

Summary 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. This Summary Proof of Evidence sets out an overview of my proof of evidence submitted to the appeal.
2. My name is Katy Wood and I am employed by Serco Limited (the "Appellant") as a Business Support Director. As Business Support Director at the Appellant, I am responsible for all of the support functions for the AASC Contract. Further detail regarding my role is explained in my Proof of Evidence (CD/E2) and the proof of evidence of my colleague Lisa Dysch (CD/E3).
3. 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.
4. My proof of evidence focusses 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 Case Management Conference note (CD/C12):
 - 4.1. Safety and Security Management;
 - 4.2. Social Inclusivity;
 - 4.3. Security and the fear of crime; and
 - 4.4. Healthcare provision.
5. In summary, my evidence shows 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 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; of local residents as raised in third party representations; and as are noted by the Inspector's Case Management Conference note in respect of fear of crime and healthcare provision.
6. My evidence, along with that of my colleague Lisa Dysch, demonstrates that the Appeal Site will be properly managed including in respect of the safety and security and that there is no evidence that the proposed use of the Appeal Site will lead to an increase in crime. 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 also shows that healthcare needs of the residents are managed adequately.
7. 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.

8. The Appellant recognises that issues of cohesion with the wider community are important. My evidence shows that the Appellant has plans in place to deal with concerns around social inclusivity of our residents at the Appeal Site.
9. The Appellant has an experienced Risk and Security Team who provide an elevated function of collaborative risk management. 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.
10. My evidence (**CD/E2**) provides detail regarding the healthcare provision that will be provided on site for the IA residents and explains the screening provision that will be in place for asylum seekers who arrive into the site. 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. 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.