



# **Needs analysis for Surrey's Gypsy, Roma and Traveller children and young people 2013**

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## Executive summary

### Introduction

This needs analysis aims to understand current issues for Surrey's Gypsy, Roma and Traveller (GRT) children and young people, and to inform our strategic approach to tackling inequalities and improving outcomes for this group. Although the focus is mainly on 0-18 year olds, broader issues relating to the needs of Surrey GRT families and communities are also included where these impact upon children and young people's outcomes.

Gypsy, Roma and Traveller communities in the UK were described by the Joint Parliamentary Human Rights Committee as the hardest to reach of all ethnic minorities, with "evidence... [of] ... multiple discrimination faced by Gypsies and Travellers, and their exceptional level of social exclusion". The committee identified poor school attendance, low educational attainment and high levels of illiteracy as particularly acute problems, and also found that GRT communities experience exceptionally poor health, even compared with other marginalised groups, including high rates of infant mortality, and difficulties in accessing healthcare (Joint Parliamentary Human Rights Committee, 2005).

Statistical data and first-hand evidence from GRT representatives in Surrey indicates that these inequalities persist in our county today. Our needs analysis found that across a range of health, education and social indicators Surrey's GRT children and young people have some of the poorest life chances when compared with Surrey children and young people generally. A number of factors interplay to prevent GRT children and young people from benefiting from our services in the same way as their non-GRT Surrey peers, with problems compounded by experiences of insensitivity and discrimination which can deter GRT families from accessing the services they need, and help to perpetuate inter-generational patterns of exclusion and deprivation.

Our needs analysis 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, 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.

### Key findings from the needs analysis

#### Health

The health of GRT children and young people and adults is significantly poorer than in the population as a whole.

- Because GRT ethnicity was not routinely recorded until recently there is a lack of robust data and evidence about health outcomes for the GRT population in Surrey. Evidence about health outcomes for the local GRT population is derived largely from national studies and Surrey-specific information is often anecdotal.

- National research has found that life expectancy for Gypsies, Roma and Travellers is ten years lower than the national average and infant mortality is twenty times higher than in the rest of the population. 'The health of Gypsies and Travellers in the UK' (Parry *et al*, 2004) identified significant health inequalities between GRT population and their age-sex comparators.
- Mental ill-health is more prevalent in GRT communities than the rest of the population. Rates of depression are double those in non-GRT communities. Suicide levels are much higher in GRT communities, particularly amongst young males under 30 who are of no fixed abode or roadside travellers. Parental mental ill-health has a significant negative impact on children's life outcomes.
- Nationally, 51% of the GRT community smoke compared to 19% of the rest of the population. Local anecdotal evidence indicates that rates of alcohol consumption and substance misuse are high within GRT communities.
- Vaccination and immunisation levels are low in GRT communities. This is associated with a lack of understanding about the benefits of immunisation, and the need for culturally appropriate provision.
- A number of barriers exist for GRT communities in accessing universal health provision. These include a lack of cultural sensitivity by service providers when the specific needs of Gypsies, Roma and Travellers have not been addressed.
- For some sectors of the GRT population, difficulties in maintaining contact with health services are compounded by transient lifestyles. If someone is labelled as No Fixed Abode, they often find it difficult to access services.

### **Education and attainment**

Educational outcomes for GRT children and young people are significantly poorer than those of their non-GRT peers. School attendance tends to fall off as children get older. Many GRT families value vocational training and employment more highly than academic qualifications.

- There are wide gaps between the average educational attainment of GRT children in Surrey and their non-GRT Surrey peers across all key stages of the national curriculum.
- There is a higher rate of children with Special Education Needs (SEN) in the GRT community (59%) than their peers (19%).
- 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%).
- School attendance is well below the county average, with the rate of absence for all GRT pupils in the academic year 2011/12 three times the county average for all pupils. Rates of fixed-term exclusions of Traveller children in 2011/12 were six times higher than the Surrey average.
- A significant number of GRT children leave mainstream schooling by the age of 13. The law permits parents to educate their children at home, although GRT parents are not always able to support their children effectively in home education.
- Surrey has a range of responses to encourage GRT children and young people's education and attainment. The council's Race Equality and Minority Achievement Service (REMA) has a central role in building schools' capacity to support GRT pupils. In addition to services that promote attendance and learning within mainstream settings, Surrey provides some vocational options for those who have disengaged from school including Lift Off and Gypsy Skills.
- GRT children and young people often see vocational training and skills as more relevant in preparing them for adult life but until recently the law has restricted their

access to college until the age of 16, by which time many 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. Not meeting the eligibility criteria for vocational initiatives can act as a barrier for GRT children and young people to remain in formal education.

### **Social inequalities**

GRT communities often experience social exclusion, a lack of amenities and discrimination. Services can be 'hard to reach' for GRT families, for reasons including expectations around literacy; issues of trust and discrimination; and the isolated location of many GRT sites.

- There are high levels of domestic abuse within GRT communities, with evidence suggesting the rate is double that in the rest of the population. This increases the possibility of safeguarding concerns for GRT children and young people.
- GRT children and young people appear to be under-represented within social care cases and the looked after children population, although this may be because current data collection systems do not identify these children's ethnicity.
- 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 although very little information exists concerning the numbers or needs of GRT young carers.
- GRT young people are over-represented within Surrey's Youth Justice system. They are 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.
- 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.

### **Accommodation**

There is insufficient accommodation to meet local GRT needs in Surrey. Overcrowding and poor conditions are problematic on some sites. This causes pressures for families and contributing to poor educational and health outcomes for children and young people.

- Poor site accommodation is a significant factor in poor health and educational outcomes for GRT communities. There are correlations between overcrowding and poor mental health (Housing and Health, SCIE 2005); and likely causal links between damp and mould within homes and high levels of respiratory illnesses. These in turn impact upon 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. There is often not enough space on sites for extended families.
- There has been limited growth in the provision of GRT sites in Surrey over recent years. District and borough councils are now responsible for assessing the accommodation needs of GRT communities and setting targets for future development.
- GRT sites are included in the Mobile Homes Act and are now subject to the same regulation as other mobile homes sites. This means that GRT tenants on authorised sites have the same rights and responsibilities as those on other mobile home sites and will have more protection from eviction. However, unauthorised sites could be subject to increased local authority enforcement powers.

## **Economic wellbeing**

Child poverty disproportionately affects GRT communities. Children and young people living in poverty are more likely to experience a range of poor health, educational and social outcomes, compared to their more affluent peers.

- Poor educational attainment and low literacy act as significant barriers for young GRT people finding work. GRT communities tend to prefer waged individualistic labour or self-employment.
- Financial exclusion is common in GRT communities, with access to credit and bank accounts lower than in the rest of the population.
- Welfare reforms are likely to have a significant impact for many GRT families. They may struggle to access Universal Credit due to low literacy levels and the need for internet access and bank accounts, and capped benefits will disadvantage large families. Since GRT communities tend to have high levels of health and disability, changes to disability benefits will disproportionately affect GRT communities.

