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*Surrey's strategy for
Gypsy, Roma and Traveller children and
young people*

2014-2017

1. Introduction

Gypsies, Roma and Traveller (GRT) communities collectively represent a significant ethnic minority group in Surrey. It is estimated that we have around 10-12,000 GRT residents, which would mean that Surrey has the fourth largest GRT population of any local authority. There are approximately 1,400 children and young people on roll in Surrey schools from English Gypsy, Travellers of Irish Heritage and Fairground communities. In addition to Surrey's housed population, there are 19 public GRT sites and also numerous private sites.

Why this strategy is important

Surrey's GRT children and young people have some of the poorest life chances when compared with Surrey's 0-19 population generally. Our needs analysis found that across a range of health, education and social indicators, patterns of inequality exist both nationally and locally. Whilst there are areas of local good practice delivering outcomes beyond national and Surrey GRT averages, this is not the case for all Surrey's GRT children and young people. Statistical data and first-hand evidence from GRT representatives in Surrey indicates that multiple factors interplay to prevent GRT children and young people from benefiting from our services in the same way as their non-GRT Surrey peers. Problems of community isolation are compounded by experiences of insensitivity and discrimination that can deter GRT families from accessing the services they need, perpetuating inter-generational patterns of exclusion and deprivation.

The Public Sector Equality Duty 2011 requires public agencies to consider equality issues when procuring and commissioning services, and to take steps to remove or minimise disadvantages suffered by people with 'protected characteristics' (such as Gypsies, Roma and Travellers). It requires organisations to consider how they could positively contribute to the advancement of equality and good relations, and requires equality considerations to be reflected in the design and delivery of policies and services.

In the context of the current restrictions in public funding it is ever more important that our services are informed by a sound understanding of local needs and issues, including the needs of vulnerable groups, to ensure that resources are used as effectively as possible. The needs analysis underpinning this strategy can be found on Surrey County Council's website, and provides a clearer understanding of the needs of GRT children and young people in Surrey than we have had previously. It was developed by a working group comprising representatives from NHS Surrey; Surrey and Borders Partnership NHS Foundation Trust; Surrey County Council's Children, Schools and Families Directorate; the voluntary, community and faith sector, and community development workers who are themselves members of Surrey's GRT community. Many other professionals also contributed their expertise, knowledge and suggestions. We would like to thank all those who contributed to developing the needs analysis and the strategy, but we are especially grateful for the contributions of the GRT representatives whose honest and revealing accounts of life in their communities enabled us to reach a deeper understanding of the challenges and barriers faced by GRT families in Surrey today.

What we want to achieve

This strategy seeks to tackle local inequalities and improve outcomes for Surrey's GRT children and young people. Our action plan sets out what we will do between now and 2017, however, many issues for GRT communities are long-standing and entrenched, so our actions now must be part of an ongoing approach to working with GRT families, children and young people to improve their outcomes and aspirations. Our strategy focuses on 0-19 year olds but includes broader issues relating to the needs of Surrey GRT families and communities where these impact upon children and young people's wellbeing. Many of the actions can be implemented by Surrey County Council's Children, Schools and Families Directorate, and there are also

recommendations for wider partners that would benefit from political support and high level leadership as they are taken forward.

Our aim is that life opportunities for Surrey's GRT children and young people should be no different to the life opportunities of the majority of Surrey's 0-19 population. The actions in this strategy align with Surrey's Lifecourse Outcomes approach, which was developed in consultation with children, young people, parents and practitioners to find a common way of looking at the outcomes we believe children and young people can be supported to achieve at key stages in their childhood. Our strategy for GRT children and young people therefore contains actions covering the period from conception to birth; the early years (0-5); the primary years (6-11) and the teenage years (12-19 years), and a section referring to whole communities.

Our approach has been informed by input from GRT children and young people and parents, with the aim of developing a strategic approach that values GRT culture and works towards shared aspirations for the future. To achieve this we need work in partnership with Surrey's Gypsy, Roma and Traveller communities to encourage and build relationships. This will help us better understand and address issues and barriers in relation to Gypsy, Roma and Traveller children and young people's health, education, training and employment, whilst respecting Gypsy, Roma and Traveller cultural and lifestyle choices. The need for collaborative engagement to develop services that are truly effective in supporting GRT children and young people is reflected by this statement from Surrey's Gypsy, Roma and Traveller Forum: "It's nothing about us without us".

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2. Key findings from needs analysis

Our 2013 needs assessment can be viewed at [\[insert link\]](#). The following is a summary of key findings:

- Despite notable achievements in some Surrey schools, educational outcomes for Surrey's GRT children and young people overall are significantly poorer than those of their non-GRT peers. School attendance tends to fall off as children get older. Experiences of bullying and racial discrimination are commonly cited. Many GRT families find vocational training and employment more relevant than academic qualifications.
- Social issues impacting on GRT communities include high levels of domestic abuse; cultural expectations for females to take on significant domestic and caring responsibilities at a young age, and experiences of discrimination and low trust in services.
- The physical and mental health of GRT children and young people and adults is significantly poorer than in the population as a whole. GRT life expectancy is ten years lower than the national average and infant mortality is twenty times higher than in the rest of the population.
- There is insufficient accommodation to meet local need; and overcrowding and poor conditions on some sites.
- Child poverty disproportionately affects GRT children and young people, and many families experience economic exclusion. Many GRT families will be impacted by the welfare reforms.
- Data collection systems vary in their effectiveness in identifying outcomes for GRT service users. This is compounded by the reluctance of some families to self-ascribe.

