



**Submission on:**

**Auckland Unleashed –**

**The Auckland Plan Discussion Document**

**May 2011**

**To:**

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## Introduction

Women's Health Action Trust is a public interest evidence-based consumer advocacy group concerned with women's health. We are a registered charitable trust governed by a Board of Trustees. Since 1984 Women's Health Action (WHA) has been at the forefront of women's health in New Zealand. Founded by health activist Sandra Coney, the group came to national prominence when it broke the story of "The Unfortunate Experiment" at National Women's Hospital in Auckland. WHA has a long established interest and involvement in matters relating to patient/consumer rights, ethical issues and the ethics review process. We have played a leading role in helping to establish cervical screening, and lobbied to see the appointment of a Health & Disability Commissioner.

WHA contributes gender-based and consumer rights analysis and advice to a large number of health-related consultations and policy development processes, to ensure health policies and programmes are gender sensitive and have intended and equitable outcomes for women. The last year has seen us focus on a wide range of health issues affecting women and their families including alcohol law reform, sexual and reproductive health services, sexual health education, violence against women, cancer prevention, and improvements in eating disorders services. We have an Auckland region focus with national reach.

## Gender Mainstreaming

Women's Health Action is disappointed to note that an analysis of gender, as a determinant of social inclusion, health, income, socio-economic status, quality of housing and safety in Auckland City, is missing in the Auckland Unleashed document. This is despite strong evidence that gender, intersecting with other social determinants including ethnicity, disability, and sexual identity, continues to be implicated in inequalities for women in Aotearoa New Zealand, and thus for their families and communities<sup>1</sup>. For example, women in Aotearoa New Zealand are more likely to be lone parenting, living in poverty, at greater risk of intimate partner and sexual violence, and are less likely to be represented in decision making bodies.

Women's Health Action urges Auckland Council to use the opportunity provided by the formation of the new council and a focus on long term planning for the region to incorporate gender mainstreaming in the development of the Auckland Plan and associated strategic documents. This will help ensure that long term urban planning and development is responsive to the specific issues faced by Auckland women. It will also support the fulfillment of the mayor's vision of strengthening communities, reducing inequalities, appropriate housing and continued economic growth and success for the region.

Gender mainstreaming, as defined by UN Women (United Nations Entity for Gender Equality and the Empowerment of Women), is:

*a globally accepted strategy for promoting gender equality. Mainstreaming is not an end in itself but a strategy, an approach, a means to achieve the goal of gender equality. Mainstreaming involves ensuring that gender perspectives and attention to the goal of gender equality are*

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<sup>1</sup> Human Rights Commission. 2010. Chapter 18. Rights of Women. Review of Human Rights in New Zealand, 2010.

*central to all activities - policy development, research, advocacy/ dialogue, legislation, resource allocation, and planning, implementation and monitoring of programmes and projects.<sup>2</sup>*

Local government has been internationally recognised as an important site for the identification of, and response to, gender-based inequalities in society. The 1998 International Union of Local Authorities Worldwide Declaration on Women in Local Government states:

*Local government is in a unique position to contribute to the global struggle for gender equality and can have a great impact on the status of women and the status of gender equality around the world, in its capacities as the level of governance closest to the citizens, as a service provider and as an employer<sup>3</sup>.*

Women's Health Action advocates for the use of the Ministry of Women's Affairs' gender-based analytical framework<sup>4</sup> to assist in-depth analysis on the impacts of policies, programmes and plans on women. In the following sections of this submission we highlight several areas which would benefit from a more detailed gender-based analysis in the development of the Auckland Plan.

## **Women's Participation**

The equitable participation of women in decision making in urban spaces is a key element for ensuring that the needs of women and girls are addressed<sup>5</sup>. The Human Rights Commission's New Zealand Census of Women's Participation 2010<sup>6</sup> found that women remain under-represented in Auckland Council, with 40% of councilors on the new Auckland Council being women. In 2009 the Human Rights Commission raised well founded concerns about the effect the super city would have on women's representation. Women are also significantly under-represented on Auckland City's new Council Controlled Organisations, with female representation at 27.6% in 2010. The HRC states, 'In the 2008 Census report, the first to analyse CCOs by women's representation, 37 of 85 Councils provided data on their CCOs. Of the 591 total board members, 118 were female at 20%. Clearly at 27.6% the ratio for Auckland is better. Disappointingly, it is still below the Commonwealth target of 30% of women's representation in local government.' The CCOs are non-elected, ministerial appointed positions and have significant decision making power about the use of resources in the Auckland region.

