



24 June 2020

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Submission to Finance and Expenditure Committee on the Inquiry into the operation of the Covid-19 Public Health Response Act 2020

Introduction

- 0.1. The National Council of Women of New Zealand, Te Kaunihera Wahine o Aotearoa (NCWNZ) is an umbrella group representing over 200 organisations affiliated at either national level or to one of our 15 branches. In addition, about 450 people are individual members. Collectively our reach is over 450,000 with many of our membership organisations representing all genders. NCWNZ's vision is a gender equal New Zealand and research shows we will be better off socially and economically if we are gender equal. Through research, discussion and action, NCWNZ in partnership with others, seeks to realise its vision of gender equality because it is a basic human right.
- 0.2. This submission has been prepared by the NCWNZ Public Issues Standing Committee within the framework of the United Nations' Convention on the Elimination of Discrimination against Women; Te Tiriti o Waitangi and UN Convention on the Rights of Indigenous Peoples and the UN Convention on the Rights of Persons with Disabilities; also the Gender Equal NZ initiative, NCWNZ policy and the principle of intersectionality - identifying the different impacts of the pandemic on specific groups of women- and NCWNZ's longstanding commitment to human rights and active involvement in civil defence in New Zealand.
- 0.3. It has not been possible to consult with all NCWNZ branches, individual members and member organisations within the timeframe for submissions, but this Submission draws on the views and experiences of NCWNZ members over many years, captured in numerous submissions on human rights and civil defence - especially after the Christchurch earthquakes.

1. Executive Summary

- 1.1. NCWNZ acknowledges that because of prompt and decisive health and safety measures by Government and collective commitment, New Zealand had very low rates of infection and death from COVID-19 and the goal of

eliminating the virus in New Zealand is close to being achieved. We appreciate that the extraordinary circumstances caused by the COVID-19 pandemic called for extraordinary measures to protect New Zealanders. We also acknowledge the restrained and pragmatic approach of the NZ Police in the use of their enforcement powers under the emergency legislation.

- 1.2. Women have been significantly impacted by the COVID-19 pandemic which has reinforced and exposed intergenerational and systemic inequalities in every sphere of life, especially for Māori, Pacific and migrant women, women with disabilities, older women and LGBTQI people. Our submission focuses on how the powers under Sections 11 and 12 of the Act have impacted on different groups of women, with recommendations for improvements that could be made to avoid or ameliorate such impacts in the future.

2. Summary of recommendations

- 2.1. Government to address gaps in gender data and research on women with disabilities, older women and LGBTQI people.
- 2.2. The 2019 *Digital Inclusion Plan* to be fast-tracked including priority given to providing affordable connection and training to low-income households, prioritising the elderly, residents in rural areas, low-income families, and families with school-aged children.
- 2.3. Government and Māori as Tiriti partners to work together on future planning for COVID-19 and other health emergencies, including consideration of different measures and provisions for Māori with planning to include an analysis of the impact on Māori women.
- 2.4. Government Agencies to work with Statistics NZ, Office for Disability Issues and the Human Rights Commission and Disabled People's Organisations with a view to collecting robust, disaggregated data on the impact of COVID-19 and developing plans and strategies for future emergencies based on these data.
- 2.5. Government to fund NGO sector to work with business, local councils and community organisations to build a community network of safe spaces for victims of abuse, especially for emergency situations.
- 2.6. Government to fund research on violence against women with disabilities and LGBTQI people and provide targeted funding to support agencies to provide accessible and appropriate services.
- 2.7. The Ministry of Education to work with Early Childhood Education providers, teacher unions and parents to develop a coherent and coordinated plan for childcare and ECE for future emergencies.
- 2.8. WorkSafe NZ to take a tougher approach with employers flouting Health and Safety responsibilities during emergencies, in particular those not providing adequate Personal Protective Equipment.
- 2.9. WorkSafe NZ and Ministry of Health to include a gender analysis in a review of advice on ensuring workplaces are ready for a pandemic, including a plan for working from home.

- 2.10. Increased funding for mental health services to be sustained to meet the immediate and long-term impacts of the COVID-19 pandemic and to address gaps in services especially for women with disabilities, older women and LGBTQI people.