3. Overview of our strategic action plan

Part 2 of this strategy contains an action plan with a named accountable lead for each specific action, and details of other key partners and services who will need to be involved in implementation.

The action plan has 4 sections, each with a summary of relevant needs and the actions intended to respond to those findings. The sections cover:

- Surrey's GRT families and communities as a whole
- The period from conception to birth and the early years (0-5)
- Primary years (6-11)
- Teenage years (12-19 years)

Overall, the strategic action plan is intended to:

- Improve educational outcomes for GRT children and young people by developing a better coordinated response to attendance, bullying and exclusions; and ensure that GRT young people are better prepared to become economically successful adults.
- Address identified social issues, for example, tackling domestic abuse and understanding the needs of GRT young carers.
- Improve health outcomes by increasing GRT knowledge of relevant health issues for both adults and children and increasing early uptake of health services.
- Ensure that plans are developed to tackle deficits in GRT accommodation through best use of available resources.
- Ensure that the needs of GRT communities are considered in arrangements to support Surrey families impacted by economic exclusion and/or welfare reforms.
- Ensure our services respond effectively to GRT needs by strengthening data collection and outcomes monitoring; increasing workforce awareness of GRT cultural needs; and encouraging positive engagement with GRT communities to ensure that our services respond effectively to their needs.

4. Implementation, monitoring and governance

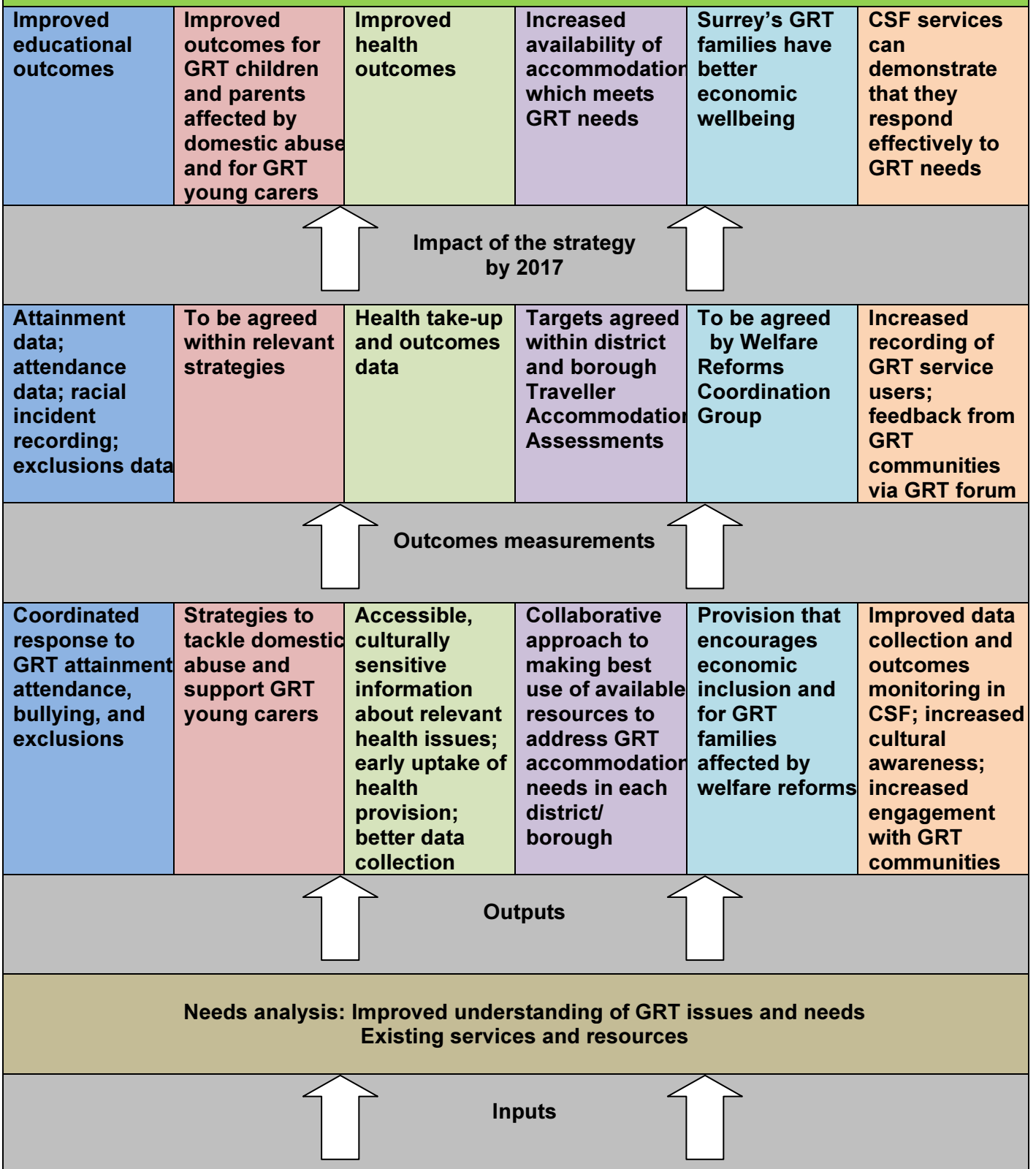
Many of the actions in this strategy will need to be implemented by Surrey County Council's Children, Schools and Families Directorate (CSF). Accountable leads will ensure delivery and monitor the effectiveness of individual actions against agreed success measures, and the CSF Directorate Leadership Team will receive regular updates about overall implementation progress and outcomes. The Assistant Director for Schools and Learning will lead the overall implementation of the strategy on behalf of the CSF Directorate Leadership Team.

