

Hi, Tēnā koutou katoa, I'm Marci, a great grandmother in my awesome whanau of Ngai Tahu /pakeha descent.

My interest in the issues arising from this enquiry goes back a long way – when I was 10 my mum became a solo mum in Wellington, which in 1965 was quite a social stigma. Mum worked 12hrs a day to keep us, and I looked after my sister at school and at home. We had a state house.

When I was 12, I managed to get a parking ticket waived for her, by going to the ministry of transport with the ticket and explaining that she had run out of fuel and we had no money for the ticket – the people there were very kind about that.

I became a solo mum myself at 16, and we worked it as a whanau does, and I have always loved being a mum.

We had virtually no money in those years, no maintenance payments, some social stigma and would have been considered pretty disadvantaged. But we lived in New Zealand when equality was high, and this created opportunities for us – free education, night school, good jobs, high wages, low rents and low cost of living.

In the 90's, I worked with CYFS as a caregiver. We opened our home on Arapaoa Island to Youth Justice first offenders for 3 yrs. We received board payments for the boys we were working with, but my husband still had to work full time. The system was shockingly under resourced then, and available places for these 13 to 15 year olds were very limited.

On Arapaoa, in one 18 month period, we provided 2000 more bednights than the whole of Wellington. We had 4-5 boys in full time care 24/7 and are still mum and dad to some of them. The significant outcome was that we loved them and they loved us.

Of course, most of their stories were heartbreaking, and shows how the system breaking down impacts on these young people. As I mention in my submission, I believe we need to revisit the 80s and 90s, to fix the mistakes made then, to recreate an ethic of social responsibility, and to rebuild the systems that social policy relies on to create a society where equality is the goal.

I now work as a community health worker in my Murchison clinic, as a massage therapist, and for the last 20 yrs have had a small manuka oil distillery on Arapaoa Island.

Terms of Reference

A. What should be looked at and what should be investigated

1. Investigate the wealth in the country, rather than the poverty, because the poor really have nothing to investigate.
2. Spend money on poor people, not wealthy people – wealthy people don't need it.
3. Implement the findings of the Welfare Expert Advisory Group immediately – these findings have been sitting on the table for 2 years now.

B. What are the main aspects of disadvantage that should be investigated in the enquiry and C. Where should research effort be focused.

4. A guaranteed minimum income should be introduced now
5. A wealth tax needs to be implemented immediately and double the Work and Income benefits – the current winz rates are around half of what a family of four need to survive.
6. Enormous financial burdening pressure is applied to poor people every day of their lives – transfer this to the wealthy by means of taxes and education. Educate rich people to the part they play in the plight of poor people, rather than educating poor people that they should idolise the wealthy for the opportunities they create for them.
7. Scrutinise businesses more rigorously, to ensure they are paying their employees a fair share of wages and benefits from that company.
8. Address the social stigma attached to being a low income earner or beneficiary, by engaging with this problem, accepting that is very real, and probably the most significant aspect of continuing disadvantage.

D. Where should Government focus its effort on finding solutions

9. Be brave in how you implement changes – you have nothing to lose and everything to gain
10. Revisit the 80's and 90's and put right the mistakes that were made then – it's not impossible, but it is very important to reverse the austerity focus that was developed then and continues now. This was a complete reversal of the prosperity trend that had been working pretty well for New Zealanders for the previous 20 years.
11. Give people free education and free health care again, and a lot of continuing disadvantage will disappear.

E. Anything else I would like to see covered in this enquiry

12. The re-instatement of much stronger Functions of Power and financial resources for the Commissioner for Children's Office, and the Human Rights Commission.
13. The re- introduction and encouragement of strong unions
14. To see increased wages and capped rents

Continuing Disadvantage

I don't believe that continuing disadvantage is a stand alone condition – it is, to me, the direct and indirect results of continuing inequality, wage disparity, excessive

living costs, uneven and ungoverned wealth distribution and lack of duty of care in our communities.

Continuing disadvantage seems to have little to do with productivity – productivity levels in NZ are at an all time high, if you consider our nation feeds nearly a billion people globally – we just have trouble feeding ourselves affordable food.

Our basic human needs of food, shelter, and clothing cannot be adequately met at the moment for a lot of kiwis, and there is evidence to show that this problem is increasing rather than decreasing. This trend is resulting in a larger demographic of New Zealanders living under the poverty line, possibly part of a regressive loop of “not enough being done about it” that appeared to gather strength in the 1980s, and is continuing to do so.

As an example, part way through the last term of the Key government, I saw Paula Bennet, as Minister of Social Development, answer a question put to her about why the child poverty rates in NZ were increasing so rapidly. Her response was that this issue should be viewed as a line of waves, not a continuum, because when the parents were earning or receiving a benefit, those children were not in poverty, but when those parents were not earning or receiving a benefit, those children were under the poverty line. Did she mean week by week they were ‘popping’ over or under the poverty line – or what exactly?

Whatever she did mean, this view is exactly how continuing disadvantage can be operated and manipulated – and much of it is established by how and if funds are distributed to the sectors of the community that really need it.

Below I have tracked the sickness benefit rates in New Zealand from 1960 to 2020, looking for a trend that indicates the rate that these benefits have kept pace with New Zealander’s needs, and if not, how that contributes to our current issues surrounding physical, mental, emotional and cultural health patterns. I’ve looked at this because I think that the term continuing disadvantage is very linked to wealth and health, as it is much harder to afford to stay healthy and advantaged with very little resource. A person is more likely to experience long lasting poor health in this situation, and longer lasting disadvantage as a result.

The Social Security Act of 1939 provided the basis for further assistance to Kiwis in financial hardship. The sickness benefit, along with others, was introduced in 1945, the Family Benefit in 1959, and the single parent benefit started in 1973.

This is how the Sickness Benefit panned out in net dollars.

1960	
under 20s, no dependents	\$6.50/wk
married couple	\$16.00/wk
1980	
single	\$52.13/wk
married	\$86.88/wk each
invalids	\$25/wk

1985	
single	\$97.48/wk
married	\$162.40/wk
1990	
single	\$162.26/wk
married	\$270.44/wk
2000	
married couple	\$151.00/wk each
2010	
single	\$126.92/wk
married	\$158.65/wk each
2020	
single	\$175.48/wk
married	\$200.60/wk each

Clearly these rates show that these, in some cases life saving benefits, have not been increased very much at all in 40 yrs, and have not kept pace with increases of the average wage earners incomes over the same period.

This shows that the way that means testing has been applied to beneficiaries has become quite corrupted, and moved away from the initial application, which was implemented in the 1960s when equality was much more evident in New Zealand.

In early 1985 there were drastic changes to the sickness benefit, -all travel assistance to hospitals, doctors, and other medical providers was slashed. Special needs benefits became non- existent, and people had less support than ever. People with permanent disabilities were encouraged to join the work force as quickly as possible – but without support – the agenda was that they deal with their permanent disability as quickly as possible, and join the work force. This was to avoid paying for these people, who had every right to have financial support.

People in this situation were then looking at a future of trying to live on whatever pay scale they could reach, and many of them have suffered continued disadvantage right through to the present day. Go have a look – you will be able to find people in this situation today and right now.