

# **Appendix A**

## **Correspondence to Minister and Deputy Minister for Corrections—Template, Also Sent to Minister for Disability Issues**

Hon. Anne Tolley  
Minister of Corrections  
Parliament Buildings

**WELLINGTON**

9 September 2012

Dear Minister

I have been working on a Ph.D. which considers the situation of New Zealand prisoners who are hearing impaired and the public policy response to research done by Bowers (1981) where she reported 100% Maori and 84% European research subjects were found to have abnormal ears and/or hearing or a history of ear disease.

I wrote of my Ph.D. findings to Minister Turiana Taria on July 21, 2012, with a request to meet with her and Minister Pita Sharples to discuss how hearing impaired prisoners fare. On following up with her office in early August they advised that Minister Turia requested I meet with MP Pita Sharples so I contacted his office to arrange a meeting.

Hon Pita Sharples office then advised I should meet with you and I contacted your office to arrange a meeting. I was then asked that I write again, hence this letter, outlining my findings as presumably the correspondence I was advised would be forwarded to you from Hon Pita Sharples has not arrived.

Hearing impairment is thought to occur at the rate of 1:6 in the general population (RNID 2011) whereas in the New Zealand prison population international and national (self-reporting) research indicates it occurs at the rate of 1:3. These findings are in line with US research on prison populations where hearing loss occurrence is reported as 36–48%.

In 2005 the New Zealand Prisoners Health Survey (2005)<sup>1</sup> reported 1:3 (over 33%) of prisoners self-reported a hearing loss. Of the 1:3, **14.2%** of prisoners reported experiencing difficulty hearing someone in a quiet room; **24%** experienced difficulty hearing someone on the other side of a room and **31.2%** experienced difficulty when having a group conversation. Of note, this was the most highly self-reported sensory disability.

The New Zealand 2005 Prisoner Health Research (self-reporting) also reports that prisoner access to medical care is haphazard, consequentially referral to hearing rehabilitation services will be ad-hoc and internationally it is reported that Corrections Staff are unlikely to understand how hearing impairment presents.

Of concern, a study done in British Columbia by Dahl in 1992–3, found that corrections staff there were five times more likely to perceive behaviours relating to inmate behavioural or personality problems as deviant than to perceive them as indicative of a hearing problem and 55% of the inmates with partial hearing loss expressed concern about being misjudged or mislabelled.

Add to this that in New Zealand Maori are significantly over represented in prison populations, with 50.8% prisoners being Maori, though they make up 14.6% of the general population.

Therefore, from this national and international research it is reasonable to believe that a significant number of Maori prisoners will have a hearing disability and their behaviours will be judged as deviant rather than a person attempting to overcome communication challenges in a volatile environment.

This is a serious issue and one that needs our urgent attention. I have been in discussion with the Department of Corrections, Flinders University and the University of Auckland about possible research requirements but it has become obvious during these discussions that there is sufficient evidence for immediate policy intervention to address the needs of prisoners with hearing impairment.

In an aside, please note though that there is a very real need for research to identify the specific types of hearing impairments most prevalent in our prison populations which may be informative on opportunities for earlier interventions in prisoner life pathways.

Having reviewed data nationally and internationally and discussing the situation in New Zealand with Corrections staff, I agree with the opinion of senior audiological staff at the University of Auckland that the New Zealand Prisoner Health Survey (2005) and international research findings give sufficient information to the Department of Corrections to know the occurrence rates of hearing impairment in prisoners will be very high.

Accordingly, there is a significant and serious need to:

- identify prisoners who are hearing impaired
- educate Corrections staff on how a person who is hearing impaired will present and behave

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<sup>1</sup>Public Health Intelligence Occasional Bulletin No. 37.

- train Corrections staff on what to do when they suspect a prisoner has a previously unrecognised hearing impairment
- appropriately support prisoners who are hearing impaired to ensure they are able to achieve gainful re-employment when they return to society.

In line with this, it is recommended that the Department of Corrections adds a screening question in the prisoner health review screen which is done by the Prisoner's Case Manager on admission to prison after sentencing.

A question such as "*Do you have difficulty hearing in a group conversation with at least 3 other people in the group?*" could be added. When answered 'Yes', this indicates the need for further hearing and auditory processing testing. The specific question may need further discussion and trialling but the essence is that such a question needs to be asked.

We are aware that Corrections is receiving funding to support prisoner literacy development in the Budget which we applaud, but this may be premature as literacy development requires efficient auditory and or visual input or rehabilitative support as needed to achieve literacy.

I would very much appreciate the opportunity to discuss the needs of prisoners who are hearing impaired with you and ask that we meet?

Yours sincerely

# Appendix B

## Official Information Act Response from the Ministry of Health



133 Melrose Street  
PO Box 5013  
Wellington 6145  
New Zealand  
T +64 4 496 2000

Louise Carrol  
National Foundation for the Deaf  
Louise.Carroll@nfd.org.nz

Ref: H201403548

Dear Ms Carrol

### Response to your request for official information

Thank you for your request of 12 September 2014 under the Official Information Act 1982 (the Act) for:

1. The baseline budget for the B4 schools service, and
2. The baseline budget for the cochlear implants service including a breakdown of this budget into child and adult cost allocations.

You indicated that baseline funding for the last full financial year for the programmes as defined above would be appreciated – if this is easily available. If not, for the previous year would be acceptable.