3. Overview

- 3.1. NCWNZ was founded in 1896 to fight for the human rights of women and the organisation has a long and proud [history](#) promoting improvements to the quality of life of women, families and the community. Today our work focuses on realising a vision of a gender equal New Zealand.
- 3.2. NCWNZ acknowledges that the extraordinary circumstances caused by the COVID-19 pandemic called for extraordinary measures to protect New Zealanders. We also acknowledge the prompt and decisive action by Government and the collective effort of the 'team of 5 million' in controlling and then eliminating the virus in New Zealand. We acknowledge the restrained and pragmatic approach of the NZ Police in the use of their enforcement powers under the emergency legislation.
- 3.3. Our submission focuses on how the powers under Sections 11 and 12 of the Act have impacted on different groups of women and the roles they undertake, and what improvement could be made to avoid or ameliorate such impacts in the future.
- 3.4. Women have been significantly impacted by the COVID-19 pandemic which has reinforced and exposed intergenerational and systemic inequalities in every sphere of life, especially for Māori, Pacific and migrant women, women with disabilities, older women and LGBTQI people.
- 3.5. Essential workers in low-paid female-dominated sectors such as cleaners, supermarket workers, care and support workers are now being appreciated for the vital work they do. The pandemic has starkly revealed that our traditional economy and daily life depends on caring - both paid and unpaid - for children, elderly, sick and those with disabilities.
- 3.6. The pandemic has also exposed serious gaps in gender research and data, including that on women with disabilities, in breach of international obligations under Article 31 of the UN Convention on the Rights of Persons with Disabilities. There are also serious data gaps for older women's mental health and LGBTQI people.
- 3.7. **Recommendation: Government to address gaps in gender data and research on women with disabilities, older women and LGBTQI people.**
- 3.8. The pandemic also exposed the continuing digital divide impacting certain sectors of the population such as the elderly, residents in rural areas, low-income families, victims of violence, and parents home-schooling their children. Provision of laptops and tablets was of little use where homes did not have access to the internet or technical capability. During the lockdown period, seniors who previously relied on family members for internet assistance were without this support. Retirement

villages and homes do not all have an internet connection or provide access to a public device as part of their services¹.

- 3.9. It is estimated that almost thirty per cent of New Zealanders have no connection to the internet and would have been excluded from digital updates on COVID-19 control measures. It is further noted that this digital divide particularly affects the elderly and low-income families living in public housing².
- 3.10. **Recommendation: the 2019 Digital Inclusion Plan to be fast-tracked including priority to providing affordable connection and training to low-income households, prioritising the elderly, residents in rural areas, low-income families, and families with school-aged children.**

4. Impacts on specific groups of women

- 4.1. **Wāhine Māori:** The [NZ Human Rights Commission's report Human Rights and Te Tiriti o Waitangi: Covid 19 and Alert Level 4 in Aotearoa New Zealand](#)³ acknowledged that “Iwi have taken a strong leadership role and decisive action against COVID-19, seeking to protect their most vulnerable and avoid a repeat of the devastation from previous epidemics”. Rates of infection were low in the Māori (and Pacific) communities, but because of existing health inequalities they remain at a much higher risk from future health emergencies. Wāhine Māori women have some of the highest rates of breast cancer, cervical and lung cancers in the world with a death rate 1.5, 2.5 and 4 times that of non-Māori women respectively.

NCWNZ agrees with the Human Rights Commission that “Overall, a well-coordinated COVID-19 strategy, grounded in Te Tiriti and human rights, is required across all government agencies and sectors”. This should include negotiation on the use of Section 12 1 (a) and (b) of the COVID-19 Public Health Response Act 2020⁴ in relation to different rohe or specific iwi and hapu. Section 12 1(a) and (b) allows for a Section 11 order to:

(a) impose different measures for different circumstances and different classes of persons or things:

(b) apply,—

¹ Lips M, Eppel E. 2020. Coronavirus: Senior citizens are even more digitally excluded than ever.

<https://www.stuff.co.nz/national/health/121426839/coronavirus-senior-citizens-are-even-more-digitally-excluded-than-ever>

² Beeby R. 2020. Digital divide ‘means vulnerable will miss Covid-19 updates’.