## **Needs analysis methodology and limitations**

Our needs analysis has been informed by research and information from a variety of sources including:

- Engagement with members of Surrey's GRT community to obtain qualitative evidence about their experiences.
- Discussions with professionals from statutory and voluntary sector organisations working with Surrey's GRT community.
- Outcomes data, for example about health and educational achievement.
- National and Surrey research, including reports commissioned specifically to examine GRT lifestyles and inequalities.
- Examples of best practice in service delivery from Surrey and nationally.
- Findings from previous consultation activities with Surrey's GRT population, including a Gypsy and Traveller Awareness Day in July 2009, which was attended by members of the Surrey GRT community and professionals from a range of services.

In some instances our research has highlighted a lack robust data to show whether service provision is accessible and effective for GRT children and young people. This is partly attributable to GRT reluctance to self-ascribe, and partly because outcomes monitoring data does not distinguish Gypsies, Roma or Travellers from 'White' populations as a whole. We expect to make recommendations for improvements to data collection and evaluation, but in the meantime we have worked with the best available information to understand the local picture, using qualitative and anecdotal evidence about GRT experiences in Surrey, and national research, to bridge gaps in our understanding of GRT needs locally.

## **Why this needs analysis is important**

At a time when many public and voluntary organisations are experiencing unprecedented reductions to their funding, it is important that commissioning decisions 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. If GRT needs are not fully considered, this has the effect of making universal services 'hard to reach'. The costs are high, both in terms of lost opportunities and poorer outcomes for GRT children and young people themselves, and the increased financial burden for

public agencies supporting higher levels of need when health and social problems escalate.

### **Legal context**

The Public Sector Equality Duty 2011 requires that public agencies consider equality issues when procuring and commissioning services, and 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.

### **Next steps**

This needs analysis will inform the development of Surrey's strategy for Gypsy, Roma and Traveller children and young people, which we expect to publish in summer 2014. The strategy will identify actions that Surrey County Council's Children, Schools and Families (CSF) Directorate, and wider partners, can take to reduce inequalities and improve outcomes for Surrey's GRT children and young people. Implementation of the strategy will be monitored to assess its effectiveness in delivering improved outcomes and to help ensure that the needs of Surrey's GRT children and young people are considered going forward.



# Chapter 1

## Profile of Surrey's Gypsy Roma and Traveller Communities

### 1.1 Population size and distribution

Gypsies, Roma and Travellers collectively form a significant ethnic minority group in Surrey. In the 2011 census, 2,261 people in Surrey identified themselves as 'White: Irish or gypsy traveller'. However, many members of the GRT population are reluctant to reveal their ethnic identity, which, together with the travelling lifestyle of some communities, makes it difficult to determine the exact size of Surrey's GRT population. According to Surrey County Council's Race Equality and Minority Achievement Service, Surrey currently has approximately 1,400 children on role in over 300 local authority schools from English Gypsy, Travellers of Irish Heritage and Fairground communities.

GRT ethnic groups include: Gypsies, Travellers of Irish Heritage, and European Roma. The first two groups comprise the majority of travellers in Surrey and include both mobile and housed families. Language data obtained from the January 2013 school census shows 21 pupils as speakers of English Romany (spoken within the Gypsy community), and one pupil as a speaker of Traveller Irish. The figure recorded for English Romany is almost double the figure recorded in January 2011, which may be reflective of a higher population at that time, and/or a possible increase in declaration of ethnicity. Increased self-ascription might indicate improved community confidence in aligning themselves with this aspect of GRT culture.

In addition to Surrey's housed population of GRT families, there are 19 public GRT sites in Surrey and also numerous smaller and unofficial sites. Again, it is difficult to estimate the population in each type of accommodation, but national research indicates that two-thirds of the GRT population lives in 'bricks and mortar' (houses) (Friends, Families and Travellers, 2011). Their lives and experiences differ from those on sites. Travellers who live on council owned sites have more security of tenure than those who live on privately owned sites. Irish Travellers these days tend to be more nomadic than Gypsies.

### 1.2 Cultural values

GRT families tend to have strong cultural identities that inform many of their lifestyle choices. Family and extended family is extremely important, particularly when experiences of hostility from wider society are commonplace. GRT communities have been described as 'resilient, stoic and self-reliant', with a 'strong sense of fatalism' in relation to their health and wellbeing (Friends, Families and Travellers, 2011).

Many communities are male and elder dominated. (Friends, Families and Travellers, 2011). Gender specific expectations mean that men are more likely to take employment outside the home, and to deal with the outside world in terms of social interactions and matters of family reputation. Women in the GRT community tend to marry at a relatively young age; have between three and six children; and look after the home, family and older relatives (Cemlyn, 2009). There are strong customs around cleanliness and modesty, shame and gossip (Friends, Families and Travellers, 2011).

There is a strong work ethic, based on the need to survive. GRT boys often start working with their fathers at around 11 years of age when traditional skills are passed down. GRT girls carry out domestic and child-care duties from a very young age - cooking,

cleaning, caring for siblings and often working as unofficial carers for family members (Friends, Families and Travellers, 2011).

### **1.3 Discrimination and social exclusion**

Experiences of hostility and discrimination are common for GRT adults and children. These may come from the wider population and through media representations but are also experienced by the GRT population when accessing services. This contributes to and perpetuates fears about self-ascription, and gives rise to very low expectations of health, educational and wellbeing services (Friends, Families and Travellers, 2011).

Stonewall (2003, described in Cemlyn *et al* 2009) found that nationally over a third of the population admitted to prejudice against Gypsies and Travellers, and that the media is a key player in the active perpetuation of racism and misunderstanding. According to Cemlyn, discrimination by service providers can be direct or indirect. Lack of acknowledgement of cultural issues, and a tendency to characterise cultural values as abnormal, can be influential in denying access to health and social services. GRT children and young people are particularly vulnerable to discrimination from peers, teachers and the wider community (Cemlyn *et al* 2009).

### **1.4 Engagement with Surrey's GRT communities**

#### **Surrey Gypsy, Roma and Traveller Community Relations Forum**

The principal means of engagement with the local GRT community is through the Surrey Gypsy, Roma and Traveller Community Relations Forum and its subgroups, which meet several times a year. The forum is attended by members of Surrey GRT communities and professionals from most of Surrey's public and voluntary agencies. Additionally, the Health and Wellbeing subgroup has a remit which currently includes cancer awareness; mental health outreach work, and raising immunisation awareness and uptake.

#### **Engagement events**

The most recent large engagement event was a Gypsy Awareness Day run jointly by Surrey County Council and Surrey Police in summer 2009 at Epsom Racecourse, which attracted around 100 people including community members and professionals.

