

1899.

NEW ZEALAND.

HOSPITALS AND CHARITABLE INSTITUTIONS OF THE COLONY

(REPORT ON THE), BY THE INSPECTOR OF HOSPITALS.

Presented to both Houses of the General Assembly by Command of His Excellency.

The INSPECTOR of HOSPITALS and CHARITABLE INSTITUTIONS to the Hon. the MINISTER of
EDUCATION.

SIR,—

Last year I went fully into the general problem of the management of our hospitals. This year I have judged it best to give Mrs. Neill the opportunity of setting forth independently the conclusions she has drawn from her experience of our charitable institutions. Her report is as follows :—

SIR,—

I have the honour to submit to you a report dealing with poor relief throughout New Zealand, based on observations made since I entered the department in May, 1895.

Poor relief in New Zealand is called “charitable aid,” and is distributed either by Charitable Aid Boards, or through the medium of “separate institutions,” usually called “benevolent societies.”

We have twenty-three Charitable Aid Boards and eight “separate institutions” that are relief-distributing bodies. In addition to these, twenty-two of the hospitals are “separate institutions,” and five other institutions are each devoted to some special purpose. The special duty of a Charitable Aid Board is to levy a poor rate. “The Hospitals and Charitable Institutions Act, 1885,” section 21, requires each Board, before the 31st March annually, to ascertain the amount of the expenditure required for the maintenance of institutions and for outdoor relief in its district during the coming year, and to allocate the proportion of such expenditure to be contributed by each local authority within its district. Every three years the Governor, by Order in Council, apportions the representation of these various local bodies on the District Board in proportion to population and amount contributed. No local authority can have more than four members, and the smaller ones are grouped so as to return either one or more representative members.

“Separate institutions” in each district furnish the District Charitable Aid Board with an estimate of the amount they will require during the coming year, and practically the District Board must meet their claim. For the incorporation of a “separate institution” “The Hospitals and Charitable Institutions Act, 1885,” sections 38, 42, and 43, and also the Amendment Act, 1886, section 31, provide that it must be supported in whole or part by the voluntary contributions of not less than one hundred persons, who shall have signified their intention to contribute, in sums of not less than 5s., a yearly amount of £100. However, experience has shown that in some cases, after a “separate institution” is incorporated, the voluntary contributions become a very small proportion of the expenditure, and the support of the “separate institution” devolves in reality on local rates, together with the Government subsidy thereon, whilst neither the Charitable Aid Board nor the central authority has power to reform or to abolish it. These incorporated institutions are governed by not less than six nor more than nine Trustees. If the voluntary contributions amount to less than one-sixth of the total amount required for maintenance, the voluntary contributors elect two of the nine, and the remaining seven are elected by the local authorities who contribute to the maintenance of the institution through the compulsory rate levied by the District Charitable Aid Board. Take as instances the two largest “separate institutions” we have—the Wellington Benevolent Trust and the Otago Benevolent Institution. For the year 1897–98, the former expended a total of £7,759, and voluntary contributions to the institution amounted to only £54; the latter expended a total of £10,736, and the voluntary contributions amounted to £344.