

**Working Notes Issue 31:
Do Poor Children Deserve Perfect Teeth?**

Do Poor Children Deserve Perfect Teeth?

Bill Toner, SJ

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Introduction

The current debate about the availability of free orthodontic treatment for children may seem a fairly trivial issue, compared with other problems facing our society. Yet it raises serious questions about our values, our priorities and our standards. Basically the background to this issue is that throughout the western world people are setting themselves ever more exacting standards in regard to personal appearance. Due to increased resources and new medical technology, 'blemishes' which are accepted by one generation as a fact of life become less socially acceptable. Many conditions which are often 'corrected' nowadays (such as eye squint, birthmark and hare-lip) were not always attended to in the past. For older people who can afford them there are a whole range of cosmetic 'improvements' available, such as 'face-lifts', hair replacement, silicon implants in breasts and so on. Currently there is a particular focus is on teeth. It appears that today's image-makers have decided that straight even teeth, with no gaps, should be the norm. This new standard is probably much influenced by American television, particularly soaps like Friends and Baywatch.

The problem is that while some of the former 'blemishes' mentioned were relatively rare, uneven teeth are very common, occurring in over 50 per cent of children. In numeric terms, uneven teeth can be said to be 'normal'! If nothing else, the sheer cost of straightening every crooked tooth in the country forces us to ask a number of hard questions about the road we are heading down. For instance, how do we define what is 'normal', and who defines it? Are those who are not 'normal' discriminated against in some way? Do we reinforce social distinctions through what we define as 'normal'? Is appearance more important than, say, personality? Is it even more important to us than health, given that, for instance an obsession with slimness is giving rise to serious health problems in many young women?

Before attempting to answer some of these questions, it may be helpful to give an outline of the dental services currently available to children here. If poor children are to have healthy teeth, orthodontic treatment is only one component in achieving this goal. Routine dental care is at least as important.

Dental Services for Children in Ireland

In Ireland, the general state of dental health among younger people is quite good by international standards. The addition of fluorine to water has dramatically reduced ordinary tooth decay, and health education has improved the standard of health care. Even in poor areas, the amount of shelf space devoted to toothbrushes, toothpaste and dental floss has steadily increased in recent years. A

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recent survey reveals that nowadays young people aged 16-24 have an average of 26-27 natural teeth, regardless of social class. (Note 1).

All children in national school are entitled to free oral care, and this has recently been extended to children up to 14 years of age in most secondary schools (16 years in the case of dependents of medical card holders). In practice this means either that a dentist visits the school and inspects the children's teeth, or appointments are made for children at the local clinic. In national school children are usually examined in second, fourth and sixth classes, and this is now being extended into secondary school as eligibility for all children is extended to 14 years of age. One hears complaints that examinations every second year are not frequent enough for children. It is true that many dentists will recommend six-monthly examinations, but it has to be remembered that they are also promoting their business interests. Privately many dentists will say that since the introduction of water fluoridation it is sufficient to have a check-up every 18 months or two years. Nowadays most infants living in areas where water is fluoridated have no tooth decay at all. Only about a quarter of five years olds in such areas have any cavities.

Particularly in poor areas, there are parents who pay less attention to their children's teeth than is desirable. This may be because they have many other things on their mind, such as chronic money shortage or debt, or problems with their children, and dental care is not top of their list of priorities. Appointments for clinics made in schools are not always kept. A random survey of 112 appointments made in a west Dublin clinic from local primary schools showed that 16 of them were not kept (14.2%). Follow-up calls may reduce missed appointments (known in the trade as 'DNAs' for 'Did Not Appear') by about half, which suggests that perhaps about 7% of children in poor areas miss at least some of their dental checks in primary school.