<https://www.researchprofessionalnews.com/rr-news-new-zealand-2020-4-digital-divide-means-vulnerable-will-miss-covid-19-updates/>

³ Human Rights Commission. 2020. Human Rights and Te Tiriti o Waitangi: COVID-19 and Alert Level 4 in Aotearoa New Zealand

⁴ COVID-19 Public Health Response Act 2020.

http://www.legislation.govt.nz/act/public/2020/0012/latest/LMS344134.html?search=ta_act_C_ac%40ainf%40anif_a_n%40bn%40rn_25_a&p=6

- (i) *in relation to people, generally to all people in New Zealand or to any specified class of people in New Zealand:*
- (ii) *in relation to things that can be specified under [section 11](#), to any class of those things or to all of those things:*
- (iii) *in relation to anything else,—*
 - (A) *generally throughout New Zealand:*
 - (B) *in any area, however described:*

More fundamentally, as the Human Rights Commission states “*There needs to be a greater focus on advancing Tiriti-based equity for Māori including strengthening the Ministry of Health’s Māori Response Action Plan. It is crucial that the vulnerabilities of Māori are given a high priority across the health system*”

Recommendation: Government and Māori as Tiriti partners to work together on future planning for COVID-19 and other health emergencies, including consideration of different measures and provisions for Māori with planning to include an analysis of the impact on Māori women.

- 4.2. **Women with disabilities:** The Government’s failure to provide data disaggregated for disability is a breach of its obligations under the UN Convention on the Rights of Persons with Disabilities. Of several Government COVID-19 surveys only one appeared to ask about disability and there is limited disability data on testing for this sector of the community. It is critical that better data are collected in order to assess and monitor the true impact of COVID-19 on the 1.1 million New Zealanders with disabilities, and 300,000 with rare disorders.

Recommendation: Government Agencies to work with Statistics NZ, Office for Disability Issues and the Human Rights Commission and Disabled People’s Organisations on strategies with a view to collecting robust, disaggregated data on the impact of Covid 19 and developing plans and strategies for future emergencies based on these data.

- 4.3. **Women in violent and abusive relationships:** Violence against women was already endemic in New Zealand with Māori, Pacific women, refugee/migrant women, disabled women, LGBTQI people and older women most affected. Women’s Refuge and other support services maintained and adapted their services superbly, but the pandemic also highlighted inequalities in services across the country, especially the digital divide with some women in isolated areas having no access to internet or even telephones.

It was commendable that the Government declared family and sexual violence services essential services and allocated an extra \$12 million in funding for additional refuge accommodation and other support services. This was critical in enabling women, who previously would have gone to family/whānau, to stay in motels. The pre-Budget announcement of an additional \$400m over four years to family and sexual violence services, was also an encouraging sign that the sense of urgency and innovation may continue post COVID-19.

There is, however, a serious lack of research and data on violence against women with disabilities and LGBTQI people. The available research from overseas and anecdotal evidence, indicate that women with disabilities are the targets of family and sexual violence to a significant degree. It is very

difficult for refuges and other services to provide overnight care for women with disabilities because of a lack of trained carers and facilities, and this should also be addressed as Women's Refuge has requested prior to COVID-19.

Recommendation: Government fund NGO sector to work with business, local councils and community organisations to build a community network of safe spaces for victims of abuse, especially for emergency situations.

Recommendation: The Government to fund research on violence against women with disabilities and LGBTQI people and to provide targeted funding to support agencies to provide accessible and appropriate services.

- 4.4. **Essential workers and ECEC:** When New Zealand went into Alert Level 4 on 25th March 2020 only essential workers were allowed to go to work as normal. These workers braved close contacts with the public every day. The majority of these workers were women and mostly Māori, Pacific and migrant women working as cleaners, supermarket workers, care and support workers, hospital administrative and clerical staff, nurses and pharmacy workers. Except for the latter two, these roles are all low-paid, with many earning less than the living wage.

The lockdown found women juggling paid work from home, childcare and distance learning, queuing and shopping at supermarkets and other everyday domestic chores. Many 'essential worker' mothers who normally relied on grandparents or other family members for daily childcare or cover when children became sick, did not have this support available, with grandparents having to remain in separate households and adhere to social distancing requirements.

