



Ministry
of Justice

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Dear Anne,

IMB NATIONAL ANNUAL REPORT 2020-2021

Thank you for your national annual report published today. I value the independent scrutiny provided by the Independent Monitoring Boards and appreciate your commitment to monitoring the prison estate throughout the COVID-19 pandemic by implementing remote monitoring processes and providing the department with regular updates. Your insights have been invaluable in helping the department adapt and support the recovery of the system during this time.

I was pleased to note that your report outlines a number of positive findings including improved staff-prisoner relationships and the positive impact this has had on violence reduction; and some notable improvements in healthcare provision and waiting times prior to the onset of COVID-19 restrictions. I appreciate that IMBs have commended the efforts of staff to keep prisoners safe and provide meaningful support throughout the prolonged periods of lockdown.

Your report also raises a number of concerns which I have had the opportunity to consider. I have outlined, in the annex to this letter, the actions that have been taken or are planned to address these concerns.

I am grateful for you and your team's important work during this challenging period.

Yours ever,

VICTORIA ATKINS MP

ANNEX

Suicide and self-harm

I share your concerns about increasing levels of self-harm and would like to assure you that we are taking steps to improve support for individuals. A revised version of Assessment, Care in Custody and Teamwork (ACCT) was rolled out throughout the female estate in April 2021 and the wider estate in July 2021. Within our revisions we have ensured a stronger emphasis on taking a person-centred approach; better multi-disciplinary team working and an improved quality assurance process. We have provided upskilling and guidance to staff to ensure they know how to appropriately use the new documentation and are currently in the process of rolling out a new safety support training package. Within this we have developed a module on identifying individuals' risks and triggers, so that staff are better able to spot when someone may be at risk of suicide or self-harm. The first two modules became available in Prison Officer Entry Level Training (POELT) from 1 September 2021 and will be available to staff via the MyLearning (online training platform) from October 2021. The second group of modules are due for roll out between December 2021 and March 2022.

In terms of the impact that restricted regimes have had on prisoner wellbeing, you will understand that regimes were restricted as we responded to the pandemic, and we introduced a range of measures to support prisoners during this time. This included providing additional telephone pin credit, introducing wellbeing checks, and rolling out video calling technology at pace across the estate to support family contact. We continue to monitor prisons to ensure that we are responsive to emerging trends and prisoner and staff safety outcomes remain our top priority.

Violence

I was pleased to note, in your report, the positive impact that increased staffing levels and staff-prisoner relationships have had on levels of violence but recognise that more needs to be done in this area to ensure a consistent reduction in levels of violence across the estate. We know that there is a link between staffing levels and prison violence, which is why we continue to take action to strengthen the frontline by regularly increasing the number of Full Time Equivalent (FTE) prison officers. This has strengthened prisons' ability to tackle violence and enabled reforms such as the Keyworker role across both the male and female estate, which provides individualised support to prisoners on a regular basis, helping to build better staff prisoner relationships.

As you highlight in your report, prison debt generates violence, bullying and victimisation, all of which contribute to poor safety outcomes. Following the roll out of a suite of debt resources for staff and prisoners prior to the pandemic, on 9 September 2021, we mandated that all prisons complete a debt self-assessment. This is due to be returned by 8 October 2021 and we will use this insight to inform a bespoke set of planned actions for prisons as part of their recovery work, and this will become part of the local prison debt strategy.

Furthermore, as part of our recovery work, we are providing direct support to those establishments that need it to help embed key processes effectively, such as the Challenge, Intervention and Support Plan (CSIP) to manage violence. A new Safety Support Skills training package is being developed to upskill and refresh staff's knowledge and this includes a module on violence. This is due to be rolled out between December 2021 and March 2022. We continue to monitor violence levels to ensure that we are responsive to any emerging issues.

Female Offenders Safety

I recognise your concerns with regards to women's safety, in particular, levels of self-harm. To address this, in March 2020, we established a women's self-harm taskforce. The aim of the taskforce is to coordinate and implement strategies which could help reduce levels of self-harm in the women's estate. Measures implemented by the taskforce have included the expansion of Support Through Enhanced Management, a trauma-informed initiative developed to support women with complex needs (including self-harm and suicidal ideation). An official evaluation of the impact of these initiatives will be carried out once provision has been in place for an extended period.