Health education is an important part of dental care. The Eastern Health Board has just appointed eight 'dental educators', mainly former dental nurses, to visit schools. The biggest issue in dental care is around sugar consumption between meals. A Working Notes researcher was told that in some schools children have been encouraged to make use of baby teeth that have fallen out for an interesting experiment. The tooth is immersed in a tumbler of lemonade (or other sugary drink) and it is noted that in three or four days the tooth has turned to brown mush! Though health consciousness is not as high in working class areas as in middle class ones, it is difficult to know if working class children consume more sugar between meals than middle-class children. Middle-class children may be more likely to have parents who nag about sweet-eating, but they also have more money to spend on sweets.

There is now better hope that the good dental care provided to poorer children in school will not be undone as they grow older. The coverage of the Dental Treatment Service Scheme or DTSS (the scheme for medical card holders) has been steadily increasing. However there is still no routine treatment available for people between the ages of 34 and 65 (though people in this age group are entitled to dentures and treatment associated with them). At present people in the 34-65 age group can get dental treatment only by going through their G.P. and being referred for treatment on medical grounds; by presenting themselves as an emergency case at a clinic; or by paying for

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treatment privately. This age group includes many poor and vulnerable people. Many have young children and are financially very stretched.

In fact it has recently been discovered that 51% of the DTSS budget is being spent on 'emergency' treatment, so it is possible that a large number of 34-65 years olds are getting treatment under this heading. If so, it might be simpler, and not hugely expensive, to extend the cover to this age group, which numbers 224,000.

Orthodontic Care

As suggested above, the current 'hot topic' in relation to children's dental health is orthodontic care. There is an orthodontic service connected with the school dental service, but it is not aimed at rectifying all 'defects'. Orthodontic 'defects' are noted in primary school, though the child will often have left primary school by the time treatment is carried out.

While many middle class parents can afford to have even minor 'defects' in their children's teeth rectified, this is not true of working class parents, since the average cost of orthodontic treatment is £2,000. Why is it so expensive? Firstly because it may involve repeated frequent visits to the dentist, as many as fifteen visits a year for two years. Secondly, because training to be an orthodontist requires four years training on top of basic dentistry, and orthodontists are anxious to get a return on their investment. Of course there may also be the problem of an artificially restricted supply of practitioners, as occurs in many professions, so that prices are inflated.

For many years the Department of Health and Health Boards were theoretically committed to the concept of comprehensive orthodontic care. The dental profession prioritizes orthodontic care in four categories. The first category would include severe bone defects and, for instance, cleft palate. The second category includes such conditions as severe crowding of front teeth or a bad overbite. The third category includes crooked teeth, badly crowded back teeth, and large spaces between teeth. The fourth category includes mild crowding and smaller spaces between teeth. A few years ago there was a waiting list in the Eastern Health Board area of one year in respect of Category One, and seven years for Category Two. Notionally the other categories could be treated when the Category Two cases were cleared but this rarely happened. In recent years the Department of Health/Health Boards have been more effective and more honest. In the E.H.B. area there is now no waiting list for Category One, and the Category Two list is down to three years. But there is no longer any intention of treating 'defects' in Category Three or Four. The current government policy is that if people want these 'defects' treated they must pay for it themselves.

Behind this policy is the view, which most dentists will agree with, that orthodontics in Categories Three and Four does not fit into the medical model of health. This view sees a lot of orthodontics as purely cosmetic. In this view slightly crooked or crowded teeth may not look very well to some, but they have no medical significance. Indeed most dentists would agree that there is some degree of risk in orthodontic work, so that appearance might be approved but other damage can be done.

The problem here is, of course, that while crooked teeth may have no medical significance, they may come to have social significance. As stated above young people who have very crooked teeth

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are in danger of becoming 'stigmatized' in an increasingly middle class, and increasingly polarised society. For people below a certain age, crooked teeth, like certain accents, are in danger of becoming a badge of class.