The United Nations CEDAW (Convention for the Elimination of Discrimination Against Women - of which New Zealand is a signatory) Committee in its concluding comments on New Zealand's sixth periodic report in 2007 had recommended that New Zealand should take concrete action to increase the number

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<sup>2</sup> <http://www.un.org/womenwatch/osagi/pdf/factsheet1.pdf>

<sup>3</sup> The IULA Worldwide Declaration of Women in Local Government <http://www.cities-localgovernments.org/uclg/upload/template/templatedocs/worldwidedeclaration.htm>

<sup>4</sup> <http://www.mwa.govt.nz/gender-analysis>

<sup>5</sup> Third International Conference on women's safety: building inclusive cities, Conference Background Paper, November 22-24, 2010.

<sup>6</sup> Human Rights Commission. 2010. The New Zealand Census of Women's Participation. [http://live.isitesoftware.co.nz/neon/documents/HRC%20Womens%20Census\\_2010\\_WEB.pdf](http://live.isitesoftware.co.nz/neon/documents/HRC%20Womens%20Census_2010_WEB.pdf)

of women in decision-making positions at the local government level<sup>7</sup>. Women's Health Action calls on the Auckland Council to urgently consider strategies to increase women's representation in decision-making bodies in the Auckland region and would like to see equitable representation included in the Auckland plan.

## **Women, Poverty and Social Inclusion**

Auckland Unleashed identifies as a strategic priority the provision of a sustainable lifestyle with high and rising quality of life for all Aucklanders. This will involve addressing the dynamics involved in the high levels of deprivation in the Auckland region. As stated in Auckland Unleashed (pg. 54):

*Approximately 30% of Aucklanders (almost 400 000 people) live in communities of high deprivation, as measured by nine socio-economic factors from the New Zealand census. This growing 'rich and poor gap' is increasingly reflected geographically and Auckland has some of the richest and some of the poorest neighbourhoods in New Zealand. There are significant pockets of socio-economic need across the entire region, with areas of highest need occurring predominantly in the south west and west of Auckland.*

Meaningful solutions to socio-economic inequalities in Auckland will need to be sensitive to the dynamics of poverty; a significant dynamic of poverty is that it is gendered. The Human Rights Commission's 2010 Review of Human Rights in New Zealand demonstrates a disproportionate number of women living in poverty in New Zealand. Women are more than one and a half times more likely than men to live in a household with a total annual income of \$30 000 or less. Three-quarters of people whose personal income is over \$75 000 per year are men. The median annual income on census night (2006) from all sources for people aged over 15 was \$31 000 for men and \$19 000 for women, a gap of 39 percent. Women are over represented as single parent families and amongst those caring for families on the Domestic Purposes Benefit.

Meaningful solutions to homelessness and housing in Auckland (pg. 42 Auckland Unleashed) will also require attention to their gendered dynamics. Bukowski's 2009<sup>8</sup> study of women and homeless in Auckland New Zealand found that homelessness and housing polices largely failed to be sensitive to the dynamics of women's homelessness and lack of secure housing and thus failed to meet their needs. Bukowski (2009) found that there were 'women in the Auckland region who are not in permanent safe or secure homes in New Zealand. Their houses are damp, cold and unsafe. The violence and poverty these women face means they are highly transient. As a result, they often have poor mental and physical health'. Bukowski's study identified two significant gaps in services for women in the Auckland region: the lack of suitable emergency and supported accommodation, and the lack of permanent, affordable and safe accommodation.

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<sup>7</sup> Ibid.

<sup>8</sup> Bukowski, K. 2009. Forgotten women: a study of women and homelessness in Auckland, New Zealand. Unpublished dissertation. University of Auckland.

## Women, Violence and Safety

Auckland Unleashed also identifies as a strategic goal an Auckland that is a safe city of diverse, dynamic, secure and accessible communities. Achieving this goal will necessarily involve a role for Auckland Council in addressing the high levels of violence against women in Auckland's homes and communities, and ensuring Auckland is a safe place for women to live and move around in.

