Though definite evidence is not available, it seems that Maori and Pacific Island children are over-represented in special schools catering for children with psychological, social and behavioural problems, but not over-represented in those catering for children with special physical needs.

This could suggest that where the definition of special need is imprecise, as is the case with learning difficulties or maladjustment, there is a greater likelihood on the part of professionals to apply these classifications to Maori and Pacific Island children than to children of European origin. These difficulties may in fact be due to general social and economic disadvantage and to monocultural elements present in the education system. The more frequent incidence of health problems amongst Maori infants may also be a contributing factor, especially the high incidence of ear infections. These factors are unlikely to be either overcome, or compensated for, by placement of children in special residential schools.

Havill's review (1986) suggested that there were many elements of residential schools that were unacceptable. Their size and isolation could restrict family contacts and on that basis he proposed that Campbell Park School in Oamaru be closed down. He also pointed out that there are areas of the country in which relatively few children are referred to special residential schools. Presumably the methods developed in these areas to meet the special needs of children might be applied to all areas.

Children's health camps

Since 1919, children's health camps have sought to promote children's health, increase their self-confidence and foster positive behaviour modification by means of short-term residential placement.

The camps have had varied fortunes but retain a particular place in the eyes of New Zealanders because of their association with the sale of health stamps. These sales have contributed to funding the service since 1929.

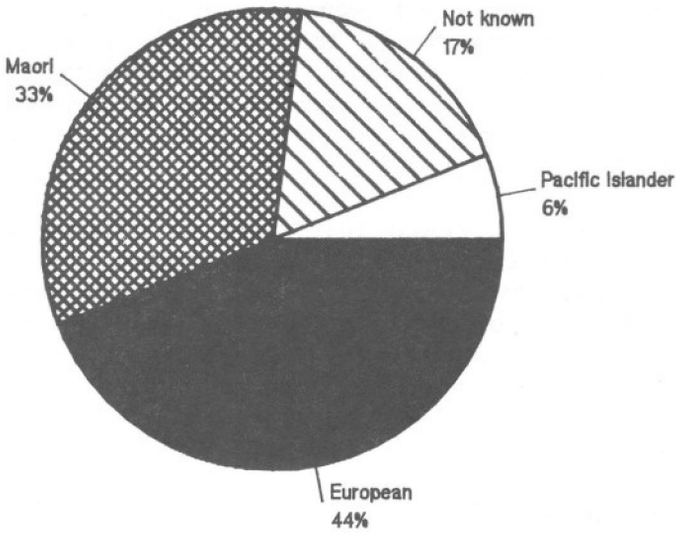
Though initially set up to care for children with physical problems such as malnutrition, the camps now care for children with social, emotional or psychological difficulties. They provide a stay of about six weeks during which children attend school at the camps. The camps offer a change of environment to assist the child to cope with the stresses of the wider environment or to overcome behavioural problems.

A study of children resident in six of the seven health camps operating in early 1983 showed that 2,624 children attended health camps in that year, staying on average for six weeks. The children were referred for family reasons (39%), health reasons (31%) and behavioural reasons (30%), (Routledge and Johnston, 1984). The children's ages ranged from five to twelve years. Nearly half were less than seven years old. More boys than girls were referred. Most children had been referred by public health nurses or by general practitioners.

There was a tendency for children to come from geographical areas identified by Reinken et al (1985) as being of relatively high health risk, such as South Auckland and Porirua. More particularly, one third of Maori children at health

camps came from areas of highest risk compared to one-fifth of Pakeha children. Maori and Pacific Island children were clearly over-represented in the camps (Infogram 6.3).

Infogram 6.3 ETHNICITY OF CHILDREN IN HEALTH CAMPS (1983)



Source: Routledge and Johnston, Going to Health Camp, 1984.

Resource usage

The seven health camps are administered by regional committees. They receive most of their funding by way of a government grant, with lesser contributions from the sale of health stamps, parental contributions and donations. Revenue from the sale of health stamps has fallen, in real terms, by almost 90% between 1944 and 1982. The sale of health stamps is probably now more important as a way of making the name "health camps" known to the public. A 1984 review committee suggested a new approach to funding based upon a capitation system of payment from government (rather than the existing deficit-funding system) and an increased percentage from health stamp sales. It also suggested a greater financial contribution be made by parents (Hancock et al, 1984).

Effectiveness

The impact on children of their stay in health camps is uncertain, but it does not appear to be long-lived. Public health nurses' follow-up reports indicate initial improvement but a tendency for it not to be maintained (Routledge and Johnston, 1984).

While the most important reason for referral was family problems, it seems unlikely that problems arising from family functioning would be overcome by removing a child from the family for a short period. Perhaps if ongoing family work was provided by social workers or others there would be a greater chance of success, but this does not seem to be a requirement of placement. Nevertheless there may be value to both child and family in some instances simply by virtue of having a break from each other.

Acceptability

The committee set up to review children's health camps expressed concern about the capacity of the camps to meet the cultural needs of the large client group of Maori and Polynesian children. It urged greater sensitivity in referral of children and in camp procedures (Hancock et al, 1984).

The review committee supported the continuance of the children's health camp movement, but it proposed new goals that argued for an extended involvement of children's families at all levels, with associated non-residential preventive work. These goals are not clearly stated so their operation is difficult to envisage.

However, the goals outlined appear to overlap with those of other agencies, notably the Department of Social Welfare. Given the problems associated with families receiving attention from a diversity of groups, the creation of yet another service seems unwarranted. The review committee suggests the health camp movement should remain under the Health Department rather than the Department of Social Welfare because of its more positive connotations. By itself this does not seem sufficient justification.

The health camps could have a role in providing the base for imaginative family-oriented residential programmes, but these will work best if integrated into the full range of services currently addressing needs in this area. A change of administrative base will not, in itself, lead to improvement in services but may lead to better co-ordination of efforts.

Boarding schools

Most children are educated in state-funded schools as day pupils but a relatively small group attend boarding schools. Some children do so because their families live in areas remote from any school or school transport. There are two options for them: they can be enrolled with the correspondence school; or they can live away from home, either with other families or in boarding hostels. Government subsidies are available to parents who choose the latter option for their children. Some other children attend boarding schools not because of isolation, but because their parents prefer them to do so even though day-school placements may be available. Parents in this category do not receive boarding subsidies for their children.

Primary boarding schools

Very few children of primary school age who attend private boarding schools do so because of rural isolation. Obviously their parents see advantages in residential rather than day schools but there is no documentation available on what those advantages are seen to be. In 1984, boarding subsidies were provided for 137 primary children (Department of Education, 1984). Most of these children attended state primary schools and lived with other families, for there are no state primary school hostels. Only 52 attended private primary schools and either lived in boarding hostels or with other families.

There are 24 private primary schools with boarding facilities. Nine of the 24 boarding schools cater for girls only, 12 for boys only and 3 for children of both sexes. Most have a religious orientation. Two of these schools are integrated with the state system: they are funded by the state but retain their special character and can exercise control over the type of students and staff involved in a way that state schools cannot. The remaining 22 schools are privately run.

Secondary boarding schools

At secondary school level, a far greater number of children live in boarding hostels. Thirty-nine state secondary schools have boarding hostels. Twenty-six integrated schools and 16 private schools also provide hostels. There are 33 hostels for girls only, 31 for boys only and 17 cater for both sexes.

Since 1978, the number and the percentage of pupils boarding away from home to attend secondary schools have remained stable (Infogram 6.4), with far more boys than girls attending boarding schools.

In 1984, the state provided a total of 3,632 boarding bursaries to secondary pupils attending either state or private secondary schools. These children came from areas remote from the nearest day schools. They made up only 28% of the children boarding away from home to attend secondary school. This represents a decrease from 1978 when 35% (4,266) of children boarded away from home because of geographic isolation, and was probably partly due to a changing population structure which has seen a decrease in the numbers of school-age children in the population. More recently, the downturn in the rural economy may have limited parents' ability to meet the extra costs (additional to those met by the state bursary) of placing their children in boarding schools. Although numbers of boarders in boarding schools have declined, there has also been a move toward children living in school hostels rather than with other families: in 1978, 13% of children boarded with families; in 1984 only 6% did so.

Parents have a choice about where to "spend" their boarding subsidy, either in the public or private sector. In reality, however, there are severe restraints on this choice. In 1986 the subsidy for the full school year's board was $1,180. This did not cover the boarding fees charged by any school, whether state or private (state $2,270 per year average, private $2,394 per year average, in 1986). The private schools also charge tuition fees. To be able to exercise full choice, parents need considerable resources of their own.

Infogram 6.4 CHILDREN BOARDING AWAY FROM HOME TO ATTEND SECONDARY SCHOOL (1978–1984)

	1978	1979	1980	1981	1982	1983	1984
Boys	7,538	7,253	7,328	7,860	7,262	7,198	7,725
Girls	4,633	4,828	4,628	4,616	4,625	4,695	5,192
Total	12,171	12,081	11,956	12,476	11,887	11,893	12,917
Total secondary pupils	234,505	229,523	225,780	224,926	223,501	230,748	231,657
% secondary pupils boarding	5.2%	5.3%	5.3%	5.5%	5.3%	5.2%	5.6%

Note: These figures include children attending state secondary schools, integrated schools, area schools, departmental special schools, and private schools. They do not include children boarding privately.

Source: Department of Education, Education Statistics of New Zealand 1978–1984.

