GOVERNMENT OF WESTERN AUSTRALIA

OFFICE OF THE INSPECTOR OF CUSTODIAL SERVICES

Prisoner access to dental care in Western Australia

October 2021

The Office of the Inspector of Custodial Services acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this country, and their continuing connection to land, waters, and community throughout Australia. We pay our respects to them and their cultures, and to Elders, be they past, present, or emerging.

The reviews undertaken as part of the Office of the Inspector of Custodial Services' *Snapshot Series* are designed to provide a brief summary of an issue or trend in or effecting the Western Australian custodial environment. This review examines whether the arrangements for the provision of dental services meet the demands of the prisoner population. Information examined for this *Snapshot* was obtained from the Department of Justice and the Department of Health, Dental Health Services. Both departments and other stakeholders have reviewed this report and provided feedback which has been taken into consideration.

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This report is available on the Office's website and will be made available, upon request in alternate formats.

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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

28 October 2021

Executive Summary

Background

Healthy teeth are crucial for a person's overall health and wellbeing. Good oral health allows a person to talk, eat, and drink without experiencing pain, discomfort, or embarrassment. The Council of Australian Governments defines oral health as 'more than simply the absence of disease in the oral cavity; it is a standard of oral functioning that enables comfortable participation in everyday activities' (COAG Health Council, 2015, p. 6).

As such, problems with oral health extend far beyond the teeth and mouth. Oral health is intrinsically linked to various other health issues, including diabetes mellitus, coronary heart disease, and pregnancy related complications (Dhadse, Gattani, & Mishra, 2010; Kane, 2017).

In Western Australia, people who meet set eligibility criteria can access publicly funded dental care through the Department of Health's Dental Health Services (DHS) branch. For prisoners in Western Australia, the Department of Justice (the Department) has established a Memorandum of Understanding with DHS to provide dental services. A very small number of prisoners pay for their own private dental appointments. And for those prisoners placed at Acacia Prison, a privately-operated facility, dental services are provided through a private contract arrangement.

The benefits of providing adequate dental care extend beyond a prisoner's time in custody

Prisoners have poorer oral health compared to people in the wider community (AIHW, 2020A). This means prisoners are more likely to need higher levels of dental health services and more intensive treatments. However, prisoners should not be seen as separate from the community, but rather as a proportion of the population who, for most, are passing through the prison setting. Prisoners come from the community and most prisoners will return to the community. As such, the benefits of providing prisoners adequate dental care extends beyond their time in custody.

Research indicates that for some people, prison is the only time they see a dentist (Douds, Ahlin, Fiore, & Barrish, 2020). This provides an opportunity for prisoners to receive appropriate dental care as well as information and education. This can help set up healthy and cost-effective dental habits, that may then be continued once the person returns to the community. This may reduce the likelihood or severity of further dental issues, and other associated health concerns.

Further to this, there is an obvious cosmetic aspect to a mouth full of healthy teeth and gums, which can be linked to one's sense of self-esteem and self-confidence. Prisoners who have missing or damaged teeth may find it more difficult to gain employment (Douds, Ahlin, Fiore, & Barrish, 2020). Therefore, treating and preventing dental problems, including tooth loss, should also be considered part of the rehabilitative and reintegrative functions of incarceration.

Key findings

Dental service provision is inadequate causing ongoing dissatisfaction from prisoners

Prisoners have higher dental needs compared to the general population and have limited options to seek treatment and access pain relief. Therefore, it is imperative that prisoners can access dental care when necessary. However, there are not enough dentists to meet demand and access is largely dependent on where a prisoner is held. It is unsurprising then, that prisoners continually expressed their dissatisfaction with dental care and the lengthy wait times through various complaints mechanisms.

Limited evidence there is adequate oversight of dental care

Dental services are provided to prisoners under a Memorandum of Understanding between the Department of Justice and the Department of Health. The arrangement ensures that data is jointly shared between the two departments. However, the Department of Justice could not provide this data during our review and relied on the Department of Health to supply it. This demonstrates limited oversight of the services provided, which is compounded by a lack of systemic reviews or evaluations of dental health. Without ongoing analysis of the types of dental services provided and to whom, we are unsure how the Department can substantiate that prisoners are receiving timely and sufficient dental care.

Barriers to dental care are obvious, but not well managed

A number of barriers limit prisoners' access to dental care. This includes a limited number of appointments, made even more scarce due to inflexible and slow administrative processes. Additionally, staff shortages due to daily absences and lockdowns limit the time prisoners can access dentists, and escorts to both private and publicly provided dental appointments may be cancelled. Excessive restraints, that do not match the level of risk, may also deter prisoners from accessing the dentists in the community or paying for their own private dental appointments.

Conclusion

The Department has limited oversight over dental care in prisons. Despite this, the Department stated to us that dental care is 'performing well' compared to the community. However, this argument is flawed, as prisoners have considerably higher dental needs compared to the general population. Furthermore, we found extensive wait times occurred, in part, because the number of available dentists currently servicing the prison estate is about a tenth of the required resources needed to meet their needs.

Recommendations

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1. Dental service provision is inadequate

People in custody have high level dental health needs. However, it is difficult for most prisoners to access dental care. Dental appointments have decreased in the past year, access to a dentist is largely dependent on which facility a prisoner is located at, and there are simply not enough dentists to meet demand. Because of the high level of need in the prisoner population, and the paucity of services, treatment options are often limited to extractions.

1.1 People come into custody with poor oral health

It is well known that people in custody have poorer general health when measured against people in the broader community. This includes having significantly poorer oral health outcomes (AIHW, 2020A). In part, this is because prisoners are more likely to come from lower socio-economic backgrounds increasing the chances of having poorer nutrition. They are also more likely to have substance misuse problems. It is often the case that prisoners only become aware of the extent of their poor oral health when they enter prison and start a detoxification regime. The analgesic properties of substances such as opiates or alcohol mask dental disease. Once these are removed, the patient may experience severe pain and seek immediate dental care (WHO, 2014).

Socio-economic factors contribute to poor dental health

Socio-economic factors impact on a person's access to dental services. Prisoners are more likely to come from low socio-economic backgrounds, be unemployed, and experience homelessness (AIHW, 2020A). The inability to pay for dental care is one of the major barriers for people from low socio-economic backgrounds, including access to preventative, restorative, and emergency care (Goode, Hoang, & Crocombe, 2018; Koletsi-Kounari, Tzavara, & Tountas, 2011).

People living in lower socio-economic areas are less likely to have health insurance, compared to those from higher socio-economic areas (AIHW, 2016). Inadequate housing and disruptions to family structure also effect access to dental care (Lee, et al., 2016). Low cost options, while available, are limited with DHS providing basic dental services at a reduced cost to eligible recipients.

Poor diet and substance misuse are linked to poor oral health

Tooth decay and dental caries (commonly known as cavities) are extremely prevalent in prison populations (Kane, 2017). There is a well-known direct link between poor diet, especially high levels of sugar (sucrose) and tooth decay. Sugar interacts with bacteria causing acid, which then breaks downs the enamel of the teeth which causes dental caries and tooth decay (Gupta, et al., 2003). Several factors impact on eating habits, including the affordability and availability of healthy foods and nutrition education (Lee, et al., 2016). People from low income households may be unable to buy

fresh fruit and vegetables, and instead may purchase cheaper foods high in sugar and saturated fat. Furthermore, the cost of living in remote communities tends to be higher (including food costs) and incomes tend to be lower (Ferguson, O'Dea, Holden, Miles, & Brimblecombe, 2017). This increases the difficulty to buy healthy foods, which can have a negative impact on dental health.

Illicit and legal drug use can contribute to dental problems

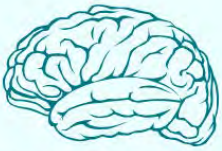
People also come into custody having higher rates of using both legal and illicit substances (Fazel, Yoon, & Hayes, 2017) which can negatively affect a person's dental health. For example, there is an established link between tobacco smoking and periodontal disease (Zee, 2009). Not only are smokers more likely to develop periodontal disease, the symptoms are worse. People coming into custody have higher rates of smoking than the general population; 82 per cent compared to 11 per cent, respectively (OICS, 2021A; AIHW, 2019). Aboriginal people coming into custody are also more likely to smoke compared to non-Aboriginal people (85.7% and 78.4% respectively), a pattern that is reflected in the community (OICS, 2021A).

Similarly, the link between methamphetamine use and poor dental health is well established. Colloquially known as 'meth mouth', tooth decay and gum disease are highly prevalent in methamphetamine users (De-Carolis, Boyd, Mancinelli, Pagano, & Eramo, 2015). Methamphetamine use can cause dry mouth (lack of saliva), long periods of poor hygiene, and can lead to the frequent indigestion of sugary drinks (De-Carolis, Boyd, Mancinelli, Pagano, & Eramo, 2015). Furthermore, extensive grinding and clenching of the teeth can wear them down (De-Carolis, Boyd, Mancinelli, Pagano, & Eramo, 2015). People may worry about disclosing their drug habit to a dentist, fearing judgment or being reported to the police which may be a barrier to seeking dental care.

