

Operational Proof of Evidence

Katy Wood - Business Support Director

Serco Limited

Appeal PINS ref. APP/Y3425/W/24/2215258

CHANGE OF USE FROM STUDENT ACCOMODATION  
TO ASYLUM ACCOMODATION

Former University Halls of Residence

Stafford Education and Enterprise Park

Weston Road, Stafford, Staffordshire ST180AB

Town and Country Planning Act 1990 (as amended)

1. Witness Name and Qualifications

- 1.1. My name is Katy Wood and I am employed by Serco Limited (the "Appellant") as a Business Support Director.
- 1.2. Prior to commencing in my current role working for the Appellant I had 17 years' experience working within the public sector in various roles. These included being a police officer within Greater Manchester Police within various units and holding a variety of roles within local government. Within local government I held roles related to statutory homelessness and housing need (from operational management, to commissioning of services and ultimately acting as strategic lead for a council) and in more senior roles I also held strategic responsibilities around community safety, empty homes delivery, the troubled families programme and asylum & refugee integration. I have also been heavily involved in the development and delivery of a place-based approach in multiple roles.
- 1.3. My most recent role prior to joining the Appellant was as the Head of the North West Strategic Migration Partnership (SMP) where I led for the region in setting the strategic approach for management of migration, advising Council Leaders, Combined Authority Mayors and Chief Executives. The core aim of the role was to drive, co-ordinate and support the partnership as a whole to both maximise the benefits of migration, and to effectively mitigate the risks on communities and public services. Some of the partnership core members included local authorities, police forces, the Home Office, the Appellant, and the Health and the Voluntary Sector.
- 1.4. During this period, I increased participation in the asylum programme from 12 to 31 local authorities and led the region's response to the Syrian refugee crisis, enabling local authorities with no experience to commit to both asylum and refugee resettlement programmes. This required guiding and supporting senior colleagues within statutory agencies to ensure both strategic and operational resilience in the delivery and management of impact of these programmes at a local level.
- 1.5. As Business Support Director at the Appellant, I am responsible for all of the support functions for the AASC Contract (which is explained further in the proof of evidence of my colleague Lisa Dysch **(CD/E3)**). This includes:
  - 1.5.1. Partnership function - Leading the engagement and collaboration with our key stakeholders including development of pathways into services for the asylum population and supporting integration of the asylum population;
  - 1.5.2. Safeguarding Function - Ownership of policy, strategy and operational support and delivery in respect of the safeguarding of vulnerable service users through the designated safeguarding team;
  - 1.5.3. Risk & Security - All matters related to risk and security, including business continuity planning, risk assessment and management, intelligence management and strategy, incident management and investigations. Risk & Security work closely with our key statutory partners in the context of risk management including policing colleagues and national units such as the

regional organised crime units and the joint debriefing team, community safety teams and the Home Office;

- 1.5.4. Compliance - Acting as an assurance function within the contract to ensure compliance by the AASC Contract, be this in terms of property standards or adherence to policy & process;
- 1.5.5. Business Improvement - Driving delivery of continuous improvement and operational excellence initiatives and projects across the AASC Contract; and
- 1.5.6. Learning & Development - Delivery of the learning, development and training needs of all staff on the AASC Contract.

## 2. Experience in relation to the Appeal

2.1. Background regarding the history of the Application is set out in the proof of evidence of Mr Mark Jackson (**CD/E1**) and I do not repeat it here.

2.2. I was involved in the initial engagement meetings regarding to the proposed use of the Appeal Site as an asylum accommodation site. This included meetings with the local authority, other statutory agencies and elected members. I also contributed to the initial planning application submission.

## 3. Scope of Evidence and Executive Summary

3.1. My proof of evidence will focus on the following matters which address both the Council's original reasons for refusal (**CD/A25**), points raised in the Council's Statement of Case (**CD/C10**) and matters in the Inspectors Post Case Management Conference note (**CD/C12**):

- 3.1.1. Safety and Security Management;
- 3.1.2. Social Inclusivity;
- 3.1.3. Security and the fear of crime; and
- 3.1.4. Healthcare provision.

3.2. In summary, my evidence will show that the Appellant is well-resourced and experienced in providing this kind of accommodation and has the necessary processes in place to deal with any specific safety and security management concerns. I will show that the Appellant is cognisant of the need to stay well connected to local emergency services and has a track record in this regard. My evidence also addresses concerns of the Council as raised by its Statement of Case (**CD/C10**); of local residents as raised in third party representations; and as are noted by the Inspector's Case Management Conference note (**CD/C12**) in respect of fear of crime and healthcare provision.

