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Derleme/Review

Factors affecting migrants' access to rehabilitation services: a systematic review

Göçmenlerin rehabilitasyon hizmetlerine erişimini etkileyen faktörler: sistematik bir derleme

Safa Heybet[1], Ceren Yaşar[2]*

[1]Department of Therapy and Rehabilitation, Vocational School, Biruni University, Istanbul, Türkiye

[2]Department of Occupational Therapy, Graduate Education Institute, Biruni University, Istanbul, Türkiye

Abstract

Migration has become a major global public health issue, creating substantial challenges in accessing healthcare services. Although rehabilitation plays a critical role in improving functioning, independence, and quality of life, migrants frequently experience barriers that limit equitable access to these services. This systematic review aimed to identify and synthesize the factors affecting migrants' access to rehabilitation services. A systematic literature search was conducted in the PubMed, Scopus, Web of Science, and CINAHL databases to identify studies published between January 2016 and June 2026. Eligible publications included quantitative, qualitative, mixed-methods, review-based, protocol, and other relevant scholarly studies investigating access to rehabilitation services among migrant, immigrant, or refugee populations. Following the screening and eligibility assessment, 15 studies met the inclusion criteria and were included in the review. The findings were synthesized using a thematic approach. The included studies consistently demonstrated that migrants encounter multiple barriers to rehabilitation services. Structural barriers, including complex referral pathways, prolonged waiting times, bureaucratic procedures, and lack of inter-institutional coordination, were the most frequently reported obstacles. Language and communication difficulties, cultural differences, socioeconomic constraints, transportation problems, and limited health literacy further restricted access. Conversely, culturally responsive care, professional interpreter services, multidisciplinary collaboration, community-based rehabilitation programs, and improved coordination between healthcare providers were identified as important facilitators of rehabilitation access. Access to rehabilitation services among migrants is influenced by interconnected structural, cultural, linguistic, and socioeconomic factors. Improving equitable access requires health system reforms, culturally responsive rehabilitation services, strengthened interdisciplinary collaboration, and policies that reduce administrative and communication barriers. Future research should focus on evaluating interventions designed to improve rehabilitation accessibility and health outcomes among diverse migrant populations.

Keywords: migrant, access, discrimination, disability

Corresponding Author*: Ceren Yaşar. Atakent Mah. Turgut Özal bulvarı Dumankaya Miks B2 blok No: 48/2 D111 Küçükçekmece, İstanbul.
E-mail: ergcerenyasar@gmail.com
Doi: 10.62351/gmhs.2026.0021
ORCID: 0000-0002-6884-0837
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Öz