A group of boarding schools cater particularly for Maori pupils. The numbers of Maori secondary school pupils who have received financial assistance from the Maori Education Foundation for boarding expenses has been declining in recent years, as is shown in Infogram 6.5.

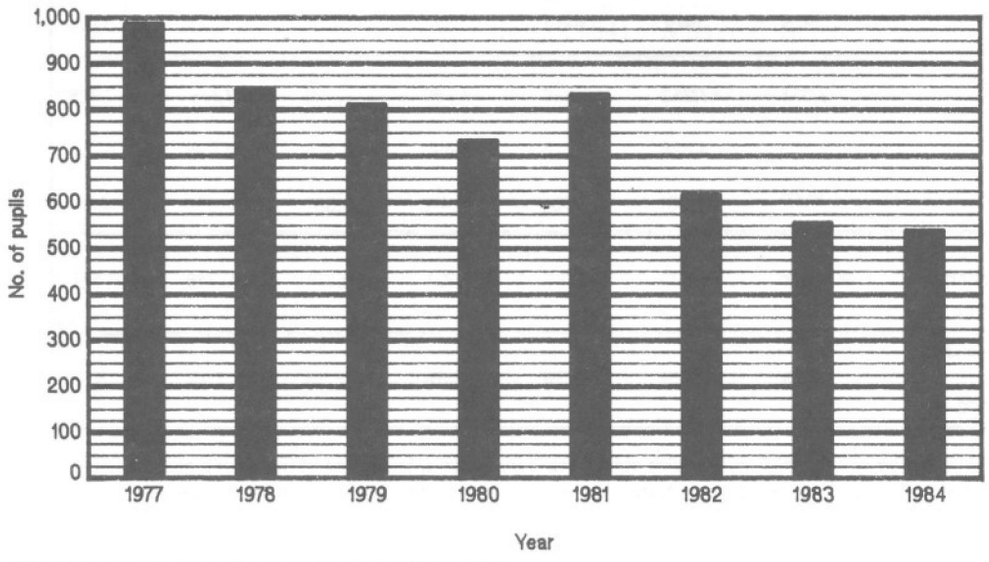
Resource usage

All boarding schools, both state and private, require some financial contribution from parents to help cover the costs of their children's care. The amount paid varies between schools and according to whether they receive a boarding subsidy.

All boarding schools receive some form of financial support from the state. State and integrated schools with boarding facilities receive almost all their funding from the government.

As well as the boarding subsidy which parents may choose to "spend" at private boarding schools, private boarding schools receive grants of various types for equipment and buildings. The biggest contribution they receive from the state is a subsidy on teachers' salaries. Formerly, 50% of the cost of teachers' salaries was met by the state; but from 1 April 1987 this has been reduced to 25%, with a loss of revenue to private schools of $7,150,000. The schools have increased their fees to meet the shortfall and, according to a survey carried out by the Association of Heads of Independent Schools, as many as 10% of children from rural areas attending private boarding schools in 1986, and expected to re-enrol in 1987, were to be withdrawn (The Dominion, 18 December 1986).

Infogram 6.5 SECONDARY SCHOOL PUPILS BOARDING AWAY FROM HOME WITH MAORI EDUCATION FUND ASSISTANCE (1977–1984)



Source: Maori Education Fund Annual Reports 1977–1984.

The number of grants made by the Maori Education Foundation for boarding assistance has steadily diminished. There are several reasons for this. Firstly, there is a concern about the cost and demand for this form of education. The Foundation noted in its 1980 annual report that almost 20% of awards were not taken up or were discontinued as the pupils left during the year. They suggested this could be because of increases in fees and the parents' inability to meet those increased costs. Secondly, the Foundation seems to be increasingly concerned to spread its resources more broadly.

Finally, the Foundation's income is mostly derived from the unclaimed revenues from Maori land administered by the Maori Trustee. In recent years, improvements in administration and greater awareness of entitlement has meant less money remains unclaimed. There is, therefore, less to distribute. In 1985, the Foundation made no new awards for boarding bursaries although it continued those to which it was committed and gave supplements to government boarding bursaries. Thus the number of Maori pupils able to attend boarding schools is likely to decline further.

Effectiveness

In the absence of reliable information, one can only speculate about why parents send their children to boarding schools (excepting those who do so because of their isolation). Codd and Burridge (1972) found that in one state school for boys which had both boarders and day pupils, at least 46% of the parents of boarders perceived "educational" advantages for their sons in attending boarding school. This seems to be a matter of faith rather than fact, at least in purely

academic terms because, as the study showed, the boarders at that school were relatively disadvantaged academically compared to the day pupils.

However, there may be other advantages in the long term. There is a common belief that boarding schools maintain a high social position for their pupils and thereby improve their later opportunities in life. Baldock (1977) supports this, noting that the majority of pupils in private and single-sex state boarding schools are from professional and other high-income families. The social contacts made, and the access these give to employment and other opportunities after leaving school, may be more important than purely educational outcomes.

Parents must see the advantages to their children in attending boarding schools as being more relevant to males than females because of the large differences between the sexes in attendance figures.

Acceptability

Boarding schools have a unique position among New Zealand's institutions in that they tend to be regarded very positively. In attending boarding schools, children and their parents are making a "trade-off" between the advantages of family life and perceived social and educational advantages. Yet little is known of who attends them or what the outcomes of attendance are.

On occasion, children may be sent to boarding schools because of difficulties in their family situations, or in their own behaviour. This is most clearly seen in the increased numbers of state wards placed in boarding schools. In 1985, 5% of all state wards (291 children) attended boarding schools whereas in 1972 only 1% of state wards did so. Boarding school placement may also sometimes be an informal response by families to their own difficulties.

Parents may want their children to have an education with a religious background, as most private boarding schools are denominational. The Anglican, Catholic and Presbyterian Churches have provided this type of education for many years. More recently the Mormon Church has established its own boarding school system.

Not all Maori children who receive assistance from the Maori Education Foundation attend boarding schools; and not all of those who do, go to Maori schools. For some Maori families, religious affiliation is possibly more important than cultural identification, especially for Catholic or Mormon families. However, the boarding schools which serve a primarily Maori group, six in all, are seen as attractive because they provide an enriching Maori environment. Like other boarding schools, most are provided by religious organisations, and are associated with academic success and with having produced many students who have subsequently become leaders of the Maori community (Douglas, 1985).

The positive perception and lack of knowledge about boarding schools seem to give them a degree of freedom in administration unknown to other institutions which care for children. The Board of Health's Committee on Child Health (1982) suggested that some form of monitoring programme would "be of value in assisting the principals of schools, which have boarders, in the overall care given to their pupils" (p. 95). To date no such system of monitoring has been instituted. As a result, there is little official information available on schools with boarding facilities.

Key Points

Special residential schools

* The majority of children with special needs are educated within the normal school system. Those who attend special residential schools are likely to either live in areas where there are no alternative facilities, or to have such extensive needs that they require more attention than those alternatives can provide. Consequently the children residing in special residential schools are often isolated from their families and the "normal" community.

* Although there is a shortage of useful information, it seems that residential placement may be of doubtful value in terms of positive outcomes for the children involved.

* In special schools for children with learning difficulties or who are maladjusted, Maori and Pacific Island children are grossly over-represented.

Children's health camps

* Children's health camps are long-established institutions whose clientele has changed from children who have primarily physical needs to children with primarily social and emotional needs.

* The change in service has not been accompanied by clearly defined goals or methods of service and as a result there are doubts about the effectiveness of the service they provide.

* Given that health camps now serve children with primarily social and emotional needs, it seems clear that their programmes should be oriented more to working with the child's family and in the child's community.

Boarding schools

* Most children attend boarding schools because of the advantages their parents perceive for them in attending, not because they are the only alternative available. It is therefore surprising that little information is available on the advantages or disadvantages of boarding schools. In fact, little monitoring of any type occurs in relation to boarding school hostels.

* Parents of children who live in remote areas may receive boarding bursaries for the education of their children in boarding or day schools. Although such bursaries are seen to give parents "choice", the degree of choice depends upon other resources available to parents, such as disposable income.

CHAPTER 7: INSTITUTIONS FOR OFFENDERS

Introduction

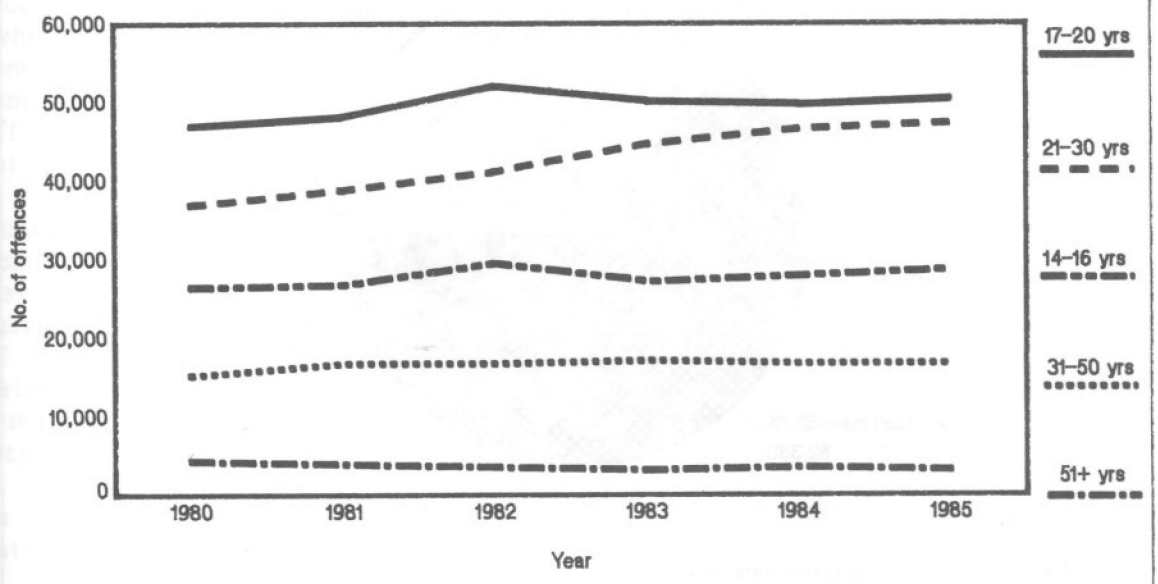
New Zealand has a variety of institutions used for detaining people who are awaiting criminal trial or who have been sentenced to a term of imprisonment following conviction of a criminal charge or charges. People may also be placed in prison for civil (non-criminal) matters, including default of debt.

