Interview with Huda Alkaff: What happens after the journey?

Interview

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This interview was edited by the interviewers and the interviewee after the recording to ensure clarity and to prevent any individuals from being identified from the case studies discussed.

Enable: We're very appreciative of you being here what we are doing in our communities. So thank you again for coming. We really appreciate your time. Would you mind just explaining who you are and perhaps how long you've been in New Zealand, what your background is?

Huda: I have been in New Zealand for more than 10 years. My background as a trained medical doctor in Middle East, but I am passionate about community wellbeing, so I did my master's in public health at Massey University here. I have worked with refugees for years because I know the difficulties they face. For me, it was also not easy because the health system here is very different from what I was used to. Back home, we could go directly to see a specialist without a referral, and waiting times were much shorter. Most refugees have different expectations about the health system than they do here.

Enable: Can you give us a short history about the refugee communities in Palmerston North and other communities in New Zealand?

Huda: There is a quota of 1,500 refugees for New Zealand per year. These refugees arrive at Māngere (the Māngere Refugee Resettlement Centre), where it takes about 4–6 weeks to complete medical assessments. During this period, they also receive education and information about living in New Zealand and how to adapt. Additionally, around 600 refugees come each year through family reunification, but these individuals do not receive the same support of quota refugees.

There are also asylum seekers—people who arrive in New Zealand and then apply for refugee or protected person status to stay in NZ —who may have different experiences and support needs.

The system is in place, but unfortunately, there are still challenges. For example, health funding for refugees is inconsistent and varies from one area to another.

Some regions have funding to see the GP for free for 3- 5 years and some funding for counsellors as well. Unfortunately, in Palmerston North, Hamilton, Wellington, and Nelson, there is no funding or partial funding. Refugees do not have a choice about where they are sent, this creates health inequity, but now there are five new resettlement areas (Levin, Ashburton, Blenheim, Masterton and Timaru) have similar funding.

We are lucky that last year, Te Whatu Ora subcontracted HOW2 to provide refugee health services. We have four former refugee health navigators who speak the same languages as our communities. The main ethnic communities in Palmerston North are Rohingya and Afghan, and this has been the case for the last three years.

Enable: I'm just wondering—this is a great organisation, it's a charity. Are there similar organisations in other places like Auckland or Dunedin?

Huda: I think there is one called Well South (PHO), which runs the health navigation programme in Dunedin. HOW2 is a holistic model to support refugees' wellbeing and all our health navigators are former refugees.

Enable: It's interesting to hear that there are inequities in the system. Is it true that refugees can choose and register with their own doctor, just like other New Zealand residents?

Huda: Yes, they have the right to choose and register with their own doctor, we just support them and advise them to enrol with the GP clinic close to their houses. This will make it easy for them to access as the transport is one of the barriers that prevent them accessing health care.

Enable: What are the most common disabilities or assistive technology needs that you see amongst refugees?

Huda: We commonly see physical, neurological, and sensory disabilities among refugee patients. For example, in Palmerston North this year, approximately 20% of refugees arriving have some form of disability. Many of these disabilities include sensory impairments, such as autism and other intellectual disabilities. We try to navigate and support them by connecting them with appropriate services and assistive technologies to address their specific needs.

Enable: Can you describe the main barriers refugees face in accessing assisted technology and disability support in New Zealand?

Huda: The main barriers that refugees face in accessing assistive technology and disability support in New Zealand start with language difficulties, as many refugees struggle to communicate their needs and understand available services. In addition, there is a significant cultural stigma around disability within some refugee communities, which can discourage families from seeking help or participating in community events. Some families may prefer not to involve others in caring for a person with a disability due to these beliefs. Another major challenge is the long waiting times for public disability services, which can leave refugees without timely support, especially since many cannot afford private alternatives. These factors, combined with a lack of culturally appropriate support and limited financial resources, make it very challenging for refugees to access the assistive technology and disability services they need.

Enable: How do language and cultural differences impact a refugee’s ability to access or use assistive technology effectively?

Huda: Cultural differences can significantly impact refugees’ ability to access disability and health services in New Zealand. Many refugees are unfamiliar with roles such as occupational therapists, physiotherapists, or speech therapists, and may not understand what these professionals do or how they can help. This lack of awareness means health providers must spend extra time explaining available services and building trust. In some communities, like the Rohingya, there are additional challenges because many people are illiterate and their language does not have a written form, making traditional written resources ineffective.