To help mitigate any potential negative impacts on the female prisoner population due to regime restrictions put in place in response to the pandemic, in autumn 2020 we provided additional support to female prisoners, including wellbeing checks and increased telephone PIN credit. Furthermore, in April 2021 we began the implementation of Key Work across the female estate. Alongside this we have developed gender-specific training for staff undertaking Key Work with women. Initial anecdotal evidence suggests that this is having a positive impact, but there has not yet been any evaluation of the women's model. The central Offender Management in Custody (OMiC) team will be evaluating the model in due course.

In addition, a new women's estate safety strategy is in development and will be published in autumn 2021. This will set out an overarching and evidence-based approach to improving safety, building on work commissioned by the taskforce, and will help to inform each prison's safety action plans and strategies tailored to local need.

We know that a disproportionate amount of self-harm in the women's estate is carried out by a relatively small number of women and a small number of establishments which generate the vast majority of current rates of self-harm. To help fully understand the needs of this group, we are carrying out case study research to improve our approach and support for individuals who use self-harm as a long-term coping mechanism. We expect to receive the findings in autumn 2021.

Use of Force

I note your report highlights the link between an increase in violence and an increase in Use of Force at some establishments. We are improving our Good Governance Toolkit to improve governance of the use of force and signpost committees to the action required to reduce levels of force in establishments. Additionally, we have recommenced use of force training, which emphasises to staff the importance of de-escalation and that force must only be used where necessary. To enhance prisoner and staff safety, we continue to support the effective use of Body Worn Video Cameras (BWVCs) across the estate. A new and improved BWVC system that will also significantly increase the availability of cameras, ensuring there are sufficient numbers for every operational band 3-5 member of staff to be able to draw one when on shift.

I was disappointed to read your concerns about the deployment of Pelargonic Acid Vanillylamide (PAVA) spray during the pandemic. Exceptional arrangements have been put in place in order to support the safety of staff and those in our care during COVID-19. This included the operational decision to extend the provision of PAVA in all adult male closed prisons, to staff that had been trained in both PAVA and Spontaneous Protection Enabling Accelerated Response (SPEAR) personal safety training. We have reviewed this decision as part of our recovery plans, these arrangements will remain in place for the current time and will be routinely reviewed. Training will be prioritised in prisons in advance of rollout. The rollout of PAVA and SPEAR follows the rollout of 'Five Minute Intervention' training and key work delivery to ensure a focus on interpersonal skills.

From the outset of the rollout of PAVA, we have been routinely monitoring the number of uses, including data on protected characteristics, which is reviewed at our monthly Physical Safety Project Board. In addition, we have expanded the process of reviewing each individual PAVA incident at a fortnightly scrutiny meeting with representatives from across the Ministry of Justice including the Safety, Security

and Evaluation teams and the Race Action Programme. The board reviews every incident to ensure it is policy compliant and proportionate. Our evaluation team has been producing a regular data summary to monitor PAVA trends, this is shared both internally and externally with the IMBs and others for further scrutiny, in particular to monitor for patterns of disproportionality. We are taking steps to better understand potential causes of disproportionality and identify appropriate actions to address them.

Substance Misuse

I note your concerns around access to and the use of illicit substances. You will be aware that due to COVID-19, random mandatory drug testing (rMDT) was suspended between March and September 2020. Since September 2020 prisons have largely prioritised suspicion-based drug testing (testing a prisoner where we have received intelligence that they are using a substance) which makes it difficult to compare with pre-COVID-19 testing and therefore harder to draw definitive conclusions on substance misuse across the estate. To continue our efforts to reduce drug supply and demand, the HMPPS Drugs Strategy and Delivery team have carried out diagnostic visits in 44 prisons and put in place agreed action plans to help address the key concerns.

Your report also highlights anecdotal evidence from IMBs indicating a rise in drug contaminated mail at some establishments during the pandemic. The physical mail system provides a low-cost, targeted and inconspicuous conveyance route to those trying to bring cumulatively high volumes of drugs (and other illicit items) in and out of prisons. As a method of entry, we know that drugs in the mail have increased between 2019-20 and 2020-21. This increase is indeed partially driven by the pandemic and a reduction in alternative methods of conveyance such as visits but may also be indicative of future changes in conveyance methods as a result of improved gate security made through the Security Investment Programme.

We have recently launched a pilot in 36 prisons using a Unique Reference Number (URN) in an attempt to identify deceptive legal mail. The pilot launched mid-August and will run until 31 December 2021 and the effectiveness will be evaluated in January 2022. We are continuing to explore longer term solutions to drug conveyance through the mail.

