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Gnóthaí Baile agus Imirce
Department of Justice,
Home Affairs and Migration

IPS Health Needs Assessment

2nd Progress Report

June 2024 – June 2025

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Introduction

Crowe Ireland was commissioned in late 2019 to conduct a Health Needs Assessment (HNA) for the Irish Prison Service (IPS) as a whole and for the 12 individual prisons within the IPS estate. As part of their analysis, Crowe visited each prison and conducted interviews with all relevant stakeholders, internal and external. In 2022, they delivered their report which included 60 specific recommendations around strengthening and improving the IPS's Healthcare Services (see [Appendix III](#)).

The IPS HNA was approved by Government on 4 May 2023 and published jointly by the Ministers for Justice and Health on 11 May 2023.

A Steering Committee was established in 2024 comprising key stakeholders to monitor the progress of the HNA recommendations and report to the Minister for Justice and Minister for Health on a yearly basis. Implementation of the HNA recommendations is led by the IPS.

The membership of the HNA Steering Committee comprises representatives from the Department of Justice, Home Affairs and Migration (Criminal Policy and Criminal Governance functions), the IPS, the Department of Health and the Health Service Executive (see [Appendix II](#)).

The group have met on five occasions to date.

The Steering Group's first report published in October 2024, outlined the progress achieved in implementing the recommendations from May 2023 to June 2024.

This second report focuses on the progress made in implementing the recommendations of the IPS HNA from June 2024 to June 2025.

Key developments during that period include:

- Memorandum of Understanding (MoU) signed with the National Forensic Mental Health Service (NFMHS) and an oversight group established to develop Standard Operating Procedures (SOPs) to ensure a seamless transition from primary to secondary/tertiary care.
- Completion of Phases 1 and 2 of the IPS Training Needs Assessment.
- Appointment of a key number of posts including a Chief Pharmacist, IT Business Manager, Research Development and Evaluation Manager and Principal Officer in the IPS Directorate of Care and Rehabilitation.
- IPS have finalised the action plan arising from the HNA.

July 2025

Executive Summary

The formal development of an IPS Action Plan for the HNA was commenced in May 2024 and its structure is modelled on recent Action Plans in the wider health sector, setting out clear deliverables and milestones for a series of distinct objectives.

This second progress report is organised into six clearly differentiated themes based on the IPS Action Plan: Service Delivery, Workforce Planning, Strengthening Governance, Training Needs, Research & Analytics and Technology Developments.

Appendix I includes the Terms of Reference, Appendix II includes the membership of the Steering Committee and Appendix III provides a summary of all 60 recommendations contained in the HNA Final Report.

1. Service Delivery

Service delivery in the IPS focuses on the rehabilitation and reintegration of prisoners through healthcare, education, training, and resettlement programmes. The IPS aims to provide prisoners with opportunities for constructive engagement and support upon release. This includes managing substance use problems, mental health needs, and providing access to specialist staff and services.

Healthy Prisons Initiative

The Healthy Ireland Strategic Action Plan 2021-2025 is focused on improving the health and wellbeing of people in Ireland. International research has shown that health promotion interventions can have a significant positive impact on the prison population.

Under the auspices of Healthy Ireland, the Department of Health in collaboration with the Institute of Public Health, the IPS and the Department of Justice, are striving towards the development of a Healthy Prisons Framework for those who work and live in prisons. An Oversight Group has been established to support the development of two Frameworks which will enable the IPS to identify and design appropriate interventions, actions and outputs that will enhance and improve the health, both physical and mental, of those who work and live in Irish prisons.

The development of the Frameworks aligns with the UN Sustainable Development Goals, the 2021 WHO Prison Health Framework and various other strategic and policy initiatives led by the Departments of Justice and Health respectively. The Healthy Prisons initiative will support the IPS to progress the recommendations of the Health Needs Assessment and other health related recommendations for prisons.

Improved Committal Process and Risk Assessment of Prisoners

To strengthen existing Standard Operating Procedures (SOPs) for all aspects of healthcare services in order to ensure consistency and uniformity of approach to designing and delivering services, a new policy is currently being developed by the IPS to improve and standardise healthcare committal interviews across the prison estate. The policy will be further refined and improved following the completion of a Mental Health Needs Analysis.