Some service providers have adapted by creating visual and video-based health information to improve understanding. At HOW2 we created some visual resources to increase their awareness about many health topics. Cultural and linguistic barriers are compounded by a lack of cross-cultural competence among some service providers and insufficient use of professional interpreters, which further limits access to appropriate care and support. As a result, refugees may not receive the same quality of care as the general population, and there can be disparities in needs assessments, access to support services, and provision of assistive technology. Some refugee families in New Zealand experience significant stigma related to disability, though this is not universal across all ethnic communities. In certain cultures, there is a strong desire to keep a child’s disability hidden, leading families to isolate the child at home and avoid seeking outside help or community involvement. This stigma often stems from cultural beliefs about the causes of disability, with some families feeling shame or personal blame, believing they may have done something wrong to cause their child's condition. As a result, families may prefer to manage all care within the household, resisting external support services. Addressing these attitudes takes time and ongoing effort, as changing deeply held cultural views and increasing awareness about disability rights and support options is a gradual process.

Enable: Do some refugees not have a written language?

Huda: The Rohingya is primarily a spoken language without a standard written version. Attempts have been made to have written forms, including the Arabic script, the Hanifi Rohingya script, and a Latin-based script and a unique script developed. However, the written form has not been widely adopted because the Myanmar government has historically suppressed the Rohingya language and culture. Also most Rohingya refugees have low literacy rates, and many are not familiar with reading or writing in any of these scripts.

Enable: Is there an issue or problem with gender needs for refugees from a cultural perspective?

Huda: Yeah, that's definitely a barrier. A lot of women don't even know they have the right to ask for a female doctor or health provider. They just feel scared or not confident to say anything. Because of that, some just won't go to the doctor if it's a male. That's why we have both male and female health navigators who speak their language and understand their culture — it helps a lot.

Especially for the Rohingya, when they were in the camps, many didn't have access to proper healthcare or education. The camps are huge, like with hundreds of thousands of people, and the care there is very limited. For example, I know a girl who had a fracture but didn't get proper treatment, so now she's disabled. So, these gender and cultural issues make it hard for women to get the care they need.

Enable: How easy is it for refugees to navigate the process of getting assessed for and receiving assistive technology?

Huda: They are struggling It's really hard for refugees to navigate getting assessed for and receiving assistive technology. In the camps, they usually don't have access to allied health workers, and some people can be there for years—sometimes even 15 or 20 years—without proper equipment like walking frames or wheelchairs. The living conditions are tough, with people often moving between tents and not having proper houses, so even basic equipment is hard to get or keep in good condition.

When they come to New Zealand, they need to go through an assessment process, but they often don't know that the waiting time can be more than 12 months. For example, we have a man in a wheelchair here, and while there is a ramp for him, there's no support equipment in the shower or other parts of the house, so he's still struggling. Sometimes people are sent home without the right equipment, like a ramp or even a proper wheelchair, and we're still trying to sort that out for them. So, overall, it's a real struggle for refugees to get the assistive technology and support they need, both in the camps and after they arrive here.

Enable: In your experience, how important is culturally safe care when discussing disability with refugee patients?

Huda: Yeah, I think culturally safe care is really important. Health providers need to be aware of cultural differences and the backgrounds of refugees, and they should take extra time to explain things, because for some people, this might be the first time they've ever received this kind of help. For example, two years ago, we had a Rohingya family with a daughter who has muscular dystrophy. When she was assessed, the team suggested a walking frame, but the family didn't want it—they thought it wouldn't be safe or that it would limit her movement. They wanted her to keep moving, but she still needed some kind of walking aid. The family refused any equipment because they didn't really understand what it was or how it could help. If the health provider had spent more time showing them what a walking frame was and how it works, I think they might have accepted it. So, I really think health providers need cultural training and need to understand the backgrounds of the communities they're working with. It makes a big difference

Enable: What training or resources for health providers would better support refugees?

Huda: Yeah, I think GPs and health providers need more practical resources—like catalogues of equipment—so they can show refugees what's available and how it works. A lot of refugees have low literacy, so just telling them about equipment isn't enough. If you can show them and explain it in simple terms, it makes a big difference. I know it takes extra time, but it helps them understand and accept what they need.

Also, it would be great if the system could make things easier by starting the assessment and application process for equipment before refugees even arrive here. That way, when they get to their new home, the support is already in place, and they don't have to wait so long. I think the government or policymakers should look at this, because it would really help meet refugees' needs from the start.

And of course, training for health providers is important too—like learning about refugees' backgrounds, cultural differences, and how to communicate well. There are some good courses and resources out there now that help with cultural competency and understanding refugee experiences, which I think are valuable

Enable: Can you share a story (anonymously) that illustrates the difference timely access to assistive technology has made for a refugee patient?

Huda: Yeah, I can share a story. We had a 12-year-old girl who fell from a ledge in a refugee camp in Bangladesh when she was about 10 years old. There was no real healthcare there, so she ended up with necrosis in her hip and needed surgery, but her family couldn't afford it. By the time she came to New Zealand, she was using a wheelchair, but her house here wasn't accessible—no ramp, nothing to help her get inside. Her mum is a single parent with five young kids, so they used to carry her in and out of the house. When we visited, we were shocked—it just wasn't safe, and she was really isolated, unable to go outside or to school. Eventually, we were able to get her a ramp for free, and that made a huge difference. Now she can get in and out of the house herself and has a lot more independence.