There are also recommendations and actions for Public Health; district and borough councils and partners in the voluntary, community and faith sector. Each of these organisations will need to be accountable for implementation and outcomes monitoring through their own governance arrangements. Overall impact of the strategy will be monitored through Surrey's Children and Young People's Partnership, which brings together all public agencies involved in promoting the wellbeing of Surrey's children and young people; and which will provide a forum for partners to assess our progress in improving outcomes for Surrey's GRT children and young people.

5. Evaluating the strategy

Given the complexity and long-standing nature of many of the issues identified within our needs analysis, it may be unrealistic to claim that by 2017 we can fully achieve our aim for the life chances for Surrey's GRT children and young people to be no different than the life chances of the majority of Surrey's 0-19 population. This strategy needs to be part of an ongoing approach, with progress reviewed regularly. The information below illustrates how our strategic action plan will contribute to achieving our aim, and how ongoing progress can be measured.

Aim: Life opportunities for Surrey's GRT children and young people should be no different to the life opportunities of the majority of Surrey's 0-19 population



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Part 2
Strategic action plan

Surrey's GRT families and communities

- Gypsy, Roma and Traveller (GRT) communities collectively represent a significant ethnic minority group in Surrey. The voice of these communities is greatly under-represented.
 - Many people are reluctant to reveal their GRT ethnicity, as experiences of hostility and discrimination are common. Local experiences indicate that some frontline staff lack awareness of GRT needs, and may be insensitive or even openly hostile towards them. This can result in overt or unintended discrimination that deters GRT residents from accessing services and discourages self-asciption.
 - Although many agencies' data collection systems include categories for GRT ethnicity, in practice, it is often not recorded. Fear about self-asciption also contributes to a lack of robust data about the effectiveness of Surrey services for GRT families.
 - Surrey's Gypsy, Roma and Traveller Forum provides the main means of public engagement between Surrey's public agencies and GRT communities.
 - There are significant health inequalities between the GRT population and the wider population, including high levels of heart disease, asthma, bronchitis, diabetes, mental ill-health, smoking, alcohol and drug misuse, and long term illness. Local data is not always available, so our needs analysis also used national research and anecdotal evidence from the Surrey GRT population. Parental ill-health can be a significant factor affecting children's outcomes.
 - The barriers for GRT families accessing health provision include not having cultural needs recognised; and difficulties in maintaining contact with services, especially if travelling. Not accessing services at the onset of illness is a factor in the severity of outcomes from chronic and severe illness. Fear and lack of knowledge about statutory services mean that services are often only accessed at a point of crisis.
- Poor accommodation is a significant factor in poor physical and mental health, and poor educational outcomes among GRT communities, affecting children and young people's educational achievements and wellbeing. GRT parents often express concerns about where their children will live as adults and whether they will be able to maintain family and community ties, as there is often not enough space on sites for extended families. District and Borough Councils are now responsible for assessing the accommodation needs of GRT communities and setting targets for future development.
- There are high levels of domestic abuse within GRT communities, increasing the possibility of safeguarding concerns for GRT children and young people.
 - Travellers of Irish Heritage and Gypsies have the highest proportion of pupils eligible for free school meals compared to other ethnic groups (48% compared to a county average of 8.5%).
 - GRT families tend to prefer traditional, skilled work and self-employment. Low levels of literacy and educational attainment among GRT adults can be limiting factors for economic prosperity. Many GRT families are affected by financial exclusion, including difficulties accessing a bank account or obtaining reasonably priced credit, especially if highly mobile.
 - The government's welfare reforms are causing concern among GRT families receiving benefits, a relatively high proportion of whom are in receipt of disability and sickness benefits. This section of the population will be under increased pressure to take paid employment, but is disadvantaged by having low levels of skill. Children's Centres offer support to parents of 0-5s to raise their aspirations and skills through their links with Jobcentre Plus and by encouraging uptake of adult literacy schemes.