Women's Health Action lends our strong support to Shine's submission on the Auckland Plan which focuses on the important role that Auckland Council can play in addressing violence against women in the Auckland region and thus leading change towards a safe, equitable and inclusive Auckland. As noted in Shine's submission, there is a high prevalence of intimate partner violence experienced by women in Auckland. In Fanslow and Robinson's (2004)<sup>9</sup> study, 33% of Auckland women have experienced at least one act of physical and/or sexual violence by an intimate partner. Intimate partner violence led to a greater need to access health care services, with victims two times more likely to have visited a healthcare provider in the previous 4 weeks. Intimate partner violence was significantly associated with current health effects including self-perceived poor health, physical and mental health problems. Sexual violence by non-partners was reported by 9% of Auckland women in Fanslow and Robinson's study. Sexual violence has been correlated with almost every indicator of deprivation, poor health and social problems. In a recent study 23.5% of Auckland women reported a history of child sexual abuse, with a higher incidence amongst Maori women and multiple instances of abuse in 50% of cases<sup>10</sup>. The social, economic and community costs of high levels of violence towards women are high. It also constitutes a violation of women's human rights and continues to be an obstacle to reaching gender equality and equity.

Auckland Council has a vital role to play in building an inclusive and safe city and communities, yet effective solutions will need to be gender sensitive. The important role of local government in addressing violence against women was affirmed late last year at the Third International Conference on Women's Safety: Building Inclusive Cities. The 'Building Inclusive Cities and Communities Delhi Declaration on Women's Safety', an outcome of the conference, identifies the following roles for local government:

- *Develop and commit to meaningful municipality-wide plans and initiatives which address women's safety, social prevention, environmental design and management, and create an enabling environment for effective criminal justice processes;*
- *Guarantee participatory decision-making processes by establishing mechanisms that ensure the active and effective participation of women and communities and include the unique perspectives of girls in policy, planning and resource allocation and support women to run for local governance structures;*
- *Allocate resources for safe spaces in cities for girls and women to organize, recreate and meet, and to take other measures which support the building of women's and girls' confidence, self-*

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<sup>9</sup> Fanslow, J. Robinson, E. 2004, 'Violence against women in New Zealand: prevalence and health consequences', The New Zealand Medical Journal, Vol 117, No 1206.

<sup>10</sup> Fanslow, J. L., Robinson, E, M., Crengle, S., Perese, L. (2007) The prevalence of child sexual abuse (CSA) reported by a cross-sectional sample of New Zealand women. *Child Abuse & Neglect*, 31, 935-945.

*esteem, and capacity to participate in public life taking into consideration girl's unique vulnerabilities in the city;*

- *Assess the degree to which gender and diversity have been mainstreamed into decision making practices, policies and services and collect data about women and girls so that their distinctive experiences and vulnerabilities can be examined and addressed;*
- *Collect, analyze and disseminate accurate data at the national and city level, disaggregated by sex and age and other relevant variables (e.g. ethnicity, religious affiliation, physical capacity);*
- *Provide reliable and safe transport for diverse women and girls so they can freely access school, home, work, health and recreation facilities and government offices at all times of the day and night;*
- *Ensure the provision of adequate treatment and emergency shelter, transition housing and social services for women and their children victims of violence, either through public services or by funding civil society and NGO services;*
- *Develop training and capacity-building across all relevant municipal sectors in the prevention and treatment of violence against women in both private and public settings.<sup>11</sup>*

Women's Health Action urges Auckland Council to review and incorporate these recommendations in Auckland planning and council processes to support the development of a safe and inclusive Auckland City that systematically addresses violence against women both in the public and private sphere. We also recommend a review of the 'Third International Conference on Women's Safety: Building Inclusive Cities Conference Background Paper' which outlines a raft of measures for ensuring women's safety is an integral part of urban design and local government process. This includes the use of Women's Safety Audits, developed by the Toronto Action Committee on Public Violence Against Women and Children (METRAC) in 1989, in response to increased crime and fear of crime among residents<sup>12</sup>.