#### **Outreach**

Site Managers, also known as 'Gypsy Liaison Officers', are often the first point of contact for Surrey's GRT families, especially in matters concerning accommodation on publicly-owned sites. They are usually consulted on matters such as rent and maintenance, housing benefits, anti-social behaviour issues, and inappropriate use of the site, such as storage of work equipment, un-tethered horses or misbehaving dogs.

Various other agencies engage directly with GRT communities, helping to engage GRT families and signposting them towards relevant services. Examples include outreach by children's centres staff; home visits by health visitors, and Surrey Community Action's community outreach worker, who provides support to GRT families with benefits issues.

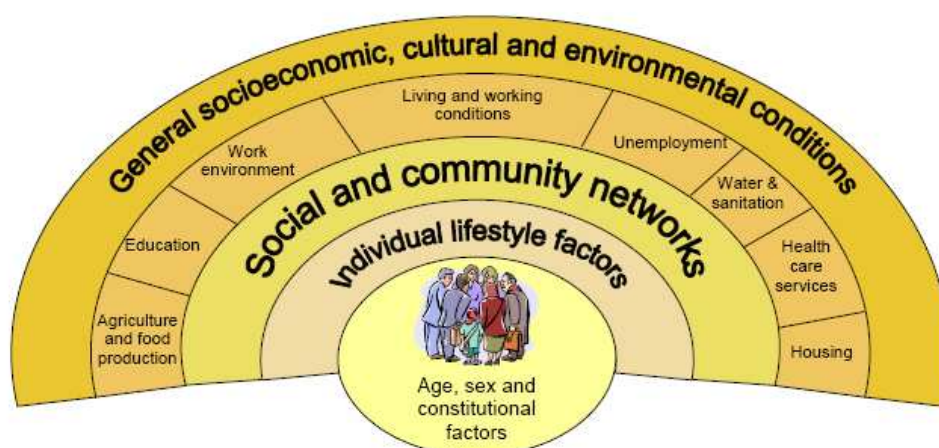


## Chapter 2 Health inequalities

### 2.1 Needs and issues

#### Influences on Gypsy, Roma and Traveller health

Dahlgren and Whitehead's 'Social Model of Health' (World Health Organisation, 1991) is useful in understanding the wider determinants that influence GRT health outcomes. Their social ecological theory sets out the relationship between individuals, their environment and disease, as shown in the diagram below.



#### Social Model of Health – Dahlgren & Whitehead

- Individuals are at the centre of the model, with a set of fixed genes.
- Individuals are affected by influences on health that can be modified. The first layer of influence on health is personal behaviour and lifestyle factors that can promote or damage health, such as the choice whether or not to smoke.
- Personal behaviour is influenced by social and community norms and friendship patterns. These can provide mutual support for members of the community in unfavourable conditions, but can also provide no support or have a negative effect.
- The wider influences on health include structural factors such as housing, physical environment, working conditions, access to services and the provision of essential facilities.

#### Health outcomes for the GRT community in comparison to the wider population

Indicator	GRT communities	Wider population
% of mothers who experience the death of a child	18%	1%
Life expectancy for women	69 years	81 years
Life expectancy for men	66 years	76 years
Long term illness	41.9%	18.2%

(Source: Surrey's Joint Strategic Needs Assessment 2011)

Generally, Gypsies, Roma and Travellers have poor levels of health even compared with other marginalised groups, although housed and long term sited Travellers may have better

outcomes than more transient communities. According to the organisation, Friends, Families and Travellers:

- The incidence of heart disease, asthma, bronchitis, diabetes and long-term illness is significantly higher than for the general population. The organisation suggests that lack of access to services at the onset of illness is a factor in the severity of outcomes from chronic and severe illness.
- The GRT community is characterised by a sense of fatalism and low expectations in relation to health.
- Fear and a lack of knowledge about statutory services mean that services are often only accessed at a point of crisis

(Friends, Families and Travellers, 2011)

### **Maternity and child care**

The GRT community places importance on traditional gender roles. Young women learn household and child care skills at an early age and take on the role of community health and wellbeing guardians. Gypsies, Roma and Travellers tend to have more children compared to their age-sex matched counterparts and they also tend to start having children earlier compared to the population as a whole.

There are high rates of infant mortality, with GRT mothers being 20 times more likely to experience the death of a child (Friends, Families and Travellers, 2011). Some studies have suggested that mobility and the threat of eviction can contribute to low use of antenatal and postnatal care (JSNA 2011). Complications in pregnancy are more prevalent and breastfeeding rates are low due to lack of privacy and the belief that it is dirty to breastfeed in front of a man (JSNA 2011).

It is thought the greatest contact between GRT communities and health services occurs with health visitors and midwives (JSNA 2011).

### **Vaccinations and immunisations**

Children and young people from GRT communities are more at risk from diseases such as measles as there are significantly lower immunisation rates among these groups compared to the rest of Surrey's population (Surrey JSNA Immunisation 2012). Anecdotal evidence attributes this to a lack of understanding among the GRT population about the relative benefits and risks from immunisation, and also to barriers in accessing culturally appropriate health provision.

Anecdotal evidence from Surrey's GRT community suggests that uptake of immunisation against cervical cancer is low among GRT young women, due to the belief that immunisation indicates sexual activity. This cannot be confirmed statistically as uptake is not recorded by ethnicity.

### **Dental health**

Parry *et al* (2004) quote local studies that found that low levels of registration with dental practitioners amongst the GRT community led to unmet needs in dental health. Little is known about dental health of the GRT community in Surrey due to the lack of robust ethnicity data.

### **Mental health**

Nationally, Gypsies, Roma and Travellers have been found to be nearly three times more likely to experience anxiety than others, and just over twice as likely to be depressed, with

women twice as likely as men to experience mental health problems (Parry, 2007). The term 'depression' is widely used by members of the community for a large spectrum of variably severe conditions.

Cemlyn *et al* (2004) suggest that suicide rates are likely to be higher amongst Gypsies and Travellers due to increased risk factors. A study of Irish Traveller suicides over a six-year period (Walker, 2008) found the rate to be more than three times the national rate for non-GRT, with male suicide rates nine times that of females. Twenty percent of the suicides were in the 15-19 age group and the most frequently used method was hanging. Those at higher risk were young men under 30 who were single, separated or widowed, with increased risk for those of no fixed abode and roadside travellers. A very high proportion of those studied there had made no previous attempt at suicide, leading Walker to conclude that for Travellers suicide may be an impulsive act that occurs before friends or family are aware of the person holding such ideation. A family history of suicide, and previous psychiatric diagnosis were also associated with higher risk, as was alcohol abuse. Precipitating events included bereavement, conflict, shame following marital conflict or a criminal act, serious illness and alcohol consumption. Those most likely to survive were those proud of their Traveller identity or who felt there could be a better future for their children, so Walker suggested an approach to suicide prevention based on increasing psychological resilience.