Recommendations	Actions	Who needs to be involved?	Intended impact	How will we measure success?
1. Ensure that the CSF workforce is sensitive to GRT culture and needs.	<ul style="list-style-type: none"> Ensure that generic Equality and Diversity awareness training, and induction training for all staff includes information about GRT culture. This should include a brief history of Gypsy, Roma & Traveller communities, and issues to consider when working with them Provide additional, more in-depth training for staff with roles that bring them into contact with GRT communities. Publicise training to ensure take-up. Refresher training may be needed periodically as GRT communities and culture evolve. 	<p>Lead: Amy Bailey (Change and Efficiency Manager, HR and Organisational Development)</p> <p>REMA</p>	<p>Increase confidence of GRT families to access Surrey public services and to self-ascribe.</p> <p>Reduce incidents of overt and unintended discrimination.</p>	<p>Numbers of staff completing training. Training evaluation</p> <p>GRT communities report that services are sensitive to their culture and meet their needs effectively (feedback via GRT Forum)</p>
<p>Improve recording of GRT ethnicity by all CSF services.</p> <p>Page 48</p>	<ul style="list-style-type: none"> Ensure systems include 'WIRT' (Traveller of Irish Heritage) and 'WROM' (English Romany Gypsy) as categories, and that outcomes for GRT cohorts can be identified. Encourage sharing of good practice and ensure consistency of data collection. Provide guidance to all staff explaining the ethnic status of Gypsies, Roma & Travellers and why it is important to record this. Continue REMA strategies to encourage self-ascription in Early Years settings and schools. 	<p>Lead: Kirstin Butler (Performance & Intelligence Manager, Schools and Learning) and Rashid Jussa (Children's Services Performance Manager)</p> <p>Performance and Knowledge Management teams; REMA; CSF workforce development; CSF Comms team</p>	<p>More robust data about GRT needs and effective evaluation of service outcomes.</p>	<ul style="list-style-type: none"> All CSF data systems include 'WIRT' and 'WROM' as ethnic categories, by December 2014 Increased numbers of GRT service users recorded (because of improved recording).

Recommendations	Actions	Who needs to be involved?	Intended impact	How will we measure success?
3. Engage with GRT children and young people and communities to understand and respond to their concerns and issues, and seek their views when developing our services.	<ul style="list-style-type: none"> Identify opportunities for consultation with GRT communities, to promote their involvement in service development and strategic commissioning. Outreach is likely to be a key component of successful engagement. Ensure that Equalities Impact Assessments specifically consider GRT needs and issues. 	<p>Lead: P-J Wilkinson (Assistant Director for Schools and Learning)</p> <p>Heads of Service in CSF; Commissioners; GRT forum; CSF Directorate Equalities Group</p>	Surrey's GRT communities have opportunities to shape service provision and to voice their views and concerns.	Services can demonstrate that Surrey's GRT communities have been involved in service development and that GRT views and needs are listened to.
4. Develop systems to improve the monitoring of GRT uptake of health provision and GRT health outcomes in Surrey.	<ul style="list-style-type: none"> Ensure current monitoring systems allow health staff to record GRT ethnicity, and that staff do so. Promote joint working between all agencies and Surrey's GRT families, for example through shared outreach programmes, liaison workers and sharing of good practice initiatives. 	<p>Lead: Lisa Andrews (Senior Public Health Lead)</p> <p>Clinical Commissioning Groups (CCGs); Public Health; Surrey and Sussex Area Health Teams; GPs; pharmacists</p>	Robust take-up and health outcomes data is available for future needs analysis and commissioning.	<ul style="list-style-type: none"> All health data systems include 'GRT' as an ethnic category, by December 2014. Increased numbers of GRT service users recorded (because of improved recording). Increased numbers of GRT registered with GP and dentist.
5. Ensure that health providers adopt effective measures to develop positive interactions with GRT communities.	<p>Commissioning contracts:</p> <ul style="list-style-type: none"> Include requirements for health professionals to attend GRT cultural awareness training. Require providers to demonstrate sensitivity to GRT needs, e.g. outreach work; giving information in accessible formats, including verbal explanations; help completing paperwork; notifying appointments by telephone or text reminders. 	<p>Lead: Lisa Andrews (Senior Public Health Lead)</p> <p>GRT forum; CCGs</p>	Services are more accepting of and sensitive to GRT needs and therefore more accessible to GRT residents.	<p>Requirements included in all commissioning contracts/ service level agreements, going forward.</p> <p>Feedback from GRT health service users states that services are responsive to their needs (via GRT Forum)</p> <p>'Mystery shopper' tests</p>