3.3. My evidence, along with that of my colleague Lisa Dysch (**CD/E3**), will therefore demonstrate that the Appeal Site will be properly managed including in respect of safety and security and that there is no evidence that the proposed use of the Appeal Site will lead to an increase in crime as a result of resident behaviour and if there are incidences of crime there are systems in place to manage it. The management of the Appeal Site will create opportunities for the residents to socialise and create connections, and will create an inclusive environment with links to the surrounding community. It will also show that healthcare needs of the residents are managed adequately.

## 4. Safety and Security Management

- 4.1. The physical security of the Appellant's sites is managed through joint-working between the onsite operation teams and Securitas who are contracted to provide physical security and an immediate incident management response to sites. This model will also be used at the Appeal Site, as it has worked and continues to work positively across the Appellant's asylum seeker portfolio.
  - 4.2. Securitas provide a physical security presence in addition to mobile patrol vehicles (smart guard equipped with CCTV functionality). Body worn cameras are worn in the event of an incident and all security personnel are Security Industry Authority (SIA) licence trained.
  - 4.3. Securitas are a well-renowned global security company operating contracts over multiple continents, including on behalf of government departments. They hold a comprehensive protective services portfolio and can continuously innovate their security solutions as required.
  - 4.4. The Appellant has chosen to partner with Securitas owing to their expertise in this area. The relationship with Securitas is as a fully embedded member of the Appellant's senior management team with, as a minimum, weekly meetings with their Director and daily intelligence and risk information sharing across both parties.
  - 4.5. The primary role of Securitas is to ensure the security of access and egress to large accommodation sites being managed by the Appellant, so as to ensure there are no incursions from persons or organisations who may pose a risk to the safety and wellbeing of residents and staff. The requirement for security officers to intervene in incidents between the residents is very rare and is not what has determined the need for this resource in asylum accommodation settings. Nor is their role to prevent residents from leaving as they have full freedom of movement as is the case with the general public.
  - 4.6. The ongoing collaborative work with the police (referenced further below at paragraph 6 allows the Appellant to take a proactive approach to managing site security, responding to any intelligence gathered and dynamically risk assessing any given incident to determine the levels of resource and response required.
5. Social Inclusivity
- 5.1. The Appellant's first step in promoting integration and cohesion is within the induction process which occurs when the residents first arrive at an asylum site (and which will take place at the Appeal Site in the same way). As well as outlining the key elements of the property and asylum journey, the team will outline key expectations of residents, inclusive of how they interact with others both inside and outside of the property.
  - 5.2. This includes but is not limited to:
    - 5.2.1. Appropriate ways to approach the opposite gender;
    - 5.2.2. Littering;
    - 5.2.3. Information on Emergency services and reporting of hate crime;
    - 5.2.4. Where it is and is not appropriate to spend personal time;
    - 5.2.5. Cultural differences on speaking to children and young people; and