Reception and induction

I note your concerns around the impact of reverse cohorting measures on reception and induction support. You will be aware that in March 2020, we implemented the 'HMPPS Cohorting and Compartmentalisation Strategy', to manage the spread of COVID-19 across the prison estate. The approach involved shielding vulnerable prisoners in Shielding Units (SUs); isolating symptomatic prisoners and those who test positive in Protective Isolation Units (PIUs); and isolating new entrants for 14-days in Reverse Cohorting Units (RCUs).

We have worked hard to ensure that this process has adapted to support prisoners' needs whilst still considering public health advice. For example, initial cohorting guidance to prisons (published in April last year) was centred on a structured model whereby establishments were required to designate three specific areas/units for the purposes of cohorting. Through collaboration with PHE, to make the model more operationally deliverable, it evolved into a process-based model, where establishments were given more flexibility to make decisions about where to locate cohorting prisoners, based on local fabric and risk assessment. For example, in November 2020, we changed the isolation period within an RCU from 14-days to 7-days following two negative test results for COVID-19, to reduce the capacity impact on prisons.

I would like to assure you that the need to cohort and reverse cohort prisoners has not replaced the induction process. It is expected that all aspects of a normal induction and first night process, particularly regarding risk identification, will need to be maintained. The delivery may need to change because social distancing must be maintained throughout and there is a continued need to limit mixing of cohorting prisoners who have arrived on different days. For this reason, induction may be provided by staff, prisoner peer workers and other sources, such as posters or leaflets.

Staffing

Your report raises concerns about staff shortages leading to regime restrictions, which has been compounded by COVID-19. Throughout the higher rates of infection in the community, and with increases in staff absences across the estate, there have been periods where we had to strike a difficult balance between the risk of infection spreading and the impact increased restrictions have on prisoners' wellbeing. More recently, you will understand that staff absences have been impacted by Government rules on self-isolation.

We have mitigated staff absences by continuing to implement contingencies such as Detached Duty, use of additional Payment Plus hours, deployment of staff from HQ and increased recruitment drives being careful to ensure new staff receive the necessary training and support required.

We have also begun rolling out Daily Contact Testing (DCT) across the estate. DCT permits any employee who is a COVID-19 contact to attend work and not self-isolate if they volunteer to take part in daily testing. This applies to all staff and not just those who are double vaccinated. I recognise that we will continue to face a challenging situation in terms of staffing across parts of the estate and therefore the contingencies and mitigations we currently have in place will remain under review.

Accommodation

I note that your report highlights concern about living conditions and accommodation at specific establishments. I would like to assure you that over the last 12 months, the Prison Maintenance Group (PMG) have worked with the Facilities Management (FM) service providers to address the backlog maintenance, which has resulted in a decrease in backlog maintenance.

Major Maintenance and Asset Investment funding has been allocated to improve decency, including living accommodation showers and over £6.8M towards Fire Safety improvements. In addition to this PMG continue to carry out statutory & mandatory compliance standard audits on the physical estate and are risk based to focus on the relevant standards. PMG also continue to drive Fire Risk Assessment remedial works to ensure we provide a safe, decent, and secure place for all.

Equality and Diversity

It is concerning that you have identified that equality and diversity work has not been prioritised, during and prior to COVID-19 restrictions. The central diversity and inclusion (D&I) team is working closely with regional leads, and leaders within prison, probation and HQ to ensure progress is made and best practice shared. To support this work, the central D&I team will launch a new Policy Framework on Advancing Diversity & Inclusion, to replace PSI 2011/32 & 33 (Ensuring Equality) during the autumn of 2021. The Policy Framework will provide direction and guidance to staff on how to drive forward diversity and inclusion. Further, I note that your report identified issues concerning the Discrimination Incident Report Form (DIRF) process in some establishments. Work has been undertaken to improve the DIRF process, which is due to be launched in autumn 2021 and this will sit alongside the Policy Framework. The new process will be communicated widely to establishments, with increased monitoring at a regional and national level to identify trends and ways to improve outcomes.

I note your concerns around your identification of disproportionate use of force and PAVA spray for Black, Asian and Minority Ethnic prisoners. This is something that the organisation takes very seriously. Use of Force and PAVA spray use is monitored widely at individual prisons and at a central level for oversight and further challenge. We recognise that improvements need to be made in this area and I would like to assure you that this is a key priority.