Thank you for agreeing to an extension to the timeframe and the information being provided to you by 12 October 2014.

The information relating to this request is itemised below.

1. The total B4 School Check budget for the delivery of the B4 School Check service in 2013/14 was \$10,988,940
2. The annual baseline budget in 2013/14 for the cochlear implants service is set out below:

Cochlear implants- child	\$1,268,744
Cochlear implants- adult	\$1,811,360
Cochlear implants – child or adult (children get priority)	\$1,900,000
Cochlear service funding - existing service users (child and adult)	\$2,407,896
<b>Total baseline</b>	<b>\$7,388,000</b>

I trust this information fulfils your request.

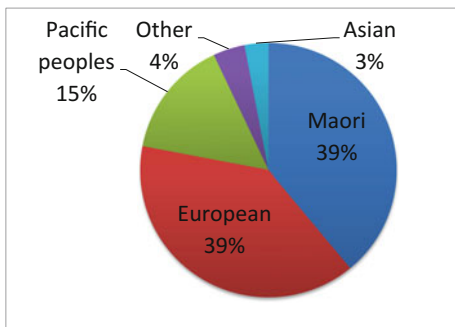
Yours sincerely



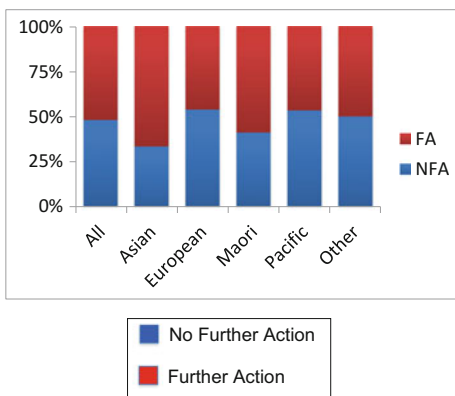
Michael Hundleby  
Acting National Director  
National Health Board  
Ministry of Health

[www.health.govt.nz](http://www.health.govt.nz)

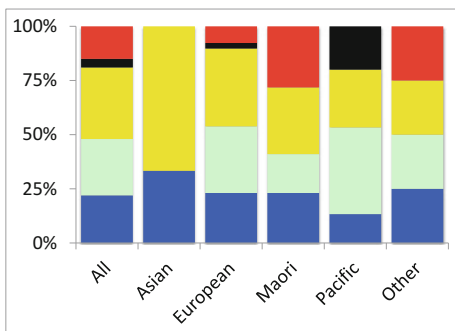
**Participant Ethnicities**  
**Mount Eden Corrections Facility Prisoner Hearing Loss Identification Project**  
**2014**



**Prisoner Hearing Loss Identification Project MECF 2014**  
**Action and No Further Action Results**

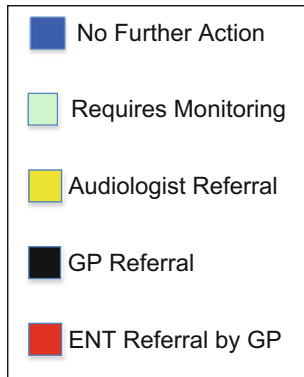


**Recommended Actions: All Categories**



November 2014

To ensure accuracy of results categorisation, prisoner categorisation high-tone low-tone hearing test results reviewed and allocations confirmed by senior audiologist.



# Glossary of Terms

**ACC** Accident Compensation Corporation

**APD** Auditory Processing Disorder

**BORA** Bill of Rights Act (1990)

**Captioning** sub-titling on broadcast media

**CEO** Chief Executive Officer

**CJD** Creutzfeldt–Jakob Disease

**Corrections** Department of Corrections

**CRPD** Convention on the Rights of Persons with Disabilities

**CST** Critical Systems Thinking

**Deaf/Hard of Hearing** People who support the use of technology to hear

**Deaf** People who use sign language to communicate

**FM** Frequency Modulation

**Foundation** The National Foundation for the Deaf

**GP** General Practitioner (Community-based family doctor)

**GST** Goods and Service Tax

**HAFS** Hearing Aid Funding Scheme

**HASS** Hearing Aid Subsidy Scheme

**HEDS** Hypermobile Ehlers–Danlos Syndrome

**IDA** International Disability Alliance

- IFHOH** International Federation of Hard of Hearing people
- IPOPI** International Patient Organisation for Primary Immunodeficiencies
- Kaumatua** Maori Elder
- KIDS** Immune Deficiencies Foundation of New Zealand (IDFNZ) Incorporated trading as The Kids Foundation
- LUHS** Life Unlimited Hearing Services
- MECF** Mount Eden Corrections Facility
- MOI** Prisoner Health Questionnaire
- NIHL** Noise-induced hearing loss
- NZAS** New Zealand Audiological Society
- NZSL** New Zealand Sign Language
- ODI** Office for Disability Issues
- ORL** Otolaryngology (ENT surgeon)
- PAR** Participatory Action Research
- PARS** Prisoners Aid and Rehabilitation Society
- Project Hiedi** Project for hearing identification and early diagnosis
- Serco** Serco Private Prisons
- TSI** Total System Intervention
- UN** United Nations
- UN UPR** United Nations Universal Periodic Review
- UNESCO** United Nations Educational, Scientific and Cultural Organisation
- VA** Veterans Affairs
- WHO** World Health Organisation



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