Recommendations	Actions	Who needs to be involved?	Intended impact	How will we measure success?
6. Ensure that GRT views are sought about new healthcare commissioning and delivery arrangements	<ul style="list-style-type: none"> Influence patient liaison staff in CCGs to engage with GRT patients to understand their cultural needs; and to encourage GRT residents to join patient representative forums. Engagement may be more successful if brokered through outreach or via professionals who have already established trust with GRT communities. 	<p>Lead: Lisa Andrews (Senior Public Health Lead)</p> <p>GRT forum; CCGs, district and borough councils</p>	GRT needs are recognised and addressed within new healthcare commissioning and delivery arrangements	Feedback from GRT health service users confirms their involvement (via GRT Forum)
7. Ensure that health provision is sensitive to the needs of Surrey's GRT population	<ul style="list-style-type: none"> Ensure the needs of GRT residents are reflected in community preventative plans being developed by CCGs and district and borough councils. Provide accessible information that will enable GRT residents to recognise signs and symptoms, and to encourage them to seek professional help at an early stage. 	<p>Lead: Lisa Andrews (Senior Public Health Lead)</p> <p>Clinical Commissioning Groups (CCGs); Surrey and Sussex Area Health Teams; GPs; pharmacists</p>	Health outcomes for GRT residents are more closely aligned to those of the Surrey population as a whole.	<p>Specific progress measurements to be defined within local preventative plans.</p> <p>Health outcomes data (reliant on recording GRT ethnicity – recommendation 4 above).</p>
8. Tackle deficits in GRT accommodation, making the best use of available resources in Surrey	<ul style="list-style-type: none"> Ensure that Traveller Accommodation Assessments are developed in partnership with local GRT communities, and that ongoing shared and open dialogue helps to define and agree priorities for action and timescales. Consider needs such as storage facilities in relation to employment. 	District and Borough Councils	Address concerns of Surrey's GRT communities about insufficient and poor quality accommodation.	Progress against targets set out in local Travel Accommodation Needs Assessments.

Recommendations	Actions	Who needs to be involved?	Intended impact	How will we measure success?
9. Ensure an effective response to the issues that domestic abuse may present in GRT communities.	Consider the needs of GRT communities in the development and delivery of work streams associated with the Surrey Domestic Abuse Strategy. This might include: <ul style="list-style-type: none"> • Workforce development events to explore the needs of GRT communities and appropriate responses. • Ensuring that awareness raising considers literacy issues – for example, leaflets with pictures rather than words. • Promoting the inclusion of ‘Gypsy/Roma/Traveller’ as a category in all incident recording, to better understand demand and effectiveness of services. 	Lead: Barbara French (Domestic Abuse Strategy Manager) Surrey Domestic Abuse Forum; Health and Wellbeing Board; CSF Commissioners and others as required	GRT parents and children affected by domestic abuse are appropriately supported.	To be agreed as part of Surrey’s Domestic Abuse Strategy.
10. Support Surrey’s GRT families to help them achieve economic wellbeing.	Through Surrey’s Welfare Reform Coordination Group, work with partners to: <ul style="list-style-type: none"> • Identify needs in relation to targeted literacy, numeracy and basic skills training programmes, in collaboration with Surrey’s GRT community. • Ensure that support for Surrey families impacted by welfare reforms is sensitive to the specific needs of local GRT communities. 	Lead: Mary Burguieres (Policy and Strategy Partnerships Lead Manager) All partners on Welfare Reforms Coordination Group; Gypsy Skills; Early Years and Childcare Service; Surrey Community Action	Mitigate potential negative impacts of welfare reform and economic exclusion for Surrey’s GRT residents	Impact measurements to be agreed by December 2014

Conception to birth, and the early years (0-5)

- Women in GRT families tend to marry at a young age and start having children early, compared to the UK population as a whole.
- Nationally, infant mortality in the GRT community is twenty times higher than in the rest of the population.
- Vaccination and immunisation levels are low in GRT communities. This is associated with a lack of understanding about the benefits of immunisation, and barriers in accessing culturally appropriate health provision.
- There may be few or no facilities for children to enjoy stimulating play on GRT sites. This affects children's readiness for learning at school age and contributes to high numbers of SEN children among GRT pupils in primary schools.
- Two mobile children's centres visit local GRT sites to bring Early Years provision to families with 0-5 year olds. Arrangements are in place with REMA and health visitors to identify newly arriving GRT families for outreach and to ensure that children's centres are aware of GRT families in their catchment areas. There has been a good success rate in promoting the uptake of free early education for 2 and 3 year olds, especially in the south-west of the county.