Research has also demonstrated a relationship between alcohol abuse and poor dental health, including gum disease and an increased number of caries (Lages, et al., 2015). This relationship is thought to be two-fold; directly by 'dry mouth' and indirectly through poor dental hygiene associated with people who abuse alcohol (Lages, et al., 2015). People who consume excessive amounts of alcohol often experience 'dry mouth' at night. Having an adequate amount of saliva plays a crucial role in preventing tooth decay as salvia neutralises acid that cause decay (Lages, et al., 2015).

There is a link between dental disease and mental ill health

Forty per cent of people coming into custody report having had a mental health condition at some stage in their life. This is higher for women, where 65 per cent report a history of mental illness, compared to 36 per cent of men (AIHW, 2020A). People with mental health problems are more vulnerable to dental diseases, including gum diseases and dental caries (Kisely, et al., 2011). This, according to Kisley, is due to various reasons, including:



40% of prisoners have a mental illness

- dental costs
- difficulties in accessing dental care
- poor oral hygiene habits
- amotivation to seek out dental care
- fear, specifically dental related phobias
- impact of certain medications can have dental health side effect such as dry mouth.

1.2 The number of dental appointments has decreased recently

Between 1 July 2020 to 31 March 2021 the average daily prisoner population in Western Australia was 6,641. Over the same time there were 2,653 dental appointments across the adult custodial estate. This is about one visit for every 2.5 prisoners and equates to approximately 295 appointments each month. This is a downward trend in the number of prisoners accessing dental care in the last financial year compared to 2018/2019 and 2019/2020 where the average monthly visits were 329 and 332 respectively.

While we acknowledge that we do not have the data for the final quarter of the 2020/2021 financial year, if we were to extrapolate, it is unlikely that the same number of prisoners would see a dentist, compared to previous years. An overall deficit of between 400 and 500 appointments is expected. While the COVID-19 pandemic may partly explain this decrease, it is clear that there are too few dental appointments to meet the needs of the prisoner population.

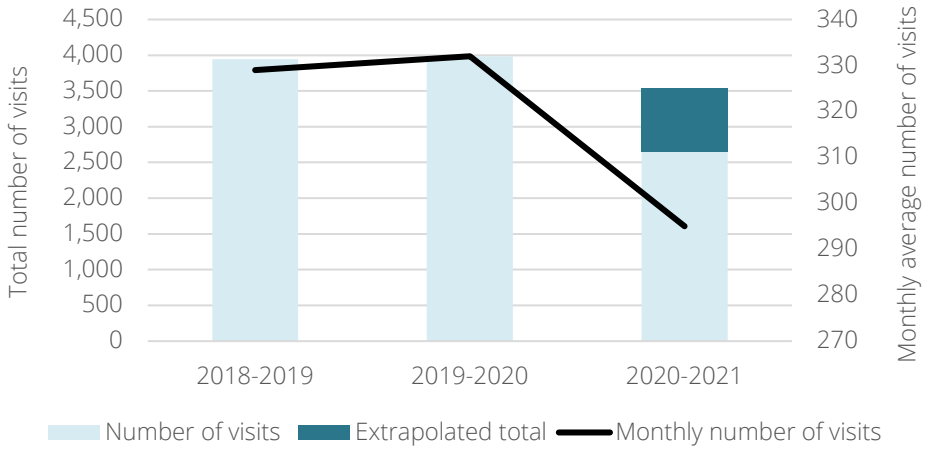


Figure 1 Number of dental visits per financial year compared to the average monthly number of visits

1.3 There are not enough dentists to meet demand

Eight prisons in Western Australia share 2.7 full time equivalent (FTE) dental teams (one dentist and one dental nurse). It is simply not enough to service the needs of the daily average population at these prisons, which is almost 4,000 prisoners. However, the lack of dentists is not a new issue for the Department. In 2010, an independent review initiated by the then Department of Corrective Services noted 'There are not enough dentists and hours to meet demand' (DCS, 2010). The review referenced the *Corrections Health Program (ACT Health)* which estimates that one FTE dentist is required for every 150 offenders. Using this benchmark for the eight prisons currently sharing the 2.7 FTE dental teams, this equates to about 25 FTE or almost 10 times the current level of service.

Table 1 FTE of dentists provided at each facility compared to FTE required to meet demand (March 2021)

Clinic	Number of FTE (days per week)	FTE needed to meet demand	Daily Average population (March 2021)
Albany Regional Prison	0.2 (1)	2	302
Bandyup Women's Prison	0.4 (2)	1.5	229
Bunbury Regional Prison	0.2 (1)	3.2	490
Casuarina	0.8 (4)	8	1,210
Greenough Regional Prison	0.2 (1)	0.7	210
Hakea Prison	0.4 (2)	6.1	923
West Kimberley Regional Prison	0.1 (0.5)	0.7	210
Wooroloo Prison Farm	0.4 (2)	2.5	382
Total	2.7	24.7	3,956

However, some prisons also service the needs of prisoners from other facilities. If the formula was expanded to the whole adult custodial estate with its 2020 daily average population of 6,820 prisoners, it would equate to over 45 FTE or more than 16 times what is currently available. We acknowledge that this is a crude calculation as some level of service is provided to prisoners at community dental clinics. However, that level is so variable it is difficult to quantify and does not negate the evidence that there are not enough dentists to adequately service the prison population.

Recommendation 1 – The Government should commit additional resources to increase the number of DHS dental teams accessible to Western Australian prisons

1.4 Access to dental services is dependent on where a prisoner is held

Some prisoners receive dental care at prisons other than where they are being held. For example, prisoners placed at Boronia Pre-Release Centre, Melaleuca Women's Prison, and occasionally Wandoo Rehabilitation Prison are seen at Bandyup Women's Prison. Taken without context, this inflates the level of service provided at Bandyup where comparison in the above Table is made only to its average daily population.

However, some prisons do provide more dental appointments than others, considering their population sizes. In the 2020/2021 financial year (till March 31), there were 477 dental appointments at Wooroloo Prison Farm, which has a daily average population of about 400 prisoners. In contrast, Karnet Prison Farm has a similar daily average (360 prisoners), but over the same period there were only 21 dental appointments. We heard that there have been many issues in securing dental care for prisoners at Karnet, and currently only one appointment per fortnight has been secured at a local dental clinic. In addition to their similar size, Karnet and Wooroloo are also located in comparable locations (outer metropolitan areas), the prisoners placed at both sites are rated minimum security, and as releasing prisons, the prisoners have generally been in custody for a longer period. However, despite their similarities, prisoners report very different access to dental appointments.

Similar inequity is observed comparing Bunbury Regional Prison and Wooroloo Prison Farm. Again, the prisons are roughly the same size (daily average populations of 490 and 400, respectively). However, in the 2020/2021 financial year (till March 31), there were only 175 dental appointments at Bunbury, equating to about a third of the appointments conducted at Wooroloo. This disparity can in part be explained by Wooroloo's unique position where prisoners are not locked down, which allows for uninterrupted visits to the health centre.

Table 2 Breakdown of prisoner visits to the dentist and number of visits by facility

Clinic	2018/2019 financial year		2019/2020 financial year		2020-2021 financial year (till March 31)	
	Prisoners	Visits	Prisoners	Visits	Prisoners	Visits
Albany General Dental Clinic (Pardelup)	53	83	58	110	46	88
Albany Prison	160	171	239	257	121	127
Bandyup Women's Prison	300	306	493	637	378	470
Broome General Dental Clinic	22	29	22	29	17	24
Broome Regional AMS	0	0	1	1	0	0
Bunbury General Dental Clinic	9	10	3	3	5	6
Bunbury Regional Prison	251	279	260	289	166	175
Casuarina Prison	743	954	483	560	355	422
Cockburn GDC (Karnet)	0	0	22	24	21	21
Eastern Goldfields Regional Prison	125	180	145	209	29	29
Geraldton General Dental Clinic (Greenough)	13	13	5	5	1	1
Greenough Regional Prison	159	177	177	192	110	116
Hakea Prison	950	1019	853	903	528	574
Kununurra General Dental Clinic	15	41	9	30	7	17
Rockingham General Dental Clinic	0	0	0	0	2	2
West Kimberley Prison	112	119	113	120	101	104
Wooroloo Prison Farm	523	564	561	617	415	477
Total	3,435	3,945	3,444	3,986	2,302	2,653

Other inequities are apparent across the State. For example, prisoners at Roebourne Regional Prison did not have access to a public dentist between November 2020 and June 2021, when equipment failed at the local health service. The prison's health services have encouraged prisoners to attend a private dental clinic if they can. However, it requires prisoners to pay up-front. This is likely to have resulted in further economic disadvantage to prisoners at Roebourne.

Table 3 Number of prisoner patients seen by a dentist at a prison dental clinic in March 2021

Clinic	Number of patients	Daily Average population (March 2021)
Albany Regional Prison	43	302
Bandyup Women's Prison	48	229
Bunbury Regional Prison	18	490
Hakea Prison	65	923
Casuarina Prison	67	1,210
Greenough Regional Prison	6	210
West Kimberley Regional Prison	12	210
Wooroloo Prison Farm	45	382
Total	304	3,956

Prior to 19 January 2021, Acacia Prison contracted a dentist onsite five days a week. However, under a new contract this was reduced to three days per week. Acacia was unable to provide our Office specific data related to dental care, but it informed us that 79 patients were seen in March 2021.

