



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

# ACC Scheme Access Report: Summary of Year 2 Research

March 2026

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## Rationale for foundational research

In 2023, an amendment to the Accident Compensation Act<sup>1</sup> introduced a new requirement for ACC to report annually on levels of, disparities in, and causes of barriers to access to the Accident Compensation Scheme (the Scheme). The Act requires ACC to report on access by Māori and identified populations, who are Pacific people, Asian people, and disabled people.

Through the development of the Year 1 Access Report,<sup>2</sup> we established our foundational evidence about barriers to access to the Scheme and the reasons for those barriers for Māori and identified populations. Through this population-level research we developed a good understanding of the factors associated with the likelihood of having higher or lower claim rates (which we're using as a proxy measure for Scheme access) for Māori, Pacific people, Asian people, and disabled people. We also identified specific cohorts who experience additional challenges in accessing the Scheme and who we know the least about.

These cohorts are:

- Māori women, older Māori, and Māori children
- Migrants
- Disabled people.

These knowledge gaps set the direction for the second year of research. We signalled this in the first access report and socialised the research topics with population agencies who agreed with our approach. The Year 2 foundational research provides ACC with a nuanced understanding of approaches that enable better access for specific population cohorts.

## Our research approach

ACC strengthened the evidence about specific Māori cohorts', disabled people's and migrants' access to the Scheme through literature reviews. They covered barriers to and enablers of access to health care and the Scheme for:

- Māori women, older Māori, and Māori children
- disabled Māori, disabled Pacific and disabled Asian people
- Pacific and Asian migrants.

Literature about access to health care was included in the research, as injured people access the Scheme by having claims lodged through health providers such as General Practitioners (GPs) and physiotherapists.

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

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<sup>1</sup> [Accident Compensation \(Access Reporting and Other Matters\) Amendment Act 2023 No 26, Public Act – New Zealand Legislation.](#)

<sup>2</sup> See: [ACC-Scheme-Access-Report-Year-1.docx.](#)



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>3</sup>

In addition to the literature reviews, we completed analysis in Stats NZ's research database, the Integrated Data Infrastructure (IDI). The IDI analysis explored ACC claim outcomes for disabled people, compared to non-disabled people. It investigated the demographic and socio-economic variables that we know from the first year of access reporting, are related to higher or lower claim rates.

## What we found

We found that Māori, disabled people, and Asian and Pacific migrants face financial, geographic, information and cultural barriers to accessing health care, which in turn impacts their entry to the Scheme. These factors are consistent with ACC's review of research over the last 20 years on barriers to Scheme access.<sup>4</sup>

More specifically, barriers related to:

- language difficulties
- diminished resources (eg lack of money, poor mental health, living far away from health services, not enrolled in a Primary Health Organisation)
- negative beliefs and attitudes amongst health professionals
- lack of access to culturally competent providers, culturally safe services, and providers who understand and can respond to disabled people's needs.

We found that MELAA migrants, refugees, and asylum seekers face similar barriers to accessing health and social services as Pacific and Asian migrants.

Factors that enable access to the primary claim lodgement pathway are observed in services that:

- provide access to interpreters
- draw on the collective efforts of providers, employers and community-based organisations to, for example, proactively provide accessible<sup>5</sup> information about services through online and digital channels
- more closely align with cultural needs
- collect reliable and accurate data, which can be disaggregated by ethnicity and disability, to monitor and evaluate the impact of interventions.

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<sup>3</sup> See: [2023 census results. Middle Eastern, Latin American and African \(MELAA\) group in Auckland.](#)

<sup>4</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>5</sup> Accessibility here means providing information and communications in formats and languages that people can access independently, without relying on other people. The provision of this information should be compatible with assistive technology, such as computer screen readers (also known as alternate formats).



## What the findings mean for ACC

Based on the second year of foundational research, ACC could consider the following to facilitate access to the Scheme:

- working with relevant providers, employers and organisations to inform groups about how to access the Scheme
- increasingly integrating evaluative activities into ACC's initiatives which support better access to the Scheme (e.g. language interpretive services, cultural safety policy for providers), so that we can track how well they are meeting access needs and adjust as required.