Enable: What feedback have you received from refugee patients and their families regarding disability and assistive services?

Huda: Yeah, so for example, the girl who got the ramp for her house—she was really happy about that. But honestly, I feel like her house should have been ready for her from the start. A lot of other refugees have told us they're still waiting a long time for things like ramps or equipment, and that's really frustrating for them. The main feedback we get is about these long waiting times, and sometimes the cost if they try to buy equipment themselves. Some people expected things would be quicker here, like they'd see a specialist right away or get what they need faster than in the camps, but that's not always how it works.

We've also heard from some families that they feel there's discrimination or they just don't feel comfortable going to certain places for support. Many refugee patients and families report that they are often unaware of their rights, lack confidence to speak up about their needs (such as requesting interpreters), and commonly experience long wait times, insufficient support or equipment, language barriers, and sometimes feel excluded or not listened to during their care.

Enable: What are the top 3 or 4 barriers to accessing an equitable system for refugees. What would you say they were?

Huda: I'd say the biggest barriers are language and literacy—most refugees really struggle with English, and a lot of the information they get is only in English, so they miss appointments or don't know what's going on. The cost is another big one, not just for the actual healthcare or equipment, but also for things like transport. Most refugees can't drive, so if they need to take a taxi or even try to use the bus, it adds up, and public transport doesn't always go where they need. Time is a barrier too—if you've got a big family, it takes a lot of time and money to get everyone to appointments, and waiting times for things like equipment or specialist appointments are really long.

Another thing is that there aren't always culturally appropriate or safe health providers. Some refugees don't feel comfortable or understood by the people they see, and that puts them off going for help. There's just not enough support that really takes their culture or background into account. So, yeah, language, cost, transport, and the lack of culturally safe care are probably the top barriers for refugees trying to get fair access to the health system.

Enable: When people come here do they get shocked by our culture

Huda: Yes, many refugees experience a kind of "culture shock" when they arrive in New Zealand, especially around how the health system works. Back in their home countries or in the camps, they might have been able to see a specialist directly or get help much faster, so it's a big surprise to learn that here, you have to go through a GP first and then wait—sometimes for months—for referrals or equipment. The waiting times, especially in places like Palmerston North, can be much longer than what they expected, and it's different from other regions like Auckland, where things might move a bit quicker. This system can feel confusing and even unfair, and it takes a while for people to adjust and understand how things work here.

Enable: Do people get a choice on which country they come to?

Huda: No, refugees don't really get a choice about which country they go to. Most of the time, it's the United Nations High Commissioner for Refugees (UNHCR) or the resettlement agencies who decide, based on things like family connections, medical needs, or which countries have spaces available. Sometimes, if someone has family in a certain country, they might be sent there, but usually, they just get told, "You're going to this country," and that's it. Refugees can say no to being resettled, but they can't pick and choose which country they want to go to. For example, New Zealand accepts some refugees with disabilities or medical conditions, while other countries might not, so it really depends on the policies of each country. But overall, refugees don’t have much say in where they end up.

Enable: Can you think of anything else that Enable NZ or equipment providers can do?

I think it depends a lot on the community and what kind of support or funding is available. Sometimes there are delays, even after the assessment is done, just waiting for the application to be processed. Maybe if there was more funding or a faster process, that would help. We’re always working on trying to make things smoother, but there’s still a bit of waiting, especially for equipment. It would be great if there was a way to speed things up or have more resources ready for refugees when they arrive. Other options Enable NZ can offer short term loans of equipment or offer refurbished equipment at reduced costs or even free of charge.

Useful resources

HOW2

What they do: Community health support for refugees in Palmerston North, including cultural health navigation, advocacy, and help accessing health and disability services.

Website: https://www.how.kiwi/

Contact: See website for up-to-date contact details.

Refugee Health & Wellbeing Services

National information: Te Whatu Ora – Refugee Health

Regional providers: Ask your local DHB or community health centre about refugee health navigators or cultural support workers.

Interpreting Services

Connecting Now (Interpreter bookings): https://www.connectingnow.co.nz/

Healthpoint (Interpreter info): https://www.healthpoint.co.nz/interpreter-services/

WellSouth Primary Health Network

What they do: Similar refugee health navigation and support in the South Island.

Website: https://wellsouth.nz/

New Zealand Red Cross – Refugee Resettlement

What they do: Support with resettlement, orientation, and community connections.

Website: https://www.redcross.org.nz/what-we-do/in-new-zealand/refugee-programmes/