Your report also highlights the lack of diversity in officer recruitment. To help address this, HMPPS launched a Race Action Programme (RAP) in December 2020. This is a people and culture change

programme consisting of five projects: Policies and Structures; Recruitment, Retention and Talent Management; Third Sector Stakeholder and Partnering; Learning and Development; and Support and Safe Spaces. The Recruitment, Retention and Talent Management project focuses on creating a diverse staffing base at all levels, especially senior leadership, with new initiatives to support the promotion and development opportunities for all ethnic minority staff.

Foreign National Offenders

I note your concerns about the growing number of foreign national prisoners held under immigration powers in prisons. Individuals who are risk-assessed as suitable for transfer to an Immigration Removal Centre (IRC) are placed on a waiting list but remain in prison accommodation, pending transfer. When an individual held in detention presents specific risk factors, a decision is made as to the most suitable location for their continued detention, which may be prison. Their circumstances are regularly reviewed. All those detained are made aware of their right to legal representation, and how it can be obtained. I recognise that during the pandemic, COVID-19 safe measures such as single occupancy and reverse cohorting across the IRC estate resulted in a slower flow of suitable foreign national prisoners being transferred.

With regards to your concerns at HMP Maidstone, the Home Office have stated that the Immigration Prison Team (IPT) maintained a presence throughout the pandemic. There was a period where presence on the wings did not occur, due to concerns around social distancing. An independent risk assessment was conducted, and measures have been introduced since. I would like to assure you that the IPT are in frequent dialogue with HMPPS colleagues, have good access to the prison population, and are working with the prison to refresh processes and procedures.

The Boards proposed link between Foreign National Offender (FNO) self-harm and limited Home Office contact is concerning and will be discussed with Home Office senior officials.

Property

I realise that loss of prisoners' property is an ongoing problem and work is continuing on a new operational policy framework to ensure prisoners' property is managed as effectively as possible. Following a pause in the development of this due to the outbreak of COVID-19, a rescheduled meeting with IMB representatives took place in August 2020. The feedback received from those members, HMPPS staff and other stakeholders during that period was reflected in a draft version of the framework that was circulated earlier this year. The large number of comments that were received collectively from IMB members, prison staff and external stakeholders are currently being considered, and the new framework is expected to be published early next year.

Once published, the framework will provide greater direction and standardisation on a national basis, and it is being designed with procedural justice at its core. It will strengthen guidance on known problem areas such as volumetric control and seek to ensure prisoners' property is managed effectively, consistently and with care and respect. While digital improvements to property processes are being explored, the nature of that work means that any digital changes are likely to be longer-term and will not be part of the framework at this stage.

Property lost in transit makes up a small proportion of the total number of transfers. Nevertheless, where transfers are undertaken by Prisoner Escort and Custody Services (PECS) suppliers. Property identification numbers will now be entered on the new digital platform, rather than recorded by hand on the paper Person Escort Record (PER). This will enable better tracking of property, should it be lost in transit. The new digital platform is expected to be fully rolled out by the end of the calendar year. The new generation of contracts included an additional half a bag of property to take into account the increased number of consumable items that prisoners have in their possession. PECS have also introduced a new fleet of vehicles that have been designed to ensure that property, up to the agreed volumetric control limits, plus the additional half a bag can be moved on transfer.

Healthcare

I was pleased to read in your report that prior to COVID-19 some Boards reported notable improvements in healthcare provision, including recruitment of additional staff and subsequent shorter waiting times at some establishments. We take the health and wellbeing of prisoners very seriously and this has remained a priority throughout the pandemic. To facilitate healthcare throughout COVID-19 restrictions, NHS England has nationally rolled out a telemedicine approach for health care providers to ensure they are able to continue pathways of care, where appropriate.

The issue of missed health appointments is a recognised challenge and there are many reasons why this might occur, including health and prison temporary staffing issues and individual prisoners choosing not to attend. As causes may vary significantly from prison to prison, Local Prison Health Delivery Partnership Boards (which bring together health and prison staff) are best placed to understand what may be contributing to missed appointments and are putting in place joint plans to tackle the causes. Governors work to ensure that prisoners in most need can access healthcare in a timely manner, and where necessary, address staffing needs to improve access to the full range of services provided.