A breakdown of the current arrangements for all facilities is provided in Appendix B.

1.5 Prisoners primary dental treatment is extraction

We examined dental treatment data for 12 months. A total of 8,975 treatment codes were identified, but only 3,888 prisoners attended dental appointments. This is because a prisoner may have multiple treatments in one appointment, which would have multiple codes. As such, a prisoner may have an oral exam, receive dietary advice from the dentist, get an x-ray taken, and have a tooth removed.

There were 12 categories of treatment:

- examinations (2,823)
- radiological examination and interpretation (2,374)
- other diagnostic services (81)
- preventative services (273)
- periodontics (17)
- extractions, including surgical extractions (1,941)
- surgery for prostheses (48)
- endodontics (57)
- restorative services (804)
- crown and bridge services (5)
- prosthodontics, including dentures and denture repair (133)
- general services including emergencies (107)

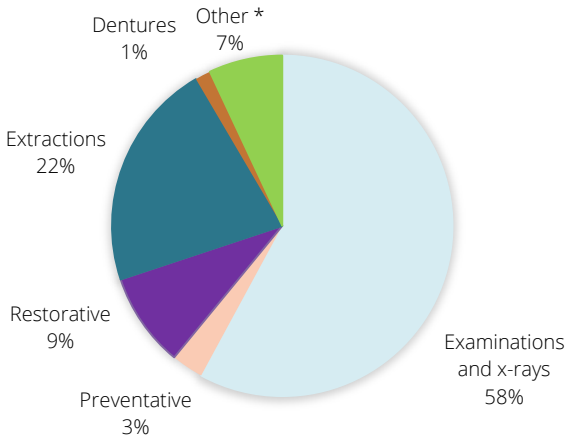


Figure 2 Breakdown of DHS dental codes

*other includes other diagnostic services, periodontics, surgery for protheses, endodontics, crown and bridge services and general services including emergencies

Nearly all prisoners who visited the dentist received an oral examination and it was extremely common for x-rays to be taken.

We compared the number of codes for (i) preventative services, (ii) extractions (including surgical extractions), (iii) restorative care, and (iv) prosthodontics (including dentures and denture repairs). Over half (62%) of the codes from these four categories, related to extractions, most of which occurred at Hakea (24%), Bandyup (21%), and Casuarina (18%) prisons. This is likely due to these facilities having the most appointments. It is unsurprising that extractions are so common, as it is often the only treatment option available based on the level of tooth decay prisoners present with.

As Acacia could not provide our Office with specific dental data, we could not evaluate the types of services Acacia's prisoners receive. The inability to collate this data means neither the prison or the Department can evaluate service provision for those who receive treatment while placed at Acacia. Acacia uses the same health records database as the Department which prevents the timely extraction of collective data as it is stored as individual patient records. Noting this limitation Acacia advised us that in response to this finding it has commenced a separate collation of this information for review or future reference.

Table 4 Breakdown of dental codes by facility

Clinic	Preventative services	Extractions	Restorative Care	Dentures	Total
Albany Prison	14	182	43	5	244
Bandyup Women's Prison	66	400	144	45	655
Bunbury Regional Prison	24	86	72	8	190
Casuarina Prison	51	353	123	18	545
Eastern Goldfields Regional Prison	0	23	10	0	33
Greenough Regional Prison	6	124	32	4	166
Hakea Prison	27	464	207	5	703
West Kimberley Regional Prison	33	96	36	0	165
Wooroloo Prison Farm	52	213	137	48	450
Total	273	1,941	804	48	3,151

2. Limited evidence there is adequate oversight of dental care

The Department was unable to provide us with evidence that it has adequate and effective oversight of dental service provision for its prisoners. There is a Memorandum of Understanding (MOU) between the Department of Justice and the Department of Health's North Metropolitan Health Services, Dental Health Services (DHS) branch. The MOU outlines the responsibilities of both the Department of Justice and DHS in the delivery of emergency, preventative and, general dental care. However, the current level of services means this is generally limited to emergency treatment. Specifically, the Department is responsible for coordinating appointments and providing a receptionist at each prison dental clinic. DHS is responsible for providing dentists to these clinics.

However, while DHS delivers dental services to prisoners, the Department of Justice retains its duty of care to prisoners and is still ultimately responsible for the provision of humane and decent health care. It is imperative that the Department advocates on behalf of prisoners to ensure there is adequate and appropriate provision of dental care.

In one week of March 2021, four prisoners were transferred to hospital for dental related issues. Three prisoners were treated for dental abscesses and another was treated for ingesting a large quantity of pain relief medication due to dental pain. This level of hospitalisation demonstrates that the current level of service is not meeting need, which presents an ongoing risk to the Department.

2.1 Comparison with community standards does not accurately reflect successful provision of service

When we commenced this review, departmental representatives advised us that, compared to community dental services, prisons were 'performing well'. The Department explained that dental service provision in Western Australian prisons reflects community equivalent care, and when assessed against community wait times, exceeds it. In the community, the average general waitlist for Adult Dental Services (as at April 2021) was 13 months, while in custody it was approximately six weeks at Hakea Prison. However, this is a simplistic assessment. As a cohort, prisoners have higher dental care needs than the general population. According to DHS, a prisoner's dental health needs are, on average, four times greater than those of the wider community (DHS, 2021).

Added to this, prisoners have restricted choice in accessing health services. They have limited or no capacity to decide:

- when they can see a dentist
- which service provider they see
- what kind of dental services they can access
- what kinds of pain relief medication they can access.

Prisoners are also excluded from receiving Commonwealth Government subsidies through Medicare and the Pharmaceutical Benefits Scheme which are available to those in the community. Given all of this, direct comparisons of prisoner dental services to available community services is flawed.

We have previously commented on difficulties with comparing prisoner services to community standards. In 2006 we conducted a thematic review of offender health services. In that report we highlighted:

> *This point needs stating, even labouring, because of the frequency with which one encounters the view that a 'community standard' is met by providing health resources equivalent to what would be provided to a random group of similar size. In other words,* ***the standard should be needs-based,*** *because a needy population has been gathered together in one place rather than being left distributed randomly around the community* (emphasis added) (OICS, 2006, p. 13)

In that same review, our Office expressed concerns about the then MOU between the Department of Justice and the Department of Health.

> *The question arises: how does this MOU actually work? What happens on the ground? The answer appears to be that* ***the Health Department, despite the existence of the MOU, regards prisoner health as a low priority, readily dispensable when other issues are more immediately pressing.*** *Examples relate to pathology services, dental care and mental health services.* (emphasis added) (OICS, 2006, p. 36)

These MOU's are useful in formalising the arrangements between the Departments of Justice and Health, including DHS. However, despite our Office's previous concerns, the current MOU does not ensure prisoner's dental health needs receive any degree of priority in resourcing and may receive less priority than the general public. This is despite the acknowledged higher level of need. This means that the level of dental services received by prisoners is not meeting an acceptable standard.

Waitlists to see a dentist are long

Under the MOU, 2,653 dental appointments were conducted in the first three quarters of 2020/2021. However, as of April 2021, a total of 1,385 prisoners were still on a dental waiting list and 399 had been waiting for more than 12 months. This equates to almost 30 per cent of the waitlist. We were told it was not uncommon for prisoners awaiting dental appointments to attempt to resolve the issue themselves, by pulling out their own teeth. During the 2019 Pardelup Prison Farm inspection, a prisoner approached our staff and proudly showed a tooth he had pulled out himself.

Table 5 Number of prisoners waiting for dental appointment and average wait time (April 2021)

Clinic	Number of prisoners waiting	Average wait (months)
Acacia Prison	39	1.0
Albany Government Dental Clinic	46	14.4
Albany Prison	195	19.7
Bandyup Women's Prison	92	3.6
Bunbury Regional Prison	502	13.1
Casuarina Prison	295	3.2
Derby Dental Clinic	4	Information not provided
Goldfields Clinic	75	13.8
Hakea Prison	135	1.4
West Kimberley Regional Prison	41	Information not provided
Total	1,385	

The longest wait time was at Albany Regional Prison (19.7 months), followed by the Goldfields clinic servicing Eastern Goldfields Regional Prison (13.8 months). We were told that despite having onsite dental suites at both prisons, inconsistent attendance of dentists had blown out the waitlists. While a 'dental blitz' was organised for Eastern Goldfields in September of 2020, there have been no further

dental appointments since that time. Hakea Prison and Acacia Prison have the shortest waiting lists likely due to consistency in dental appointments.

Dental appointments are based on clinical need and therefore, they are triaged. Because of this, prisoners needing non-emergency treatment are often 'bumped' down the list when another prisoner presents with more urgent need. While some teeth may be too damaged to be 'saved', the longer a prisoner waits for dental care, the fewer the treatment options that may be available.

