

**Shadow report on New Zealand's progress in  
addressing two recommendations from the Committee  
on the Elimination of Discrimination against Women  
from the New Zealand Human Rights Commission**

**10 November 2014**



**1. Introduction**

- 1.1. The New Zealand Human Rights Commission welcomes the opportunity to provide country-specific information relevant to the implementation of CEDAW by the State Party, New Zealand. The New Zealand Human Rights Act 1993 aims to “provide better protection of human rights in New Zealand in general accordance with United Nations Covenants or Conventions on Human Rights.”
- 1.2. The New Zealand Human Rights Commission is an independent national human rights institution with “A” status accreditation. It derives its statutory mandate from the Human Rights Act 1993.
- 1.3. New Zealand presented its seventh report to the CEDAW committee in 2012 at the 52<sup>nd</sup> session. The CEDAW committee’s concluding observations included the request that the state party provide, “within two years, written information on the steps undertaken to implement the recommendations contained in paragraphs 36 and 38...”
- 1.4. In 2013/2014 New Zealand underwent its second Universal Periodic Review (“UPR”) before the Human Rights Council. The New Zealand Human Rights Commission was actively involved in this process. Drawing on the recommendations made by the CEDAW committee and ongoing concerns raised through stakeholder submissions, states made a series of recommendations to New Zealand reinforcing the urgent need to address a number of enduring issues.<sup>1</sup>

**Recommendation 36 (a) Provide in its next report data and information on situation of women with disabilities; rural women; older women; and women from ethnic minorities especially in relation to access to education, employment and health-care services.**

- 1.5. The Human Rights Commission have been advocating for better and more frequent data collection for vulnerable groups for a considerable period. It continues to be concerned that the five yearly census (which was delayed by two years by the infrastructure damage caused by the Christchurch earthquakes) is the only time that employment data (and indeed other social indicators) is collected for people with disabilities. Analysis of information released about people with disabilities collected in the disability survey on the back of the census show that the accumulated effect of disability and gender is strong.

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<sup>1</sup> <http://www.hrc.co.nz/international-human-rights-ne/upr-1314-nzs-second-universal-periodic-review/>

- 1.6. Analysis of the disability survey data reveals critical differences in the experience of disabled women compared to their non-disabled peers and to disabled men. Gender and disability intersect; women with disabilities have lower incomes than men with disabilities, and lower incomes than non-disabled men and women.
- 1.7. In relation to the public sector, employment data on people with disabilities has been absent from annual reporting of the public service workforce since 2002. However, the Human Rights Commission surveyed public service departments individually and found that most departments had data on the number of people with disabilities employed (albeit mostly captured at job entry). The Commission's finding was that the number of people with disabilities, according to the survey results, is about four per cent. The Commission has recommended that data collection is harmonised across the public service, and reported annually.

<http://www.hrc.co.nz/wp-content/uploads/2014/06/HRC-Whats-Working-web.pdf>

- 1.8. Census data can also provide information about rural women and women over 65 but again that data is not collected more frequently in for example labour force surveys. In order to generate disaggregated data for these groups sample sizes would need to increase substantially.
- 1.9. Cross sectional employment data (for example ethnicity and gender and age band disaggregation) is available from Statistics New Zealand but is not readily accessed in publically available reports. The Human Rights Commission has requested this data in order to report on Equality at Work indicators to be published early in 2015.
- 1.10. Education data is more comprehensive and regularly gathered and reported. Annual reporting of participation in early childhood; primary, secondary and tertiary education by gender, ethnicity and age is published by the Ministry of Education. The Ministry also publishes disaggregated student achievement data among other education indices. Cross sectional data is available.

<http://www.educationcounts.govt.nz/>

- 1.11. The New Zealand Health Survey is conducted annually and provides information on critical health indicators by sex (gender) ethnicity, age and deprivation or geographical area. The indicators cover health status, health behaviours and risk factors; health conditions; access to health care; and oral health.

- 1.12. The Health Survey does not include people with disabilities.<sup>2</sup>

The Human Rights Commission notes that recommendations from the Universal Periodic Review in 2014 included:

*Reduce/eliminate social and economic disparities for [... ] minority groups, in particular in relation to health, education and employment outcomes.*

- 1.13. In response the Government has agreed, stating:

*New Zealand has set clear targets for improving social and economic outcomes, and has directed agencies to work more collaboratively with organisations in communities.*

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<sup>2</sup> Ministry of Health (2013) *New Zealand Health Survey Annual update of key findings 2012/13*

1.14. In addition the Review recommended:

*Establish strategies to address structural discrimination in health, education and justice services.*

1.15. The Government agreed, responding that it would:

*Continue to seek new ways to deliver health, education and justice services in a way that meets the needs of people using those services.*

**Recommendation 36 (b) Ensure that the ongoing welfare reforms do not discriminate against disadvantaged groups and that an independent evaluation of their gendered impact is made.**

1.16. The Human Rights Commission has consistently stated that “specific population groups (including disabled people, Māori and women) will be disproportionately affected by the welfare reforms. Families on benefits are more likely to be those with greater caring responsibilities for young children or for ill and disabled family members.”<sup>3</sup> The Commission has repeated the recommendation of the CEDAW committee for an independent evaluation of the gendered impact of the reforms to Government.