The Mental Health Needs Analysis, as per recommendation 54 of Sharing the Vision (StV), will identify the prevalence of mental health issues, understanding the factors that contribute to them, and assess the availability and effectiveness of support services. This will support staff in identifying demand, address gaps in service provision, and stream support into the most effective pathways. The Justice workstream of StV is planning to commission a complete Mental Health Needs Analysis of the prison population. Work is ongoing regarding tendering for research partners and the project is due to begin before the end of 2025.

A business case is also being considered to develop a more robust secondary committal assessment to incorporate a holistic view of the individual prisoner and their specific care and rehabilitative needs. A full review of IPS Healthcare Standards and a stocktake of healthcare in-reach services is also under way. This will strengthen care pathways and ensure that best practice is followed in the treatment of prisoners with a particular condition or with particular needs, and allow the IPS to have a more uniform, streamlined approach to risk assessments.

Women's Health Services

The healthcare needs of women in custody differ substantially from their male counterparts. Female prisoners suffer from higher rates of substance use, historical abuse and social deprivation. It is therefore even more essential to ensure the delivery of a trauma-informed healthcare approach for female prisoners. During the period under review, a female GP in Limerick has increased working from three days per week to four. A well-woman clinic is in operation to address sexual health needs and carry out smear tests alongside a routine GP clinic.

The Department of Health funded a project 'Addressing the physical, mental health and well-being of women in custody' under the Women's Health Action Plan to provide a more in-depth review as a result of the HNA. A number of initiatives are taking place under the project including:

1. A review of current provision of services for women in custody to address physical, mental health and well-being needs of women.
2. Recovery College in the Dóchas Centre and Limerick Prison: This framework will commence in the Dóchas Centre in July 2025.
3. Mindfulness Based Stress Reduction Programme: This Programme is currently being delivered in the Dóchas Centre and is due to commence during the summer in Limerick Prison.
4. Active Consent: Four workshops were delivered during Mental Health Week in March 2025 to the Dóchas Centre and Limerick Prison.
5. Recruitment of locum psychotherapists to provide support to women who have been victims of sexual and domestic and gender-based violence: Two psychotherapists have been appointed in Limerick Prison. These posts have been advertised for the Dóchas Centre.
6. Pilot Speech-Language Therapy Group Intervention Project: An information campaign has commenced to inform all multidisciplinary team (MDT) members of this project.

The project is being overseen by the organisation Genio and will run for one year, concluding in March 2026.

Housing

The development of bespoke housing and Community Service pathways was identified in the HNA report as a key area for improvement specific to the health and wellbeing of women in custody. Housing First is a programme that provides permanent housing and intensive support services to people experiencing long-term homelessness. The Housing First Criminal Justice strand supports both men and women leaving prison and/or subject to a probation order presenting as homeless with a range of high and complex needs in the criminal justice sector. The Housing First Criminal Justice Strand was originally piloted in the Dublin region and an evaluation is currently being finalised. At present, people leaving prison who are experiencing homelessness and complex health needs are being housed across the country.

Improve Approach to Mental Health

To promote and enhance the visibility of mental health, a National Clinical Lead for Mental Health and Addiction was appointed in May 2024 and is making significant strides towards enhancement of the care of prisoners suffering from addiction or mental health issues.

A MoU was signed with the National Forensic Mental Health Service (NFMHS) in March 2024 and an oversight group was established at that time to develop SOPs to ensure a seamless transition from primary to secondary/tertiary care. This will simplify referrals to mental health services. The oversight group has met on several occasions in 2024 and into 2025. The group has completed and signed the Data Sharing Agreement. Work is advanced in developing the SOPs identified in the MoU.

Drugs Strategy

The HNA made recommendations regarding the provision of addiction services in prison. The IPS have progressed a number of actions under the IPS Drugs Strategy 2023 – 2026 including enhanced compliance with statutory obligations in terms of Opioid Substitution Treatment (OST) and improved access to urgent testing of illicit substances in the setting of an overdose cluster scenario via links with the National Drug Treatment Centre. The IPS also joined the Strategic Implementation Group (SIG) 3 of the National Drugs Strategy and contributed to the next iteration of the Strategy.