National findings are echoed by research in Surrey. A health study conducted by the University of Surrey and Surrey Community Action (unpublished, 2005) found that 48% of their GRT sample described themselves as anxious or depressed (Beliefs about Child Mental Health Problems among the Romany Gypsy Community, Smith, 2010). Surrey Community Action's GRT community development workers undertook research across six Surrey GRT sites located in three districts/boroughs in 2008/09, surveying 75 adults who between them cared for 65 children and young people aged 0-19. The findings from this research showed that:

- Depression is the most common mental illness among Surrey's GRT population. 72% of those surveyed had been diagnosed or were self-diagnosed with depression and taking some form of medication.
- Unsatisfactory accommodation impacts on GRT mental health. This includes problems with drainage, sewage, flooding, undrinkable water, vermin and methane gas. A number of health issues were also cited as affecting mental health, including skin problems, lung diseases, kidney and joint problems.
- The survey revealed a number of barriers for GRT community members needing to access services, including lack of trust, confidence and assertiveness; lack of information and understanding about professionals and agencies; and lack of literacy and numeracy skills.

Housed gypsies and travellers were also surveyed. Findings indicated that at least one member of each household surveyed suffered with some form of mental illness and was on medication (Gypsy and Traveller Community Needs Assessment Report, Surrey Community Action, 2011).

According to representatives of Surrey's GRT community, parental overdosing or self-harm incidents often result in early discharge from hospital because these incidents are not regarded as critical. They suggest that parents are often frightened to reveal the severity of their distress for fear that their children will be taken away by the authorities. When a member of the GRT community visits a hospital or GP they are more likely to describe themselves as 'fed up' rather than referring to depression but sometimes this masks very severe difficulties. In some instances suicide occurs among adults with no

previously known history of mental health problems. Women's 'stay at home' roles can compound a sense of isolation and increase mental health issues.

Parental ill-health has been demonstrated to increase the risk of a child developing a mental health problem (Smith, 2010). Children and young people from GRT families are considered a priority in 'Thinking Young Minds', Surrey's strategy for children and young people's emotional wellbeing and mental health for 2010-14, and in the Mental Healthcare Needs Assessment Refresh 2014. This is because they are more likely to experience mental health difficulties than the majority of Surrey's children and young people, although their mental health problems may be hidden from the system due to barriers in accessing and engaging with services.

Anecdotal evidence from Surrey suggests that for GRT children who have survived a self-harm episode and are in hospital, there is pressure from the community for hospital discharge to be as early as possible. More time for recovery is often needed, and there may be a need to educate the community about recuperation times. Suicide is more common from the age of 14, although sometimes occurs in younger children.

### **Smoking**

Many more Gypsies, Roma and Travellers smoke than their age-sex matched comparators. The 2004 report 'The Health of Gypsies and Travellers in the UK' indicated that 51% of the GRT population smoked compared to 19% among the comparators surveyed. The health risks to family members may be increased if there is smoking inside small caravans, although in some instances parents go outside to smoke.

Smoking in pregnancy is currently the overriding risk factor for Sudden Infant Death Syndrome (Mitchell, 2006). This needs analysis has not found any research examining whether smoking is a factor in GRT child mortality rates.

In Surrey, a campaign using EasyRead leaflets has been effective in raising awareness among GRT communities about the dangers of smoking.

### **Alcohol consumption and substance misuse**

Young people in the GRT community take on adult responsibilities and habits early. Recreational drinking among male GRT young people is common, and although historically it has been culturally unacceptable for girls to join in, anecdotal evidence suggests that girls are now more likely to drink, in line with trends in the wider UK population. Alcoholism affects women in the community, as well as men. Drug use among men is also anecdotally widely reported, most often cannabis and cocaine, and some dealing occurs. This may be seen as an option for making money in a relatively cash-in-hand society. Smoking and consuming alcohol is likely to contribute to poor long-term health outcomes found among the community's adults, including high rates of heart disease, depression and reduced life expectancy (JSNA, 2008).

Representatives of the GRT community feel that there are inadequate resources for drug rehabilitation and NHS drug and alcohol services are not perceived as helpful. They report that many people are 'dual-diagnosis', meaning they have problems with drugs/alcohol and mental health problems, so tensions between agencies about roles and responsibilities can make it harder to obtain support. Rehabilitation is made more difficult if someone is living close to other users.

### **Healthy eating and obesity**

No Surrey specific data or quantitative evidence is currently available, however, according to the Surrey JSNA (2008) major concerns exist around nutrition in GRT children and young people. Although it did not provide information about obesity rates a study by Parry found that in GRT communities 'big' children were considered to be healthy and that children had embraced the 'fast food' culture (Parry *et al*, 2004).

Local GRT representatives point out the link between poor eating and poverty, which means that members of the GRT community find it difficult to afford fruit and vegetables. Healthy eating is also more difficult for those living on rural sites, who, without their own transport, may only have access to local shops.

A study from 2007 cited by Cemlyn *et al*, 2009, noted that the population had a higher incidence of diabetes than the general population and there was less knowledge in the community about the risk factors or implications of having the condition. It identified an increased risk of premature death due to cardiac disease in Traveller men. A large proportion of the GRT population experiences cardiac health issues.

No in-depth work has been undertaken about the relationship between GRT eating styles and links to obesity, diabetes and other health conditions; nor has the link between eating styles and mental health in the GRT community been explored. However, there have been several campaigns to raise awareness including publication of a recipe book with healthier versions of traditional GRT recipes; leaflets about diabetes distributed to GRT sites; and a DVD produced by Diabetes UK showing Gypsies, Roma and Travellers accessing GP surgeries, which emphasised the importance of identifying diabetes in its early stages.

### **Barriers to accessing health services**

Although the vast majority of GPs in Surrey are happy to register GRT patients there have been anecdotal reports of reluctance amongst a handful of practices in Cranleigh, Merstham and Ash. Additionally, anecdotal evidence from field officers suggest that although most Gypsy, Roma and Showmen children are registered, children from Irish Travellers families are less likely to be registered, which is linked to their more transient lifestyles. Van Cleemput, 2012 (cited Ryder *et al* 2012 ) cites fears that the NHS reforms contained in the Health and Social Care Act (2012) will create pressures on GPs to reduce referrals to secondary hospital care, which could accentuate tensions and mistrust between Gypsies, Roma and Travellers and health staff. There is also concern nationally that this dissolution of Primary Care Trusts will mean that services such as Traveller Health Workers are lost (Ryder *et al*, 2011).

Health visitors offer newborn and subsequent developmental reviews for GRT babies as part of their standard universal service. Participation in developmental reviews varies across the county, with the more settled GRT families appearing more likely to accept reviews and be available at pre-arranged appointment times. Trust and the relationship with health practitioners is also an important factor. Research has shown increased immunisation rates, appointments for dental, chiropody, physiotherapy services and increased uptake of developmental screening, hearing and vision testing occur when health visitors attend sites (Cambridgeshire Traveller Health Strategy) and this appears to be the norm across Surrey.