There are separate facilities for male and female prisoners, offering varying degrees of security. There are youth prisons for young people (less than 20 years of age) which provide a regime very similar to that in prisons for adults. Corrective training institutions, also for young people, provide a particularly rigorous way of life modelled to some extent on systems of military discipline.

Who criminally offends?

Most people detained in the nation's prisons, whether awaiting trial or sentence, or serving sentences imposed by the courts, are young adults. Their presence in prisons reflects the fact that they are the people most likely to be apprehended for offending. In 1985, for example, people aged between 17 and 30 years made up 67% of all offenders apprehended by the police (Infogram 7.1). Infogram 7.1 also shows that the apprehension of young adults for offending has been increasing over recent years, particularly for those aged between 21 and 30 years. To a certain extent this trend can be attributed to the increasing numbers of people in these age groups. However, even when changing population structures are controlled for, offending rates continue to show an increasing trend. For instance, the offending rate of 17 to 20 year olds increased by 27% between 1978 and 1984: from a rate of 1,614 per 10,000 in 1978 to a rate of 2,046 per 10,000 in 1984. Similarly the offending rates for other age groups also increased: the 14 to 16 year old rate by 27%, the 21 to 30 year old rate by a spectacular 45%, and the 31 to 50 year old rate by 18%.

Infogram 7.1 REPORTED CRIMINAL OFFENCES BY AGE
(all offences 1980–1985)

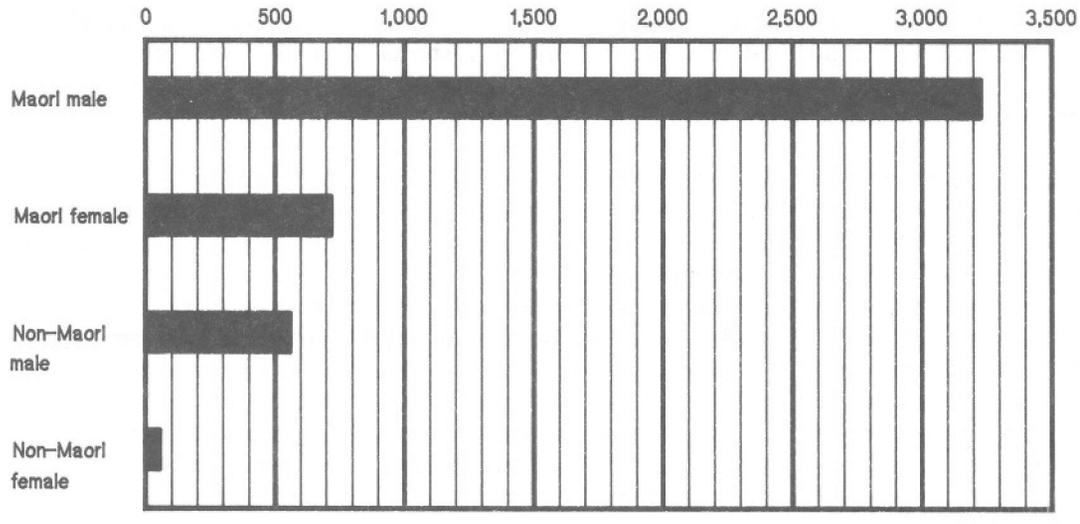


Source: New Zealand Police, unpublished data.

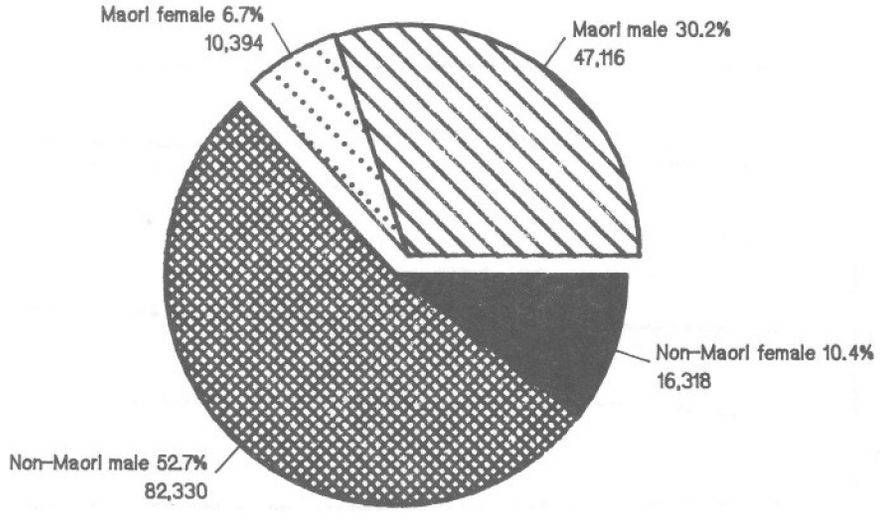
The only age group not to show an increase in the rate of offending between 1978 and 1984, were the over 50 year olds. Their offending rate actually decreased by 6% from 53 per 10,000 in 1978 to 50 per 10,000 in 1984.

Infogram 7.2 REPORTED CRIMINAL OFFENDING BY ETHNICITY AND SEX (all offences) 1984

a) No. of reported offences per 10,000 people of same ethnicity and sex



b) Numbers of reported offences



Source: New Zealand Police, unpublished data 1984,
Department of Statistics, Population Estimates 1984.

Although offending patterns are predominantly age-related they are also related to ethnicity, sex, and socio-economic status. For all age groups the people most likely to be apprehended for offending are male and Maori (Infogram 7.2). The full significance of ethnicity is illustrated by the fact that Maori women have a higher apprehension rate for offending than non-Maori men.

One of the few New Zealand studies investigating the relationship between socio-economic status, ethnicity, and offending was conducted by Fergusson et al during 1975. A sample of 5,472 boys born in 1957 was randomly chosen. Analysis showed that 10.9% of the boys had appeared at least once before the Children's Court. It also showed that being non-European increased the risk of offending, as did declining socio-economic status. The risk of offending for non-European boys from the lowest socio-economic group was 1 in 3.5, and for those of the highest socio-economic group it was 1 in 10. The comparative ratios for European boys were 1 in 9 from the lowest socio-economic group and 1 in 26 from the highest socio-economic group. The researchers concluded that although socio-economic status is related to offending "it is not possible to dismiss differences in European and non-European offending rates as being solely due to socio-economic factors" (Fergusson et al, 1975 p.18).

Remands in custody

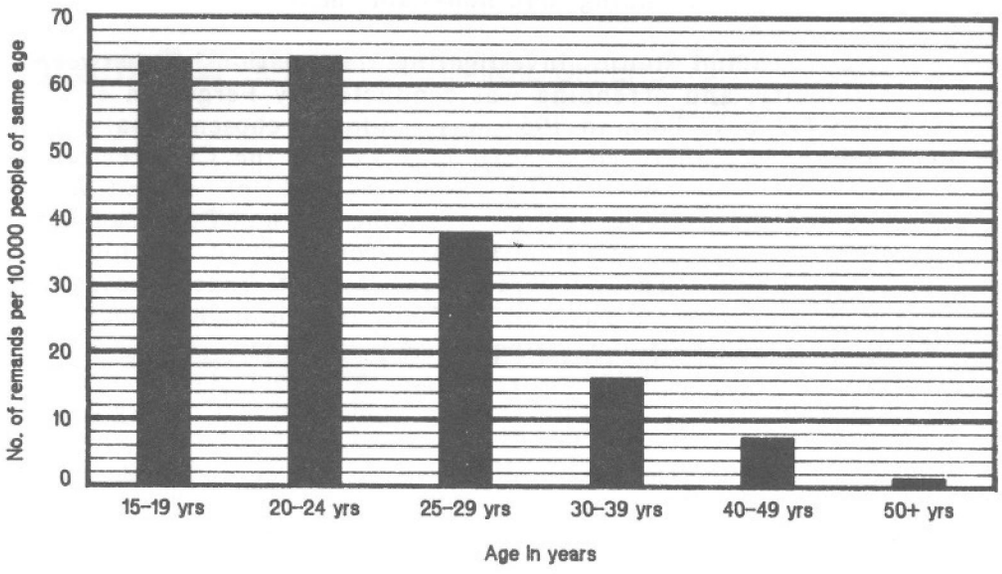
People who have been apprehended for offending (whether alleged or proven), and who are awaiting trial or sentence following conviction, may be held in prison either because of the serious nature of the offence or because there is reason to fear they might reoffend or abscond if left in the community. Remand prisoners awaiting trial are regarded as innocent and are not subject to all the strictures of imprisonment. They may, for example, wear their own clothing, receive visitors more freely than sentenced prisoners and have freedom of written correspondence. However, problems of understaffing in prisons and a lack of work or activities for remand prisoners mean that in practice they are likely to be locked up for longer periods in any one day than sentenced prisoners. In many ways the lot of the remand prisoner, though usually of shorter duration, is harsher in its immediate effects than that of the sentenced prisoner.