Recommendations	Actions	Who?	Intended impact	How will we measure success?
11. Ensure culturally appropriate information and support for newly married GRT women, and expectant and new mothers.	<ul style="list-style-type: none"> • Provide accessible information to GRT communities, e.g. breastfeeding, smoking, immunisation; family planning. Outreach may be important for communicating these messages. • Disseminate the findings from a proposed review of maternity services at St Peter's Hospital (which will be consulting with GRT women about their experiences) to inform future service development. 	<p>Lead: Lisa Andrews (Senior Public Health Lead)</p> <p>GRT Health and Wellbeing subgroup; Surrey Community Action; St Peter's Hospital</p>	GRT women feel confident in making informed decisions about family planning; breastfeeding; immunisation and other relevant issues; will have a safe labour and birth; and have access to a network of professional support and services that meet their needs.	Health outcomes data (reliant on recording GRT ethnicity – recommendation 4 above)
12. Ensure that GRT families, including newly arrived families, with 0-5 year olds access early years provision	<ul style="list-style-type: none"> • Continue local collaboration between Early Years settings, REMA and key professionals such as health visitors to identify families with 0-5s, and ensure uptake of relevant services. • Continue to ensure that each Children's Centre has named lead professionals to develop relationships with each GRT site and encourage service take-up. • Continue to encourage update of early education for 2 and 3 year olds. • Continue ongoing training about GRT needs and culture via Early Years networks. 	<p>Lead: Lesley Hunt (Supporting Families Manager, Early Years and Childcare Service)</p> <p>EYCS;REMA; health visitors</p>	Ensure all GRT children aged 0-5, including those in newly arrived families, take-up early years provision and other services.	EYCS outcomes data
13. Ensure that new GRT mothers access the parent-infant mental health service (PIMHS) when needed	<ul style="list-style-type: none"> • Work through children's centres outreach to encourage GRT mothers to access this service when appropriate. • Through the CAMHS strategy board and PIMH steering Group, consider whether other strategic actions are needed to understand GRT needs/issues in relation to PIMHS. 	<p>Lead: Angela Sargeant (Policy and Development Manager, CSF CAMHS)</p> <p>CAMHS Strategy Board; PIMHS steering group</p>	New mothers have positive affectionate bonds with their babies	To be agreed by PIMHS steering group

The primary years (6-11)

- There are wide gaps between the average educational attainment of GRT children in Surrey and their non-GRT Surrey peers:
 - At Key Stage 1 (ages 5 to 7 years), the attainment gaps between GRT and non GRT pupils are 37.7% for reading, 42% for writing; 21.1% for maths and 25.9% for science (2012 data)
 - At Key Stage 2 (ages 7 to 11 years), the attainment gaps between GRT and non GRT pupils are 33.5% for reading; 45.4% for writing; 43.8% for maths and 41.1% for English (2012 data)
- 59% of Surrey GRT children have special needs, compared to 19% amongst the whole Surrey school population.
- School absence in GRT primary school pupils was 13.2% compared to 4.1% for all Surrey primary school pupils (2012 figures). School absence in both GRT and non-GRT pupils has reduced over the last 3 years.
- GRT children continue to be far more likely excluded, either permanently or fixed term, than non-GRT children, although exclusion rates are falling.
- GRT children and young people are often disadvantaged by a lack of play amenities, and their social isolation is often compounded by bullying and racist attacks.
- There are high levels of school drop-out at the end of primary education. Approximately 25% of Surrey GRT pupils in Year 6 had dropped out of school by the end of Year 7 (2012 figures). Whilst this figure includes children who had travelled out of county, we know from GRT communities that school drop-out becomes increasingly likely once primary education finishes.

Recommendations	Actions	Who needs to be involved?	Intended impact	How will we measure success?
14. Continue and strengthen collaborative approaches to narrow attainment gaps at primary level between GRT pupils and other Surrey children and young people.	<ul style="list-style-type: none"> Implement key elements of nationally recognised good practice for GRT pupils through training and/or partnership activities provided by REMA in targeted primary schools. Continue targeted pupil-focussed work with schools. 	<p>Lead: Antony Sanderson and Janice Taylor (REMA Joint Lead Managers)</p> <p>Schools and other education settings</p>	Improved educational attainment by GRT pupils	Education attainment data.
15. Encourage regular attendance among Surrey GRT primary school pupils and make appropriate provision for authorised absence during travel periods.	<ul style="list-style-type: none"> Continue to ensure that meetings take place early on when attendance issues arise, involving parents, schools and the education welfare service. Carry out a cross-service review of attendance policies and practice relating to GRT primary pupils. Support schools to develop effective distance learning provision. Develop mechanisms to scrutinise any decision to exclude GRT primary pupils to help to ensure fair treatment and reduce the risk of social exclusion. 	<p>Lead: Kerry Randle (Area Education Officer, NE)</p> <p>Education Welfare Service, REMA, schools</p>	<p>Develop and implement a coordinated best-practice approach to supporting GRT school attendance, taking account of cultural preferences and the rights and responsibilities of parents.</p> <p>Learning continues during authorised periods of travel</p>	<p>Attendance data.</p> <p>Attainment data</p>