## 2.2 Current provision

### 'Health Services in Surrey' leaflet

This leaflet, developed by the Surrey Traveller Community Relations Forum, provides local information for travellers about NHS Direct; GP services; dentists; and community paediatricians, including information about how to register. It also includes contact information for the Family Planning Service; smoking cessation services, and a number of helplines (Drinkline, Respond, Surrey Drug Care, Familyline, Frank and various domestic abuse service numbers), although it provides little explanatory information about these services. The leaflet does not provide information about health visitor, school nursing services or local pharmacy and optician services.

### Health visitors

There are three providers of health visitors in Surrey - Virgin Care, Central Surrey Health and First Community Health and Care. Health visitors are often informed of a new child on a site via the Race and Ethnic Minority Achievement Service. Central Surrey Health has a health visitor attached to each of their affiliated GP surgeries and they cover all registered GRT children whether housed or living on sites.

### Community paediatricians

Community paediatricians hold clinics in a variety of locations, including schools and hospitals. Attendance of GRT families is reportedly poor at the latter.

### General Practitioners

Most of the GRT community in Surrey are registered with a GP. Out of hours services are provided across the county and non urgent advice can be obtained from Walk-in centres. Evidence suggests that if GRT patients are not offered an appointment with their preferred GP at a time to suit them and within the next couple of days, they often choose to attend the local Walk-In Centre or A&E, whichever is closer. Furthermore, if they are not received in a culturally sensitive way by surgery receptionists they are unlikely to return. Walk-In Centres are often preferred by more nomadic groups of Irish Travellers and Showmen.

### District and Boroughs

Public Health will be working with each of the Boroughs and Districts to develop local health and wellbeing strategies, and will be encouraging local boards to consider the needs of their GRT populations.

## 2.3 Examples of good practice

The organisation Friends Families and Travellers cites examples of good practice that have helped to make health services more accessible for local travelling communities. These include:

- Know Your Rights and Responsibilities leaflet.
- Food and Mood booklet written specifically for the GRT community.
- Emotional wellbeing leaflets, audio CD and book explaining mental health and tips on how to manage wellbeing from both professionals and Gypsies and Travellers.
- Wellbeing workshops for Traveller women including baby massage, aromatherapy, first aid and homeopathy.
- Culturally appropriate women's personal health leaflet on cervical screening developed with NHS. Cultural sensitivity including having same-sex workers and not discussing female health issues in front of men.



- Walk-in centre offers patients help with filling out paperwork.
- In recognition that high numbers of GRT visit urgent care hospitals for general health problems, GRT visit hospitals are now supported to register with a local GP surgery.
- Reminder calls/texts sent the day before appointments.
- Literacy is never assumed: medical information is explained using pictorial information; forms, prescriptions, meetings, etc are verbally explained.

(Friends Families and Travellers, 2011)

## 2.4 Policy framework

National health care legislation and public health strategies for the population as a whole apply equally to health provision for the GRT community. Clinical Commissioning Groups have a responsibility to commission and plan services according to their populations' needs; including those of GRT communities.

### Health and Social Care Act 2012

The Health and Social Care Act 2012 transferred public health and health improvement responsibilities to local authorities, and introduced legal duties on the Secretary of State for Health, the NHS Commissioning Board, and clinical commissioning groups, to have regard to the need to reduce health inequalities when exercising their functions.

The Act requires all local areas to have a joint health and wellbeing strategy. The Surrey Children's Health, Wellbeing and Safeguarding Plan is one year plan to support Surrey's children and young people, including GRT, to realise good health and wellbeing outcomes throughout their childhood. It will be replaced by a strategy for children linked to Surrey's Joint Health and Wellbeing Strategy. This will be supported by a 3 -5 year partnership health, wellbeing and safeguarding plan for children and young people. Surrey, like other local authorities, will have a ring fenced budget to target health inequalities.

### Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers 2012

The DCLG *Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers 2012* commits the Department of Health to lead on a number of actions to improve the health of GRT such as including their needs in health commissioning; looking at gaps in data and research, and training for health professionals.

### Surrey strategies

There are a number of joint and collaborative strategies that aim to address health inequalities by developing appropriate interventions to target at risk communities. These include:

- NHS Surrey Vaccination and Immunisation Strategy 2010-2015
- Making Smoking History: Tobacco control strategy for Surrey 2010-2015
- Surrey Suicide Prevention Strategy 2010-2013
- NHS Surrey Breastfeeding Strategy 2010-2015
- Surrey's Strategy for Sport & Physical Activity 2011-15
- Surrey Obesity Strategy
- Surrey Youth Justice Health Needs Assessment 2011
- 'Thinking Young People' – Surrey's strategy for children and young people's emotional wellbeing and mental health 2010-14
- Alcohol strategy (under development)
- Countywide sexual health strategy (under development)
- Surrey Domestic Abuse Strategy

## Chapter 3 Education and attainment

### 3.1 Needs and issues

#### Pupil population

- There are approximately 1400 GRT children and young people on roll in Surrey schools. Guildford has the highest with 270 and Runnymede the next with 134. All other boroughs have less than 100.
- In July 2013, 94 GRT children of school age (2-16) were receiving Elective Home Education. 134 were on the Elective Home Education roll throughout the 2012/13 year.

#### Educational outcomes

Educational attainment data for Surrey GRT children is more readily available than other data. There are wide gaps in attainment between the average child in Surrey and the average Surrey GRT child across all key stages of the national curriculum. Only 53.3% of GRT children achieved five GCSEs in 2013 in Surrey compared to 84% of non-GRT children (SCC performance data).

<b>Key Stage 1 2013</b>			
	<b>GRT</b>	<b>Non-GRT</b>	<b>Gap</b>
% L2+ in Reading	54.0%	91.4%	37.4%
% L2+ in Writing	52.2%	88.2%	36.0%
% L2+ in Maths	72.6%	94.3%	21.7%

**Source:** Pupil Flat file from Keyphas matched on ONE(EMS) Traveller flag. Number of Travellers in cohort 113.

<b>Key Stage 2 2013</b>			
	<b>GRT</b>	<b>Non-GRT</b>	<b>Gap</b>
% L4+ in Reading Test	65.7%	89.3%	23.6%
% L4+ in Writing TA	48.1%	85.1%	37.0%
% L4+ in Maths Test	54.6%	86.0%	31.4%
% L4+ Reading, Writing & Maths	37.0%	78.6%	41.6%

**Source:** AAT Pupil level file matched to ONE(EMS) Traveller flag. Number of Travellers in cohort 108.

<b>Key Stage 3 2012*</b>			
	<b>GRT</b>	<b>Non-GRT</b>	<b>Gap</b>
% L5+ in English	52.1	87.8	35.7
% L5+ in Maths	49.3	86.1	36.8
% L5+ in Science	52.1	88.2	36.1