## **Healthy Cities, Healthy Women, Healthy Cities**

Although much is known about the health of women, public health and the health impact of living in urban environments, less is known about the intersection of these three. However there is growing international interest in how cities and local government can support women's health which in turn helps cities fulfill their goals of safety, quality of life, accessibility, inclusiveness, thriving young people and equity.

The Canadian National Network on Environments and Women's Health's paper 'Gendered Cities: Built and Physical Environments'<sup>13</sup> describes the important components for a city design and governance that supports the needs and health of diverse women, with a focus on transportation, mobility and women; urban economic development for poverty reduction; physical spaces and women in decision making;

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<sup>11</sup> Building Inclusive Cities and Communities Delhi Declaration on Women's Safety.

[http://www.womenincities.org/pdf-general/delhi\\_declaration\\_call\\_to\\_action\\_web.pdf](http://www.womenincities.org/pdf-general/delhi_declaration_call_to_action_web.pdf)

<sup>12</sup> Information about Women's Safety Audits are available from a variety of sources including:

[http://www.peacewomen.org/assets/file/PWandUN/UNImplementation/ProgrammesAndFunds/UNHABITAT/wps\\_womensafetyaudits\\_unhabitat.pdf](http://www.peacewomen.org/assets/file/PWandUN/UNImplementation/ProgrammesAndFunds/UNHABITAT/wps_womensafetyaudits_unhabitat.pdf)

[http://www.unhabitat.org/downloads/docs/5544\\_32059\\_WSA%20Centrum%20report.pdf](http://www.unhabitat.org/downloads/docs/5544_32059_WSA%20Centrum%20report.pdf)

<sup>13</sup> Khosla, P. 2005. Gendered Cities: Built and physical environments. National Network on Environments and Women's Health

safer cities; environmental degradation and urban women's health; and women's home environments and health. For example, when considering transportation and traffic policies, an examination of the activity patterns of diverse women and men reveals that residents of cities have different life styles, and daily activities and needs, resulting in significantly different use, and time of use, of urban services and infrastructures:

*Women, for example, are more likely to work part-time, have responsibility for children and younger and older family members, need childcare, accompany children or older relatives and friends to health and other services, go shopping for food and other necessities, and participate in community organising, support networks, and volunteer work. Women are the major users of public transit. However, in contrast to men's mono-dimensional journey to work defined by peak rush hour travel on major arteries, women are more likely to use public transit during off-peak hours and for journey's that are broken several times. For example, a woman is likely to go from her home to the daycare centre, or a baby sitter's, to school to drop-off the older child, to work, to shop, to pick up the children, and to home again. Because the built form of the city is not compact and does not consist of a range of facilities and services with the same localized area, she spends much of her day travelling and waiting for buses at transfer points. Depending on the cost of a journey, a poor working mother earning part-time low wages may not find transit a cost-effective option. (pg. 2)*

A recently held seminar Healthy Cities: Healthy Women also provided an in-depth analysis of the intersections between city planning, public health and the health and wellbeing of women. We strongly encourage a review of the audio from the day<sup>14</sup>.

## Conclusion

Thank you for the opportunity to provide comment on Auckland Unleashed – the Auckland Plan discussion document. We urge the Auckland Council to mainstream gender analysis along with an analysis of other social structural determinants in the development of the Auckland Plan to ensure a plan for Auckland that will fulfill the goals for an equitable, safe and inclusive city. As described by the National Network on Environments and Women's Health:

*City planning whether in terms of physical planning, provision of social services, or economic development, has often failed to understand the intersection of the multiple forces of race, ethnicity, gender, age, sexuality, religion, language, disability, etc. on city residents. The inclusion of the excluded – poor women, women with disabilities, immigrant women, young and older women, radicalized women, and Aboriginal women – in decision making and physical planning will create healthy cities for all.*

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<sup>14</sup> Healthy Cities: Healthy Women seminar audio recordings (May, 2011):

<http://www.nursing.upenn.edu/alumni/uwh/Pages/default.aspx>

The new Auckland Council and long term Auckland plan provide a unique opportunity to work towards a city that includes diverse women in decision making, that promotes women's safety, and that reduces the disproportionate level of violence and deprivation as experienced by women.

## **Women's Health Action**

**May 2011**