Mental healthcare

I recognise your concerns about the delays in transfers to a secure mental health placement under the Mental Health Act which sometimes leads to prisoners spending prolonged periods in segregation. We have a responsibility to ensure those in prison receive appropriate care in the right setting, at the right time. If a prisoner has a severe mental health need to an extent that warrants detention under the Mental Health Act, they should be transferred to hospital. We recognise that this currently takes too long and are therefore determined to improve the transfer process, ensure delays are reduced and avoid prison being used inappropriately.

We know that this is dependent on strong collaborative efforts between MoJ, HMPPS, DHSC and NHS England. In the recently published DHSC and MoJ White Paper on Reforming the Mental Health Act, the Government has committed to introduce a new statutory time limit of 28 days for transfers to mental health hospitals, to be commenced once revised NHSE/I guidance has been fully embedded in practice. We have also committed to introduce a new independent role to oversee the transfer process which will further help to reduce unnecessary delays.

I also understand your concerns around the provision of mental healthcare more broadly. Health and justice partners have committed to providing a standard of health care in prisons equivalent to that available in the community. To ensure that this is achieved, the National Partnership Agreement on Prison Healthcare in England and its associated workplan set out a detailed programme of work to deliver safe, decent, effective healthcare for offenders. As with standard health care, the provision of mental health care in English prisons is the responsibility of NHS England Health and Justice, based on health needs assessments. For Welsh prisons, providing mental health care is the responsibility of NHS Wales.

In relation to COVID-19, you will understand that regime restrictions put in place to control infection have saved lives, but we recognise that these measures may have had a negative impact on the wellbeing of those in our care, particularly those with mental health needs. To ensure that care continued throughout COVID-19 restrictions, NHS England adopted a range of alternative methods to meet the mental health needs of people in prison, whilst face to face interventions have been suspended or limited. This has included the use of telephone consultations, the use of digital technology for psychiatrists in secure mental health hospitals to carry out assessments via video-link and the development of a COVID-19 mental health screen with the International Committee of the Red Cross. We are continuing to deliver in cell-activities including a Wellbeing Plan created with Mind and ensuring that the Samaritans Listeners peer support scheme continues.

Regime

You will understand that at the start of the pandemic we acted swiftly to implement essential measures in prisons on the advice of PHE to control the spread of COVID-19. The actions we took have undoubtedly saved lives and avoided the worst-case scenario modelled by PHE of up to 2,700 deaths. However, we recognise the difficult impact that actions to enable social distancing such as reduced regime activity, staff contact and/or time out of the cell has had on prisoners. We took a number of measures to mitigate against the impact that these restrictions have had, including introducing increased in-cell learning, swiftly rolling out video calling to maintain family contact, as well as providing an additional £5 telephone PIN credit per week and access to over 1,500 secure mobile handsets.

Due to the high-risk, vulnerable nature of the prison environment, we continue to have to balance levels of regime delivery against the restrictions advised by PHE for infection control. Nevertheless, safely increasing the amount of regime delivered in prisons remains a high priority. Although the amount of regime delivered in recent months has still been quite limited in many sites, I am pleased to note that it is on an upward trajectory, with all prisons now at least at Stage 3 of the National Framework, and a significant number at Stage 2 with further sites expected to follow in the coming weeks. We are committed to ensuring that Stage 3 regimes provide a core regime, for example with education delivered in cell or in very small groups and that Stage 2 allows for elements such as larger group classroom-based education, larger group communal worship and expanded indoor Physical Education.

Following the continued reduction of risk in the community and custody, we have also approved the opening of the National Stage 1 Gateway which is a significant milestone in recovery. Stage 1 is the final stage of the National Framework and is fundamentally about easing COVID-19 controls such as social distancing. A growing number of prisons are now starting to implement Stage 1 regimes.

Offender Management and Progression;

I was pleased to note in your report that some Boards reported a reduced backlog of Offender Assessment System (OASys) records. Significant progress was being made on the OASys backlog prior to the COVID-19 emergency period. During the COVID-19 period progress has plateaued but, despite pressure on resources, the backlog of OASys initial assessments has been kept broadly stable. To continue our improvements in this area, as part of the plan for recovery, we will be focussing more on OASys and it is hoped that we will be able to significantly drive down the backlog over the coming months. This will be a significant challenge as improving regimes compete for resources in prisons and the number of newly sentenced prisoners increases. To support this, the OASys Taskforce, a part of the Operational Implementation & Support Group (OISG), will be tackling this work focussing on the poorest performing prisons first. This work has already begun and OISG are engaging with both Prison Group Directors (PGD) Offices and Stakeholder engagement leads to ensure support is targeted in the appropriate establishments.