2.2 The Department could not substantiate its claim that delivery of dental services is 'performing well'

The MOU states that both the Department of Justice and DHS 'jointly own all oral health data collected' when prisoners receive dental care under the MOU arrangements (DoJ, 2020). Despite this, when we called for the data from the Department of Justice, they advised us they could not provide it and that we would have to seek it from DHS. While DHS provided the requested information, we are concerned that the Department of Justice does not have ready access to information and data relating to the treatment of prisoners within its care.

The MOU also states that DHS is required to provide quarterly patient activity reports to the Department of Justice. These reports are necessary to identify the number of patients treated at each facility and the type of treatments administered. However, there is no evidence that the Department receives or monitors these reports. Like the data, we had to rely on DHS to provide them to us. However, even then the reports did not contain information about the type of treatments administered. Instead, they included the number of patients and number of visits which occurred each financial year. Furthermore, while the MOU outlines that these reports are to be provided quarterly, departmental representatives advised us that the reports were being provided on a six-monthly basis. There is no way to confirm this as the Department did not provide us evidence substantiating its claim.

Given the limited data provided in the reports, and the fact that the Department could not prove it was in receipt of them, it is unclear how the Department formally knows whether DHS is meeting the requirements of the MOU or providing a service that is 'performing well'. It also calls into question the Department's ability to use this information to analyse systemic trends, such as determining if there has been equity of service provision regarding:

- gender (in mixed gender facilities)
- prisoner sentence status (remand or sentenced)
- prisoner security rating (minimum, medium, and maximum).

We also found little evidence that the Department conducts regular reviews of the dental services provided by DHS. However, the Department advised us it was 'currently progressing a formal letter to the Department of Health to initiate discussions to improve the current arrangements with DHS' (DOJ, 2021).

Recommendation 2 – Regularly analyse and evaluate DHS data to ensure adequate levels and equity of services, in regard to issues such as: demand, waitlists, gender, sentence status, security rating, and location.

2.3 There is limited evidence of reviews

We asked the Department for any reviews into dental health services that had been conducted in the past 10 years. Initially, we were advised that there were none. When we queried this, we were provided a summary of four health reviews that had been conducted by both the Department and external agencies. We requested these reviews in full and were provided with two, while another was in draft and the fourth was subject to Cabinet in Confidence. Of the two reviews we received, one was from 2010 and the other was produced in 2015. Neither review was solely focused on the provision of dental care, but rather discussed dental care, along with other health services.

The 2010 review (The Stevens Report) found 'significant deficiencies in the provision of dental services' (DCS, 2010, p. 11). The Stevens Report also found that while there were fully equipped dental suites at Bandyup Women's Prison, and Casuarina and Hakea prisons, 'dentists are scarce' (DCS, 2010, p. 20). Little improvement has been made and therefore, this has been a known issue for the past 11 years. The report included one recommendation relating to dental services: 're-open a dialogue with WA Dental Health Services to explore ways of obtaining more dental time in the Health Centres' (DCS, 2010, p. 37). The second review provided discusses changes to the structure and function of health services (DSC, 2015). This review did not examine the dental service provision and whether demand was being met.

Without any recent review or evaluation, service delivery cannot be determined to be 'performing well'. Particularly when conversations with clinical staff and prisoners reflect a very different lived experience. Representatives from DHS told us that they were not satisfied with the current dental services prisoners are receiving. One DHS representatives is quoted as saying 'it was below the benchmark for humane service' when referring to the services available to prisoners at Karnet Prison Farm.

Recommendation 3 – Regularly review and evaluate dental service provision across the entire prison estate

2.4 Prisoners frequently report their dissatisfaction about dental care

Prisoners can and do report issues about accessing dental care. Our Office has consistently highlighted prisoners' dissatisfaction with access to dental services and prisoners regularly report issues through both internal and external complaint mechanisms. Therefore, the Department ought to be aware of a high level of prisoner dissatisfaction.

Prisoners rate their experiences with dental services as poor

Our Office has repeatedly made critical comment drawing attention to the difficulty prisoners face accessing dental care (OICS, 2021B; OICS, 2021C; OICS, 2020A; OICS, 2019A; OICS, 2018A). Primarily, prisoners say they struggle accessing a dentist while others add that the delay in accessing a dentist impacts their treatment options. Our pre-inspection surveys from 2015 to 2021 reveal that prisoners are dissatisfied with their dental services. Only 18 per cent rated their experience as good, while more than half the respondents (55%) rated their experiences as poor. Another 21 per cent said they had not used the dental service.

Prisoner rating of dental care	State averages (2015–2021)
Good	18%
Poor	55%
Not used	21%

Regional facilities like Eastern Goldfields Regional Prison (43%), Broome Regional Prison (35%) and, West Kimberley Regional Prison (35%) had the highest proportion of prisoners rating their experiences of dental services as good. Eastern Goldfields and Roebourne regional prisons recorded the most favourable percentage point increases from their previous pre-inspection surveys to the most recent. In contrast, only two per cent of respondents at Karnet Prison Farm, and eight per cent at Pardelup Prison Farm rated their experiences favourably. This equated to a 16-percentage point and 47-percentage point reduction respectively for these facilities when comparing their previous pre-inspection surveys to those conducted most recently.

These results are similarly reflected in complaints to Independent Prison Visitors (IPV) that are forwarded to the Department for response and/or remedy. IPVs frequently record prisoners' complaints regarding dental services - recording 31 complaints in 2019, and 27 in 2020. The slight drop may in part be explained by the COVID-19 pandemic, which restricted visits to prisons during some parts of the year. In 2019, there were 125 IPV visits across Western Australia, in 2020 there were only 83. The complaints primarily related to long waiting times and pain management issues. Concerningly, it was common for prisoners to tell IPVs that they had given up trying to get a dental appointment because they never received one.

A prisoner at Casuarina Prison spoke to the Independent Prison Visitor (IPV) in August 2020. He advised the IPV that he had been attempting to see the dentist for two months, however, in this time his tooth had died. This meant that the only treatment option would be extraction, as there was no chance of repair. The prisoner also said that he felt there is never an attempt to repair teeth, only extraction.

Table 6 Dental complaints received by Independent Prison Visitors, by facility (2019–2020)

Facility	2019	2020
Acacia Prison	8	11
Albany Regional Prison	5	
Bandyup Women's Prison	2	3
Boronia Pre-Release Centre		1
Bunbury Regional Prison	6	
Casuarina Prison	2	2
Hakea Prison		2
Karnet Prison Farm	2	
Melaleuca Remand and Reintegration Facility (Dec 2016 – April 2020)	4	
Melaleuca Women's Prison (April – Dec 2020)		4
Wandoo Rehabilitation Prison	2	4
Total	31	27

Despite several recommendations there has been little improvement

Since 2016, our Office has made six direct recommendations and one indirect recommendation to the Department to improve dental services. Three were supported and four were supported in principle (OICS, 2016A; OICS, 2016B; OICS, 2018B; OICS, 2020A; OICS, 2021C; OICS, 2021D). However, dental services at several facilities have either failed to improve or have deteriorated.

In 2016, the Department supported in principle establishing a dental suite and engaging a visiting dentist at Karnet Prison Farm. However, our 2020 inspection report found there was no on-site dentist at Karnet and the waitlist for urgent care had increased by 30 per cent (OICS, 2020B).

Similarly, in 2018, we recommended the Department 'ensure health care staff are retained and adequately resourced to develop a holistic women-centric model of care at Bandyup' (OICS, 2018B). The recommendation was supported in principle, explaining there were difficulties in sourcing dental specialists. But by 2021, the situation had not improved. While up to 50 appointments were being provided a month, prisoners continued to report long wait times, and extremely limited access to preventative and restorative care (OICS, 2021B).

Table 7 Summary of recommendations to the Department (2016–2021)

Prison (year report released)	Recommendations	Supported	Supported in Principle
Karnet Prison Farm (2016)	Establish a functioning dental suite in the Health Centre and engage a visiting dentist to improve Karnet prisoners' access to dental services		✓
Roebourne Regional Prison (2016)	The Department of Corrective Services should negotiate with the Department of Health to ensure the adequate provision of dental services at Roebourne Regional Prison.	✓	
Bandyup Women's Prison (2018)	Ensure health care staff are retained and adequately resourced to develop a holistic women-centric model of care at Bandyup		✓
Wandoo Rehabilitation Prison (2020)	Explore opportunities to improve dental services for Wandoo residents	✓	
Bandyup Women's Prison (2021)	Provide better access to preventative and restorative dental care.		✓
Eastern Goldfield Regional Prison (2021)	Expedite the arrangements for a local dental provider to attend Eastern Goldfields Regional Prison	✓	
Bunbury Regional Prison (2021)	Engage with Dental Health Services to improve consistency of dental coverage.		✓

However, some improvements have been made. Our 2020 inspection report of Wandoo Rehabilitation Prison recommended the Department 'explore opportunities to improve dental services for Wandoo residents'. This was supported by the Department and funding was approved for the construction of an on-site dental suite. Departmental representatives informed us this was due for completion by June 2021 and that it was in discussions with DHS to determine funding for a dental team. As Wandoo is not listed within the MOU, the Department will have to fund all services, but services will likely continue to be constrained by the lack of available dentists.