Göç, küresel ölçekte önemli bir halk sağlığı sorunu haline gelmiş olup sağlık hizmetlerine erişimde önemli güçlükler yaratmaktadır. Rehabilitasyon; işlevselliğin, bağımsızlığın ve yaşam kalitesinin artırılmasında kritik bir role sahip olmasına rağmen, göçmenler bu hizmetlere eşit erişimi sınırlandıran çok sayıda engelle karşılaşmaktadır. Bu sistematik derleme, göçmenlerin rehabilitasyon hizmetlerine erişimini etkileyen faktörleri belirlemeyi ve sentezlemeyi amaçlamıştır. Bu doğrultuda, Ocak 2016 ile Haziran 2026 tarihleri arasında yayımlanan çalışmaları belirlemek amacıyla PubMed, Scopus, Web of Science ve CINAHL veri tabanlarında sistematik bir literatür taraması gerçekleştirilmiştir. Dahil edilme kriterlerini karşılayan nicel, nitel, karma yöntemli, derleme, protokol ve göçmen, göçmen kökenli veya mülteci popülasyonlarda rehabilitasyon hizmetlerine erişimi inceleyen diğer bilimsel çalışmalar değerlendirmeye alınmıştır. Tarama ve uygunluk değerlendirmelerinin ardından 15 çalışma dahil edilme kriterlerini karşılamış ve derlemeye alınmıştır. Bulgular tematik sentez yaklaşımıyla değerlendirilmiştir. İncelenen çalışmalar, göçmenlerin rehabilitasyon hizmetlerine erişimde çok yönlü engellerle karşılaştığını tutarlı biçimde ortaya koymuştur. Karmaşık sevk süreçleri, uzun bekleme süreleri ve hizmetlerin sınırlı erişilebilirliği gibi yapısal engeller en sık bildirilen sorunlar olarak belirlenmiştir. Ayrıca dil ve iletişim güçlükleri, kültürel farklılıklar, sosyoekonomik kısıtlılıklar, ulaşım sorunları ve sağlık okuryazarlığının yetersizliği rehabilitasyon hizmetlerine erişimi önemli ölçüde sınırlandırmaktadır. Buna karşın kültürel açıdan duyarlı bakım, profesyonel tercüman hizmetleri, multidisipliner iş birliği, toplum temelli rehabilitasyon programları ve sağlık hizmeti sunucuları arasındaki koordinasyonun güçlendirilmesi rehabilitasyona erişimi kolaylaştıran başlıca faktörler olarak belirlenmiştir. Göçmenlerin rehabilitasyon hizmetlerine erişimi; yapısal, kültürel, dilsel ve sosyoekonomik faktörlerin birbiriyle ilişkili etkisi altında şekillenmektedir. Eşit ve adil erişimin sağlanabilmesi için sağlık sisteminde yapısal düzenlemelerin gerçekleştirilmesi, kültürel açıdan duyarlı rehabilitasyon hizmetlerinin yaygınlaştırılması, disiplinler arası iş birliğinin güçlendirilmesi ve idari ile iletişim kaynaklı engelleri azaltacak politikaların geliştirilmesi gerekmektedir. Gelecek çalışmaların, farklı göçmen gruplarında rehabilitasyon hizmetlerine erişimi ve sağlık sonuçlarını iyileştirmeye yönelik müdahalelerin etkinliğini değerlendirmeye odaklanması önerilmektedir.

Anahtar Kelimeler: göçmen, erişim, ayrımcılık, engellilik

Introduction

Increasing global migration movements exert significant structural and functional impacts on health care systems worldwide. Migrant individuals occupy a disadvantaged position in accessing health services in host countries due to differences in language, culture, socioeconomic conditions, and health care system structures; this disadvantage becomes particularly pronounced in service areas requiring continuity of care (1). Rehabilitation services are among the core health services aimed at enhancing individuals' functioning, supporting independence, and strengthening social participation, and they play a critical role in migrants' processes of adaptation and integration into the host society (2).

The existing literature indicates that migrants face more barriers in accessing rehabilitation services compared to the local population (3). Long waiting times, complex referral processes, lack of inter-institutional coordination, and bureaucratic obstacles are among the systemic factors that hinder access. (4). In addition, language and communication barriers, insufficient availability of professional interpreter services, and a shortage of bilingual staff limit active participation in rehabilitation processes (5,6).

Cultural differences and perceptions of disability are among the key factors shaping migrants' approaches to rehabilitation; culturally incongruent service models may lead families to disengage from services (7). In addition, low-income levels, inadequate insurance coverage, and the financial burden associated with services emerge as significant socioeconomic barriers that hinder regular participation in rehabilitation (8). Although numerous studies have addressed migrants' access to health care services, systematic reviews that comprehensively examine access barriers specific to rehabilitation services remain limited. Therefore, systematically investigating the factors affecting migrants' access to rehabilitation services and synthesizing the existing evidence is of critical importance for both clinical practice and health policy development.

The aim of this systematic review is to examine the individual, cultural, socioeconomic, and structural factors affecting migrants' access to rehabilitation services based on studies published between 2016 and 2026, and to evaluate the existing evidence within a comprehensive framework.

Methods

This study was conducted as a systematic review to identify, evaluate, and synthesize the available evidence regarding the factors affecting migrants' access to rehabilitation services.