As part of the ongoing work between the HSE National Social Inclusion Office and the IPS to address the issue of opioid overdose, where possible naloxone is being provided to at risk prisoners on release across the prison estate

Health Protection

The IPS National Infection Control Team monitors and prepares for future outbreaks/new variants of Covid-19 across the prison estate, along with regularly managing cases and outbreaks of infectious diseases such as scabies, flu and TB which are all becoming more prevalent in the current overcrowded environment. They are also involved in vaccination and screening campaigns and carry out health promotion activities alongside the Irish Red Cross while also establishing hygiene and cleaning practices within prisons. This also aligns with action 9 of the HSE's national strategy *Striving to End Tuberculosis: A Strategy for Ireland 2024- 2025* to implement screening among those at-risk of TB due to social

risk factors (e.g., people in prisons), medical risk factors (e.g., people living with human immunodeficiency virus (HIV)), and occupational exposures (e.g., abattoir workers).

Under Health Protection, the remit has broadened to include Hepatitis-C and the Healthy Prisons Strategy. There is ongoing engagement with the HSE to secure a national Hepatitis-C specialist nurse post within IPS. This role will develop strategies and set objectives to assist the IPS in meeting the WHO goal to eradicate hepatitis globally by 2030. The Department of Health also provided funding over a three-year period to appoint Hepatitis-C nurses in regional prisons.

The recruitment of a Chief Nurse Officer (CNO) was completed in January 2025 and the CNO has been in post since mid-February 2025.

2. Workforce Planning

The HNA recommends that an Organisational and Workforce Plan should be put in place for the new Directorate of Health, Wellbeing, and Psychology Services.

A Workforce Plan is currently in place for prisons, including GP recruitment. A long-term locum arrangement is in place for Castlereagh prison.

A Workforce Plan is also in place for IPS HQ, including specialist posts. The Business Manager commenced in Q2 2025, and a Chief Pharmacist and Principal Officer are all now also in post. A Staff Grade Pharmacist post and Clinical Governance, Risk and Compliance Manager post have also been advertised.

3. Strengthening Governance

In order to meet the need to standardise clinical service delivery across the prison estate, the IPS are developing a number of new SOPs. This will strengthen care pathways to ensure that best practice is followed in the treatment of prisoners with a particular condition or with particular needs.

The IPS are also developing a 'healthcare portal' on the prison intranet for ease of access to SOPs, governance documents, forms, etc. to foster a standardised approach which maintains and improves the quality of patient care within the prison healthcare environment.

4. Training Needs

The nursing teams across the IPS include a wide range of qualifications and skills, from theatre nursing to mental health nursing, although the typical skill mix at each prison is heavily weighted towards general nursing. The workforce includes several nurses with specialist or additional skills and qualifications such as nurse prescribers and advanced nurse practitioners.

Phases 1 and 2 of the IPS Training Needs Assessment have been completed. Phase 1 involved a survey of IPS nurses and phase 2 involved interviews with individual nurses. The final report of the Training Needs Assessment is currently being drafted. The analysis will identify any training and competency shortfalls that can be addressed through the development of an ongoing training programme, with the benefits realised from focused,

informative training sessions. Trainee midwives and GP Registrars are gaining experience across the prison estate and the IPS will also become a training site for intellectual disability nursing students from September 2025.

5. Research and Analytics

Physical Health Needs Audit

There is widespread ambition amongst IPS nurses to deliver specialist clinics, in terms of screening, management and treatment, with expressed support from several GPs. A strategic approach is required to support the CNO and nursing teams to establish and deliver impactful nurse-led clinics, enabling professional development and effective prisoner management and care.

An assessment of the burden of chronic disease within the IPS has been carried out with the aim of ascertaining which illnesses result in the most morbidity and requirement for hospital escorts across the estate. This will ultimately guide the business case for developing specialist clinics and areas where nurses and GP staff require specialist training. Further engagement with the HSE has been scheduled to progress this matter.

Build Research Capacity

The HNA recommended the development of an online IPS-wide Research and Development platform to broaden opportunities for nurses to develop professionally and gain the resources and authority required to undertake research and development. The potential outcomes of supporting research and development on practices and service delivery, together with positive cultural shifts, may be of significant benefit to prison healthcare.

Work is ongoing to develop a Research Business Unit within the Care and Rehabilitation Directorate. A Research Development and Evaluation Manager was appointed in January 2025 to further progress this action.

6. Technology Developments

The IPS is currently unable to analyse data from the Prisoner Health Management System (PHMS), and so cannot produce reports with summarised statistics, trends, or meaningful projections. It is essential that the IPS has a healthcare information system that gains the confidence of healthcare staff and wider stakeholders and facilitates more effective reporting and analytical tools.