The main reason for limited scope of orthodontic treatment is lack of resources. But dentists are quick to point out that there may be other reasons for not carrying out orthodontic treatment. Basic dental work has to be in order. If teeth are decayed, orthodontic work cannot be carried out on them. Orthodontic care also needs a good deal of organisation by the family over a long period. In the EHB region the children have to visit St. James's Hospital every three or four weeks for up to two years to get springs tightened and to inspect progress. Dental hygiene must be maintained or there is a danger that the teeth being treated could decay. Thus, if the prospects for dental care seem poor, the dentist will not recommend orthodonty. This policy, though it may be justified, in practice bears more heavily on disadvantaged children living in disorganised households. The absence of a phone or car may be an added complication. Children who avail of the orthodontic service in St James's Hospital are reported to be predominantly from middle-class families.

Though lack of resources is not the only issue in relation to orthodontic treatment, it is a major issue. The Department of Health, and the Health Boards, are concerned that increased orthodontic treatment will divert resources away from routine dental care which is an important component of good general health. If it is true that half the children in the state have some defects in their teeth, and the state provided free comprehensive orthodontic care for all of them, it could cost the taxpayer as much as £60m. a year for orthodonty alone (on the basis that there are about 60,000 children in any one-year age cohort and that half of them would require treatment at £2,000 a time!).

What Changes are Needed?

With regard to basic dental care, there are a few improvements that could be made in the Dental Service as resources become available.

- More resources could be made available for dental care of infants. Tooth decay in infants living in 'fluoridated' areas is infrequent (25% of five year olds), but where it occurs it is due to incorrect diet, and particularly eating sugar between meals. If this is spotted early on it may be possible to educate parents and correct diet, avoiding further trouble down the road.
- Follow-up on the 'DNAs' can always be improved. There is a possibility of the Health Board appointing 'facilitators', whose job it will be to chase up children (and their parents) who miss appointments. There is already a pilot scheme in place. And while children from some schools have 100% attendance at appointments, in other schools the rate of attendance is less than 80%. It would be important, and fairly easy, to identify the schools with most 'DNA's' and find out what the reasons for this are. Apart from the issue of basic dental care, some of the children who miss out have fairly severe orthodontic problems.
- Waiting lists in the Dental Treatment Service Scheme need to be constantly monitored, but the evidence is that there have been big improvements in this area. In the past, delays of six months or

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more for routine treatment were being reported. Currently the E.H.B. has set itself a target of 30 days for the issuing of orders related to routine treatment under the DTSS, and they are satisfied that this target is being reached at present. To this 30 days has to be added the delay in getting an appointment with the dentist, but there is no reason why this should be longer for public than for private patients. Working Notes (and the agencies) would be glad to hear of any unreasonable delays in recent times.

- Fluoridation of water in rural areas (where most of the real poverty in Ireland exists) must continue to be given priority status in public health spending. Only about 65% of national school children live in areas where water is fluoridated.

In Conclusion

Regarding the question posed by the title above, 'Do Poor Children Deserve Perfect Teeth?', there may be room for expansion of the scope of orthodontic care, and the Department of Health and the Health Boards should keep an open mind about this. The fact is that, increasingly, badly-formed teeth are just one more 'handicap' that disadvantaged children carry through life, along with a 'flat' accent and a 'poor' address. Poor teeth will be noted in job interviews, especially where appearance is at a premium, and they also act as a 'marker' of social class. And while there is something of an ideological battle being fought regarding the 'rightness' or 'wrongness' of comprehensive cosmetic orthodontic care, it would not be right if the only victims in the battle were the poorest children who know nothing about the finer points of the argument but find themselves discriminated against socially and on the job market.

Nevertheless, taking the longer view, it is wrong that as a society we should be dominated to this extent by the image-makers. Uneven teeth do not generally constitute a medical problem, and it seems entirely inappropriate that we should now begin to define them as a social problem. There is a major problem for society if it starts to invent new categories by which the most vulnerable people in society are stigmatized, made feel self-conscious and even discriminated against. There are also serious questions to be asked about a social trend that places such a premium on physical appearance, that would seem to judge the book more by the cover than by the content.