**Source:** Pupil Flat file (schools) from Keypas matched to ONE(EMS) Traveller flag  
Number of Travellers in cohort 71

\*complete 2013 data is unavailable

<b>Key Stage 4 2013</b>			
	<b>GRT</b>	<b>Non-GRT</b>	<b>Gap</b>
% 5+ A* - C inc. English & Maths	28.3%	67.7%	39.4%
% 5+ A* – C	53.3%	84.0%	30.7%
% EBacc	1.7%	30.2%	28.5%

**Notes:** These two measures %5+A\*-C English & Maths and %5+A\*-C include GCSE and equivalent qualifications.

**Source:** AAT Pupil level file matched to ONE(EMS) Traveller flag Number of Travellers in cohort 60.

It would be useful to compare the educational attainment of GRT children in Surrey with those of GRT children in other local authorities, particularly Surrey's statistical neighbours, however this analysis is not possible due to a lack of national comparative data. Although the Department for Education includes GRT as an ethnic category in its national analysis of 'Attainment by Pupil Characteristics', this is not included in its analysis by local authority because GRT numbers at local authority level do not meet the threshold set to preserve anonymity.

### **Special educational needs**

Nationally, Irish Traveller pupils are 2.7 times more likely than the general population to have special educational needs, while Gypsy Roma pupils are 2.6 times more likely to have special educational needs (Cemlyn, 2009).

59% of Surrey GRT children have special needs, compared to 19% amongst the whole Surrey school population. This may be because the GRT population's special educational needs are being recognised earlier than those of the general population, although this cannot be stated definitively (SCC Performance and Knowledge Management Team).

### **Dropping out of school**

Of the 108 GRT pupils in Year 6 key stage 2 cohort in 2012, 81 (75%) were still in Surrey schools in Year 7. These figures do not take into account that some pupils may have travelled out of county, however they do indicate that school dropout for GRT children and young people is a significant problem in Surrey (SCC Performance and Knowledge Management Team)

## School absence

School absence for GRT has improved over the past 3 years and fallen from 18.09% in 2009/10 to 14% in 2011/12. It should be noted that there has also been a fall in absence amongst non-GRT children and young people over the same period.

School absence in academic year 2011/12		
	All Surrey	GRT
Overall absence	4.7%	14.0%
Absences (primary)	4.1%	13.2%
Absences (secondary)	5.5%	16.5%

(Source: SCC Performance and Knowledge Management Team)

## School exclusion

A Department for Education and Skills study in 2005 found that White Irish Travellers were the most likely to be permanently excluded from school, with an exclusion rate of 0.51%, while Gypsy Roma children were the third most likely group to be excluded (DfES 2005 Ethnicity and Education – the evidence on minority ethnic pupils).

Exclusions have been falling both for GRT and non-GRT children in Surrey. The exclusion rates for GRT children have been gradually improving, due to the efforts of REMA service and other support agencies. However GRT children continue to be far more likely excluded, either permanently or fixed term than non-GRT children.

% days lost through exclusion		
Year	GRT pupils	All pupils
07/08	0.5	0.10
08/09	0.4	0.09
09/10	0.3	0.07
10/11	0.3	0.04
11/12	0.29	0.04

Percentage of exclusions of GRT and non-GRT children					
% Fixed Term Exclusions	Surrey	GRT	% Permanent Exclusions	Surrey	GRT
2009/10	4.87%	20.05%	2009/10	0.05%	0.22%
2010/11	3.9%	24.5%	2010/11	0.04%	0.6%
2011/12	3.75%	22.6%	2011/12	0.03%	0.12%

(Source: SCC Performance)

## Travel to school

Transport or walking to school is often an issue for GRT parents, especially those living in Surrey's rural communities, whose homes may be situated some distance from school, with no footpaths or safe route. Mobility patterns and mid-year arrivals can mean children from the same family may be placed at a number of schools, making it difficult for parents to escort all children to their destinations. Professionals working with families

report that many GRT parents will not allow their children to use public transport, particularly when alone and particularly applicable to young women. This presents a considerable barrier for access to education, and places a strain on both families and services.

### **Elective home education**

The Education Act allows parents to provide education for their children at school or at home. Surrey's REMA Service and Elective Home Education Service work in partnership to support and advise GRT families who opt for home education, with 94 such pupils currently registered. Their role involves recording home educators, who are offered advice and guidance and the opportunity of a home visit. If the education is not suitable, the Elective Home Education manager can advise the family to apply to a school or involve the Education Welfare Service. Although some GRT families employ tutors for their children, many do not, meaning there is little possibility that home education will be effective.

The legislation regarding Elective Home Education makes it hard to challenge parents in practice, even if the education they provide for children is of poor quality or non-existent. DfES guidelines state that parents are responsible for providing an education that will equip their children for life within their own culture, and that children must also be equipped to live outside of that culture should they choose to do so in later life.

GRT families in Surrey electing to home educate usually cite cultural reasons for their decision, which is in line with national findings. Cemlyn *et al* (2009) found that nationally the main reasons that Gypsies, Roma and Travellers chose home education are fear of cultural erosion; perceived lack of relevance of the secondary curriculum, and the fear of racist bullying in schools.

### **Safety, bullying and racism**

National research indicates that lack of safety, bullying and racism can significantly affect GRT children in schools, and that fears about ill treatment can be a serious barrier to regular school attendance. According to the Children's Society, bullying is a particular problem within secondary schools, which contributes to the high drop off rate amongst GRT children at around 11-12 years (Ureche and Franks, 2007). When interviewed in 2013 for this needs analysis, many young people attending Surrey's Gypsy Skills project described being persistently bullied at school and ineffective responses by their schools in tackling this, stating that being bullied because they were gypsies or travellers was the reason why they could not remain in mainstream education.

154 schools in Surrey reported at least one racist incident in 2011/2012. This was less than the previous year (165 incidents in 2010/11) but more than in 2008/09 (142) and 2009/10 (145) (Surrey Report of Racist Incidents in Schools 2011/12). The number of schools making a nil return in 2011/12 (238) was higher than in 2010/11 (230). Over half of all schools (238 out of 392) in Surrey made a nil return, which suggests that under-reporting of racist incidents in general continues to be an issue for the majority of schools. This may be attributed in part to possible uncertainty among school staff about the definition of a racist incident and to a lack of confidence in dealing with incidents. Another cause of under-reporting is the reluctance of pupil victims of racist bullying to report incidents to staff. It is worth noting that although Racist Incident reporting by schools does not identify a particular problem for GRT pupils, Surrey's Youth Justice Service reports that GRT young people are more often involved in violent incidents and

links this to the GRT community's frequent experiences of discrimination and prejudice, which may invoke reactions of violence.