A review of PHMS fitness-for-purpose is under way to address these concerns. An IT Business Manager was appointed in Q2 2025 to progress this action. Exploratory discussions are under way regarding a potential update or replacement of the current patient record system.

Appendix I: Terms of Reference

Health Needs Assessment Steering Committee

Terms of Reference

Background

The Report on the Health Needs Assessment (HNA) for the Irish Prison Service was approved by Government in May 2023. It was also agreed by Government that a Steering Committee comprising key stakeholders would monitor progress on the HNA recommendations and report to the Minister for Justice and Minister for Health at six monthly intervals.

Implementation of the HNA recommendations is led by the Irish Prison Service (IPS).

Membership

The membership of the HNA Steering Committee comprises representatives from the Department of Justice (Criminal Policy and Criminal Governance functions), the Irish Prison Service, the Department of Health and the Health Service Executive. Details of the Committee are provided in the attached **Appendix** and will be updated, as appropriate, as the work progresses.

Additional persons may attend the Steering Committee meetings by invitation should their presence be required on a particular subject matter.

The Department of Justice will chair the Steering Committee and will also provide administrative support.

Functions of the Health Needs Assessment Steering Committee

- The primary function of the Steering Committee is to review progress on the recommendations in the Health Needs Assessment and to prepare reports to the Minister for Justice and Minister for Health as agreed by Government.
- The Steering Committee will ensure effective coordination, expertise, and stakeholder engagement throughout the implementation process.

Meetings and decision making

The Steering Committee will meet at least 3 times per year, with the option of scheduling additional meetings should that be deemed necessary.

Meetings may be held in person or online.

Every effort will be made to ensure that papers to be discussed at a meeting are circulated 3-5 days prior to that meeting.

Minutes of meetings will be taken and circulated to members of the Committee.

The Terms of Reference will be subject to ongoing review and amendment as appropriate.

30 May 2024

Appendix II: Membership of Health Needs Assessment Steering Committee – April 2025

Mary O'Regan, Penal Policy, Department of Justice (**Chair**)

Dr. Emma Regan, Irish Prison Service

Dr. David Joyce, Irish Prison Service

Jim Walsh, Department of Health

Joe Doyle, Health Service Executive

Emma-Jane Morrissey, Criminal Governance, Department of Justice

Robert Hansberry, Penal Policy, Department of Justice

Lauren Taylor, Penal Policy, Department of Justice (Secretariat)

Appendix III: HNA Recommendations for Strengthening IPS Healthcare Services

Healthcare General Service Provision

The Irish Prison Service's (IPS) official mission is *"Providing safe and secure custody, dignity of care and rehabilitation to prisoners for safer communities."* In line with this, IPS provides prisoners with access to a range of services during time in custody, including healthcare. The following recommendations are made for overall improvement of healthcare service provision within IPS:

1. Completion of GP recruitment process
2. Development of Strategic Plan and Operational Plans for IPS Healthcare
3. Development of E-Health Resources
4. Development of Standard Operating Procedures and Care Pathways
5. Development of Strategy for the Management of Elderly and Older Prisoners
6. Development of Policy for the Management of Prisoners with Physical and Sensory Disabilities
7. Screening of people with intellectual disabilities
8. Establishment of systematic process to ensure the delivery of required medication reviews
9. Internal consultation and review of protocols regarding the controlled and therapeutic use of Benzodiazepines

Women's Healthcare Service Provision

Like men, women detained in prison present with complex health and wellbeing needs and poorer health status than the general population. Prison can provide an array of new opportunities to address health inequalities and gain access to healthcare. The following recommendations aim at areas for improvement specific to the health and wellbeing of female detainees:

10. Ensuring access to female GP resources for all women prisoners
11. Ensuring access to prison-based Cervical Screening
12. Development of bespoke housing and Community Services pathways

Mental Health Services

Individuals held in custody are typically at increased risk of experiencing deterioration in their mental health compared with those in the community. Poor mental health is more prevalent amongst prisoners than the general population. The following recommendations are specific to the mental health and wellbeing of prisoners and the services provided to them by IPS:

13. Ensuring access to Central Mental Hospital in-patient facilities
14. Uniform Risk Assessment of prisoners
15. Increasing mental health nursing capacity
16. Development of nurse-led Primary Care mental health
17. Simplification of referrals to mental health services