An even more serious issue is the diversion of resources that 'cosmetic' orthodonty threatens to give rise to. There is now enormous pressure being brought on political representatives on doorsteps by articulate middle-class parents who want the state to spend several thousand pounds to straighten their children's teeth. At the same time resources to treat those in serious need of orthodontic care (those in Categories One and Two outlined above) are quite stretched. It would also be unacceptable if large amount of public funds were to be spent on cosmetic treatment, while many unemployed people living on £65 a week are either paying for routine dental care out of their own resources or going without.

While the dental profession cannot be considered as the only engine driving the new trend towards 'designer' teeth, they must take some of the responsibility for it. Many of them have been willing collaborators in the fudging of the line between the medical and the merely cosmetic. There is much

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anecdotal evidence that some dentists are 'selling' orthodontic treatment, which is expensive and medically quite unnecessary, to parents. Given that most people go to dentists to get a 'medical' judgment on oral problems, there is certainly scope for confusion here. At the moment dentists can probably do more than any other group in society to create a climate in which excessive attention to appearance is seen more as an eccentricity than as a legitimate cause for concern.

NOTES

My thanks to Tom Giblin S.J. and Bill McKenna S.J. for helpful comments in relation to this article, and also to the health professionals and other who gave generously of their time to discuss the issue.

Note 1: D. O'Mullane & H. Whelton. Oral Health of Irish Adults 1989-1990. Dublin: Stationery Office, 1992.

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Government Report to the U.N. Committee on the Rights of the Child

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Ireland's first national report on the state of children's rights and protections to the United Nations Committee on the Rights of the child was presented by Liz O'Donnell T.D., Minister of State for Development Assistance and Human Rights on the 12th and 13th January. Following her statement to the Committee, the Minister was grilled by the members of the Committee who had been well briefed by several NGOs who were also present, including the Children's Rights Alliance. The Children's Rights Alliance has been very critical of Government inaction on children's rights and needs and expressed to the Committee their criticisms. It is only a coincidence, of course, that the night before they met the Committee, they received a cheque from the government for £100,000 towards their valuable work!

During the course of the discussion between Liz O'Donnell with her advisors and the Committee, references to Mr. Frank Fahey were regularly made. On being asked who Frank Fahey was, Liz O'Donnell stated that he was Minister of State for Children. The Committee then wanted to know why Liz O'Donnell was appearing before the Committee and not Frank Fahey. They were also astonished to learn that the Minister with responsibility for children had no voice at the Cabinet table!

In the concluding observations of the Committee, they list three positive factors in the Irish care for children and eighteen "subjects of concern". My understanding is that for all other European countries, the Committee listed significantly more positive factors and significantly less subjects of concern.

Positively, the Committee

- commends the welfare services established for children and their families, the high level of education and advanced health system in Ireland.
- notes the recent efforts made in the field of law reform.
- and commends "the numerous efforts and concrete measures to protect children from sexual exploitation".

Negatively,

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- it criticises the fragmented approach to children (whereupon the Government made Frank Fahey Minister of State at the Departments of Justice and Education as well as Health, thereby restoring the arrangement which existed in the last Government.)
- it was astonished that there was no comprehensive national policy for children. Liz O'Donnell had stated that "to date, our concentration has been on dealing with individual issues. Eventually (my emphasis), it would be our intention to draw a wide range of individual developments together in the context of a national strategy." In other words, she promised that the Government would "eventually" get around to it.
- it was concerned that, despite the decision to establish a Social Services Inspectorate (which would be under the Department of Health), there was no independent monitoring mechanism such as an Ombudsman or a Child Rights Commissioner. (The Government have recently reneged on a prior commitment to establish an Ombudsman for children).
- it criticises the lack of statistical and other information collected on children. (There is no information made available on the numbers of homeless children or even on the numbers of children in care and leaked reports to the media on data relating to homeless children have been met with outraged protest from the Eastern Health Board at the leaking of the data!)
- It is concerned that the potential of Voluntary Groups in contributing to the development of children rights' policy is not fully realized.
- it is concerned at the various low age limits set in legislation. Liz O'Donnell had admitted that the failure of the Government to consider increasing the age of criminal responsibility beyond ten was due to 'serious doubts about the ability of the child care agencies to cope with the additional burdens placed on them by having to cater for greater numbers of 7, 8 and 9 year old children. There were real concerns that to raise the age of criminal responsibility from 7 to 11 or 12 in one go would place an intolerable burden on the child care agencies.'" This was greeted with astonishment by the members of the Committee who failed to see why it should be more difficult for the child care services to cope with the needs of children than the Department of Justice.
- it was concerned with the disparities with regard to access to education and health services faced by children from vulnerable and disadvantaged groups, including children belonging to the Traveller community, children from poor families and refugee children.
- it was concerned that there was no legislation prohibiting corporal punishment in the home. In the view of the Committee, this contravenes the principles and provisions of the Convention on the Rights of the Child. It was also concerned with the lack of mandatory reporting mechanisms for cases of child abuse. (The Government subsequently did a U-turn and agreed to introduce mandatory reporting).
- it was concerned that there was no appropriate procedure to include the identity of the father on the birth registration of children born to unmarried mothers.

