injury prevalence data is available.

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<sup>9</sup> In their exploratory analysis of ACC claim rates to support the first year of Scheme Access Reporting, Knox and Morris drew the same conclusion using 2018 Census data. We can therefore be confident that we are building from a robust methodological approach to linking ACC claims to people we identify as disabled people in the IDI using the Washington Group Short Set questions. See: 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* (Updated 2024). ACC. Wellington.

<sup>10</sup> ACC. (2026). 'ACC Scheme Access Report: Summary of Year 2 Research.' Wellington. Available at: [Access Report](#)



## What we found about barriers to access

In Year 1 of access reporting, we found that Māori, Pacific people, Asian people, and disabled people experience multi-layered and systemic barriers to accessing the Scheme.<sup>11</sup>

In Year 2, we found that Māori, disabled people, and Asian and Pacific migrants face financial, geographic, information and cultural barriers to accessing the health system, which in turn impacts on claim lodgement pathways. These factors are consistent with ACC's review of research over the last 20 years on barriers to Scheme access.<sup>12</sup>

As a comparison for Pacific and Asian migrants, we investigated access barriers for Middle Eastern, Latin American, and African (MELAA) migrants. We chose MELAA migrants because, according to the 2023 Census, the MELAA population experienced significant growth, increasing by 32% from 70,332 in 2018 to 92,760 in 2023. Secondly, the majority of the MELAA population living in New Zealand are born overseas.<sup>13</sup> We found that MELAA migrants, refugees, and asylum seekers face similar barriers to accessing health and social services as Pacific and Asian migrants (as above).

## What ACC is doing to improve access

ACC has invested in a range of interventions with a focus on improving access to the Scheme for Māori, Pacific people, Asian people and disabled people. To date, our investment has focused on initiatives that help Māori clients access the Scheme. We have done this because the barriers that Māori face are better understood, and this also upholds ACC's commitment to supporting the Crown in its Te Tiriti o Waitangi | Treaty of Waitangi relationships and delivering our services in ways that enable equitable outcomes for Māori. Our current research supports our work to identify effective interventions for Pacific and Asian clients.

Initiatives we have developed to support improving Scheme access, experience and outcomes for Māori and identified populations include:

- Equity organisational performance measures and an integrated work programme that identifies and responds to equity needs.
- A data roadmap to address the current data gaps for Māori and identified populations in ACC data.
- A more deliberate and practical approach to commissioning.

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<sup>11</sup> ACC. (2026). 'ACC Scheme Access Report: Summary of Year 2 Research.' Wellington. Available at: [Access Report](#)

<sup>12</sup> Shanahan, M. & Kumar, H. (2025). 'ACC Access Reporting: What we know about access to the system and ACC.' ACC. Wellington. [ACC-Access-Report-What-we-know-about-access-to-the-system-and-ACC.docx](#)

<sup>13</sup> See: [2023 census results. Middle Eastern, Latin American and African \(MELAA\) group in Auckland.](#)



We are working with other stakeholders (e.g. iwi, community organisations, providers, employers, government agencies) to tailor communications and provide information, and ensure that information is accessible, including:

- Providing language interpretive services.
- Employing digital channels for information and services.
- Providing clear and transparent information that helps injured people make informed choices about injury recovery.
- Ensuring information about ACC is provided in a range of appropriate accessible formats.<sup>14</sup>

We have designed and implemented a range of services to meet the cultural needs of New Zealanders. ACC has invested in culturally responsive services that help to address disparities through:

- Tailored case management services, such as ACC's Hāpai service, and traditional healing practices, such as Rongoā Māori.
- The development of the Kawa Whakaruruhau (Cultural Safety) policy, which applies to all individuals and business entities that provide ACC-funded health and rehabilitation services.
- Commissioning 30 providers to offer free, independent kaupapa Māori advice on navigating the Scheme.

ACC's work to improve access aligns with longstanding evidence about approaches for addressing barriers to access. Our research to support Scheme access reporting shows that continuing these approaches is especially important for helping Māori to access the Scheme.

## Future access reporting work

The findings of the report will help ACC identify future areas that can be explored to ensure New Zealanders have equitable access to the Scheme.

In our first and second years of Scheme Access Reporting, we have built a cohesive and comprehensive body of knowledge about levels of access and disparities in access to the Scheme and reasons for those disparities. In Year 3 we will use research to support ACC to:

- Ensure information about the Scheme is readily available and easy to understand.
- Embed culturally safe practice within ACC and with the providers ACC commissions to deliver services.

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<sup>14</sup> Accessibility here means providing information and communications in formats and languages that supports people accessing services.



- Use disaggregated data to track progress against organisational measures of access, experience and outcomes.

More specifically, for disabled people we have identified gaps in knowledge about the complex interplay between the non-medical factors that affect their access to the Scheme. This presents an opportunity for further research.<sup>15</sup>

## **Our engagement work on Scheme Access Reporting**

We will continue to leverage insights developed with our cross-agency stakeholders, relevant community organisations, and population representatives to address access barriers for Māori and identified populations.<sup>16</sup>

Specifically, we will continue to engage with the agencies below on any relevant research they have:

- Ministry of Health
- Statistics NZ
- Ministry for Disabled People – Whaikaha
- Ministry of Social Development
- Te Puni Kōkiri
- Ministry for Pacific Peoples
- Ministry for Ethnic Communities.

We will also engage with population representatives and communities on local initiatives that improve Scheme access for Māori and identified populations.

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<sup>15</sup> ACC. (2026). 'ACC Scheme Access Report: Summary of Year 2 Research.' Wellington. Available at: [Access Report](#)

<sup>16</sup> See: [ACC8754-Service-Agreement-2025-2026.pdf](#)



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