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Submission to Ministry for Women providing stakeholder input into the Briefing to the Incoming Minister for Women

Introduction

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.

This submission has been prepared after consultation with the NCWNZ Standing Committee Convenors. The short response time precluded a wider consultation with the membership.

1. **What are the three priorities for action on behalf of New Zealand women that you would recommend to the incoming Minister? And why?**

Recommended Priority: Swift passing of the Equal Pay Amendment Bill

Why?

The Equal Pay Amendment Bill should be passed into legislation so that the resulting Act is congruent with the Terranova v Bartlett decision and the Pay Equity Principles agreed by the Joint Working Group. The Act should be supported by further legislation requiring pay transparency and a unit to support claimants - particularly Maori, Pacific and disabled women who make up a disproportionate number of workers on the minimum wage and in undervalued occupations.

Recommended Priority: Sustain and increase momentum and funding for the National Family Violence and Sexual Violence Strategy and Action Plan including:

- Government funding the NGO sector to work with business, local councils and community organisations to build a community network of safe spaces for victims of abuse;
- Government funding research on violence against women with disabilities and LGBTQI people and provide targeted funding to support agencies to provide accessible services.
- Police statistics recording the gender of both victims and perpetrators of violence sexual and family violence.

Why?

We must not lose the opportunity to build on the momentum and innovation resulting from the pandemic and make the whole community as a safe place for women and all victims of violence. As one provider of service to whānau in Northland said, the “Hope for change is the relationships in our communities”. Victims should have a range of spaces in the community where they can seek help- supermarkets, pharmacies, hairdressers, and through initiatives like the Shield Site, which includes a crisis webchat function 24/7: “We want to reach the 80% who do not report their abuse.”

Available research from overseas and anecdotal evidence indicate that women with disabilities are especially the targets of family and sexual violence, not only because of their disability but because they are often not believed by the people they trust and tell, or they are unable to speak out because they depend on the offender for day to day support-often in the most intimate ways. It is very difficult for refuges and others 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 have requested, prior to COVID.

There is also a dearth of data and service gaps for LGBTQI victims of abuse.

The Police have recently stopped recording the gender of victims and perpetrators of family and sexual violence, which hides the gendered nature of the issue, and also makes analysis of medium- and long-term trends impossible.

Recommended Priority: Increased funding for the delivery of the Mental Health and Addiction Workforce Plan to meet existing needs and the immediate and long-term impacts of the COVID 19 pandemic: addressing gaps in services, including for people with disabilities, LGBTQI and more choice of therapeutic settings for severe mental illness. Government and Local Government mandate that social goals, including increasing social connections, be incorporated into the design of infrastructure, town centres, neighbourhoods and housing developments.

Why?

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 distress (The 2017/18 New Zealand Health Survey).

Many mental health disorders are directly linked to socio-economic factors, ethnicity, discrimination poor physical health and substandard housing and so this recommendation links to recommendations on pay equity, guaranteed basic income, increased financial and recognition of the true values of caring and all who do it, as employment or informally, should receive an income that reflects this.

The lockdown has 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 – most of these will be women.

The physiological and emotional impacts on individuals of long-term loneliness is an important public policy issue. Government and local councils can help create the conditions for social connections to flourish- tackle poverty, design neighbourhoods and communities that facilitate incidental social contact, like slower traffic, accessible footpaths and green spaces. The many acts of neighbourly kindness during the lockdown period reinforced the importance of caring and social connectedness. Government, Local Government and the NGO and community sector should work together to build neighbourhoods, networks and services that enable this to continue.

Recommended Priority: Government provide funds for research into sexual health services for women with disabilities and LGBTQI people and to ensure services are accessible, equitable and appropriate.

Why?

The new abortion law has dramatically changed women’s access to abortion. Women can self-refer and take medication abortion pills at home, but we have virtually no data on whether women with disabilities and LGBTQI people are accessing abortion and other sexual health services. The limited research on young women with disabilities finds they are least likely to enjoy their sexual and reproductive rights because of stigma and misconceptions about disability – along with a lack of accessible health services, limited personal autonomy, and limited sex education.

2. What are the top priorities for action on behalf of wāhine Māori that you would recommend to the incoming Minister?

Recommended Priority: Address the huge disparities in wahine Māori health and other women by ensuring the new Māori Health Authority has the mandate and resources to fund initiatives run for Māori women by Māori women.

Why?

One third of NZ women but 47% of Māori women have unmet health needs. 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. They are less likely to attend mammographic breast screening and more likely to have a late diagnosis, delayed treatment and mastectomies rather than radiotherapy.

The Human Rights Commission report acknowledges that and that only real partnerships based on the Tiriti and human rights will effectively address health and other inequalities. There are encouraging results from Whanau Ora and whanau/community-based initiatives run for Māori women by Māori women, and these need increased support.

3. How do you intend to follow up with the incoming Minister after the election?

- Ask for a meeting to discuss priorities.
- Propose and ask how NCWNZ, through its membership, can contribute to initiatives to address the issues.

4. Is there anything further you wish to add?

While we have identified one employment and three health priorities, 'health services' as such make a very small contribution to women's health and wellbeing. Racism, discrimination, poverty, inequality, degraded environment, impact of climate change, safety/violence are also important determinants - so everything has to be seen as an integrated package.



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