For all age groups, remand prisoners account for approximately half of all people received into New Zealand prisons. This proportion has shown no change since 1977 (when statistics first became available). In 1984 a total of 5,979 people were remanded to prison. Young adults aged between 17 and 29 years made up 75% of remand prisoners, reflecting their high proportion amongst people apprehended for offending. The rates at which people are remanded to prison decrease with age as Infogram 7.3 shows.

Concern has been expressed about the remand of young people (aged less than 17 years) to adult prisons. In 1984, 5.9% of the people remanded to prison were aged less than 17 years. A review of such remands to Mt Eden prison in Auckland carried out by Judge Wallace (1984) was highly critical of this practice, and also of the general lack of facilities for remand prisoners. Recent changes to the Criminal Justice Act mean that people aged less than 17 years cannot now be remanded to prisons. If remand in custody is necessary, it must be to a Department of Social Welfare institution.

In 1984, 93.7% of remand prisoners were men. Given the male to female offending ratio of 5.8 to 1, the remand ratio of 14.9 to 1 is greater than one would expect.

Infogram 7.3 RATES OF PRISON REMAND BY AGE (1984)



Sources: Department of Statistics, unpublished data 1984,
Department of Statistics, Population Estimates 1984.

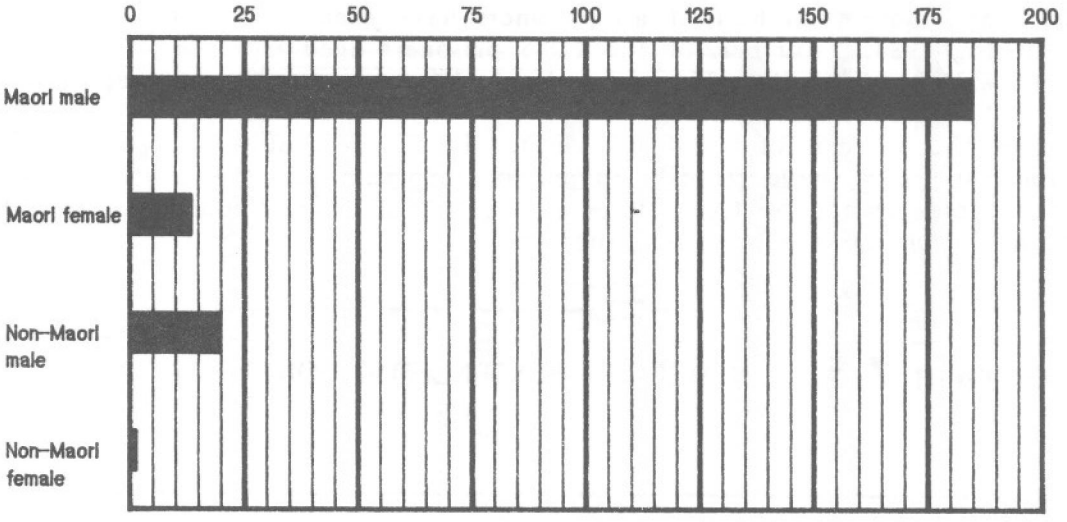
Without looking at the types of offences committed, the conclusion can be drawn that men are more likely to be remanded in prison than women.

Of all the people remanded in prison during 1984, 48.3% were Maori (Infogram 7.4). This proportion is about 10% greater than one would expect given that "only" 36.9% of reported criminal offences are attributed to Maori people. It has not been possible to investigate whether Maori people commit more serious offences than non-Maori people. If this is so, it might explain the greater remand in custody of Maori people. If not, other factors, including the attitudes of those involved within the judicial processes, need to be changed.

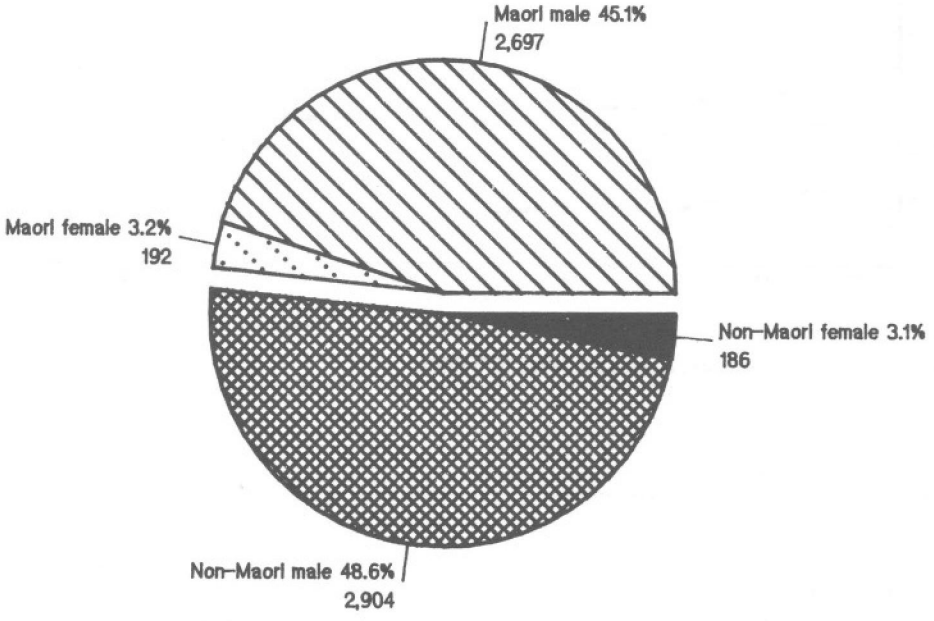
Normally remand in prison is for a relatively brief period of time. In 1984, 64% of remand prisoners were in prison for a period of less than two weeks, with 3% being in prison for more than two months. Variations in length of remand do, however, occur between men and women, and Maori and non-Maori. Maori people tend to be remanded for longer periods of time than non-Maori people, and men for longer periods than women. In 1984, 39% of Maori remand prisoners spent more than two weeks in prison compared to 33% of non-Maori remand prisoners, and 36% of men spent more than two weeks in prison compared to 28% of women. To explain these discrepancies, it would be necessary to relate types of offences to period of remand.

Infogram 7.4 REMAND PRISONERS BY ETHNICITY AND SEX (1984)

a) No. of remands per 10,000 people of same ethnicity and sex



b) Numbers of remands



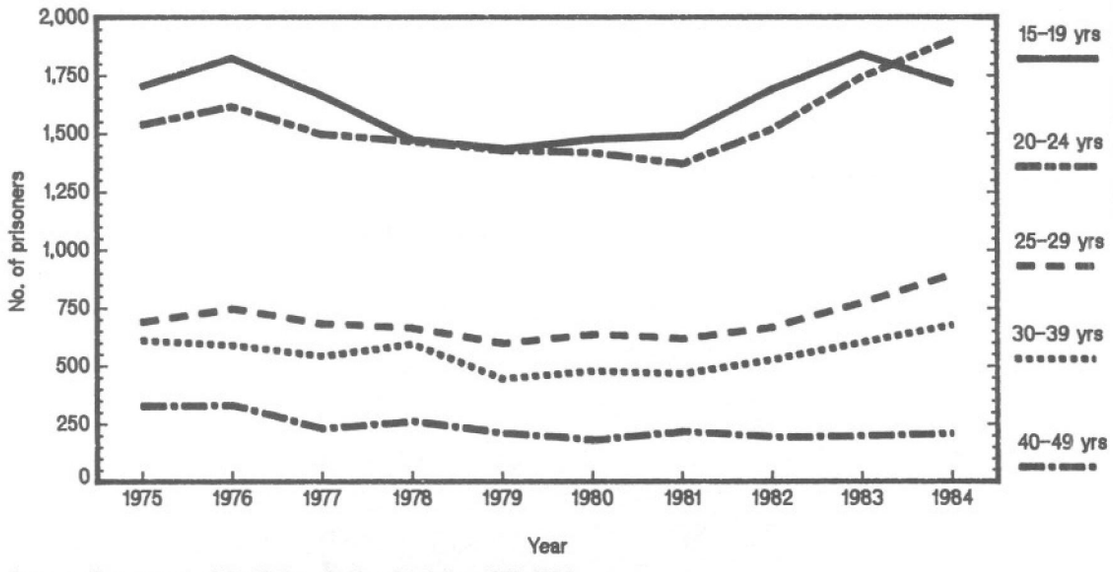
Sources: Department of Statistics, unpublished data 1984,
Department of Statistics, Population Esitimates 1984.

Sentenced prisoners

During 1984, a total of 5,902 people entered New Zealand prisons to serve sentences of imprisonment. Such experiences are confined almost entirely to people in the younger age groups, particularly those aged less than 25 years. As age increases, the number of prisoners received decreases (Infogram 7.5). For the past 20 years, more than half of all prisoners have been aged less than 25 years (64.6% during 1984). Further, of the 2,085 prisoners aged more than 25 years in 1984, 70% were aged less than 35 years and only 1% were more than 55 years old.