- 5.2.6. Appropriate use of healthcare.
- 5.3. The Appellant recognises from experience that, if such points are not drawn out and an understanding given to asylum seekers on what would be deemed culturally acceptable behaviour, that this could potentially create concern within the local community. Through this work the Appellant mitigates, as much as is possible, the potential of such issues emerging. On the limited occasions where the Appellant and its teams have seen thematic issues previously at any of its larger sites, the Appellant's Safeguarding, Partnership and Risk & Security teams have worked in collaboration to deliver focused roadshows in order to educate residents. This approach will be taken at the Appeal Site where relevant.
- 5.4. In respect of broader and more proactive integration, the Appellant's Partnership Team engage with both statutory and voluntary agencies to map availability of key services which residents can be referred or signposted to. The Appellant has a designated Partnership Manager for each locality which ensures that its key partners have a single point of contact to both develop opportunities for collaboration and to raise any potential concerns.
- 5.5. This approach is implemented across the Appellant's 3 existing initial accommodation sites, and its over 100 hotel contingency sites; each of which has a varied, yet structured, network of stakeholders. These include, but are not limited to:
- 5.5.1. Health - ensuring residents are able to access key health services, interacting with them appropriately and in line with the local community (or as requested by the Integrated Care Boards ("ICB"s)/Primary care bodies);
  - 5.5.2. Community Safety teams - allows a two-way dialogue between Appellant, Community teams and/or residents to promote integration, information sessions and involvement in community activity;
  - 5.5.3. Voluntary Sector/NGO's - involving residents in volunteering activity, providing integration opportunities through local projects and meaningful activity;
  - 5.5.4. Education - involving residents in both adult and child education, allowing them to learn some English language and UK norms;
  - 5.5.5. Parish Councils and Faith groups - both in respect of meeting the residents' faith needs and integrating them into the local area, but also as trusted members of the community, the Appellant finds that this often breaks down barriers and dispels myths about asylum seekers; and
  - 5.5.6. Local authority and elected member engagement - providing key operational updates, FAQs and building an open and transparent relationship to allow agencies the access the correct information at the right time.
- 5.6. Examples of this include residents supporting and attending at local welcome meetings with members of the community, joining local social value community activities established by the Appellant in collaboration with its partners, and active engagement by the Appellant to support residents into appropriate volunteering activities within the community. These examples evidence how proactive collaboration can improve cohesion and integration into the community for residents and enable them to both contribute positively and support the diversification and cultural enrichment within the localities in which they reside.

- 5.7. In a recent mapping exercise, the Appellant identified that, across its contingency sites alone, the Partnership Team in collaboration with local voluntary and community services had facilitated over 24,000 hours of social value/meaningful activity for residents. This is activity that is not a contractual requirement of the AASC Contract.
- 5.8. Though the Appellant cannot be prescriptive at this stage of what these services may look like for the Appeal Site, we know from experience and from engagement to date with key partners within the wider Staffordshire area, that engaging with an array of services allows our residents to feel and become part of the community, and this is the approach that the Appellant will therefore take at the Appeal Site, as it does elsewhere in the UK.
6. Security and the fear of crime
- 6.1. The Appellant has developed a Risk & Security team who provide an elevated function of collaborative risk management.
- 6.2. Extensive work is carried out by the Appellant's Risk & Security Team in regard to working with police forces and specialist units to manage some of the issues that may arise, or be perceived to arise, when managing a cohort of asylum seekers either in our IA, DA or hotel contingency site locations. The main areas of work focus on concerns from residents in terms of peripheral risks from the community to them, such as hate crime, community tensions and modern slavery (including human trafficking). In this respect the Appellant takes a collaborative approach to work with its stakeholders, which we recognise is essential in ensuring that residents are able to effectively report if they become a victim of crime. This is in contrast to the perception that it is the behaviour of the residents that generates the risk, which is not the Appellant's experience.
- 6.3. The Risk & Security Team's capacity within the Appellant's Business Support Directorate has been further enhanced in recent months to meet the growth and changing requirements of the AASC Contract. This has included the development of a number of new roles, one being a designated Intelligence Coordinator to ensure a specific focus on gathering, collating and sharing intelligence information and reports, and to support the Head of Compliance, Risk and Security and the wider business to work alongside our key stakeholders to effectively plan for and mitigate risks using the intelligence available.
- 6.4. The Appellant has excellent links with police forces in the various localities of its sites, where there is a desire by the respective force to work in close collaboration. This generally includes weekly two-way intelligence returns related to known or suspected risks and forward strategic planning related to those risks. The Appellant has also attended modern slavery partnership meetings with police and statutory colleagues, and would be happy to do so with Staffordshire Police if relevant in future.
- 6.5. The Appellant has already established a two-way intelligence sharing process with the senior police officer who is Head of the Knowledge Hub at Staffordshire Police (the Knowledge Hub being the Forces' central intelligence management function).

The Knowledge Hub already receives weekly intelligence returns from the Appellant, and a partnership relationship already exists in terms of regular communication and discussions as and when required. This collaboration will continue to enhance and grow as the asylum population within the wider Staffordshire area grows.