18. Strengthening of protocols that establish and define the role and presence of clinical staff in areas of specialist support
19. Provision of further mental health training to Prison Officers
20. Feasibility study for Criminal Justice Liaison and Diversion Scheme
21. Establishment of diagnostic co-ordination for prescribing of antipsychotics
22. Review of Clozapine prescribing
23. Promotion and visibility of mental health
24. Legislative review of prisoner rights

Addiction and Substance Misuse Services

Prison Management and Healthcare staff estimate that approximately half of the prison population across the IPS estate may be using, or seeking to use, illicit substances, with a high percentage of these presenting with current or historical addiction challenges. The following recommendations relate to improving the addiction and substance misuse services provided by IPS:

25. Review of addiction counselling SLA
26. Consultation about the role of specialist addiction nurses
27. Establishment of Dual Diagnosis Service across IPS

Healthcare Information and Systems within IPS

IPS utilises the Prisoner Health Management System (PHMS) for storage and management of prisoners' healthcare data. It is essential that IPS has a healthcare information system that gains the confidence of healthcare staff and facilitates more effective reporting and analytical tools. The following recommendations are made in relation to healthcare information systems within IPS:

28. Review of PHMS fitness-for-purpose
29. Appointment of a dedicated PHMS Business Manager
30. Development and delivery of a robust Data Training Programme
31. Resolution of the issue of incompatibility regarding the sharing of dental digital Images

Recommendations for Improved Governance in IPS Healthcare Services

Strategic Positioning of Responsibility for Healthcare in Prisons

Approaches vary between countries in respect of the location of responsibility for the running of prison healthcare services (i.e. whether it falls under a country's Ministry of Justice, its Ministry of Health or its Prison Service). The following recommendation relates to the location of responsibility for the running of prison healthcare services in Ireland:

32. Location of strategic responsibility for prison healthcare services to remain within IPS

Current Structures

The healthcare function within IPS is part of the Care and Rehabilitation Directorate, and operates alongside psychology services, with both (as well as a number of other functions and services) reporting to the Director of Care and Rehabilitation. The following recommendation is made in relation to the optimal location of healthcare services within the IPS organisational structure:

33. Establishment of a new Directorate of Health, Wellbeing, and Psychology Services

Clinical Governance Structures

Clear and appropriate clinical governance arrangements are required in order for IPS' healthcare services to operate and develop effectively. The following recommendations are made to redesign services in a more cohesive and integrated manner under a Clinical Governance model:

34. Development of Clinical Governance model
35. Consultation and resolution of the clinical leadership of healthcare
36. Development of formal pathways between IPS and the wider health system
37. Establishment of an Ethics Review and Oversight Working Group
38. Multi-disciplinary approach to Clinical Governance Review
39. Formation of a Policy and Standards Review Working Group
40. Formation of a Clinical Audit and Risk Committee for Healthcare
41. Development of an online IPS-wide Research and Development Platform
42. Engagement with professional bodies for skills development
43. Development of Health Impact Assessment (HIA) Policy and Protocols

Resourcing Requirements

There is a substantial body of work involved in implementing all of the preceding 43 recommendations, and IPS will need to consider augmenting healthcare resources both at the centre and in individual prisons. The following recommendations aim at aiding the implementation process:

44. Preparation of an Organisational and Workforce Plan for new Directorate of Health, Wellbeing, and Psychology Services
45. Additional central nursing resources
46. Creation of additional Pharmacist position
47. Creation of new Healthcare Risk Manager position
48. Creation of new Business Manager position
49. Additional administrative resources
50. Skills development for clinical staff
51. Additional Psychology Services staff resources

IPS Nursing Workforce

The nursing workforce within IPS currently comprises around 150 staff and provides much of the front-line engagement with prisoners in relation to their health needs. The following recommendations relate to the nursing workforce within IPS:

- 52. Comprehensive review of the nursing workforce
- 53. Provision of mental health training for prison nurses
- 54. Development of nurse-led specialist clinics
- 55. Ensuring improved control of nursing skill mix
- 56. Provision of support to nurse prescribers
- 57. Provision of management and leadership training for Chief Nursing Officers
- 58. Establishment of Assistant Chief Nursing Officer roles
- 59. Review detailing arrangements for IPS Healthcare Staff

Infection Control

The National Infection Control Team (NICT) within IPS advises on the prevention, surveillance, investigation and control of infection in all areas where IPS staff and detainees attend, reside and work. The following recommendation is made in relation to the NICT:

- 60. Maintenance of Infection Control vigilance