Since 1980, the numbers of people imprisoned in all age groups, except those aged more than 40 years, have steadily increased (Infogram 7.5). As with offending patterns, these trends reflect increasing rates of imprisonment, even after controlling for changing population structures.

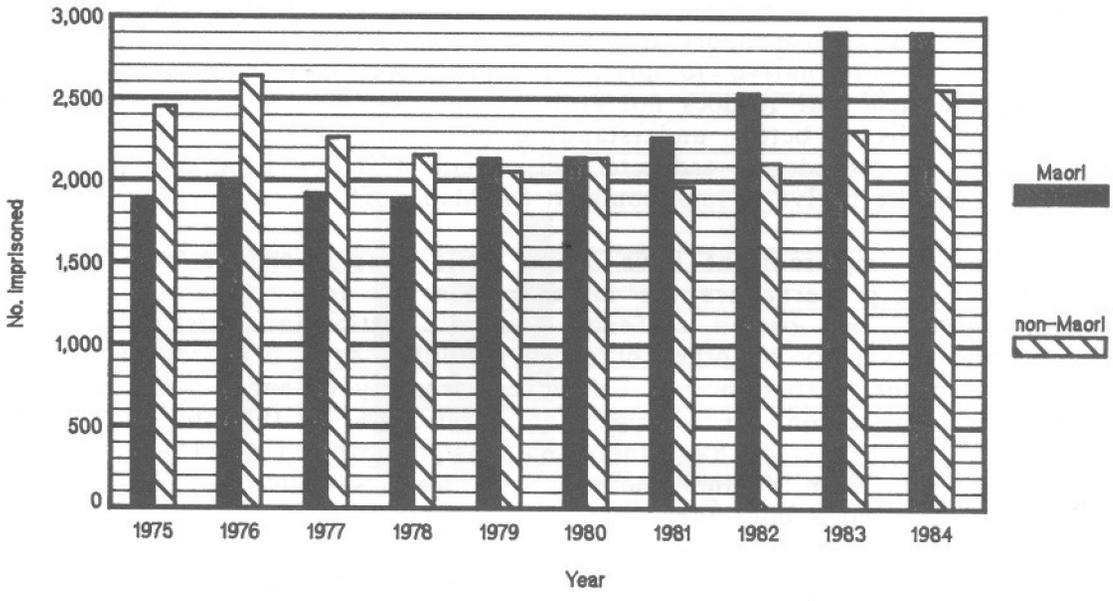
Infogram 7.5 NUMBER OF SENTENCED PRISONERS BY AGE (1975–1984)



Sources: Department of Statistics, Justice Statistics 1975–1984.

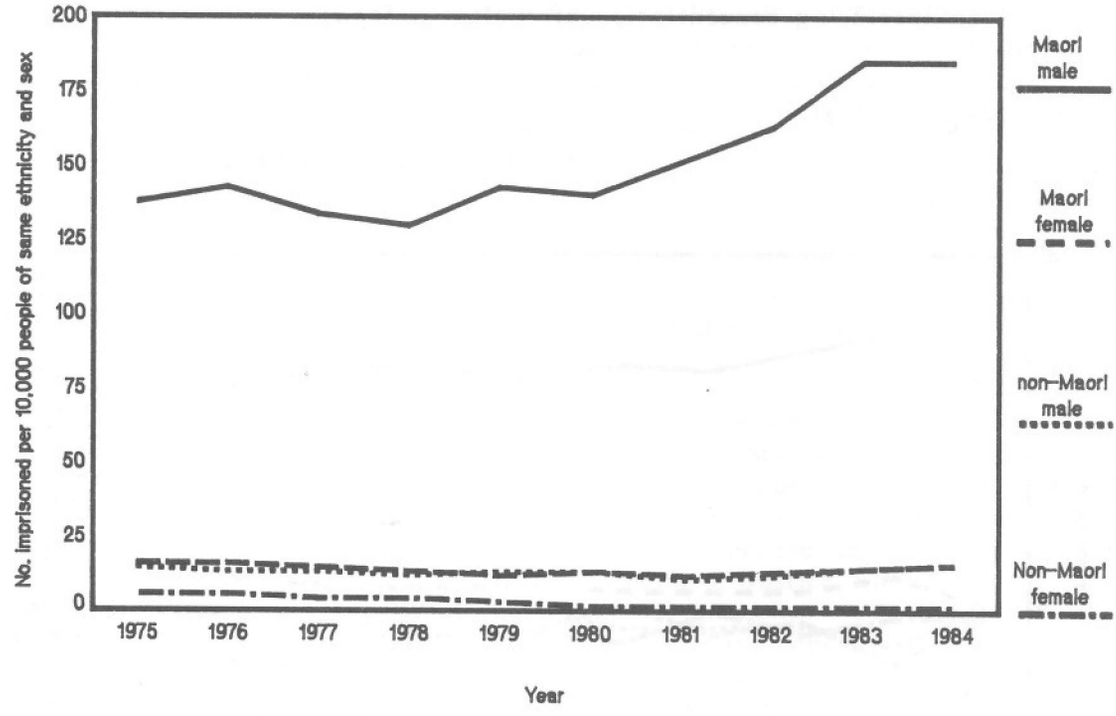
Maori people have made up more than 50% of all sentenced prisoners since 1979 (Infogram 7.6) whilst committing 37% of all offences (Infogram 7.2) and accounting for 9% of the total New Zealand population. The Maori male imprisonment rate of 186 per 10,000 is 13.8 times greater than the non-Maori male imprisonment rate and has been steadily increasing over the last ten years (Infogram 7.7).

Infogram 7.6 SENTENCED PRISONERS BY ETHNICITY (1975–1984)



Sources: Department of Statistics, Justice Statistics 1975–1984.

Infogram 7.7 SENTENCED PRISONERS BY ETHNICITY AND SEX (1975–1984)



Sources: Department of Statistics, Justice Statistics 1975–1984,
Department of Statistics, Population Estimates 1975–1984.

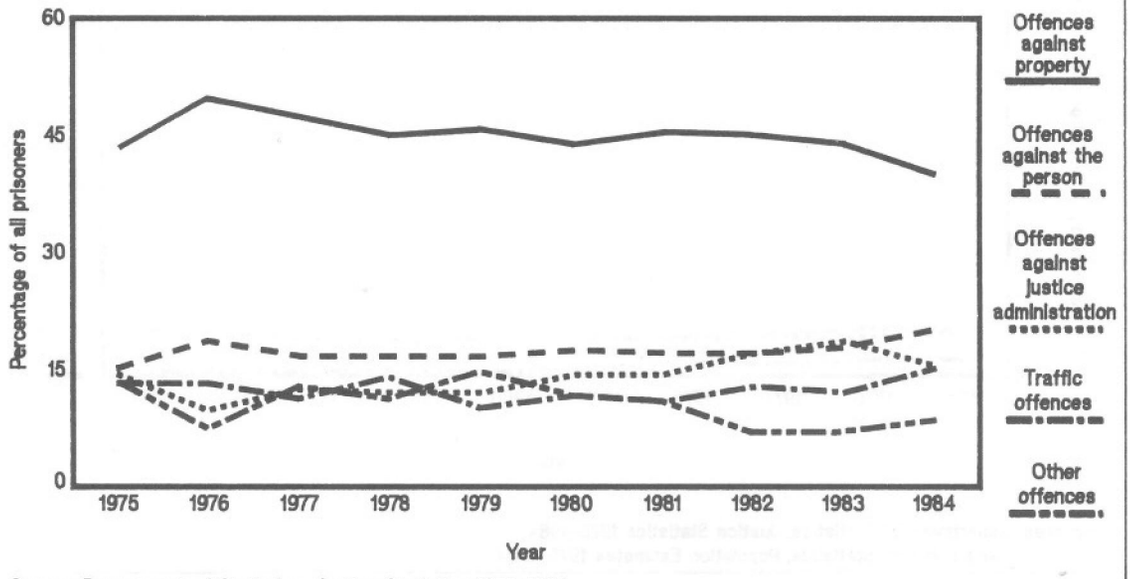
The conclusion that the high Maori imprisonment rate cannot be explained by the Maori offending rate is not new. This concern was one of the driving forces behind the establishment of the Offenders Legal Aid Scheme. The present Chief District Court Judge has attributed part of the difference to a lack of family and community support for young Maori people (The Dominion, 26 July 1985). The courts need evidence of such support to feel confident in imposing community-based sentences as an alternative to prison. This perception may explain judges' sentencing practices but it does not fully explain the situation. It may be that the courts require a better understanding of Maori social structures, and the support they can provide, in order to feel confident in imposing community-based sentences as an alternative to imprisonment for Maori offenders.

The reasons for imprisonment have shown little general change over the years. Offences against property are the major reason for imprisonment, followed by offences against the person, offences against justice administration, traffic offences, and a variety of other offences including drug offences and offences against good order (Infogram 7.8). However, property offences have declined in significance as a reason for imprisonment from 43% in 1975 to 40% in 1984. Offences against the person have increased in significance from 15% to 20% over the same period. With the implementation of the new Criminal Justice Act, this trend can be expected to continue.