Our Office regularly visits each prison in between inspections in a process of 'continuous inspection'. This allows us to monitor the performance of each facility and identify any areas in need of improvement. In May 2021, we visited Bandyup Women's Prison and Hakea Prison. During these visits, staff and prisoners alike spoke about the difficulty in accessing dental care, including that the available services were grossly inadequate for the level of need. One dental nurse confirmed that the most common treatment is extractions.

During a visit to Bandyup Women's Prison in May 2021, a prisoner spoke to our Office. She has had multiple teeth extracted, due to damage from years of bulimia nervosa. She said there had been no attempt to restore any of her teeth and that with so few teeth left, she can no longer eat hard food. She also expressed concern about gaining employment upon release, as in her view, no one would hire someone with such visibly poor teeth.

Dental services complaints to HaDSCO are known by the Department

In 2020, the Health and Disability Services Complaints Office (HaDSCO) received 23 complaints related to the provision of dental services in Western Australian prisons. HaDSCO is an independent statutory authority. Its role is to provide an impartial resolution service for complaints relating to health, mental health, and disability services in Western Australia. This includes health and disability services accessed by prisoners, both in prisons and in the community.

HaDSCO informed us that it had met with the Department's Health Services branch to discuss the trends in the dental complaint data received by or on behalf of prisoners. The complaints were most commonly received from Acacia Prison (6), Melaleuca Women's Prison (5), and Hakea Prison (4). Two of the complaints from Melaleuca occurred before March 2020 (when it was a privately-run facility) and the other three occurred after the prison was returned to State Government hands. Most complaint objectives (the complainant's desired outcome) related to obtaining access to dental services (21).

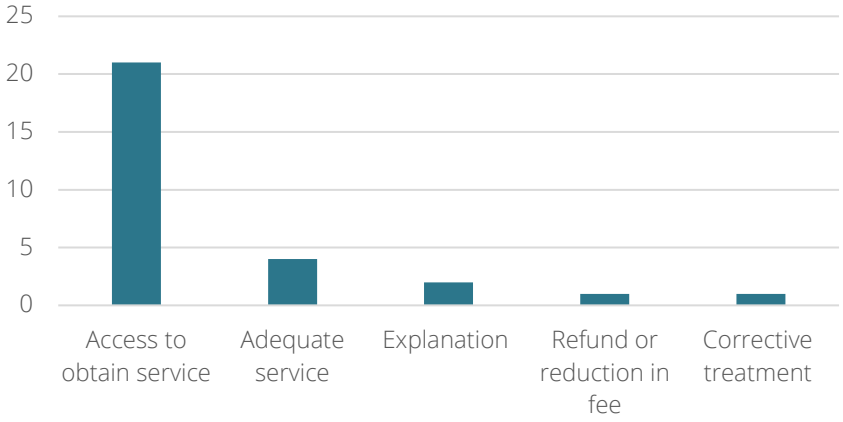


Figure 3 Prisoner dental complaints received by the Health and Disability Services Complaints Office (2020)

The complaints could be divided into three themes:

- dental treatment not provided or refused (11)
- waiting time for treatment / delay in providing treatment (10)
- treatment not appropriate or sufficient (2).

Internal complaints also alert the Department to prisoner dissatisfaction

Dental complaints to the Department are highly prevalent. Between 2016 and 2020, the Department received 396 complaints regarding dental services through its internal complaints system, ACCESS, equating to almost 10 per cent of all health-related complaints received in that time.

Table 8 Number of total complaints and dental complaints captured by ACCESS system

Year	Total number of all health-related ACCESS complaints	Number of dental complaints	Proportion of total complaints which relate to dental services (%)
2016	1,136	157	14
2017	543	65	12
2018	904	64	7
2019	925	55	6
2020	653	55	8
Total	4,161	396	10

It is unclear why there was such a dramatic drop in the number of dental complaints between 2016 and 2017. However, it is important to note that the decrease of almost 100 complaints over that year only equated to a shift from 14 per cent to 12 per cent of the proportion of total complaints. This is because the overall number of complaints halved during that time dropping by almost 600 complaints.

Since 2017, there has been a decreasing trend in dental complaints received by the Department. However, it does not seem to reflect that prisoners frequently report issues with dental access through other channels (as cited above). Furthermore, several prisoners have expressed dissatisfaction with the ACCESS system which may explain the decrease.

3. Barriers to dental care are obvious, but not well managed

Prisoners face numerous barriers when trying to access adequate and appropriate dental care. Aboriginal prisoners may avoid dental appointments, fearing discrimination and judgement. Other barriers include the lack of available dental appointments, and daily staff absences leading to lockdowns. Furthermore, relationships between DHS and prison staff can considerably impact on service delivery. While these barriers are well known, there is limited evidence demonstrating the Department has taken all the necessary steps towards addressing them.

3.1 Aboriginal people may fear discrimination from dental professionals

Both general health and, more specifically, dental health are worse in Aboriginal populations (Patel, Hearn, & Slack-Smith, 2014). This is likely due to several factors, including larger social and historic determinates including discrimination and marginalisation (Durey, McAullay, Gibson, & Slack-Smith, 2016). Aboriginal people are more likely to have a higher severity of gum disease and more decayed teeth (Kapellas, et al., 2014). A Northern Territory study found that Aboriginal people had five times the mean number of dental carries than the national average (Kapellas, et al., 2014).

Aboriginal people may fear judgment and discrimination by predominately non-Aboriginal dental professionals leaving them feeling culturally unsafe. This fear is exacerbated by a trans-generational fear of children being removed, inherited from a history of colonisation and the stolen generation (Durey, McAullay, Gibson, & Slack-Smith, 2016). This fear may result in Aboriginal parents avoiding dental services for their children, and in future generations avoiding dental care. People living in remote communities face additional challenges to access dental services. They may have to travel long distances (Ware, 2013), and English may not be their first language (Dwyer & Wilson, 2004).

This highlights the importance of Aboriginal Health Workers (AHW) as a critical conduit to breakdown these barriers within custodial settings. AHW's identify with and are accepted by the Aboriginal and Torres Strait Islander community. Furthermore, they must have a minimum qualification in Aboriginal and Torres Strait Islander primary health care and deliver care that is holistic and culturally safe (Durey, McAullay, Gibson, & Slack-Smith, 2016). DHS does not employ any AHW's across the prison estate and there is only one AHW employed by the Department who currently works at Wandoo Rehabilitation Prison. While we acknowledge that the Department provides cultural competency training to its employees, this does not replace the need for AHW's in all Western Australian prisons to bridge cultural barriers to health care.

Recommendation 4 – Increase the number of Aboriginal Health Workers in prisons across Western Australia

3.2 Too few dentists hampered further by cumbersome administrative processes

Access to dental services is limited by the availability of dentists and dental nurses. DHS advised us that it can be difficult to recruit and retain dental staff. There are no incentives for dentists who work in the public health system to work inside prisons, including a lack of financial motivation.

Furthermore, we were told that many dentists leave the public health system to work for private clinics as it is more financially lucrative, and that there are also perceived higher risks for dentists working inside prisons. Any such risks can never be eliminated, but the reality is that the risk is mitigated through the Department's stringent security and safety protocols. Consequently, DHS has found it difficult to attract and retain dental staff to work in prisons, and particularly at Albany Regional Prison and Eastern Goldfields Regional Prison. Many other prisons have had issues with the inconsistent attendance of dentists.

Prison custodial and clinical staff understood that prisoners could not access adequate dental appointments in a timely manner due to the lack of available dentists. However, we were not provided any evidence from the Department that it advocates for increased resources with DHS. It appears the Department has not fully recognised or prioritised its responsibility for the provision of dental care to prisoners and simply accepts the resources allocated by DHS.

We were also told that slow administrative processes limit the availability of dentists. It takes at least a month between a dentist accepting a job within a prison and the Department of Justice's vetting processes to be completed. These processes include security clearances, inductions, and site orientations. By the time the process is finalised, the dentist may well have accepted another job. Adding to this, we were also advised that a dentist's access to the Department's system is cancelled if it is inactive for three months. This makes it difficult for DHS to maintain a pool of reliable relief staff to fill a vacancy for a dentist if they are sick or take leave. This means that vacancies often remain unfilled and prisoners miss dental appointments over that time. While we recognise that vetting processes are critical, streamlining these will expedite this much needed service, ensure better continuity of service, and potentially reduce the sizeable waitlists that currently exist.

Recommendation 5 – Streamline vetting processes to ensure dental staff can commence in a timely manner and that a pool of relief dental staff can be maintained

3.3 Custodial decisions can sometimes override clinical need for high risk prisoners

Research shows that prisoners face challenges in obtaining equivalency of health care. Reasons for these challenges include security concerns overriding clinical need and security presence in the community creating public fear and humiliation to the prisoner (Edge, et al., 2020). The Department informed us that if a high-risk prisoner needs an emergency dental appointment, this decision is made based on clinical need. However, where a prisoner requires a non-emergency dental appointment, custodial staff can override the decision of health staff, where there are security concerns. This is often because custodial staff may need to lockdown parts of the prison to facilitate the movement of the high-risk prisoner to the appointment, which may not be deemed necessary for non-emergencies. While there may be occasions where high risk prisoners pose a more serious risk, this does not negate the responsibility of the Department to ensure appropriate health care, including access to dental care for all prisoners.