1.17. The Commission called for greater public access to relevant Ministry of Social Development administrative data in sufficient detail to disaggregate the impact on groups vulnerable to systemic disadvantage, for example beneficiaries with disabilities.

1.18. Further, the Commission recommended that government funding be provided for an independent evaluation on the impact of the welfare reforms on levels of:

- Hardship
- Poverty
- Inequality and/or
- Direct or indirect discrimination against vulnerable groups.

1.19. The Commission advised that monitoring and evaluation should involve consultation with those currently receiving benefits since welfare reforms were introduced and population groups who are disproportionately reliant on benefits as their primary source of income.

1.20. The welfare reforms and their impact on the most vulnerable were raised consistently by stakeholders in their submissions to the UPR particularly in relation to impact on poverty.

1.21. By contrast the government has said:

*New Zealand’s social assistance programmes aim to ensure an adequate standard of living and provide opportunities for all to participate fully in society, regardless of ethnicity or gender. Recent reform of the system has helped to improve social and economic outcomes. The Government has introduced welfare reforms based on the advice of the Welfare Working Group, an independent advisory group appointed by the Government. These changes are intended to improve social and economic outcomes for*

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<sup>3</sup> Human Rights Commission November 2012 Submission to the Social Services Committee on the *Social Security (Benefit Categories and Work Focus) Amendment Bill*  
[https://www.google.co.nz/?gws\\_rd=ssl#q=human+rights+commission+submission+on+social+security+\(benefit+categories+and+work+focus\)](https://www.google.co.nz/?gws_rd=ssl#q=human+rights+commission+submission+on+social+security+(benefit+categories+and+work+focus))

*individuals, families and New Zealand; improve outcomes for children by helping parents out of poverty through paid work; and reduce the likelihood of long-term dependency among those who begin receiving a benefit at a young age. Overall eligibility for a benefit and levels of financial assistance have been unaffected but more intensive support is now provided to people capable of working but who are likely to remain on a benefit long-term without that support.”*

- 1.22. The Commission is aware that a comprehensive monitoring and evaluation plan of the welfare reforms has been developed and that evaluations of outcomes will be completed later this year. However, no detail of this plan is publically available and so no comment can be made about the independence of the evaluation or any of the other concerns expressed by the Commission.

**Recommendation 36 (c) ensure the gender mainstreaming of policies relating to the process of recovery from the 2011 earthquake, and engage in analysis of their gender impact by ensuring data is disaggregated by sex, age, ethnicity or other status.**

- 1.23. While it is possible to discern some gender trends by examining data sets, analysis and reporting on the gender impact is sparse.

## **2. Employment**

- 2.1. Statistics New Zealand has been collecting and reporting on employment trends since the onset of the earthquakes which include gender disaggregated data. In 2012 the Human Rights Commission commented that women had been disproportionately affected by job loss in the region. Male employment increased while female employment decreased. The Commission reported that there was a large fall in employment in the retail trade, accommodation and food service industries, in which female dominate. In contrast male dominated sectors such as construction have seen an increase in employment.
- 2.2. A report<sup>4</sup> commissioned by the Ministry of Women’s Affairs noted that “to date relatively few women in Christchurch have taken up the employment opportunities presented by the rebuild.”
- 2.3. The Canterbury Earthquake Recovery Authority has recently reported that the gender imbalance of more men coming off benefits into work than women is beginning to change as the rebuild generates wider economic growth and employment opportunities. The unemployment rate in Canterbury at 3.3 percent is lower than the rest of the country (6.2%).<sup>5</sup> Housing availability and affordability are a significant issue in Christchurch<sup>6</sup>. With rents rising women on fixed income benefits are significantly worse off. The Human Rights Commission has asked for changes in the amount of the accommodation supplement, but to date there has been no response.

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<sup>4</sup> Ministry of Women’s Affairs (2013) *Building back better: Utilising women’s labour in the Canterbury recovery*

<sup>5</sup> Canterbury Earthquake Recovery Authority (2014) *Canterbury Wellbeing Index*

<sup>6</sup> Ministry of Business, Innovation and Employment (2013) *Housing pressures in Christchurch*

### 3. Health

- 3.1. Both the Canterbury Earthquake Recovery Authority and the Canterbury District Health Board have reported to the Human Rights Commission that, in line with international literature there has been an increase in serious mental health conditions 18 months to 3 years post events. Higher incidence is reported. The Health Board comments that many people seeking mental health services for the first time do so because of multiple ongoing factors such as unresolved insurance claims, high rental costs, flooding change of jobs, relationships difficulties all related to the earthquakes.
- 3.2. Child and Youth Community Mental Health services also report<sup>7</sup> an increase in mental illness/distress amongst young people. The clinical director of Child Adolescent and Family Mental Health Services said:

*“Since the earthquakes, Canterbury has been a provider of an adverse environment and adverse experiences. General community stress levels have been and are currently high. Dealing with mental illness is likely to involve variable levels of support from the grown-ups in the community. Unfortunately that is no longer possible to the same level that existed before.”*
- 3.3. The director also expresses concern about the increase in child poverty in Christchurch.
- 3.4. Wellbeing indicators published by the Canterbury Earthquake Recovery Authority<sup>8</sup> as at 2014, state that greater Christchurch residents who report a deterioration of their quality of life in the last twelve months are: people living with a physical health condition; people of Maori ethnicity and people from lower-income households (less than \$30,000). Similarly, groups reporting higher levels of stress include those living in temporary accommodation, people living with a physical health condition or disability Maori, renters and those who have moved house since the earthquakes began.
- 3.5. Social Connectedness indicators used by the Earthquake Authority included: volunteering; a sense of community with others in the neighbourhood and having someone to turn to for help during a difficult time. A number of groups are identified as being better socially connected are those over fifty years old, and those with a higher household income (over \$100,000). Those identifying as being less connected are: young adults, people living with a physical health condition or disability and people living in temporary or rental accommodation and those who have moved house since the onset of the earthquakes, and people from ethnic minorities of Pacific, Asian or Indian ethnicity.
- 3.6. Family violence indicators from police data suggest an increase after the first earthquake in September 2010 but subsequently no increase after the February 2011 earthquake and “comparatively low levels of offences” in the four months following. However, rates of reporting family violence to the police nationally is very low at 18% so it is difficult to conclude these figures reflect actual level of family violence or changes to reporting rates. Women’s refuges are quoted as supporting the view that rates of reporting may have been affected by the earthquakes as “victims were less able to seek help due to many stressors, including damaged homes, lost employment and more frequent risk behaviours such as hazardous drinking.”<sup>9</sup> The Human Rights Commission notes the absence of gender reference in comment on family violence apart from citing the experience of *women’s* refuge.

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<sup>7</sup> Canterbury District Health Board (2014) CDHB *Mental Health Update for the Human Rights Commission*

<sup>8</sup> Canterbury Earthquake Recovery Authority (2014) *Canterbury Wellbeing Index*

<sup>9</sup> CERA (2014) Canterbury Wellbeing Index Offending patterns at p2

- 3.7. In contrast, ACC statistics show that in Canterbury there has been an increase in injuries from violence in the home. The dwelling assault rate in Christchurch city is double that of New Zealand as a whole and the five year trend is indicating an increase.<sup>10</sup>
- 3.8. It is very likely that gender data is being collected given the demographic detail given for so many of the indicators. What is surprising is the absence of gender comment in the narrative record.
- 3.9. The UPR recommendation on this issue was:  
*Policies relating to gender mainstreaming, adequacy of housing and access to buildings for persons with disabilities be considered in the post-recovery efforts of the Canterbury earthquakes.*
- 3.10. This recommendation was accepted by the government in full.

**Recommendation 38 (a): Revise the legal minimum age of marriage to 18 years without any exceptions for parental consent.**

- 3.11. There has been no change to the law which permits a person aged 16 – 17 years to marry with the consent of his or her parents or the Family Court.

**Recommendation 38 (b) Introduce legal measures to prohibit under-age and forced marriage and promote measures to protect women impacted by polygamy and dowry related violence.**

- 3.12. Under-age ( fifteen years and younger) marriage and forced marriage is illegal in New Zealand and people under 18 may only marry with either parental or Family Court consent as above.
- 3.13. The Human Rights Commission notes that recommendations from the Universal Periodic Review in 2014 included:  
*Take appropriate measures to collect data on and combat the emerging of forced marriage and female genital mutilation practices. (Recommendation 129, Italy) and Take the necessary measures to prevent an sanction forced and early marriage and female genital mutilation and strengthen public policies in place to combat the high rates of violence against women, particularly against women belonging to minorities, migrant women and women with disabilities. (Recommendation 130, Paraguay)*
- 3.14. In response the Government has agreed, stating:  
*New Zealand has legislation in place to prevent and sanction forced and underage marriage. Relevant government agencies have agreed to identify and support victims of forced and underage marriage. New Zealand also has legislation in place to prevent and address female genital mutilation.*
- 3.15. Work with migrant and ethnic minority communities to promote the protection of all women from violence is ongoing.

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<sup>10</sup> ACC (2014) Christchurch city Injury Comparison Report – Community profile  
[http://www.acc.co.nz/PRD\\_EXT\\_CSMP/groups/external\\_ip/documents/reports\\_results/wpc118719.pdf](http://www.acc.co.nz/PRD_EXT_CSMP/groups/external_ip/documents/reports_results/wpc118719.pdf)

- 3.16. Some general refuges take migrant women and work with specialist services such as Shakti to ensure an appropriate response. Women from ethnic minority communities have cultural, political and religious responsibilities which require the expertise and experience of advocates from their own community. However, women's refuges and advocacy services report underfunding and unmet need for their services. The Human Rights Commission agrees with women's refuge services that it is critical for women to have access to safe housing and culturally responsive advocacy services.
- 3.17. The Human Rights Commission is leading the development of a National Plan of Action for human rights and one of the five streams of work is a Just and Safe Aotearoa. This recognises that a major human rights challenge in New Zealand is to address violence against women and children.

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