Reasons for imprisonment change slightly with age. Young people are most likely to be imprisoned for offences against property, whilst older people are more likely to be imprisoned as a result of traffic offences and offences against justice administration. Offences against the person show little change in proportion despite changing age.

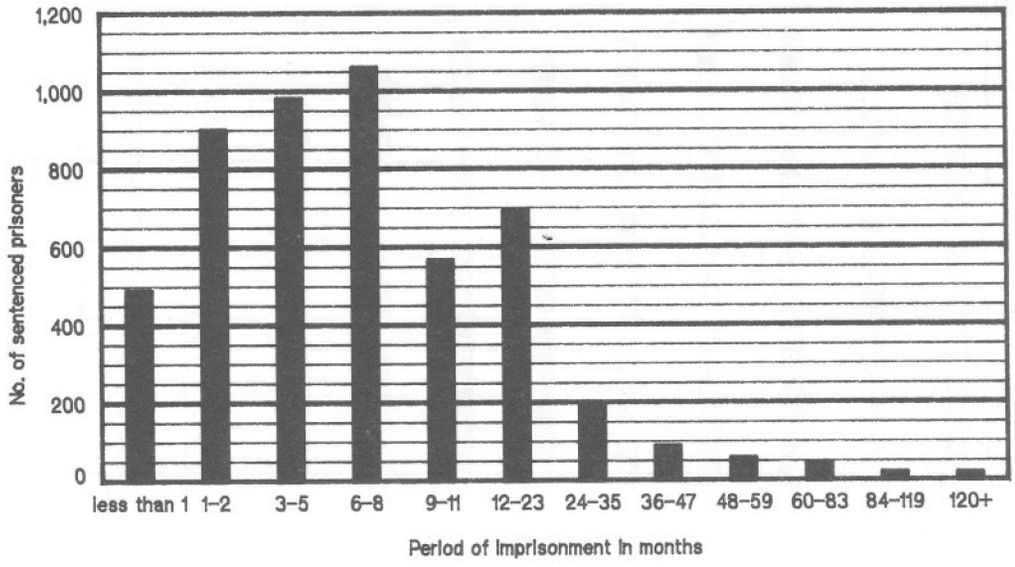
Most prisoners are sentenced to prison for a term of 6-9 months (Infogram 7.9). The length of sentence imposed does not appear to vary according to ethnicity, and has shown little change over the last ten years. However, as prisons become the domain of an increasing concentration of violent offenders, the average length of imprisonment can be expected to increase.

Infogram 7.8 MAIN GROUPS OF OFFENCES RESULTING IN IMPRISONMENT (1975–1984)



Source: Department of Statistics, Justice Statistics 1975–1984.

Infogram 7.9 PRISONERS BY LENGTH OF SENTENCE IMPOSED
(all sentenced prisoners, 1984)



Source: Department of Statistics, Justice Statistics 1984.

Resource usage

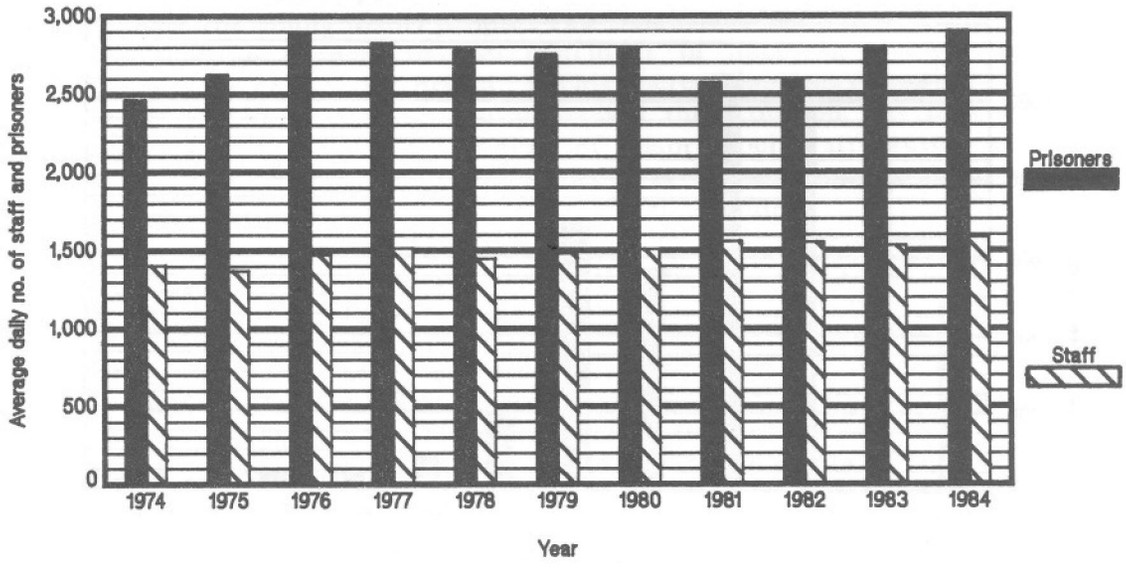
From 1975 to 1984 the number of people sentenced to imprisonment in New Zealand increased by nearly 21%. Numbers of people actually in prison on any given day increased by 15% and the number of staff required to manage them also increased by 15% (Infogram 7.10).

Demographic factors explain much of this increase. The proportion of 15 to 24 year olds in the population swelled during the period. They are the people most likely to commit offences and to receive prison sentences. The imprisonment rate has, however, increased at a rate not explained entirely by demographic factors alone, as has the offending rate. Other reasons need to be found for the increase and these might include the influence of social and economic factors (such as youth unemployment) and of legislative measures.

Between the 1973/74 and 1985/86 financial years there was a cost increase of 19% (in real dollar terms): in 1985/86 the total cost was $60,345,000. Nett costs per prisoner rose from $15,027 in 1978 to $18,965 in 1981, but had dropped to $16,112 by 1985. The Justice Department suggests that increases in staff numbers had reduced staff costs, by reducing the need for overtime services. Also, prison industries had become more productive, (Department of Justice, unpublished data).

Thus the prisons have become more efficient as they have coped with larger numbers at a reduction of cost per head. However they were still the most expensive element in the operational areas of penal policy (which are prisons, probation and periodic detention). In 1979 prisons accounted for about 90% of expenditure in

Infogram 7.10 RATIO OF PRISONERS TO PENAL STAFF (1974–1984)



Sources: Department of Justice, Annual Reports 1975–1985,
New Zealand Government, Expenditure Estimates 1975–1985.

this area. By 1981 the proportion of penal policy money spent on prisons had dropped to 77% of all expenditure but they dealt with only about 20% of the people involved (Penal Policy Review Committee, 1981).

The expense of prisons is, however, compounded by the fact that in many cases there are additional costs beyond those for custodial services. The families of prisoners may require maintenance from the social welfare system. In the financial year ending 31 March 1981, 224 Domestic Purposes Benefits were paid for this reason and by 1985/86 the number had increased to 281. For the year ended 31 March 1986, this amounted to total expenditure of $3,259,465. The full extent of these costs, however, needs to be balanced against the potential costs, both financial and social, of allowing certain offenders to remain in the community.

The total costs of imprisonment cannot be calculated because of a lack of quantitative information in many areas. In the year to 31 March 1986, there was a cost of $20,535 per prisoner in running medium security prisons. The cost of Probation Service support was $571 per ex-prisoner. Among the non-quantifiable costs might be the cost to a prisoner's partner of having to give up paid employment in order to care for children, or paying for childcare in order to start or maintain paid employment. Additional costs to a prisoner's family might include travel expenses and time costs in visiting the prisoner; pain, suffering and stigma incurred; and the impact on children of being brought up in a family with one parent in prison. It is even more difficult to quantify benefits to the community of imprisonment; for example, the community and personal costs saved through having violent offenders incarcerated.

Effectiveness

The most desirable outcome for prisons would be that they deterred inmates and potential offenders from reoffending and offending. All the evidence indicates that they have been unsuccessful in achieving that goal. In 1980 nearly 46% of all the people sentenced to imprisonment had previously had a custodial sentence and by 1984 that proportion had grown to nearly 55%.

The penal policy of corrective training (a sentence of three months' duration including a rigorous pace of daily life and very strong discipline catering for young offenders) is one of the few penal measures to have been subjected to thorough evaluation. A study by Walker and Brown (1983) showed that 71% of trainees reoffended within 12 months of release. The sentence was shown to be ineffective in achieving positive changes in those subjected to it and, in fact, had negative outcomes. A majority of people taking part in the study reported that corrective training had made them more aggressive, more angry and less respectful of authority, all of these being attitudes which are likely to lead to further offending.

At various times prisons have been presented as having a rehabilitative function. There is little evidence to support that contention. Indeed, the study of corrective trainees suggests that the reverse may well occur. The argument that prisons, by forcing association of offenders, may act as "schools of crime" also has an obvious logic. Prisoners may also feel more comfortable in prison where they have to take little responsibility for their own lives.

The retributive or punishment function of prisons depends, in a negative sense, on the novelty of imprisonment to the individual. For many it is no novelty and for others the length of sentence may blunt the initial impact. By comparison with some other countries, such as the Netherlands, New Zealand imposes long prison sentences. However there has been some movement in recent years toward shorter sentences. In 1979, 66% of sentences were less than one year. In 1984, 81% were less than a year long.

