

# Equitable Access to Assistive Technology for Migrants and Refugees in Aotearoa: Bridging Policy and Practice

Literature Review

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### Introduction

Aotearoa New Zealand's health system aspires to equity, yet many migrants and refugees still face significant barriers to accessing essential healthcare—including assistive technology and rehabilitation equipment such as wheelchairs, KanengoniNyatara et al., 2024). Recent research, including a comprehensive integrative review (KanengoniNyatara et al., 2024), highlights the need for a more inclusive approach that addresses both attitudinal and structural barriers. When considered alongside government policy and refugee resettlement practices, these findings reveal both opportunities and challenges in ensuring all people in New Zealand can access the equipment they need to live well.

## Refugee Resettlement in New Zealand: Key Facts

New Zealand resettles up to 1,500 refugees per year under its Refugee Quota Programme, with the quota reviewed every three years to reflect global needs (Immigration New Zealand, 2024). The quota is regionally distributed—50% from Asia-Pacific, 20% from the Middle East and Africa, 10% from the Americas, and 200 places reserved annually for emergency and urgent resettlement. Specific allocations are also made for groups such as Afghan, Syrian, and Rohingya refugees (Immigration New Zealand, 2024).

Refugees must meet strict criteria set by Immigration New Zealand and the UNHCR, including mandated refugee status, security and health screening, and the capacity for



successful settlement (UNHCR, 2024; Immigration New Zealand, 2024). In addition to the Quota Programme, the Community Organisation Refugee Sponsorship Programme allows community groups to sponsor refugees who meet certain age, language, and work experience requirements.

All quota refugees are granted permanent residence upon arrival, making them eligible for publicly funded health and disability services, including access to assistive technology and equipment (KanengoniNyatara et al., 2024; Ministry of Health, 2023).

## **Barriers to Access: What the Research Shows**

The integrative review (KanengoniNyatara et al., 2024) identifies three main types of barriers:

- **Attitudinal barriers:** Lack of cultural competence and experiences of discrimination can discourage people from seeking or engaging with services.
- **Structural barriers:** These include policies around eligibility for publicly funded health and disability services, the cost of care, language barriers, and difficulties navigating the health system.
- **Logistical barriers:** Long waiting times, short appointment durations, and lack of coordinated support further hinder effective care.

While the review does not specifically focus on assistive technology, these barriers are highly relevant to access to equipment such as wheelchairs, mobility aids, and communication devices.

## Health, Disability, and Assistive Technology Support

Refugees arriving in New Zealand undergo medical screening and receive ongoing support for chronic illness and mental health needs (Ministry of Health, 2023). Those with disabilities are eligible for a range of supports:

- Assistive technology and equipment are funded through the Ministry of Health,
   Ministry of Education (for students), Whaikaha Ministry of Disabled People, and
   providers such as Enable New Zealand and AccessAble.
- Workbridge supports assistive technology for education, training, or employment.
- **ACC** provides limited injury-related support for refugees, covering injuries occurring in New Zealand or, in some cases, overseas if the person was a resident at the time (Ministry of Health, 2023).



• **Disability Support Services (DSS) Funding** is available for refugees with a disability lasting at least six months, following a Needs Assessment and Service Coordination (NASC) evaluation.

Despite this comprehensive framework, the integrative review highlights that refugees may still encounter significant barriers in accessing these supports—such as navigating the system, language barriers, and a lack of culturally appropriate information (KanengoniNyatara et al., 2024). These issues can directly affect timely access to essential equipment like wheelchairs, communication devices, and other assistive technologies.

## **Recommendations and Opportunities**

The integrative review calls for a "whole-of-society" approach, advocating for:

- **Culturally responsive service delivery:** Training for providers and the use of interpreters and translated materials.
- **Clearer pathways to access:** Simplified processes and better information about eligibility and funding.
- **Collaboration across sectors:** Government, NGOs, and service providers like Enable NZ working together to address systemic barriers (KanengoniNyatara et al., 2024).

At Enable NZ, we see the difference that timely access to the right equipment can make. By working closely with referrers, community organisations, and government agencies, we can help bridge the gap between policy and practice.

## Conclusion

Ensuring equitable access to assistive technology and equipment for migrants and refugees is both a policy and a practice challenge. By recognising and addressing the barriers identified in recent research—and by advocating for inclusive, culturally responsive services—we can move closer to a truly equitable health system for all.



#### References

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### For further details on New Zealand's refugee resettlement, visit:

- <a href="https://www.govt.nz/browse/immigration-and-visas/refugees-coming-to-new-zealand/">https://www.govt.nz/browse/immigration-and-visas/refugees-coming-to-new-zealand/</a>
- https://www.tewhatuora.govt.nz/assets/Publications/Refugee-health/Refugee-Health-Care-A-Handbook-for-Health-and-Social-Care-Providers.pdf