- 6.6. Where there is potential for protest at any site operated by the Appellant, including in future the Appeal Site, there are robust processes in place to ensure the staff and service users on site remain safe. The Appellant holds, and will invoke, trigger plans in such instances, such as initiating locking of doors and providing advice to residents about leaving the site.
- 6.7. The Appellant also actively uses and applies, where it is necessary, the Joint Emergency Service Interoperability Programme (“JESIP”) principles. The JESIP principles, and associated ways of working, underpin cross-agency working for any relevant incident management whether pre-planned or responsive, and allow for pre-action risk ratings to be developed alongside an ongoing dynamic risk assessment of the presenting situation/incident. The five principles enable partners to effectively share and co-ordinate available information during the early stages and throughout an incident to establish shared situational awareness and agree a common view of the situation, its consequences, and potential outcomes, as well as the actions required for its resolution.
- 6.8. The JESIP model is also utilised by our policing and statutory agency colleagues (Local Authority emergency planning/Fire service/Ambulance service).
- 6.9. The JESIP command structure is at three levels:
  - 6.9.1. Strategic (Gold) - Sets the strategic direction, coordinates responders and prioritises resources;
  - 6.9.2. Tactical (Silver) - Interprets the strategic direction, develops the tactical and coordinates activities and assets;
  - 6.9.3. Operational (Bronze) - Implements the tactical plan, commands the single agency response and coordinates actions.
- 6.10. A recent example of the collaborative work done in this space is the management of protest activity at the Suites Hotel in Knowsley where the Appellant has been fully embedded into the Silver Command structure with the Merseyside Police and has supported the intelligence sharing picture to successfully manage multiple incidents, not just at the Suites Hotel site but also other hotel locations across the Merseyside area. The Appellant has been widely commended by Merseyside policing colleagues for the support and collaborative approach taken in managing the ongoing community tension issues.
- 6.11. At company level, the Appellant has an internal Silver Command structure that mirrors that of the police. It will also provide physical Bronze Command presence at the Appeal Site, which will then feed into the Appellant’s centralised Silver Command (which consists of members of the Contract Leadership team and the Senior Management team).

6.12. As outlined, the JESIP principles are well embedded across police forces nationally and any such requirement to implement this model would be replicated with any representatives of the Appellant working at the Appeal Site.

6.13. When residents arrive at Serco facilities, they are asked to sign an occupancy agreement which covers expectations of the resident while they are at the facility. To set expectations around cultural awareness and to ensure that residents abide by the rules of their occupancy agreement all residents will be given a comprehensive induction on arrival. The Risk and Security team will also reach out to local policing colleagues from a community policing perspective to discuss delivering a roadshow to cohorts of residents at the site. The Appellant prefers to do this with neighbourhood policing colleagues present to break down barriers and perceptions of police being an organisation to fear within the asylum population, which is often borne out of their experiences in their country of origin. These roadshows are translated and cover the broader context in this space with asylum seekers. This covers, for example, community awareness, areas of potential risk, appropriate behaviours and cultural considerations.

6.14. For any residents that present as a complex case, the Appellant has a dedicated Complex Case officer who works closely alongside the Home Office to manage those individuals on a case-by-case basis, bringing in other agencies to support as necessary. The Appellant's Risk & Security team works alongside its Safeguarding team to ensure that the appropriate levels of support and intervention are provided for residents who are at crisis point and/or present with significant mental health issues. Where there are persistent breaches of compliance against expectations of behaviour, the Appellant works alongside the Home Office to issue informal and formal warnings and to set clear expectations around behaviours, with a clear message that persistent non-compliance may affect ongoing support and could lead to a discontinuation of asylum support for any residents.

## 7. Healthcare provision and impact on public health resources

7.1. Initial Accommodation ("IA") sites are subject to funding which flows down from the Department of Health ("DoH") into the respective ICBs in the relevant areas in order to enable commissioning of a designated health screening provision for asylum seekers who arrive into the site. The Home Office leads the conversation on funding flow down with the DoH for any new IA provision being stood up.

7.2. The large-scale contingency sites that the Appellant has been standing up has also attracted DoH funding to ICB's for the purpose of health screening.