A comprehensive literature search was performed in PubMed, Scopus, Web of Science, and CINAHL databases to identify studies published between January 2016 and June 2026. The search strategy was developed using combinations of free-text keywords and Medical Subject Headings (MeSH), including "migrant," "immigrant," "refugee," "rehabilitation," "occupational therapy," "physiotherapy," "health services accessibility," "access," "barriers," and "facilitators." Boolean operators (AND and OR) were used to combine the search terms. The review protocol was not prospectively registered in PROSPERO.

Studies were eligible for inclusion if they were published in English between January 2016 and June 2026 and addressed migrants', immigrants', or refugees' access to rehabilitation services. Quantitative, qualitative, mixed-methods, review-based, protocol, and other relevant scholarly publications that contributed evidence on rehabilitation access were considered eligible. Only studies published in peer-reviewed journals or recognized academic repositories were included. Studies focusing exclusively on healthcare services unrelated to rehabilitation, acute medical care, editorials, commentaries, letters, conference abstracts, and publications that did not involve migrant populations were excluded.

The literature search identified a total of 242 records. After removing 52 duplicate records, 190 studies remained for title and abstract screening. Following the initial screening, 100 studies were excluded because they did not meet the predefined eligibility criteria. The full texts of the remaining 90 articles were assessed for eligibility. Of these, 75 studies were excluded because they did not focus on rehabilitation services, did not include migrant populations, represented inappropriate publication types, or were not sufficiently relevant to the research question. Ultimately, 15 studies met the eligibility criteria and were included in the systematic review. The study selection process is presented in Figure 1.

Data extracted from the included studies comprised the authors, publication year, country, study design, sample characteristics, and principal findings. Owing to the methodological heterogeneity of the included studies, a meta-analysis was not performed. Instead, the findings were synthesized using a thematic approach. The identified barriers and facilitators influencing migrants' access to rehabilitation services were categorized into six major themes: structural barriers, language and communication barriers, cultural factors, socioeconomic factors, discrimination and trust, and individual facilitators.

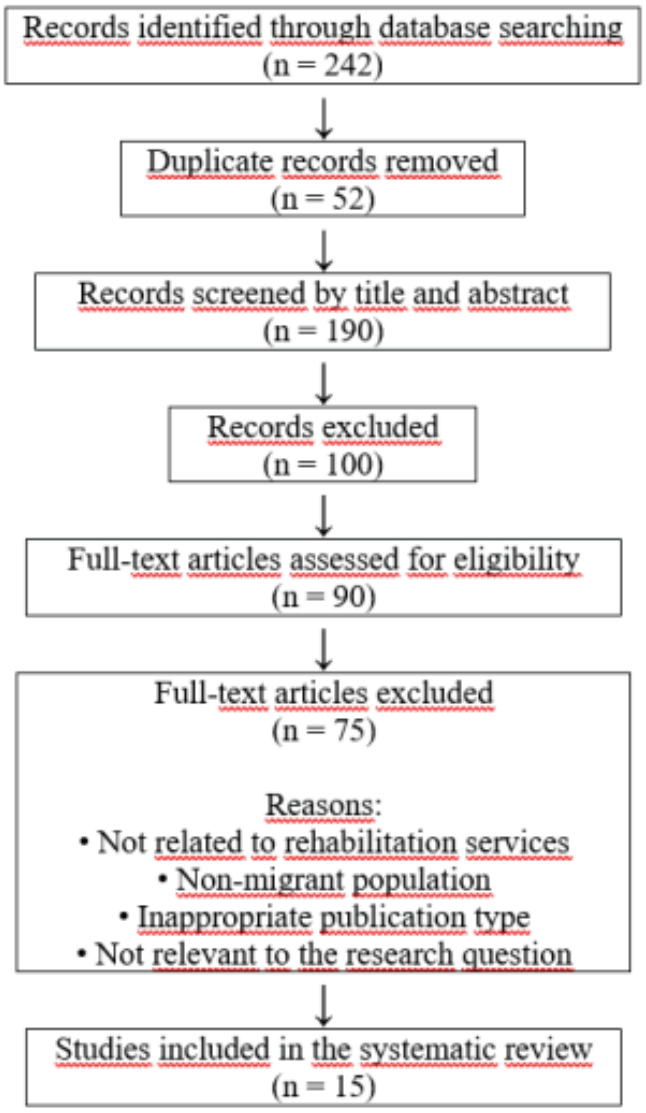


Figure 1. Flow diagram of the study selection process.

