

Inspector's Overview

Prisoners should have consistent access to dental care in all Western Australian prisons

We have been concerned about prisoners' access to dental care for some time, and in many of our inspection reports, we have made recommendations for improvements to dental services in prisons. The issue is complicated by the dual roles of the Department of Justice (the Department) and the Department of Health's Dental Health Services in the provision of dental services in prisons. We were told that ultimately the Commonwealth Government has responsibility for primary health care, including dental care, but the State provides a safety net public dental service that includes prison based dental services.

Data and information available to us from complaints, responses to our pre-inspection surveys of staff and prisoners, information received from our Independent Visitors, and our own research and inspection work all pointed to a significant level of dissatisfaction with the provision of dental services in prisons.

All of this prompted us to address this issue as a review topic. The results presented in this report are not that surprising and have confirmed, in an evidence-based way, what we had suspected all along, that prisoners' access to dental care is poor and falling well short of what is required.

We have often heard the argument that prisoners should not come to prison to get their teeth fixed. But this is a far too simplistic view of the problem. Our report sets out many of the issues, complications and benefits that come from addressing the oral health of prisoners. We believe that more needs to be done and the experts and research agree.

Prisoners are not seeking anything more than timely access to basic dental care that addresses things like gum disease, dental carries, infection and dental pain. We saw evidence of long delays in accessing dental care, with extractions often being the only viable treatment option. We heard that some prisoners resort to extracting their own teeth, with one prisoner proudly showing us a tooth he had extracted himself because he could not get to see a dentist. We also received acknowledgement that because of the burden of dental disease and level of unmet need it was overly simplistic to compare the level of service provided in the community to that of the prison population.

We also observed that access to dental care is entirely inconsistent across different prisons. There are examples where a small number of prisons provide a reasonable standard of dental care, with manageable wait lists and an appropriate range of treatment options, but others are providing almost no dental care at all. This is not only unfair but breeds frustration and anxiety among prisoners who talk to each other about what they can and cannot access in different facilities.

One of the positives to come from this work is the acknowledgment by key stakeholders of the problems around access to dental care in prisons. We received agreement from the Department that more needs to be done to treat and prevent prisoners' dental problems. The Department in its response to this report stated a commitment to improving current practices relating to the

facilitation of dental services provided by the Department of Health, Dental Health Services. We also received acknowledgment and commitment from other key stakeholders, including Serco Acacia Prison, the Chief Dental Officer, and the North Metropolitan Health Service, to the many of the findings and recommendations identified in this report. The issue of resources for the provision of dental care in prisons has been identified as one of the key barriers to improvement. Given the acknowledgments and commitments we have received, we are encouraged that these may lead to substantive change and sustained resourcing and commitment.

Acknowledgments

It is important to acknowledge the contribution and assistance we received in undertaking this review from key personnel in the Department, and at the Department of Health, Dental Health Services, the North Metropolitan Health Service and Serco Acacia Prison.

Finally, I want to acknowledge the hard work and significant contribution of the team within our office in planning and undertaking this review. I would particularly acknowledge and thank Cherie O'Connor for her work in leading this review and as principal drafter of this report.

Eamon Ryan
Inspector

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