Some Government childcare provision for essential workers and the opening of schools at Level 3 for children of essential workers was helpful. There was, however, concern and some confusion amongst some early childhood education and care (ECEC) teachers and parents about how soon to send children back to ECEC given problems of social distancing. This experience should inform a more comprehensive and structured ECEC plan for any similar future situation, remembering that ECEC is not just about 'early learning' but also about 'care'.

Recommendation: The Ministry of Education to work with Early Childhood Education providers, teacher unions and parents to develop a coherent and coordinated plan for childcare and ECE for future emergencies.

- 4.5. **Essential workers and Personal Protection Equipment:** In New Zealand 83% of the healthcare and social assistance workforce are women. However, problems with the distribution and use of Personal Protective Equipment (PPE) and safety issues related to working from home revealed that WorkSafe NZ has focused on male-dominated industries.

The supply of, and training in, PPE varied between DHBs. In the future there must be much better regulation and monitoring of PPE and other safety measures for the healthcare workforce. Provision of PPE for home-based care workers, and (initially) workers in rest homes and rest home residents was a significant issue and this must be addressed to avoid confusion and disparity in the future.

Recommendation: Worksafe NZ take a tougher approach to employers flouting Health and Safety responsibilities during emergencies, in particular in regard to not providing adequate Personal Protective Equipment.

- 4.6. **Women working from home:** Most workplaces were unprepared for the pandemic although emergency readiness has been a legal requirement of employers for some decades under various legislation. Worksafe appeared to take a back seat to Ministry of Health in terms of advice on health and safety during the lockdown. It was hampered by its own staff working from home and also quite fairly emphasised an educational response rather than taking prosecutions or closing down workplaces.

Health issues included people working on their laptops from the kitchen table or sofa developing Occupational Overuse Syndrome (OOS), and a number of workplaces had to negotiate a limit on the number of Zoom meetings per day. Some workers who were unable to access adequate internet coverage and were therefore unable to work from home, were pressured to resign by their employer(s). Many women workers were expected to work their normal hours at home in spite of having young children in need of attention and supervision.

Recommendation: that Worksafe NZ and Ministry of Health include a gender analysis in a review of advice on ensuring workplaces are ready for a pandemic, including a plan for working from home.

- 4.7. **Women and mental health:** Women are more likely to experience a common mental disorder than males, regardless of age, and Māori and Pacific people have higher rates of mental disorders and psychological distress⁵. The physiological and emotional impacts on individuals of long-term loneliness is an important public policy issue. The lockdown raised awareness of those already most at risk of isolation, loneliness and depression - older people, people with disabilities and their carers, and those in poverty. The additional impact of the stress of lockdown, loss of income, fears about the virus and of the future, all contributed further to individuals' stressed emotional states.

NCWENZ welcomed the Government announcement on 25 April of \$40 million of funding for 100 new health practices to provide the services for mental health and addiction support with training provided on-line, so it could continue despite COVID-19. Since the pandemic has exacerbated need, and training takes time, this momentum and funding must be sustained, as other disasters and crises - particularly those in Christchurch - have shown that medium and long-term detrimental impacts on mental health should be anticipated and will require an ongoing provision of support.

Recommendation: Increased funding for mental health services to be sustained to meet the immediate and long-term impacts of the COVID-19 pandemic, addressing gaps in services especially for women with disabilities, older women and LGBTIQI people.

⁵ Ministry of Health. 2019. Annual Update of Key Results 2017/18: New Zealand Health Survey.
<https://www.health.govt.nz/publication/annual-update-key-results-2017-18-new-zealand-health-survey>

5. Conclusion

- 5.1. NCWNZ acknowledges the leadership the government has shown during the pandemic response, and is grateful for the dedication of those in the public service. This inquiry is also welcomed, because it gives an opportunity to highlight how those that are already disadvantaged in our society are the ones least resilient to emergency situations and the ones who are least likely to benefit from measures that are meant to help all New Zealanders but still use underlying assumptions of able-bodied, middle-aged, heterosexual, Pākehā males as the model. This government is making some progress to dismantling those assumptions, and NCWNZ would like to see this work progress full speed.



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