Recommendations	Actions	Who needs to be involved?	Intended impact	How will we measure success?
16. Ensure that anti-bullying strategies within schools and other settings address the needs of GRT children and young people.	<ul style="list-style-type: none"> • Anti-bullying strategy forum to refresh current strategies, from September 2014. To include consultation with cohorts of young people (such as GRT) who commonly experience bullying. • Ensure strategy considers cyber-bullying. • Build confidence for GRT children and their families to report bullying and racist incidents. • Continue to encourage primary schools and other settings to identify and record racist incidents involving GRT pupils. 	<p>Lead: Gabrielle Close (Quality Assurance and Professional Standards Development Manager, Schools and Learning)</p> <p>Area Education teams; schools; REMA; Babcock 4S; CAMHS: 14-19 commissioning team</p>	GRT children and young people and their parents report bullying and feel confident that when they experience bullying, this will be tackled effectively.	Refreshed strategy to include appropriate outcomes measurements to track impact for GRT children and young people
17. Support GRT pupils to make a successful transition to secondary school	<ul style="list-style-type: none"> • Continue targeted support for individual pupils • Continue to build good practice in schools, including parental involvement, to encourage GRT pupils to aspire to complete their education. 	<p>Lead: Antony Sanderson and Janice Taylor (REMA Joint Lead Managers)</p> <p>Schools and other education settings</p>	More GRT pupils transfer to mainstream secondary education	Schools admissions data; pupil premium data

The teenage years (12-19 years)

- There are high levels of school absence in GRT secondary school pupils (16.5% in 2012 compared to 5.5% for all Surrey secondary school pupils); and high rates of fixed term exclusions (six times the Surrey average in 2011/12).
 - Educational attainment gaps persist, with 46.4% of GRT attaining 5 or more GCSEs at A* to C, compared to 82.9% of non-GRT Surrey pupils (2012 figures).
 - A significant number of GRT children leave mainstream schooling by the age of 13. Although the law permits parents to educate their children at home, GRT parents are not always able to do this effectively. Reasons for withdrawal from mainstream schooling include fear of cultural erosion; fear of compromising daughters' reputations; perceived lack of relevance of the secondary curriculum; expectations for daughters to take up domestic roles and for sons to work with their fathers in trade; fear of racist bullying in schools, and difficulties with public transport.
 - Surrey has a range of responses to encourage GRT children and young people's education and attainment. Some vocational options are available for those who have disengaged from school including Lift Off and Gypsy Skills. The council's Race Equality and Minority Achievement Service (REMA) has a central role in building schools' capacity to support GRT pupils. There is a concern that schools with academy status may not 'buy in' REMA services, however, GRT parents can request that schools do this.
 - GRT children and young people often see vocational training and skills as more relevant in preparing them for adult life. Until recently access to college was restricted until the age of 16, by which time many GRT are working fulltime and may be reluctant to return to education. Recent legislative changes have enabled colleges to start supporting some young people from age 14 onwards, but no Surrey colleges have yet taken up this opportunity.
- Poor educational attainment and low literacy act as significant barriers for young GRT people finding work and accessing college training. Raising of the participation age means that all young people in England must now continue in education or training until age 17, and until their 18th birthday from 2015, choosing from full time education, an apprenticeship or part-time education or training if they are employed, self-employed or volunteering full-time. This could help increase the literacy and skills of GRT young people, but may cause conflicts when GRT young people want to work in the family trade or move frequently. It is also unclear how raising the participation age will work in tandem with the potential repeal of section 444 of the Education Act (permitting economically nomadic families to defend against prosecution for their children's non-attendance, subject to certain conditions), and there are concerns that this might lead to evasion of education.
- Children and young people in GRT communities are often expected to assume caring responsibilities for siblings or relatives. It is likely that being a young carer is more common for GRT children due to high levels of poor health and disability within the community; however, very little information exists concerning the numbers or needs of GRT young carers. The organisation *Friends, Families and Travellers* reports that GRT children and young people are often isolated, particularly when they leave school before the age of 16.
 - According to the Children's Society, 63% of young travellers are bullied or attacked. They are often victims of race hate crime but incidents are largely unreported (Children's Society, 2007).
 - GRT young people are over-represented within Surrey's Youth Justice System. They are often more likely to be involved in violent crime due to a cultural acceptance of using violence to solve disputes, and due to frequent experiences of bullying and prejudice from the non-GRT community.

Recommendations	Actions	Who needs to be involved?	Intended impact	How will we measure success?
18. Continue and strengthen collaborative approaches to narrow attainment gaps at secondary level between GRT pupils and other Surrey children and young people.	<ul style="list-style-type: none"> Implement key elements of nationally recognised good practice for GRT pupils through training and/or partnership activities provided by REMA in targeted secondary schools. Continue targeted pupil-focussed work with schools. 	<p>Lead: Antony Sanderson and Janice Taylor (REMA Joint Lead Managers)</p> <p>Schools and other education settings</p>	Improved educational attainment by GRT pupils	Education attainment data.
19. Develop a coordinated approach to supporting GRT pupils to participate in suitable education, training or employment (through proposed GRT attendance working group).	<ul style="list-style-type: none"> Continue to ensure that meetings take place early on when attendance issues arise, involving parents, schools and education welfare service. Carry out a cross-service review of attendance policies and practice relating to GRT pupils, considering implications of recent/proposed legislative changes. Develop a forum for relevant teams/services to meet regularly to review individual cases of disengagement from mainstream education and to coordinate support in these cases. Develop mechanisms to scrutinise any decision to exclude GRT secondary pupils to help to ensure fair treatment and reduce the risk of social exclusion. Identify GRT young carers, and ensure they are supported to access young carers' services. 	<p>Lead: P-J Wilkinson (Assistant Director, Schools and Learning)</p> <p>REMA; Services for Young People; 14-19 Commissioning; Education Welfare; Inclusion Service; Elective Home Education Service</p>	GRT children and young people benefit from a coordinated range of options to support educational attainment and achievement.	Outcomes to be agreed by attendance working group