### 3.2 Current provision

#### Children's centres and early years settings

Children's centres and early years settings have worked to establish positive relationships with most GRT communities in Surrey. Each children's centre has a named link worker for GRT families to ensure consistency of relationships, and newly arrived families with children aged 0-5 are identified via health visitors or information provided by REMA. Two mobile children's centre buses visit sites across Surrey, and there has also been good take-up of free early education for 2 and 3 year olds, helping to develop school readiness. Individual children's centres also try to engage adult learners, for example to improve their literacy and numeracy.

#### Effective practice in Surrey schools

Recent Ofsted reports have highlighted good practice in several Surrey schools that have large numbers of GRT pupils, as follows:

- Burstow Primary School, 2013: 'The school has worked hard to build good relationships with families, especially those of Gypsy, Romany and Traveller heritage, and attendance for many of this group matches their peers. The school actively promotes equality of opportunity and does not tolerate discrimination.'
- Ash Grange Primary School, 2014: 'The attainment of Gypsy-Roma and Irish Traveller pupils is higher than that of similar groups of pupils nationally. Improved rates of attendance are helping to support the progress of these pupils across the school'.
- Shawfield Primary School, 2013: 'Attendance is promoted well and monitored closely. Overall attendance is average, but absence is highest for the Gypsy, Romany and Traveller group of pupils. The school has a strong home-school link with a dedicated member of staff to establish good levels of communication between families, the school and local authority services such as Traveller Education Support'.
- Cranleigh Church of England Primary School, 2013: 'The achievement of pupils with disabilities or special educational needs is in line with other pupils, and they make similar progress. The achievement of pupils from Roma/Gypsy backgrounds is significantly above that of others nationally. Other groups in the school make similar progress to their peers'.
- Salfords Primary School, 2012: 'The good quality of care, guidance and support is most evident in the close working partnerships with Traveller families and those most vulnerable. This has led from below-average attendance to the rapidly improving attendance of these pupils as well as raising their confidence and self-esteem'.
- Stepgates Community School, 2013: 'Around 15% of pupils are from Gypsy, Roma and Traveller families. Every pupil who left Year 6 in 2012, regardless of their background, ethnic origin or level of ability, made at least the progress expected of them in English during Key Stage 2, and around half of them made more progress than that. In mathematics, progress rates were similar to those in other schools, although more pupils made better progress'.
- St Lawrence Primary School, Chobham, 2014: 'The school engages well with Traveller families and gives effective support to pupils with Traveller



- backgrounds so that they make good progress, particularly in reading’.
- Riverview Church of England Primary School and Nursery, 2012: ‘There are many striking examples of where the school has worked extremely well with pupils, their families and outside agencies to help remove barriers to learning. This commitment is reflected in one parent's comment, ‘The school has taught a number of gypsy children, including my own. It's a shame there's no extra merit given because, when providing for gypsy children's educational needs, the need to educate the whole family is common. All at Riverview do this so well.’

### **Race Equality and Minority Achievement Service (REMA)**

Surrey County Council’s Race Equality and Minority Achievement (REMA) team works in partnership with schools, SCC colleagues and other agencies to raise the achievement and improve outcomes for minority ethnic children and young people, including Gypsies, Roma and Travellers. REMA also works more widely with partners to promote inclusive practices and assist practitioners in recognising and valuing diversity and implementing race equality.

The REMA service leads the implementation of key elements of national strategies for GRT pupils through training and partnership activities in targeted primary and secondary schools, and contributes to policy development for monitoring home-based education. In line with the national strategies’ aims to improve access and attendance and narrow achievement gaps, REMA supports schools to develop good practice for meeting the needs of their GRT learners. School staff receive training to raise cultural awareness and develop pedagogy. Many Surrey schools take part in activities linked to the annual GRT History Month, to raise cultural awareness and affirm ethnic identity. Since 2007, the GRT Achievement Project has involved Surrey schools working in partnership with the REMA to focus on barriers to learning for GRT pupils as part of their school development. Underachieving GRT pupils are prioritised for direct learning support by REMA staff.

REMA aims to improve GRT children and young people’s access to education by supporting their entry to school at transition phase and with mid-term admissions for casual entrants. It works with the Early Years and Childcare Service to develop preventative approaches in early years and supports targeted GRT children at all transition points including access to further education.

REMA has a key role in improving the quality of data collected about GRT children and young people in Surrey, promoting strategies to increase the rate of self-ascription and supporting Early Years settings to improve registration of GRT children.

### **Education Welfare Service**

Education Welfare Officers work with families to deal with problems and address issues that may prevent children from attending school. A joint protocol between REMA and the Education Welfare Service has been developed to monitor GRT attendance.

### **Gypsy Skills Programme**

Gypsy Skills is an alternative education programme, within Services for Young People. It is available to GRT young people who have disengaged from other forms of education where parents and relevant professionals agree referral is appropriate. Young people in years 10 and 11 attend three days a week for vocational training in areas such as construction, bricklaying, carpentry; plumbing; health and safety; hairdressing; cooking;

and floristry. Functional skills (basic literacy, numeracy and IT) comprise 50% of the curriculum, assisting with the re-integration of students into mainstream education at college level. Two days of the curriculum involves an equal split between functional skills and vocational training, whilst the third day offers a broader curriculum, designed with the young people, which can include outdoor learning; planning projects; college visits; business skills for self-employment; music; art, first aid and sport.

The Gypsy Skills programme is also currently offered to young people from years 8 and 9; however, funding for this age group continues to be uncertain as it relies on external sources on an ad hoc basis. Experiences of delivering the years 8 and 9 programme indicate that demand exists for this age group, with young people engaging in a range of educational opportunities, supported by their parents and community. There is a need to establish sustainable provision for this age group, which could have a significant impact on:

- Reversing the trend of early disengagement with education and training
- Reintegrating Year 8 and 9 students to mainstream school where possible
- Responding effectively and appropriately to individual needs
- Build continuity of education before young people attend year 10 and 11 provision. Without this, re-engagement is very hard work for both students and staff, as students have forgotten what they had learnt before the point of leaving mainstream education in Year 7 or 8.
- Supporting positive relationships the GRT communities by facilitating their active involvement in developing provision

Gypsy Skills staff point out the need to take a long term view in developing alternative educational provision, particularly because GRT families are wary of adverse outside influences such as sex and drugs, and because of historical experiences of oppression. Gypsy Skills has a high profile among Surrey GRT communities, and because it provides vocational training with economic relevance it is something that most families want for their young people. In a series of 110 interviews in 2010, GRT young people made the following comments about Gypsy Skills:

- 'Give Gypsies a chance to learn because they are not allowed to go to school.'
- 'So we can get an education.'
- 'Because we are not allowed to mix with other children who are not Gypsies.'
- 'We want to learn what they learn in school.'
- 'I have learnt to read and write better.'
- 'Construction Bus teaches you what you wouldn't learn in school - we need to know.'
- 'Better than sitting at home doing nothing and learning nothing.'
- 'Better to be here doing what you want to do than at home doing what you don't want to.'
- 'Good chance to communicate with outsiders/non-Gypsies, and get an education'.
- 'Hundreds of Gypsies don't go to school - this gives them a choice.'