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- it was concerned at the incidence of teenage suicide and the lack of adequate programmes for adolescents with drug or alcohol problems or with early pregnancies.
- it was concerned at the lack of a national policy to ensure the rights of children with disabilities and the lack of adequate programmes and services addressing the mental health of children.
- it is "particularly concerned" about the incidence of child poverty and homeless children.
- it is concerned about the situation of children who are excluded from school because of sanctions imposed by teachers.
- it is concerned about the low age of criminal responsibility (presently 7 - to be raised to 10) and treatment of children deprived of their liberty.

It is clear that the Committee members were well informed about the situation in Ireland, largely due to the non-Governmental organisations who briefed them prior to the meeting. It seemed to some observers of the sessions that Liz O'Donnell and her advisors were taken aback by the depth of knowledge of the Committee and the searching questions they asked. Certainly the report of the Committee, while couched in polite and diplomatic language, is a pretty damning indictment of the lack of policies and inadequacies of services for vulnerable and at risk children and children in especially difficult circumstances.

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Crime: Causes and Responses

Bill Toner, SJ and Tom Giblin, SJ

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Why Did Gavin Do It?

Gavin, a twenty-one year old who normally lives in a flat complex in the inner city, is currently serving a one year sentence for burglary. On temporary release for Christmas, he is persuaded by a young neighbour to join him in a stolen car. The two drive out to the suburbs, where they spend some time in high-speed 'joy-riding' and then ram-raid an off-licence and steal spirits and cigarettes. On the way home they are followed by a police car, which they ram. They are arrested and Gavin arrives back in prison, where he will face further charges.

Gavin will probably go to prison for the new offences. This is particularly likely in Ireland, where we incarcerate the highest proportion of 18-25 year old offenders in Europe. But why does society think that, say, prison is a proper response to Gavin's behaviour? Does our response to crime properly reflect what we believe to be the reasons for Gavin's wrong-doing? Are there alternatives to sending Gavin to prison that would be a more rational response by society?

If asked to comment on why Gavin did what he did, people will give a variety of responses.

1. Some people will see Gavin as simply undisciplined, and will think of prison as an appropriate way to instill discipline in Gavin, in the same way as they might slap a dog that soils the carpet.
2. Others will be less moralistic, but will interpret Gavin's behaviour as a rational choice to get some free drink and cigarette, and the 'buzz' of breaking limits. To protect itself society has to impose costs on this kind of behaviour, rather like giving someone a parking ticket to make the benefit of convenient but illegal parking less attractive.
3. Others again will feel that Gavin lacks 'socialization' and education, and their aim will be to correct this, through rehabilitation programmes inside or outside prison.
4. Another group will note that Gavin has been in trouble from an early age and has been 'labeled' as deviant by society. Gavin has internalised this labeling, and believes himself to be 'bad'. The important thing is to try to undo the effect of this labeling, and to deal with the issue outside the criminal system.
5. Another view will see Gavin as having missed out on the chances that most children in society get, and to be alienated from a society that puts a whole lot of goals (cars, big houses etc.) beyond his reach. In this view what Gavin needs is training in employable skills, and a 'leg up' into a job.