7.3. Whilst the health provision at each IA site may differ slightly, there is commonality in regard to a core model that runs through each setting. This typically includes as a minimum:

7.3.1. Nursing provision to conduct primary care initial health screening assessments - health assessments typically routinely will include screening for communicable diseases such as TB;

7.3.2. Differing levels of GP provision to enable medication prescribing and more comprehensive assessment should this be required after the initial health screening assessment. NHSE good practice guidance states new arrivals



- should be registered with Primary Care, and ICB's typically mitigate this impact by utilising the funding envelope provided to provide GP provision specific to the site so as to mitigate impact on local primary care services;
- 7.3.3. HC2 forms are accessible by residents from Migrant Help and/or the Home Office to enable free prescription access; and
  - 7.3.4. Commissioned health service in IA settings will, where appropriate, link in with health colleagues more broadly on vaccination programmes where this is deemed necessary or appropriate.
- 7.4. Current IA sites in Liverpool, Derby and Coventry are evidence of how this model works, with services being commissioned specifically for residents accommodated within each site by the respective local ICB. Each ICB will ultimately determine the specification of the service to be commissioned, with the provider (i.e. the Appellant in this scenario) being responsible for enabling access by residents to appropriate space for service delivery on site should this be required (which will include providing acceptable lighting, flooring, washing facilities and privacy considerations), and working with the chosen health service provider to agree referral pathways into other services for the new arrivals. A large contingency setting in Manchester has also been held up as a good practice model for community-based service delivery and received an NHS award. This service is delivered on site through space facilitated by the Appellant.
- 7.5. The existence of such designated health provision ensures that any new arrivals into IA are given a swift and robust health assessment at site, thereby negating the requirement to absorb this demand within universal GP surgeries within the locality. Should any follow up health provision be required for any individual, this will be determined by the health provider who would make the appropriate onwards referrals - this includes Health Visitor referrals.
- 7.6. If the ICB determines that health screening provision is not to be located on site and wish to flow funding to a local surgery to absorb the impact, and if the location of the health provision is located above 3 miles from the IA site, the Appellant has a contractual obligation to provide access to transport for asylum seekers to attend initial health screening appointments.
- 7.7. Health provision for dispersed accommodation ("DA") is typically provided through local GP provision services, as access to primary care for DA service users is deemed a universal right in line with the wider resident population.
- 7.8. Patient registration premium funding would however be received by the respective GP surgery for any new patients registered and is the national funding/delivery model agreed for asylum seekers when accommodated in DA provision.
- 7.9. The ICB can opt for DA service users to be able to access the health provision in place at the site which is commissioned for new IA arrivals, as opposed to accessing local GP provision. However, this would be a matter for the ICB to consider and would not be in the Appellant's control to determine. A model similar to this is that used at the Appellant's asylum site in Coventry, where healthcare services for both IA and DA resident in the city is commissioned through one practice.

7.10. Generally, access to healthcare in either an IA or DA setting also cannot be mandated by the Appellant as accommodation provider, as it is the choice of the resident in terms of attendance. There are high rates of access in commissioned healthcare provision within IA settings as new arrivals may not previously have been subject to a healthcare assessment whilst in the UK. Typically, in DA provision, as is the case with the general public, asylum seekers only choose to register if and when they have a health need that requires support or treatment, particularly as they will previously have received a full health screening assessment whilst resident in IA.

7.11. Ultimately, the ability and need for the DA residents to access local GP services would also have been true for students accommodated at the Appeal Site previously, as they would not have had access to any specifically-funded health provision and would have been entirely reliant on local universal GP provision. As a proportion of the Appeal Site is designated as IA provision, and thereby attracts the funding flow set out above, use as an asylum accommodation would therefore have less of an impact on local universal GP services than would have previously been the case when the Appeal Site operated as student accommodation.

7.12. DA residents are also issued with an Aspen Card by the Home Office with financial support provided at a rate of £45 per person per week. This financial support is for the residents to access food, clothing, travel and toiletries. This financial support enables public transport access for health appointments should this be required.

7.13. Whilst it is not a contractual requirement to have a designated Safeguarding function, the Appellant has developed this provision as part of its delivery model, which will also be rolled out at the Appeal Site in due course. Operational colleagues who are within all asylum sites (IA, contingency or DA), are able to refer into the Safeguarding Team any residents where they feel there may be a level of vulnerability or additional need that may require support. The Safeguarding Team will conduct a triage assessment to determine the level of need and then act in an advocacy capacity in liaising with the UKVI Safeguarding Hubs and with key partners (both statutory and non-statutory) to support the individual in having their needs met. This support is over and above what the general population is able to access in terms of direct advocacy to break down barriers that may arise for the individual. The Safeguarding Team work very closely with health and social care colleagues across all areas.

## 8. Conclusions

8.1. My evidence along with that of my colleague Lisa Dysch (**CD/E3**), demonstrates how the Appeal Site will be properly managed in respect of issues surrounding health provision, social inclusivity and security.