Some prisons manage this cohort of prisoners well, and high security escort prisoners have their dental appointments during scheduled lockdown periods. This reduces risk to staff and other

prisoners. However, there is also the risk that by limiting non-emergency appointments, a prisoner's dental issue may worsen. This could then lead to an emergency dental situation and potentially limit the treatment options available.

Pain from poor oral health can contribute to behaviour management issues in prisoners. Prisons are stressful environments, and this can be compounded for a prisoner who is in pain or discomfort. Research suggests that those suffering from acute physical conditions are more likely to experience what is called the 'hot affect' (Semenza & Grosholz, 2019). This can lead to both impulsive behaviours and irrational decision making, which can increase the likelihood of a prisoner committing acts of misconduct. The study found that acute physical conditions are associated with an increase in serious misconduct by 30 per cent and non-serious misconduct by 25 per cent (Semenza & Grosholz, 2019).

Behavioural issues may worsen if a prisoner must wait a lengthy period to see a dentist, especially if they are not informed when their appointment will be. Prisoners also have limited options to pain management medications and are often only given paracetamol. Some prisoners can end up taking paracetamol for long periods of time, especially if dental waitlists are long. This is not an adequate solution, as long-term paracetamol use can have negative health consequences including an increased risk of high blood pressure and gastro-intestinal bleeding (McCrae, Morrison, MacIntyre, Dear, & Webb, 2018)

3.4 Few prisoners can afford to pay for private dental treatments

Departmental policy permits prisoners to pay for their own private dental appointments and treatments (DCS, 2014). However, while the option is available, it is limited to prisoners who have access to the necessary funds, generally through family members and outside contacts. And it is further restricted as prisoners are also required to pay for their own escort to and from private dentists. This includes the staffing arrangements and vehicle/transport costs. The policy states 'in addition, the Designated Superintendent may require the prisoner to meet the cost of the escort and officer supervision for all appointments' (DCS, 2014). The Department advised us that an average escort costs $700. This is clearly prohibitive for the average prisoner, particularly as an add-on cost to the treatment. One prison has forgone the cost of the escort, which has led to a few prisoners taking up the option of paying for private dental appointments. However, when the prison is short staffed, officers cannot escort prisoners to their appointments. This can result in appointments being cancelled with little notice, and prisoners may still be required to either pay for their appointments or incur a cancellation fee.

The Department informed us that only 26 prisoners have paid for their own private dental appointments in the past 12 months (to March 2021). These prisoners were from Karnet Prison Farm (16), Bunbury Regional Prison (8), and Boronia Pre-Release Centre (2). Only three of these prisoners were Aboriginal people (12%). The majority were minimum security (23), while three prisoners were classified as medium security. No prisoners from Acacia Prison paid for their own dental appointments in the past year.

The Department's policy also states that prosthetic and/or orthodontic treatment can be facilitated by Health Services. However, this too is at the prisoner's expense.

Recommendation 6 – Review the requirement for prisoners to pay for escort costs when accessing private dental treatment

3.5 Staff shortages and lockdowns can hinder dental access

Lockdowns can prevent prisoners from accessing dental care. Lockdowns (either whole of prison, or for a specific section within a prison) can occur for many reasons. These include, when a prison is short staffed (due to daily absences or staff on other forms of approved leave), during an incident, or for staff training. When short staffed, prison officers are often redeployed to other areas of the prison to maintain security. This may result in some areas such as non-emergency medical care and industries being closed. While some prisons attempt to avoid this scenario, sometimes it is inescapable or has other follow on effects. For example, staff at Bandyup Women's Prison advised us that while staff shortages often occur, they try to avoid shutting down the health care centre, but often to the detriment of the operation of other parts of the prison.

Prisoners are also prevented from accessing dental care in the community when prisons are short staffed. Many prisoners require a two-person escort to appointments outside of the prison. While some escort services are covered by a contracted service provider, this responsibility often falls to prison officers where escort capabilities are exhausted or for those facilities not covered by the contract. During staff shortages, external dental appointments may be cancelled which, as stated earlier, can also significantly impact prisoners who are paying for their own treatment.

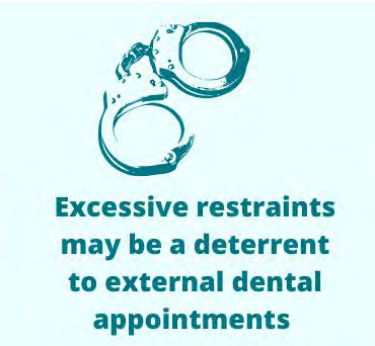
The Department confirmed that daily staff shortages can have a significant impact on escorts to community dentists, including ongoing detrimental effects to the prisoner but also increasing impost on staff. The Department stated:

> Broadspectrum (BRS)[1] is engaged in the first instance to facilitate prisoner escorts to community dentists. In instances where BRS is unavailable, or for sites where there are no BRS arrangements in place, the prison is responsible for facilitating escorts. Where the Department is required to facilitate an escort to a community dentist, this will depend on the availability of custodial staff and other operational priorities.
>
> In addition to dental appointments not being able to be facilitated, this extends the current waitlist timeframes and adds to nursing staff workloads of patients requesting to be seen for pain relief and temporary fixes until such times as they can be seen. Additional complaints are received through complaint avenues.

Given the Department's acknowledgement of these effects, safeguards need to be in place for prisoners who book and pay for private dental appointments, where the appointment is cancelled last minute as a result of staff shortages.

[1] On 1 July 2021 Broadspectrum's operating name was changed to Ventia. The change did not alter the scope of services delivered under the Court Security and Custodial Services contract.

3.6 Restraints may deter prisoners attending dental appointments



Most prisoners leaving secure custody to attend medical appointments are required to be escorted in restraints. This often includes handcuffs and sometimes more restrictive restaints like leg irons to prevent any escapes and to keep the community safe. And while this may be necessary for some prisoners, the level of restraint should match the potential risk the individual poses.

Escorts can be conducted by prison officers or contracted service providers. At Broome Regional Prison, prisoners are escorted by a service provider to external appointments. Prisoners are required to be restrained with handcuffs, leg restraints, and are placed in a wheel chair. This is despite the fact that as of May 2021, over 64 per cent of prisoners at Broome Regional Prison were classified as minimum security and only eight per cent of prisoners were maximum security. When we visited the prison in May 2021, we were informed by clinical staff that the level of restraint may be a barrier for prisoners accessing dental care. Between April 2020 and March 2021, no prisoners from Broome were escorted to dental appointments. While we cannot be certain, it is possible that the required level of restraint may have contibuted to this. Deterrence may be more common for prisoners in regional areas, as the prisoner may fear seeing someone they know. This may also explain why there have been no external escorts in the past 12 months.

In May 2020, we published a review examining the use of routine restraints. We found that prisoners assessed as low risk were being routinely restrained during medical escorts (OICS, 2020C).

Prisoners from Karnet Prison Farm are escorted to external dental appointments by custodial staff rather than by the contracted service provider. Prior to any external escort, each prisoner is individually assessed through an External Movement Risk Assessment. This assesses what level of restraints are required. Given that Karnet largely houses minimum-security prisoners, and many prisoners are already assessed as suitable for working outside of the prison, their restraint requirements are often less onerous. Additionally, Karnet advised us that it is less risk adverse to external movements. Because of this, prisoners may be less restrained when compared to other facilities. This may affect prisoners' decisions to seek external dental appointments in the community. Between April 2020 and March 2021, 102 prisoners from Karnet were escorted to dental appointments.

Across the whole system a total of 334 prisoners were escorted to dental appointments in the year to March 2021.

Table 9 Number of escorts to dental appointments per faciliity (April 2020 – March 2021)

Clinic	Number of escorts
Albany Regional Prison / Pardelup Prison Farm	86
Boronia Pre-Release Centre	104
Bunbury Regional Prison	20
Greenough Regional Prison	2
Karnet Prison Farm	102
Roebourne Regional Prison	19
Wandoo Rehabilitation Prison	1
Total	334

3.7 Staff relationships can also impact on access to dental appointments

We were advised by DHS that relationships between DHS staff and departmental staff vary and can considerably affect the availability of dental appointments for prisoners. Where good professional relationships exist, services are generally smooth, and the number of prisoner patients seen on one day reflects a high level of service. Where there are poor relationships, fewer prisoners attend appointments, delaying this much needed service.