Denunciation, or the public expression of disapproval for certain actions, is very important in the public's eyes. Letters to newspapers demanding harsher prison conditions and politicians' statements on the same issue are clear examples of this. However the influence of denunciation in preventing illegal acts is unclear, and research shows that the likelihood of getting caught is more likely to act as a deterrent than the actual punishment imposed (Young, 1981).

Finally, prisons have the goal of protecting society and its members from individuals whose behaviour has been judged criminal. Prisons do this by separating and containing criminal offenders from "normal" society. Preventive detention, as defined in the 1985 Criminal Justice Act, most explicitly embraces this goal. The Act states, "the High Court, if it is satisfied that it is expedient for the protection of the public ... may pass a sentence of preventive detention." (Criminal Justice Act, 1985 p. 44.) However, with the exception of preventive detention, prisons have a limited role in protecting society and its members from the activities of criminal offenders. Unless society has the ability, the resources and the collective will to contain all criminal offenders for indefinite periods of time, prisons will not prevent criminal offending.

Acceptability

Prisons are not effective in meeting their goals but this does not seem to be the major determinant of their acceptability. The important factors here reflect the interests of particular groups; these interests are diverse and often shifting. The determination of what is an acceptable prison regime must always be prefaced by the question "acceptable to whom?" Discussion frequently arises in response to particular incidents such as rises in crime statistics and is often more emotive than informed. Few people have any knowledge of the reality of prison life, but for most this is no barrier to comment.

While some individuals and groups would argue that prisoners should suffer for their misdeeds, one can expect agreement that the programmes should at least seek not to damage the people subjected to them in such a way as to increase their chances of reoffending. The goals of the Penal Division of the Department of Justice reflect this and emphasise the need for secure, humane conditions and for the provision of resources which are likely to assist the offender's reintroduction into the community.

Prisons are charged with keeping prisoners in circumstances which are as humane as is consistent with the need for security. There are three levels of security in New Zealand prisons. The majority of prisoners are in medium security institutions (about 78% in 1983). Few people are kept in minimum security (about 15% in 1983) and even fewer are in maximum security prisons (about 8% in 1983). There are two aspects of prison security. The first is containment: at present most prisoners are not kept in close confinement and so effectively choose not to escape. In 1984 there were only 184 escapes amongst the 5,605 people sentenced to imprisonment; so the goal of physical containment seems to be met.

Secondly, prisons must protect prisoners from each other, and this is a major factor in determining the level of security to which a prisoner is allocated. There is little information available on the incidence of assault, robbery and other acts of violence which take place in prisons but it can be assumed that they are at least as common in prisons as they are in the wider community. The prison authorities seek to limit such behavior and the best available means of doing so is by surveillance. Prisoners can request to be put under "protection" if they fear for their safety from their fellows. Though this can mean the loss of almost all privileges and a virtually self-imposed solitary confinement, significant numbers opt for this course.

There are elements of the prison system in New Zealand which, by any standards, are of questionable acceptability. Firstly, there is the effect on those associated with the prisoner (usually family) who, though innocent parties, may suffer socially and emotionally. The effects on the prisoners themselves cannnot be ignored. The routines in prison are often monotonous and unstimulating. Payment for work performed is at nowhere near the level that would be expected for the same work in the community. Because of the need to provide as much work as possible to keep prisoners occupied, there is an emphasis on labour-intensive work, much of which has been superseded by technological changes in the wider society. Skills learnt are therefore often of limited marketability when the person leaves prison.

Several factors inhibit the functioning of New Zealand's prisons. The age and physical structure of many prisons make problems for providing even such basic facilities as toilets. They are also often much larger than is desirable for the

development of effective programmes. Many of them are in isolated areas, making family and community involvement difficult. More than 20% of prisoners receive no visitors at all during their sentence and only 30% receive visits fortnightly or more often. The deterrents to visiting are seen as problems of transport and of the environment in which visits have to take place (Department of Justice, 1982b).

There are few supports available in the prison environment to deal with those who have psychological problems. Though the actual incidence of mental disorder amongst prisoners is not known, overseas studies accepted as having validity for New Zealand provide estimates ranging from 20% to 60% (Department of Justice, 1984b). Whether these people had a mental disorder at the time of offending or succumbed to one after imprisonment is not stated. There were 8 prisoner suicides in 1985 (7 in 1984). There were just 9 prison suicides in the previous 8 years. The number of attempted suicides and the rate of self-mutilation have also increased since 1984 (Department of Justice, 1986a).

Only limited specialist help is available in prisons and it has been suggested by a departmental working party that judges should not recommend the provision of psychiatric treatment as part of a prison sentence, as it is likely to raise hopes which cannot be met (Department of Justice, 1984b). The acceptance by the Department of Justice that there are large numbers of prisoners with mental disorders seems at odds with its policy so far of not accepting treatment as a valid part of the work of departmental psychologists.

Until recently many of these people would have been admitted to psychiatric hospitals, but with the reduction in secure units in hospitals this option has become less available. Responsibility for psychiatrically disturbed prisoners and remandees was the subject of considerable debate between health and justice authorities. Now the Department of Justice is looking toward providing its own psychiatric hospital service for prisoners, by building a psychiatric prison near the Paremoremo maximum and medium security prisons.

It was hoped that the changes introduced in the Criminal Justice Act (1985) would result in fewer people in prison, even fewer returning to prison, and a greater involvement of the community with prisoners. While it is too early to fully assess the success of these measures they do not seem to have made a major impact on sentencing practice (Department of Justice, 1986).

Some of the features of the new system will themselves create management problems. If sentencing practice follows its intended course, that is, with fewer property offenders receiving prison sentences and more violent offenders being imprisoned, then prisoners are likely on average to be more violent. There is likely to be a higher turnover in prison populations because of the provisions for early release. These factors and the need to involve families and communities are making new demands on prison staff.

The ability of community groups to participate productively with people either in or just out of prison, which is an important factor in the success of the Act's proposals, has been questioned. Most of the usual community service groups have been shown to have little understanding of prisons or of prisoners (Cree et al, 1985). The Probation Service has extended its role in informing and involving these groups.

Key Points

* Numbers of people in New Zealand prisons have increased steadily over recent years.

* Almost half of all people received into New Zealand prisons are awaiting trial or sentence.

* Most sentenced prisoners are in prison for property offences.

* Most prisoners are male, Maori, and more than half are less than 25 years old.

* Maori people accounted for more than half of the total sentenced prisoners received during 1984. Though Maori people are more likely to be apprehended for offending, the proportion of Maori remand prisoners is greater than one would expect, given the Maori offending rate, and the proportion of Maori sentenced prisoners is proportionately greater again.

* Though they are still the most expensive component of our judicial system, the relative cost of prisons has been decreasing in recent years.

* The most desirable outcome for prisons would be that they deterred inmates and potential offenders from reoffending and offending. All the evidence indicates that they have been unsuccessful in achieving that goal.

* The effectiveness and acceptability of prisons is inhibited by the conflicting goals prisons are supposed to achieve.

CHAPTER 8: RESIDENTIAL INSTITUTIONS FOR THE ELDERLY

Introduction

This chapter considers a variety of institutions which provide, or are allied to providing, residential accommodation for the elderly. They include geriatric hospitals, hospital-based assessment and rehabilitation units, and old people's homes. Elderly people enter these institutions as a result of experiences and events that are often unique to people of their age. These experiences include the culminant affects (physical, mental and social) of a variety of common degenerative diseases, the fear of suffering from such conditions and consequent dependency, and changes to living and caring arrangements (often related to the death of a spouse or to changed family circumstances).

Although the dependent status of many elderly people in institutions is frequently stressed, it must be noted that the experiences of ageing are diverse and vary from one individual to another. Whether an elderly person is institutionalised and where they are institutionalised depends not only on their level of disability but in large part upon their personal and social characteristics, including socio-economic status, family links, community links, ethnicity and sex. The majority of elderly people are never severely disabled or dependent and never permanently institutionalised. Only 6% of all people over 65 years, and slightly less than 20% of those over 75 years, depend upon institutional accommodation (Salmond, 1976; King et al, 1985).

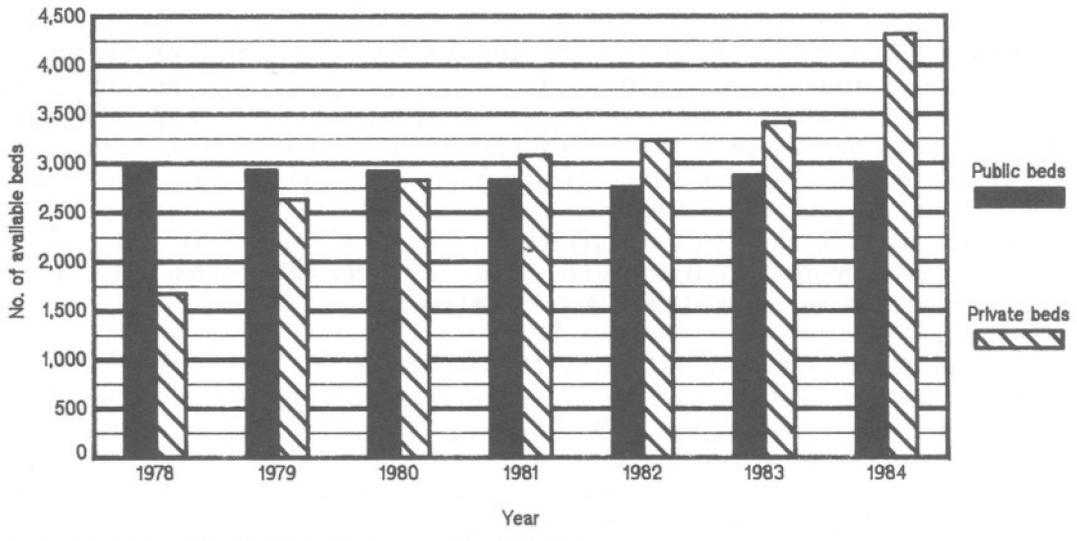
The number of people aged over 75 years (the people who make the greatest demands upon institutional services) is likely to almost double by the year 2001. If the current rate of institutional provision continues, and in the absence of appropriate community-based alternatives, a doubling in residential facilities for this group may need to be provided by the turn of the century.