Results

The studies included in this systematic review indicate that there are significant inequalities in migrants' access to rehabilitation services compared to the native population, and that these disparities are largely related to the structure and

functioning of health care systems (9-13). Both quantitative and qualitative findings demonstrate that migrants make less use of rehabilitation services, have lower utilization rates, and experience a substantial mismatch between need and service use. The most frequently reported barriers include long waiting times, complex referral and navigation pathways, lack of inter-institutional coordination, bureaucratic procedures, and insufficient knowledge about the health care system (14,15). Migrant individuals and families report difficulties navigating the system, limited awareness of how and where to access services, and often having to manage the process on their own (10). Cohort studies conducted in Germany have shown that first-generation migrants, individuals whose first language is not German, and those without German citizenship are significantly less likely to utilize rehabilitation services; similarly, register- and survey-based studies in Finland have demonstrated that individuals of Russian, Somali, and Kurdish origin are markedly underrepresented in rehabilitation services (3,13).

Language and communication barriers emerge as key factors limiting access to rehabilitation services; insufficient availability of professional interpreter services, a lack of bilingual staff, and disruptions in health communication have been reported to prevent migrant families from actively participating in assessment, information, and intervention processes (9,16,17). It is emphasized that language barriers negatively affect not only appointment scheduling and referral pathways but also the understanding and implementation of rehabilitation programs (9). Qualitative studies conducted with Afghan migrants and refugees indicate that limited knowledge of the health care system, distrust of modern treatments, and communication breakdowns substantially reduce the utilization of rehabilitation services (17). The level of cultural competence among professionals also plays a decisive role in access; culturally insensitive approaches lead families to feel misunderstood and disengage from services, whereas culturally responsive and family-centered approaches enhance participation in rehabilitation (9,18). In some studies, cultural incongruence has been reported to result in families refusing recommended interventions or demonstrating irregular attendance (18). Furthermore, stigmatizing attitudes toward disability and a lack of cultural competence among health professionals contribute to invisibility within the health care system and disengagement from care networks, particularly among migrants with acquired brain injury (15,19).

Socioeconomic factors also constitute significant barriers to accessing rehabilitation services; low-income levels, inadequate insurance coverage, transportation difficulties, housing problems, and the additional financial burden associated with services hinder regular participation of migrant families in rehabilitation processes (15,17). Particularly in systems where referrals are made to fee-based services, limited financial resources have been reported to lead families to discontinue interventions or be unable to initiate them at all (14). Similarly, studies conducted in Germany among migrant children and adolescents indicate that socioeconomic disadvantages and low health literacy negatively affect the utilization of rehabilitation services (20). At the individual level, parental advocacy and health literacy are identified as facilitating factors, with parents who actively monitor their children's needs, persist within the system, and seek information accessing rehabilitation services earlier and more regularly (10,21). In contrast, families unfamiliar with the health care system and with limited access to information tend to remain more passive in the process and are referred to services at a later stage (16).

Discrimination, stigma, and loss of trust also emerge as important themes negatively affecting access to rehabilitation services; migrant individuals have reported encountering discriminatory attitudes within the health care system, not being taken seriously, and consequently becoming reluctant to seek services (12,19). These experiences are associated with decreased satisfaction with rehabilitation services and disruptions in continuity of care (12). In contrast, community-based programs, culturally adapted interventions, multidisciplinary team approaches, and support from non-governmental organizations are identified as key facilitators enhancing migrants' utilization of rehabilitation services (20,22). Migrants participating in nature-based vocational rehabilitation programs have been reported to develop a stronger sense of belonging, increased engagement in daily activities, and improved health perceptions (22). Furthermore, information campaigns involving intercultural mediators have been proposed as a promising strategy to facilitate families' navigation of the health care system and improve access to rehabilitation services (20). Summary information regarding the authors, study designs, participant characteristics, and key findings of the 15 studies included in the review is presented in Table 1.