Recommendations	Actions	Who needs to be involved?	Intended impact	How will we measure success?
20. Ensure effective alternative educational provision for GRT young people who are not able to remain in mainstream education.	<ul style="list-style-type: none"> Develop a future plan for sustainable alternative educational provision at key stages 3 and 4, building on the current strengths and positive relationships developed by Gypsy Skills, and ensuring that provision retains credibility and trust with local GRT communities. Ensure that all key stakeholders are involved. Continue initiatives such as Lift Off 	Lead: Nic Charalambous, (Area Manager NE, Services for Young People) 14-19 Commissioning team; Lift Off; Gypsy Skills	Increase GRT children and young people's participation and achievement in education	NEET data Educational attainment data Gypsy Skills outcomes data
21. Support GRT pupils to make a successful transition to further education, where this is their ambition.	<ul style="list-style-type: none"> Continue targeted support for individual pupils Continue to build good practice in schools and alternative education settings that encourages GRT young people to aspire to continue into further education. 	Lead: Antony Sanderson and Janice Taylor (REMA Joint Lead Managers) Schools and other education settings such as Gypsy Skills	More GRT pupils continue into further education, equipped with the necessary level of skills	NEET data Educational attainment data Gypsy Skills outcomes data
22. Ensure that anti-bullying strategies within schools and other settings, including youth settings, address the needs of GRT children and young people.	<ul style="list-style-type: none"> Anti-bullying strategy forum to refresh current strategies, from September 2014. To include consultation with cohorts of young people (such as GRT) who commonly experience bullying. Ensure strategy considers cyber-bullying. Build confidence for GRT young people and their families to report bullying and racist incidents. Continue to encourage secondary schools and other settings to identify and record racist incidents involving GRT pupils. 	Lead: Gabrielle Close (Quality Assurance and Professional Standards Development Manager, Schools and Learning) Area Education teams; REMA, Services for Young People, Babcock 4S, CAMHS	GRT children and young people and their parents report bullying and feel confident that when they experience bullying, this will be tackled effectively.	Refreshed strategy includes appropriate outcomes measurements to track impact for GRT children and young people

Recommendations	Actions	Who needs to be involved?	Intended impact	How will we measure success?
<p>23. Develop targeted measures to address the high incidence of emotional wellbeing and mental health needs in GRT children and young people.</p>	<ul style="list-style-type: none"> Consult GRT community representatives, including young people, to understand needs and barriers to accessing provision. Ensure that tenders for new services address GRT needs specifically. 	<p>Lead: Karina Ajayi (Commissioner, Children's and Safeguarding Service) and Diane McCormack (Head of Children with Complex and Special Health Needs including CAMHS, Public Health)</p> <p>CAMHS Commissioning Board; Children's Commissioning team</p>	<p>GRT children and young people with emotional wellbeing and mental health support needs are identified early and receive effective support.</p>	<p>Commissioning outcomes measurements to be included in contract performance monitoring.</p>
<p>24. Improve identification and support for GRT young carers.</p>	<p>Ensure that the needs of GRT young carers are identified and addressed through the next re-refresh of the Young Carers' Strategy. This should include:</p> <ul style="list-style-type: none"> Improving identification in educational and youth settings, and identification of young carers who are receiving elective home education or have disengaged from all services. Supporting GRT young carers to access appropriate support. 	<p>Lead: Jane Thornton (Chair of Young Carers strategy group)</p> <p>Young Carers Strategy Group; young carers agencies; schools and youth settings</p>	<p>GRT young carers in Surrey are identified and supported in accordance with their wishes and needs.</p>	<p>Refreshed Young Carers strategy:</p> <ul style="list-style-type: none"> Identifies needs of GRT young carers, and ensures these are reflected in commissioned provision and outcomes measurements. Develops effective identification and referral mechanisms, including for GRT young carers who are receiving elective home education or have disengaged from all services.

Recommendations	Actions	Who needs to be involved?	Intended impact	How will we measure success?
25. Encourage GRT children and young people to participate in promoting positive messages and information about their culture.	<ul style="list-style-type: none"> Schools and youth settings to encourage contributions from GRT young people to Surrey young people's newsletters and websites. Through the re-launch of SERGE (the Surrey young people's newsletter), encourage GRT young people to work alongside professionals to write content and/or to join the SERGE editorial team. 	Lead: Nikki Parkhill (Equalities Development Officer Services for Young People) 14-19 Commissioning team; Gypsy Skills; REMA	Empower GRT young people to participate in development of Surrey newsletters and forums alongside young people from other groups.	<ul style="list-style-type: none"> Increased numbers of GRT young people providing material for newsletters. GRT young people's participation in SERGE.

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