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6. Finally, some people will see Gavin as a victim of a 'system' that needs to exclude failed outsiders in order to define successful insiders. There is no point in punishing Gavin, what is needed is to reform the 'system'.

Different Interpretations of Crime

Thus a key issue that arises in dealing with crime is the divergence in interpretations of crime. Why is this important? Because the way that society decides to tackle crime and to punish it depends to a large extent on what they believe to be the causes. If a society is wrong in the way it interprets crime, then it is likely to put in place measures that will not tackle it at its roots, and may even make the crime problem worse.

The interpretations of Gavin's case reflect some of the most common theories to explain crime. They fall into two rough categories, psychological and sociological:

Psychological Theories

The Causes of Crime	How to Combat Crime	How to Deal with Criminals
Model One : Discipline-Law		
The criminal lacks the self-discipline necessary to control the impulses to wrong-doing that exist within us all. We need law and authority to place controls on our behaviour and thus gain such self-discipline.	We need more legislation to act as a control mechanism since traditional moral and social controls are breaking down.	There is clearly a need to impose a severe punishment on the offender. This will serve to teach them self-discipline.

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<p>Model Two : Self Interest – Incentives</p>		
<p>People generally behave in a way that balances the costs and benefits of their actions.</p>	<p>The most important way to tackle crime is to ensure the costs outweigh the benefits. Early detection and an efficient conviction system are seen as key.</p>	<p>Punishment should be strict, regular, sufficient to deter offending but not more severe than is required.</p>
<p>Model Three : Under-socialization</p>		
<p>Each society has a shared set of values. Some individuals have failed to integrate these values into their lives because of poor family background, social milieu etc. Peer influences act as reinforcers.</p>	<p>Rehabilitative and educational policies are far more effective than criminal justice policies.</p>	<p>The emphasis in prison should be on education and rehabilitation. Offenders should only be released when they are sufficiently rehabilitated.</p>

Sociological Theories

The Causes of Crime	How to Combat Crime	How to Deal with Criminals
<p>Model Four: Labeling</p>		
	<p>The key to controlling</p>	

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<p>The dominant group in society tries to impose its set of values on everyone else. Those who do not conform to these values are labeled deviant.</p>	<p>crime lies in controlling how we label individuals, areas and social groups.</p>	<p>Those who commit crimes should be dealt with outside the criminal justice system as prison only stigmatizes them and labels them as deviant thus making future employment more difficult.</p>
<p>Model Five : Alienation</p>		
<p>Modern society proclaims certain goals as important, success, a good job and affluence. People who absorb these goals but do not have the means to achieve them due to unemployment, poverty and lack of education experience alienation.. Crime then is a meaningful response to a lack of hope.</p>	<p>The key to reducing criminal activity is social reform and creating opportunities for those who are disadvantaged within our competitive culture</p>	<p>In such a situation punishment is clearly an inappropriate response. Education and teaching of skills that will be useful in seeking employment are more adequate responses.</p>
<p>Model Six : Structural-Cultural</p>		
<p>Our society is dominated by economic relationships. It is the need to find employment and keep it that is the major social control in western society.</p> <p>Those who fail are dangerous to the system however as they have little to lose. The prison system serves to coerce those who fail and deflect attention from the unjust system that excludes them.</p>	<p>To eliminate crime, nothing less than a radical restructuring of our society is required in which social inequality is eliminated.</p> <p>This also requires a redefinition of what is counted as success and failure in our society.</p>	<p>The “traditional” criminal is the one on whom society focuses most attention. But since his (or her) crime is a response to the position of failure that the economic system has imposed upon him, punishment is totally inappropriate.</p> <p>White-collar criminals use their position and power to exploit others. Such criminals should be punished as a lesson to others.</p>

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Interpretations both True and False

Each of the ways of interpreting the causes of crime above is incomplete and biased in some way. Each however, contains at least a grain of truth that is vital in considering the cause of crime.