Geriatric hospital care

Since 1978 there has been both an absolute and a proportional increase in the number of geriatric beds available in private and public hospitals. In 1978 there were 4,673 available geriatric beds (160 for every 10,000 people aged 65 or more), compared with 7,293 (221 for every 10,000 people aged 65 or more) in 1984. This increase is due solely to an expansion of geriatric services in the private and voluntary sectors. The percentage of geriatric beds provided within these sectors increased dramatically from 34% of the total in 1978 to 54% of the total in 1984 (Infogram 8.1). Geriatric beds made up 74% of all beds provided in private and voluntary welfare hospitals during 1984.

There is an imbalance in admissions to both private and public hospitals by sex, which is age-related. Men aged between 65 and 74 years comprised 53.5% of admissions in 1984 compared with 46.5% of admissions for women of the same age. At 75 years or more, men accounted for only 37.5% of admissions in comparison with 62.5% for women. This trend is due to the longer life expectancy of women. Increasing age brings with it a greater risk of exposure to the culminant effects of degenerative disease, and consequent disability and dependence upon caring services.

Infogram 8.1 AVAILABLE GERIATRIC HOSPITAL BEDS (1978–1984)



Source: Department of Health, Hospital Management Data 1978–1984.

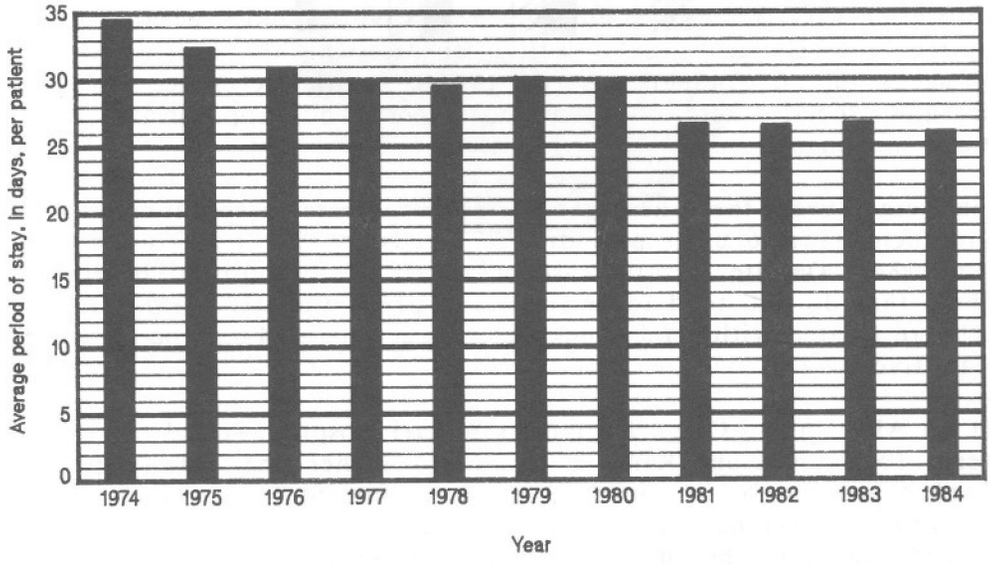
It is difficult to draw a clear distinction between long-stay and acute hospital beds for some elderly people. The period of time spent by an elderly person in a general hospital is not necessarily related directly to the condition for which they are admitted. In fact the condition resulting in admission may be related to some other condition causing dependency. This is particularly so for sufferers of Alzheimer's disease and other forms of senile dementia, who may be admitted for treatment of a physical condition but whose length of stay in hospital is dependent upon the extent to which they are disabled by their dementia (Todd and Haines, 1983).

Within public hospitals, the majority of admissions are acute admissions. Admission to an acute bed can, however, be the first step towards long-term institutionalisation. A survey of 160 people receiving long-term geriatric hospital care in Canterbury indicated that almost three quarters of the sample required acute hospital beds before being placed in long-term geriatric care. Some of the disabilities of long-term patients were found to be a result of hospital admission itself: "34% of [the] sample of general medical hospital patients aged 70 years or more suffered from symptoms of depressed psychophysiological functioning (confusion, falling, not eating and incontinence) which were unrelated to acute medical diagnoses or treatment, but which appeared to be the direct side effects of acute hospitalisation per se" (Higgins, 1985, p. 649).

There has been an overall trend towards shorter periods of stay for elderly patients admitted to public hospitals evident since at least 1974 (Infogram 8.2). This is due, in part, to frail and dependent elderly patients being transferred

from public beds into other forms of institutional care, including private hospitals and rest homes. The process reflects a general trend in public hospital patient management practices towards placing greater emphasis upon patient throughput and independence. Patients who are left occupying long-stay public geriatric beds are considered to be very dependent upon the institutional services provided. In 1981 it was reported that of 48 public hospital patients surveyed in long-stay beds, all were there because of an "inability to cope" (Jack, 1981). Thirty-eight of these patients were considered to have severe to very severe handicaps.

Infogram 8.2 AVERAGE DAYS STAYED IN PUBLIC HOSPITALS BY PEOPLE AGED 65 YEARS OR MORE (1974–1984)



Source: Department of Health, Hospital and Selected Morbidity Data 1974–1984.

Within private and voluntary welfare hospitals, long-stay patients tend to be admitted for diseases of the nervous system and under the aegis of "supplementary" or miscellaneous classifications. During 1984, 3% of admissions were for degenerative and other diseases of the central nervous system, such as Parkinson's disease, which are often incurable. Admissions under the aegis of supplementary classifications increased from 3.9% of admissions in 1974 to 12.9% of admissions in 1984, of which more than 51% were related to social and household circumstances. This suggests that a lack of access to adequate care and support in the community is a contributing cause of admission. The majority of people admitted under these categories were aged over 75 (78%) and were women (62%). Information on length of stay is not readily available but it appears likely that many of those admitted were admitted on a long-term or even permanent basis.

Older people do receive significantly longer periods of care in private hospitals than in public hospitals, an average of "87.3 days in private hospitals compared with only 30.1 days in public hospitals" (Hyslop et al, 1983 p. 192).

One of the factors most likely to determine the length of hospitalisation of an elderly person, whether it be in a public or private hospital, is the availability

and quality of care within the community. Those most vulnerable to long periods of hospital care are women living alone with little family or community support to call on, especially if there are problems of access to paid help, medical services and transport (Salmond, 1976; Koopman-Boyden, 1981). The 1981 census showed that 64,635 women aged more than 65 years lived alone, compared with 20,301 men. These are the people most at risk of staying for the longest periods of time in hospitals.

Assessment and Rehabilitation Units (ARUs)

In 1976 it was recommended that "full professional assessment" of people should be made before they are admitted to long-term institutional care (Salmond, 1976). It was argued that such assessment is essential if the appropriate institutional placement of the dependent elderly is to be achieved. At present, full assessment and rehabilitation units for the elderly are provided only within the public hospital system. ARUs have the objective of assessing the accommodation and treatment needs of dependent elderly people (with reference to physical, psychiatric and social factors) so as to recommend appropriate residential placement and treatment.

Over the last eight years there has been a steady increase in the number of ARUs, and beds in them, from 6 units providing 273 beds in 1978 to 19 units providing 642 beds in 1984. Despite this increase only half of all hospital boards provide ARUs. Those that do not, tend to be small and predominantly rural. One quarter of all ARUs are located within the Auckland region where 24% of people aged more than 65 years live.

A study of an ARU in the Otago Region, at Wakari Hospital, found there were two main criteria for admission (King et al, 1986): either the elderly person was unable to cope adequately in their normal environment; or it was believed an intensive programme of rehabilitation might improve their ability to cope. Of the 47 people encountered in the survey, two-thirds were aged 75 years or more, 62% were women, and 68% were either widowed or never married. Most people were admitted for physical reasons, reflecting the fact that many ARU referrals follow discharge from acute public hospital beds (Infogram 8.3). Only 14.9% of the people surveyed were independent in self-care and mobility. King found that 38% of the patients would represent a major challenge to services with a strong emphasis upon rehabilitation. Length of admission to ARUs ranges from one week for baseline assessment to five weeks for participation in a rehabilitation programme.

Despite the significant level of dependence of the people admitted to ARUs, a high proportion are discharged into the community, either to their own homes or to stay with relatives, upon completion of assessment. In the King survey, half of the patients were discharged into the community, 11% were discharged into residential homes, and 23% to long-stay geriatric hospital care; the destination of the remainder was unknown.

Old people's homes and rest homes

Since 1980, homes which have accommodated three or more people over the age of 65 years who are not related by blood or marriage to the householder, have had to be licensed as old people's homes. This regulation has not applied to private hospitals and other institutions under the control of the Department of Health and hospital boards.