We heard that the relationships at one complex prison were so poor that the dentist and dental nurse feel so unwelcome by other health staff, that they eat lunch offsite. This means they must leave and re-enter the prison grounds, which can cut into appointment times. This has been compounded by the limited availability of roving guards and other infrastructure issues in the health centre, which, on at least one occasion, led to DHS staff walking out in the middle of their shift. Dental staff also find that population counts, and routine lockdowns limit the number of appointments each day. We were told by DHS that the dentist's ability to see patients largely depends on which staff are working on a given day. This can range anywhere from four to eight prisoners a day. The Department has acknowledged there were issues at this prison, stating there were also security and safety concerns due to the location of the dental suite. A range of changes have been implemented to address these issues, including the installation of a viewing window and additional CCTV. Another custodial staff member has also been assigned to the area. This is just one example of potential barriers to an efficient and effective service.

In contrast, the dentist at a similarly complex prison usually sees 10 patients per day. Prisoners accessing health services, including dental, at this prison can remain in the health centre for the afternoon population count. This means prisoners do not have to return to their units, and therefore the dentist can continue providing treatments. The Department is aware of these situations and differing practices and needs to be proactive in ensuring that idiosyncrasies do not impact on service delivery and use of what is a very scarce resource.

Despite the challenges between clinical and operational staff at the facility level, DHS advised us of its positive and supportive relationship with the Department's Health Services branch. DHS also spoke highly of the recent project to upgrade the autoclave machines in each prison. This means that dentists in the prison are now operating in the same clinical environment as the community.

Appendix A Stakeholder responses to recommendations

Department of Justice

Response Overview

Introduction

The snapshot series review into *Prisoner Access to Dental Care in Western Australian* (the Dental Review) was announced by the Office of the Inspector of Custodial Services (OICS) on 16 March 2021. As per usual process, a wide range of documentation and access to systems, policies, processes, custodial facilities including staff, prisoners and contractors were made available to OICS upon request for the purpose of the review.

On 11 August 2021, the Department of Justice (the Department) received the draft report on the Dental Review from OICS for review and comment. The draft report has highlighted key findings and made six recommendations. The Department has reviewed the draft report and provides comments and responses to the recommendations as below.

Appendix A contains further comments linked to sections in the report for the Inspector's attention and consideration.

Review Comments

The Department appreciates the work undertaken by OICS on the Dental Review and thanks the Inspector for the opportunity to respond to the key findings and initiate improvements as required.

Dental services to prisoners in custody are provided by the Department of Health's Dental Health Services (DHS) branch through an established Memorandum of Understanding with DHS. DHS is also responsible for the provision of publicly funded dental care to the wider community based on set eligibility criteria. Dental services in prisons is largely dependent on the availability of DHS resources which is often balanced with the high demand for dental services in the community.

The Department acknowledges the research information within the report that highlights the causes for people in custody having high levels of dental health needs, including: 'for some people, prison is the only time they see a dentist' and prisoners have poorer oral health compared to people in the wider community. This could be due low socio-economic backgrounds and limited access to low cost dental services, higher rates of using both legal and illicit substances which can negatively affect a person's dental health, and linkages between dental disease and mental ill health noting that 40% of people coming into custody report having had a mental health condition at some stage in their life.

The Department agrees with the Inspector that more needs to be done to treat and prevent dental problems and is supportive of the key findings, however, the Department is also mindful of the resourcing challenges faced in recruiting specialist medical professionals, including dentists, within Australia and across the globe.

The Department is committed to improving current practices relating to the facilitation of dental services provided by DHS, and will continue to work with the Department of Health and DHS to secure additional resources for an increased level of dental care being provided to prisoners.

Response to Recommendations

1 The Government should commit additional resources to increase the number of DHS dental teams accessible to Western Australian prisons.

Level of Acceptance:	Noted
Responsible Division:	Corrective Services
Responsible Directorate:	Offender Services
Proposed Completion Date:	N/A

Response:
The Department notes the recommendation for Government to commit to additional Dental Health Services (DHS) resources accessible to Western Australian prisons.

In support of this, the Department has written to the Department of Health (DoH) advising them of the additional demand for dental services in WA prisons and to seek their support for additional dental resources to adequately service the prison population.

2 Regularly analyse and evaluate DHS data to ensure adequate levels and equity of services, in regard to issues such as: demand, waitlists, gender, sentence status, security rating, and location.

Level of Acceptance:	Supported in Principle
Responsible Division:	Corrective Services
Responsible Directorate:	Offender Services
Proposed Completion Date:	31 December 2022

Response:
Proper analysis and evaluation of dental services across prisons is dependent on regular reports from DHS, with accurate, meaningful data.

Under a Memorandum of Understanding, DHS is required to provide the Department with quarterly patient activity reports. These reports were provided on an ad-hoc basis in 2020 due to workload and COVID-19 restrictions. Although DHS has agreed to provide regular reports in line with the MOU going forward, it is resource-dependent.

The Department's Health Services meet with the DHS management team to discuss operational items such as their resourcing, frequency of clinics, management of wait lists, etc., however any proper assessment of the demand and service provision is dependent on timely reporting and accuracy of the data.

The Department will work with DHS to refine the reports being provided. This will enable further analysis and evaluation of the provision of dental services.

3 Regularly review and evaluate dental service provision across the entire prison estate.

Level of Acceptance:	Noted
Responsible Division:	Corrective Services
Responsible Directorate:	Offender Services
Proposed Completion Date:	N/A

Response:
This Recommendation is linked to the Department's response and actions identified to address Recommendation Two above.

4 Increase the number of Aboriginal Health Workers in prisons across Western Australia.

Level of Acceptance:	Supported in Principle, Subject to Funding
Responsible Division:	Corrective Services
Responsible Directorate:	Offender Services
Proposed Completion Date:	31 December 2022

Response:
The Department supports the employment of Aboriginal Health Workers in prisons across Western Australia. Whilst previous attempts at seeking funding for this purpose were unsuccessful, the Department will consider developing a new business case for consideration.

5 Streamline vetting processes to ensure dental staff can commence in a timely manner and that a pool of relief dental staff can be maintained.

Level of Acceptance:	Not Supported
Responsible Division:	Corrective Services
Responsible Directorate:	Offender Services
Proposed Completion Date:	N/A

Response:
Recruitment of dental staff falls under the remit of Dental Health Services within the Department of Health. As per response to Recommendation One, the Department has written to the Department of Health to initiate discussions to improve the current arrangements with DHS and make suggestions about establishing a pool of relief dental staff to draw from as required.

The Department of Justice is responsible for the screening process. Application forms are generally expedited to the Department's screening branch without delay. The time taken to complete the screening process can vary based on complexities and level of background checks required for individuals. The Department's screening and vetting processes however have been streamlined and are deemed to be effective with an average turnaround timeframe of approximately five days.

6 Review the requirement for prisoners to pay for escort costs when accessing private dental treatment.

Level of Acceptance:	Supported in Principle
Responsible Division:	Corrective Services
Responsible Directorate:	Offender Services
Proposed Completion Date:	Completed

Response:
The Department has undertaken a review of Policy Directive 16 Provision of Health Services and Additional Medical Costs and implemented new policy COPP 6.1 Prisoner Access to Health Care.

The Department's position in COPP 6.1 is that Prisoners are eligible for routine dental examinations and treatments that are available to the general public through the WA Public Health System.

Prosthetic and/or orthodontic treatment (including, but not limited to cosmetic treatment, crowns, bridges and wires, and cost of staff time incurred) are available at the prisoner's own expense.

Prisoners may request private health consultation and treatment, including private dental appointments provided the prisoner meets the associated costs. Transport cost is payable by the prisoner as appropriate.

Serco Acacia Prison

Draft Report – Snapshot Series: Prisoners access to dental care in Western Australia

Thank you for the opportunity to provide comment on the "Prisoner Access to Dental Care" report.

As contract representative for Acacia Prison, I acknowledge and appreciate the endeavours undertaken by the OICS team in compiling this report. Outlined below are my comments/ clarifications on items that directly relate to Acacia Prison.

1. Page 5 paragraph proceeding table 3 & page 6 paragraph 3.

   Acacia Prison maintains dental data by entering detail into the individual patients Echo Notes (DoJ Health System). Due to the time frames provided for the provision of information, we were unable to individually review every patient's Dental information and respond in a timely manner. However, Acacia has since commenced a separate collation of this information for review or future reference.

2. Page 8 table 5.

   It is pleasing to note in the data provided that Acacia has the lowest wait time for prisoner attendance across all Prisons for the period identified in the report.

3. Page 15 recommendation 4 – Increase in the number of Aboriginal Health Workers in Prisons across Western Australia.

   The Acacia Prison Services Agreement commenced operation on the 16th May 2021. The new agreement has allowed for the opportunity to implement changes and provide new services within the Health Services sector at Acacia.

Through our Aboriginal Workforce Plan, Acacia is committed to increasing the recruitment of people of Aboriginal and Torres Strait Islander descent. In line with this, our new health model provides for an additional four roles dedicated to Aboriginal Health:

- Aboriginal Health – Registered Nurse
- Aboriginal Health – Advanced Enrolled Nurse
- Aboriginal Health – Aboriginal Health Practitioner x 2

Thank you again for the opportunity for Acacia to review the report and provide feedback.