The Discipline-Law model contains the grain of truth that ethical responsibility should never be lost sight of when addressing the cause of crime. However, it is based on a faulty psychology. Human persons do not learn self-discipline simply by the experience of constraint, laws and sacrifice. The only way we can accept constraint is against a fundamental background of secure acceptance and love. If our context is very insecure and we feel fundamentally unloved it will be very difficult for us as individuals to be properly self-disciplined. Most offending behaviour is an attempt to gain a short-term advantage. Delaying gratification involves a fundamental confidence in the future and a positive self-image.

Furthermore, the sanctions proposed by proponents of this model have the effect of undermining the self-worth of offenders. They emerge from prison further disadvantaged, and further convinced that they live in a world that treats them harshly. It is no surprise then that the results from 'short sharp shock' imprisonment in the UK indicate that there is little or no reduction in recidivism (the tendency to reoffend) when the prison regime is made harsher. Any effect is temporary. We also need to consider how prison insulates the offender from the consequences of his actions. Offenders never meet their victims (with mediation) or experience the damage they have caused. Instead they are locked up under a highly artificial regime, among other offenders, isolated from normal society. This further encourages irresponsibility.

The Incentives Model helps us to focus on the rationality of offenders. It makes the evident point that crime should not pay because if it does pay then more people will be encouraged to become criminals. Effective policing leading to good detection rates, and efficient and fair courts leading to adequate sanctions are necessary in responding to crime.

The problems with this model however are twofold. Firstly, it tends only to look at the costs of crime for the criminal. An offender may accurately perceive the costs of criminal behaviour but yet have no sense of any benefits of non-criminal behaviour. This immediately points up the lack of opportunity facing many offenders.

Secondly, the model tends to take a narrow view of the free rationality of individuals. Many factors can diminish rationality. Drug addiction is one such factor. Similarly intense frustration at the lack of opportunity, or psychological difficulties due to traumatic family life also radically affect the effective freedom of individuals. Freedom is only totally diminished when an act is purely

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accidental. Yet it is important to remember that while many offenders act with damaged freedom, their dignity and their future requires that they be helped to become more and more responsible.

The Under-Socialization Model focuses on the educational upbringing of the individual. Many offenders come from backgrounds where educational and family problems predominate. On the critical side, however, this model suggests a paternalistic attitude to offenders. They are to be re-integrated into our set of values. This is problematic on two counts.

Firstly, it makes offenders pure victims and in a fundamental sense undermines their dignity in so doing. They are lacking a social quality that must be supplied to them through education and rehabilitative programs. Yet the very acquisition of education and of values presupposes that the individual participates freely. The (admittedly extreme) implication of indeterminate educational sentences brings out the paternalistic nature of the model. The only effective type of education, however, will be one that respects and elicits the responsibility and freedom of offenders and, acknowledges that everything in their past cannot be repaired but still can be assumed responsibly by them with the support and friendship of others.

Secondly, the model uncritically assumes that the set of values, held by the majority, is good and therefore all in society should conform to them. The sociological models make it clear however that this is a massive assumption. Our own view is that our society which so praises economic success and accumulation of possessions will have to face the consequences of the effects of this set of values, with its exclusion of many people.

The Labeling Model is strong in suggesting how labeling can reinforce criminal behaviour. Yet it is weak in explaining what causes criminal behaviour in the first instance. To do that, we need a more adequate psychology and a fuller sociology. The theory however does serve to highlight one factor that can reinforce a pattern of offending. But labeling is not the only element that reinforces offending. Association with and integration into a peer group of offenders also contributes. Media sensationalizing elevates young offenders to the status of local heroes and helps to construct such groups. The relative attractiveness of criminal as against non-criminal behaviour is also a factor.