Table 1. Summary of studies examining migrants' access to rehabilitation services.					
Author(s)	Title	Study Design	Sample Size	Summary	Country
Castaneda et al., 2020 (3)	Migrants are underrepresented in mental health and rehabilitation services in Finland	Survey + Register	6,000+	Russian, Somali, and Kurdish origin groups were markedly underrepresented.	Finland
Fong et al., 2022 (9)	Barriers and facilitators to accessing autism services in Korean immigrant families	Mixed methods	21	Language barriers and cultural fit influenced participation; family-centered care facilitated access.	Canada
Rivard et al., 2019 (10)	Barriers and facilitators in accessing ASD diagnosis among immigrant families	Qualitative	14	Families struggled with navigation and lack of information.	Canada
Dyck et al., 2020 (11)	Utilisation of medical rehabilitation services by persons with a migrant background	Scoping review	Notreported	Lower utilization and prominent system-level barriers identified.	Germany
Brzoska et al., 2017 (12)	Satisfaction with rehabilitative health care services among German and non-German nationals	Cross-sectional	1,050+	Lower satisfaction and higher perceived discrimination among migrants.	Germany
Fauser et al., 2022 (13)	Rehabilitation utilization of non-migrant and migrant persons with back pain	Cohort	3,000+	Migrants had significantly lower utilization rates.	Germany
Ngondwe & Tefera, 2025 (14)	Barriers and facilitators of access to healthcare among immigrants with disabilities	Meta-synthesis	Notreported	High costs, complex referrals, and bureaucracy were key barriers.	Multiple Countries
Tofani et al., 2023 (15)	Disability, rehabilitation, and assistive technologies for refugees in Italy	Policy analysis	Notreported	Bureaucratic barriers and cultural incongruence limited access.	Italy
Sentell et al., 2017 (16)	Health literacy and utilization of health care services	Cross-sectional	1,200+	Low health literacy reduced service utilization.	United States
Amini et al., 2024 (17)	Barriers and enabling factors for utilizing physical rehabilitation services by Afghan immigrants and refugees with disabilities	Qualitative	24	Limited health system knowledge, distrust of modern treatments, and communication problems reduced access.	Iran
Munroe et al., 2016 (18)	Experiences of African immigrant mothers with a child with ASD	Qualitative	10	Cultural incongruence led to withdrawal from services.	United Kingdom
Hengelaar et al., 2025 (19)	Experiences of disadvantage and privilege in acquired brain injury rehabilitation	Qualitative	18	Invisibility in the system and disengagement from care networks reported.	Netherlands
Banaschak et al., 2023 (20)	Increasing the use of medical rehabilitation by children and adolescents with migrant background (MiMi-Reha-Kids)	Intervention protocol	Notreported	Information campaigns and intercultural mediators increased referrals.	Germany
Qing, 2018 (21)	Challenges and opportunities of Chinese immigrant students with intellectual disabilities	Doctoral dissertation / Qualitative	15	Parental advocacy facilitated access to services.	United States
Ekstam et al., 2021 (22)	Migrants' experiences of a nature-based vocational rehabilitation programme	Qualitative	12	Increased sense of belonging and participation in daily activities.	Sweden

Discussion

The findings of this review suggest that structural barriers are among the most important determinants of migrants' access to rehabilitation services. Long waiting times, complex referral and navigation pathways, lack of inter-institutional coordination, bureaucratic procedures, and insufficient knowledge about the health care system hinder migrants' timely and sustainable access to rehabilitation services. These findings are consistent with previous studies emphasizing the decisive role of structural barriers in migrants' access to health care (4,23). In particular, evidence showing that first-generation migrants, individuals whose first language is not that of the host country, and those with uncertain legal status utilize rehabilitation services at lower rates indicates that the system, in its current form, is not sufficiently inclusive.