Department of Health, Chief Dental Officer

Thank you for the opportunity to review the *Draft Report – Snapshot series: Prisoner access to dental care in Western Australia*. The Director General has asked that I respond to you on his behalf.

Broadly, the Department of Health agrees with the findings and recommendations of the Draft Report. The following information is provided for consideration and context.

In recent years, efforts have been made to improve the health of the prison population. Notably, this included an attempt to shift responsibility of Justice Health from the Department of Justice to the Department of Health. This did not occur, and primary health care provision remains the responsibility of the Department of Justice.

I note the Memorandum of Understanding (MOU) between the Department of Justice and Dental Health Services signed in February 2020. The intent of this MOU was to formalise the historical arrangement between the two parties and not to meet the oral health needs of the prison population.

Given the higher burden of dental disease and level of unmet need, it is agreed comparing the level of service provided within the community to that of the prison population is overly simplistic. The required level and type of dental service should be established following a comprehensive oral health needs assessment. This would then guide any future procurement of dental services by the Department of Justice.

North Metropolitan Health Service

Thank you for the opportunity to provide some comments regarding your review on "Prisoner access to dental care in Western Australia".

Primary health care, including dental care, is the responsibility of the Commonwealth Government. The State Government however provides a safety net public dental service via a network of Dental Health Services (DHS) public dental clinics throughout Western Australia for eligible adults who possess a current Health Care Card or Pension Concession Card. Urgent care is provided as required and patients requiring non-urgent courses of dental care are wait listed to ensure equity of access.

As well as the eligible adult population of Western Australia, DHS provides the following special dental services:

- Aged care facility – visiting program to screen consenting residents;
- Prisoners in metropolitan and major rural Department of Corrective Services facilities mainly in prison-based clinics;
- Eligible Disability Services Commission clients in the Special Needs Clinic, North Perth; and
- Medically compromised general dental care to eligible patients in Graylands Hospital.

The State Government also funds the School Dental Services (SDS) through DHS. The SDS provides free general dental care to students aged 5 to 16 or until the end of year 11 attending a Department of Education recognised school.

The SDS is delivered state-wide by teams of professionals across 132 fixed dental therapy centres (DTC), which are co-located with schools. In addition to the fixed DTCs, 24 Mobile School Dental Therapy Vans provide care to students across 160 locations where there is an insufficient student population to require a fixed DTC, usually in outer metropolitan and country locations.

In regard to issues specifically relating to dental services provided by DHS to prisons:

- Historically these services have been provided "free of charge" to both the prisoners and the Department of Corrective Services
- The budget for these services is part of the DHS block funding provided by the Department of Health
- Funding for services delivered to prisons has remained fairly static and consistent for the last five years
- With the transient prisoner population, the majority of dental care provided is urgent care
- For metropolitan prisons, there is a dedicated team of dental officers and dental assistants who provide these services. Any difficulty in recruitment or staff shortages due to illness or leave impacts DHS ability to provide the usual services to prisoners. There is no leave relief budget within DHS block funding.
- For rural prisons, dental officers from the nearest Public Dental Clinic are rostered to visit the prison. In some rural areas, the same dental officers also provide visiting services to Aboriginal Medical Services and Schools. Again, any staff shortages will impact on DHS' ability to send resources to the prison as anticipated schedules and rosters may change.
- An MoU between the Department of Justice and DHS has been negotiated and was finalised in February 2020. The MoU states that services provided by DHS will be dependent on "*available funding and resources*". The MoU also clearly states that any new additional sites (eg: Eastern Goldfields Prison) requiring dental services will be "*considered and evaluated...funding for these services to be negotiated*".
- DHS staff shortages and inability to recruit to several vacant positions contribute to the "access" to services by prisoners. The extra security procedures required in delivering prisoners to the clinic and to keep everyone safe whilst treatment is provided shorten the available treatment time in a usual work day for the DHS dentist. There are less appointments per day available at a prison as compared to a Public Dental Clinic.

The National and State Oral Health Care Plans both include the following guideline regarding dental care:

"all adults should receive an oral health check-up and preventively focused oral health care at least every two years and adults with greater oral health needs should be seen more frequently"

DHS utilises this guideline when managing the treatment of eligible adults and school children. The demand for dental services exceeding available resources is an issue for all DHS eligible consumers and not just for prisoners.

Appendix B Dental arrangements at Western Australian prisons

Facility	Current arrangements
Acacia Prison	Dental suite on site. Acacia as a privately-run prison is not covered by the MOU. Prior to January 2021, a dentist operated five days a week. In January, the dental nurse resigned unexpectedly which halted dental service. As of September 2021, a dentist is onsite every Monday and every second Tuesday.
Albany Regional Prison	Dental services were not being consistently provided, despite a fully equipped, fit for purpose dental suite. Attendance by the dentist had not been regular or consistent we were told for at least the preceding two months. A series of 'catch-up clinics' had been scheduled for February 2021 but were cancelled. The waitlist was about 100 prisoners.
Bandyup Women's Prison	There is a dental suite on site. The dentist operates four days a week. It also provides services to Melaleuca Women's Prison, Boronia Pre-Release Centre, and Wandoo Rehabilitation Prison.
Boronia Pre-Release Centre	The women at Boronia get sent to community-based dental services. At a liaison meeting in May 2021, Bandyup reported that one prisoner per week comes from Boronia to receive dental care.
Broome Regional Prison	Broome has no dental services on site. Prisoners are taken to the North Metropolitan Health Service Dental Health Services at Broome Hospital. Dental bookings can be made on any weekday except Wednesdays.
Bunbury Regional Prison	There is a fully equipped dental suite on site. The dentist and dental nurse are scheduled to attend two mornings each week. But attendance was erratic with more than a third of scheduled sessions (as at July 2020) not taking place.
Casuarina Prison	Dental services are delivered on site. Provision has been disrupted over the past six months by custodial staffing shortages, and more recently by the departure of the dentist. A new dentist started in May 2021, working three days a week. The previous dentist worked four days per week.
Eastern Goldfields Regional Prison	There is a dental suite, however there is no dentist. Health Services recently paid DHS to conduct a 'five-day dental blitz' to see as many prisoners as possible. The Department would like to repeat this in July 2021 as it assisted with the backlog of prisoners needing a dentist appointment.
Greenough Regional Prison	A dentist is on site one day per week. However, services are inconsistent and unreliable.
Hakea Prison	The dentist is only on site two days a week. The dental nurse is on site four days. The dental nurse cannot do treatment, but can advise prisoners, arrange prescriptions with the doctor for pain-relief or infection control, and triage patients. The dentist generally sees twenty patients a week.
Melaleuca Women's Prison	Melaleuca prisoners are escorted to Bandyup for dental treatment. There are four appointments set aside on a Thursday for this.
Karnet Prison Farm	There are no on-site dental services, so prisoners are escorted to Cockburn Public Dental Clinic, but there is only one appointment per fortnight. Karnet reports some prisoners who can afford it have paid to go to a private dentist.
Pardelup Prison Farm	There are no on-site dental services. Prisoners access public dental services at Albany Health Campus. Pardelup facilitates escorts to Albany (about one hour away) for the purpose of dental treatment on an as needs basis. Need is assessed by an on-site nurse and visiting doctor.
Roebourne Regional Prison	At 25 March 2021, there was no access to public dental services. Prior to November 2020, the prison was able to access one or two appointments per fortnight when a public dentist based in Onslow provided services to the local community at them Aboriginal Health Centre. This service was essentially limited to extractions. But no dental services have been possible since November 2020 due an equipment failure. There is no indication yet when it will be fixed. There were 30 prisoners on the waitlist. Prisoners have been offered attendance at a private clinic at their own expense.
Wandoo Rehabilitation Prison	Funding has been confirmed to build a dental suite, this is expected to be completed by June 2021. The Department will be required to pay for this additional service from DHS as the prison is not covered under the current MOU.
Wooroloo Prison Farm	Dental services are provided on site. Dental services used to be provided three days a week, but this has been reduced to two. The dentist believes this is sufficient, however the dental nurse and prisoner survey suggest another day would be better. Appointments are scheduled between 9.30-11.30am and 12.45– 3.00pm. The dentist triages and manages his own list.
West Kimberley Regional Prison	On site dental is provided. In February 2021, the dentist visited. However, a new dentist started in March 2021. The dentist visits one day a fortnight, but the new dentist came twice weekly at first to catch up.

Appendix C Methodology

Data sets for this review were obtained through Dental Health Services, North Metropolitan Health Service. This data was analysed to determine the level of dental service provision and the types of treatments that prisoners receive.

Where available through open source data, we reviewed international standards and contemporary literature into the dental health needs of prisoners and the types of dental health problems people coming into custody face.

We were also provided information from the Health and Disability Services Complaints Office related to dental complaints.

As part of this review we conducted site visits to Bandyup Women's Prison, Broome Regional Prison, Greenough Regional Prison, Karnet Prison Farm, West Kimberley Regional Prison, and Wooroloo Prison Farm.

A preliminary findings briefing was presented to the Department in June 2021.

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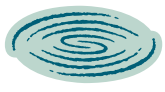

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