Another weakness of this model is that it is totally uncritical of the values both in the dominant culture and in the criminal sub-culture. Both cultures need to be critiqued. In a democracy the majority of citizens do have some rights to expression of their values. All cultures are not equal either politically or ethically as the labeling model suggests. On the other hand what the labeling model does highlight, however, is that the rights of the majority in a democracy are always qualified by the rights of minorities. They are not absolute.

The Alienation model focuses on social exclusion as the cause of crime. This is very persuasive. Yet like the under-socialization model this model is weak in addressing the responsibility issue. It does not explain why many from similar backgrounds do not offend, nor does it explain the brutality of some offending.

Yet as we mentioned already the responsibility of offenders cannot be taken as an absolute. We must take into account the broad sense in which many offenders have diminished freedom. Moreover the

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alienation model is strong in providing non-criminal opport...
HTTP/1.0 Accept: */* Referer: http://www.itx.ie/webmail/src/webmail.php Accept-Language: en-ie Proxy-Connexion: Keep-Alive User-Agent: Mozilla/4.0 (compatible; MSIE 6.0; Windows 98) Host: www.iich criminal behaviour becomes more probable. When society becomes more acquisitive, competitive, and individualistic, then the bonds that connect people weaken and the sense of crime as a real offence against another person diminishes. This deeper structural and cultural level is perhaps the hardest of the contributory causes of crime to address..

So What About Gavin?

In the case of most crime, it is not a case of choosing one interpretation over another. All are true to some extent. Thus:

- The issue of Gavin's lack of self-discipline needs to be tackled.
- It is important that Gavin be persuaded that crime does not pay.
- Unless Gavin is brought to internalise the general norms of society he is likely to reoffend.
- If Gavin continues to be 'labeled' as a deviant he is likely to conform to that role.
- Gavin needs employable skills if he is ever to break free from a life of crime.
- If our society continues to be polarised into rich and poor, insiders and outsiders, many more Gavin's will emerge.

In the short term, the interpretation of under-socialization deserves particular attention, particularly in relation to the use of imprisonment as a response to crime. Because whichever of the above interpretations we choose to emphasise one thing is clear. Whether someone engages in a criminal act or comes to be regarded as a criminal is influenced fundamentally by social learning and social surroundings. The probability is that if Gavin had associated with a different set of people, both inside and outside prison, he would probably neither have embarked on, nor remained wedded to, a life of crime. It is not just a trivial detail that he was persuaded by one of his peers to go on a joy-riding escapade. Becoming involved with criminal groups influences people's outlooks, just as much as particular outlooks actually produce criminal behaviour in the first place.

Nevertheless it is not easy to recommend that Gavin should be separated from his family, even though he may have learned some anti-social attitudes from them in the first place, nor do we want to leave him without friends. Yet there may be hard choices to be made here by Gavin. There are many former criminals who will attest that they never succeeding in 'kicking the habit' until they moved away, sometimes to England, where former friends could not draw them back to old ways. Perhaps in many cases people released from prison should be encouraged and even helped to move away from their old haunts.

There is no doubt too that current housing policy greatly facilitates the gathering together in one area of people with anti-social tendencies, so that as long as Gavin lives where he does, he has little chance of escaping from the treadmill of crime.

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But whatever about ordinary friends, there seems to be something slightly crazy about locking criminals up with other like-minded people, and there is little doubt that future generations will look back in wonder at the nineteenth/twentieth century custom of building 'schools for scoundrels'. What is needed is a system of alternatives to prison which include a coherent continuum of options. An example of one programme on this continuum comes from Germany. This is a rehabilitation programme for certain types of offenders where, instead of going to prison, participants are required to go on something approaching a series of week-end 'retreats', where they have contact only with a tutor, eat meals in their room, are required to do reading, and must also write a report about their progress to date.

It may also be necessary to make alternative sanctions to prison non-optional, if we are to avoid the ludicrous situation where people choose prison over other options, because they know that, due to lack of prison space, they will be released in a few weeks or even days.

Note:

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