The limiting effect of language and communication barriers on the rehabilitation process is one of the prominent findings of this review. Insufficient availability of professional interpreter services, a lack of bilingual staff, and disruptions in health communication prevent migrant families from actively participating in assessment, information, and intervention processes. This finding is consistent with the studies by Bischoff et al and Jacobs et al, which reported that language barriers reduce the utilization of health care services and negatively affect service quality (5,6). The results indicate that the impact of language barriers becomes even more pronounced in service areas such as rehabilitation, which require interaction, trust, and continuity.

Cultural alignment and the level of cultural competence among professionals emerge as another critical factor directly influencing participation in rehabilitation services. While culturally insensitive approaches lead families to feel misunderstood and disengaged from services, culturally responsive and family-centered approaches enhance participation in rehabilitation processes. This indicates that cultural competence is not only an ethical responsibility but also a structural necessity for improving access to services (7). The findings further suggest that stigmatizing attitudes toward disability and cultural incongruence may lead individuals, particularly those with complex conditions such as acquired brain injury to become invisible within the health care system and disengage from care networks.

Socioeconomic constraints emerge as another significant dimension limiting regular and sustainable participation in rehabilitation services. Low-income levels, inadequate insurance coverage, transportation difficulties, housing problems, and the additional financial burden associated with services make it challenging for migrant families to maintain continuous engagement in rehabilitation processes. This finding is consistent with previous studies reporting that migrants face economic barriers in accessing health care services (1,8). Given that rehabilitation services require continuity and regular participation, the impact of financial barriers becomes more profound and may lead to the discontinuation of interventions.

At the individual level, parental advocacy and health literacy are identified in this review as important facilitators of access to rehabilitation services. Families who are able to obtain information, persist within the health care system, and actively monitor their children's needs are more likely to access rehabilitation services earlier and more regularly. In contrast, families who are unfamiliar with the health care system and have limited access to information tend to remain more passive in the process and are referred to services at a later stage. This indicates that migrant families require not only service provision but also interventions focused on information access, empowerment, and guidance (24,25).

Discrimination, stigma, and loss of trust also constitute important themes that negatively affect migrants' motivation to seek and remain engaged in rehabilitation services. Migrant individuals' perceptions of not being taken seriously within the health care system, experiences of discriminatory attitudes, and prior negative encounters can lead to reluctance to access rehabilitation services. This situation may particularly undermine continuity of care in rehabilitation processes that require long-term engagement and close interaction.

When these findings are considered collectively, it becomes evident that interventions aimed at improving migrants' access to rehabilitation services cannot be limited to increasing individual awareness alone; rather, structural reforms at the system level, the development of culturally responsive service models, and the strengthening of integrated care approaches are essential. Making health and rehabilitation systems more migrant-friendly, expanding interpreter services, increasing cultural competence training, supporting community-based and multidisciplinary approaches, and enhancing inter-institutional coordination should be regarded as key strategies for improving access.

Limitations of the study

This systematic review has several limitations. First, the inclusion of only studies published between 2016 and 2026 may have resulted in the exclusion of important findings from earlier periods. Second, the fact that the majority of the included studies were conducted in high-income countries limits the generalizability of the findings to migrant populations in low- and middle-income countries. In addition, the methodological heterogeneity and sample differences among the included studies made direct comparison of findings challenging. Finally, it is possible that some relevant studies were excluded due to language restrictions. Furthermore, no formal methodological quality appraisal or risk of bias assessment was performed for the included studies, which should be considered when interpreting the findings of this review.

In conclusion, this systematic review demonstrates that migrants' access to rehabilitation services is largely determined by the structure of health care systems, service delivery models, and policy-level regulations. Long waiting times, complex referral pathways, language and communication barriers, and cultural incongruence emerge as key factors limiting access. The findings indicate that strengthening system-level structural reforms, developing culturally responsive service models, and enhancing integrated care approaches are essential to ensure equitable and effective utilization of rehabilitation services by migrants. Future research is recommended to focus on intervention-based and policy-oriented approaches aimed at improving the accessibility of rehabilitation services for migrant populations.

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Author Contributions

SH,CY: contributed to the study design, literature review, data analysis, manuscript preparation, and approval of the final version of the manuscript for publication.

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