I recognise the importance of Release on Temporary Licence (ROTL) opportunities to facilitate progression towards release. As part of preventative measures to help limit the spread of COVID-19 and protect the NHS, ROTL was suspended in March 2020, except for key work and compelling compassionate reasons. ROTL remains an important, proven tool to support resettlement and HMPPS will therefore continue to work closely with public health authorities to re-introduce access when and where it is safe to do so, taking into account any changing national and local restrictions. Prisons are resuming delivery of the full range of ROTL activities where agreed under local Regime Recovery Management Plans.

Your report also highlights concerns about prisoners serving Indeterminate Sentences for Public Protection (IPP). You will be aware that the IPP sentence was abolished in late 2012 by the Legal Aid, Sentencing and Punishment of Offenders Act. However, this did not apply retrospectively as the Government at the time took the view that it would not be right to alter sentences that had been lawfully imposed following risk assessments. Therefore, those who received an IPP sentence will continue to

serve their IPP sentence. To re-sentence these offenders would undermine public protection, as it would result in the release of prisoners who have been assessed by the Parole Board as being unsafe for release, many with no license at all.

I would like to assure you that we remain committed to supporting the progression of all prisoners serving the IPP sentence, whether in prison or in the community. These efforts have, in recent years, delivered a substantial reduction in the number of IPP prisoners who have never been released.

Education

I was pleased to note in your report that some Boards have recognised improvements in education provision prior to the pandemic. Throughout the pandemic, education providers have worked closely with Governors and central teams to support the delivery of education through a mixture of in-cell resources, distance learning and small-scale face to face provision. It is the case that during the pandemic, learners tended to take longer to complete courses and were more likely to focus on one course at a time rather than undertake numerous courses as they may have done previously. We will continue to focus our efforts on ensuring learners continue to make progress.

During the pandemic there was a reduction in accredited learning undertaken by learners, and it is therefore positive to see the increase in accredited learning taking place across the estate as we transition through the recovery period. As regimes open up, wider scale face to face provision has been re-introduced into the majority of sites where it is safe to do so. Since May 2021, and up to 11 August, 75% of the published reports have resulted in either a reasonable progress or significant progress result.

Family Contact

We know how important it is for prisoners to maintain contact with their families and social visits were restarted in prisons in line with PHE advice, when it was possible to do so. As prisons remain high-risk environments that are vulnerable to COVID-19, restrictions on social distancing at visits are still required to minimise risk and help keep those who live and work in our prisons safe. After a successful pilot, we have been able to lift some of the restrictions on physical contact at visits by introducing visitor testing. We are also working with local providers to reintroduce refreshment services to further improve the visiting experience for both prisoners and social visitors as part of our plans for recovery.

Resettlement and Accommodation on Release

I recognise that offenders face significant barriers to securing suitable accommodation and overcoming these barriers is something that the Ministry of Justice cannot do in isolation. We are working with Ministry of Housing, Communities and Local Government (MHCLG), Welsh Government and Other Government Departments, to address this issue.

You will be aware that as part of its response to the COVID-19 pandemic, the MoJ provided up to 56 nights' accommodation to support individuals at risk of homelessness on their release from prison. We have used learning from the COVID-19 Emergency Scheme in the development of a new service, launched this July, initially in five probation regions, which provides up to 3,000 prison leavers at risk of homelessness with temporary accommodation for up to 12 weeks and support into settled accommodation. MoJ have [published](#) the outcomes from the work done during last year to provide temporary accommodation for prison leavers during the pandemic. Overall, the work (with MHCLG's work on homelessness) may have contributed to an almost 30% reduction in prisoners being released to homelessness or rough sleeping during 2020/21.

More broadly, in 2019 we made a commitment to deliver 200 additional Approved Premises bed spaces. This work is currently underway and we are making good progress on securing the 200 beds. Official statistics on Community Performance, published by the MoJ in July 2021, show that 4,685 women were

released from custody in the year to March 2021, with 50% of them going into secure, long-term accommodation and a further 10% to bail/probation accommodation. 13% were recorded as being homeless at the point of release.