Following discussions about future strategic direction, access routes to Gypsy Skills have been refined to achieve a better coordinated approach across Surrey provision as a whole. Students will be required to transfer to secondary school in Year 7, with support being provided from REMA and others to enable the young person to remain in mainstream education. If methods such as School Action/School Action Plus cannot achieve this, then a referral will be made to the Access to Education team, which can consider various options for the student, including Gypsy Skills. Proposed new funding

arrangements for Gypsy Skills will require GRT pupils to be on a school role and for schools to purchase placements on Gypsy Skills.

### **Lift Off**

Lift Off is Surrey's new online learning project, providing an opportunity for young people including GRT to learn from home via the internet with specialist teacher support. It has a well developed system of accreditation through a mixture of portfolio-based awards and GCSEs. A curriculum is negotiated for each pupil, from subjects including Maths, English and Science, employability skills, personal money management, childcare, creative crafts, sexual health awareness, drug and alcohol awareness, music technology and more. At present, only settled GRT pupils are catered for since a fixed home base is required for the service to be delivered, however, there is a possibility that this might change in future.

A panel of representatives from Educational Psychology, Education Welfare, Youth Justice and Social Care ensure that referrals are appropriate before the provision is offered. The referral criteria are:

- The pupil is in year 10 or 11.
- It must be demonstrated that a number of alternative options have been tried or considered, with reasons why they were not appropriate. The pupil must have entrenched failure to attend (a psychological or psychiatric referral is not required).
- The pupil must be willing to cooperate.

A part-time version of Lift Off is being developed for young people who are able to attend face-to-face provision for part of the week but would benefit from some online provision to complete their timetable and give them access to courses that lead to qualifications.

### **3.3 Examples of good practice**

The following examples of good practice in early intervention were all previously delivered in Surrey but their funding streams have ceased.

#### **Early Years Book Project**

REMA staff worked with GRT parents at home to model the use of books to promote the development of early literacy skills for their children. Early Years settings were loaned culturally relevant and age-appropriate reading materials to engage their GRT children in learning. The project was started in response to the deficit of achievement of many Traveller children in developing effective language and literacy skills. It was acknowledged that Traveller parents may not have secure literacy skills themselves or understand the educational importance of sharing books, stories, songs and nursery rhymes with their pre-school children.

The project ran for two terms and provided pre-school Traveller children attending Early Years settings across the county with the opportunity to share and engage with high quality and stimulating books through adult-led sessions. The emphasis was to encourage children's book knowledge and engagement and develop receptive and expressive language. The main outcome of the project was that many Traveller children across the county had the opportunity for focused time to enjoy and engage with books in a meaningful way. There was evidence of improved book knowledge and expressive

language skills, with children talking about characters, settings and plot and joining in with storytelling. Many children showed improved interaction and communication with adults and other children within the setting. There was also increase in parental interest and engagement, with staff modelling how to share books effectively at home.

### **Reading Recovery**

Reading Recovery was an intensive early intervention reading programme that aimed to accelerate reading standards amongst children who are struggling at Key Stage 1. Children who had been identified as falling behind their peers in the acquisition of early reading skills received daily, half-hour lessons over a period of 12-20 weeks. This early intervention was intended to prevent later learning problems and allow the child to fully access the curriculum. A study completed by London University's Institute of Education, found that a year after undergoing Reading Recovery, pupils were still a year ahead of those with similar difficulties who did not take part in the programme (TES Connect, 2008).

Evaluation of Surrey's scheme for GRT pupils showed that all pupils started the Reading Recovery programme with a reading age well below their chronological age. By the end of their involvement in the programme, all these pupils had a reading age equivalent to their chronological age and most had significantly exceeded it. Pupils with special educational needs were highlighted much earlier as a result of the programme. Additional benefits were that all pupils remained in school during the programme and attendance improved for many. 100% of the pupils reaching key stage milestones transferred to secondary school (Reading Recovery data 2005-2010. Source: REMA)

### **E-LAMP / ICT Use**

Between 2004-2010 Surrey played a successful part in delivering a national E-learning and Mobility Project (E-LAMP), which was commissioned by the then Department for Education and Skills and managed by the National Association of Teachers of Travellers. E-LAMP provided GRT children with a laptop and internet access for use whilst travelling, enabling children to complete assignments and keep in touch with teachers and peers. The aim was to promote continued learning and enable children to maintain links with their base school. Evaluation of the Surrey scheme indicated that it had a strong beneficial impact on participating GRT pupils' self-esteem and self-confidence, motivation and attitude to education, and improved their attendance and skills. Evaluators reported the pride felt by students that they were trusted with the responsibility of having the equipment in their care outside of taught sessions and in developing their individual projects in their own time (E-lamp Strand C Final Evaluation, July 2009. Source: REMA)

### **Positive Steps Plus**

Ash Manor Secondary School offered Positive Steps Plus, a project designed to integrate Year 8 pupils at risk of exclusion, into mainstream school. These children were taught in a youth club close to the secondary school, in preparation for reintegration. GRT pupils on the Positive Steps project were loaned portable computers and digital photography equipment using the E-LAMP scheme.

## **3.4 Policy framework**

Gypsies, Roma and Travellers have the same rights to education as other children. Parents are required under the 1996 Education Act to ensure that their children receive education for at least 200 sessions, out of the standard 380. However, a reduced

requirement serves to protect families from prosecution if they are travelling for work purposes. The 1996 Act allows parents to provide education for their children at school or at home. Pupils can be registered in more than one school to protect their place in their 'base' school. The Government recently consulted on repealing section 444 of the 1996 Act which permits economically nomadic families to defend themselves against a prosecution for their children's non-attendance in school subject to registration and attendance conditions. The Government argues that section 444 leads to poor attendance and consequently poor educational outcomes for GRT (DCLG 2012).

In Surrey, the proposed repeal of section 444 has raised concerns that GRT parents may withdraw their children from their school role when they need to travel for work purposes and opt for elective home education. Surrey has achieved some improvements in the attendance and attainment of GRT pupils but changes to the legislation may see a loss of trust in the support they currently receive. This could lead to a return to families evading and avoiding education altogether with little or no safeguarding for their children.

### **Pupil Premium and Dedicated Schools Grant**

The Pupil Premium is a top up for schools to enable them to better support vulnerable pupils, equivalent to £1,300 in 2014/15 per disadvantaged child. Schools will receive this funding for each GRT child on free school meals. The Dedicated Schools Grant is intended to help schools improve the performance of ethnic minority and GRT pupils, as well as those with English as an additional language. There is no guarantee that schools will buy in specialist support for GRT pupils, such as that offered by REMA, with these funds.

### **Ofsted school inspection framework**

The revised Ofsted inspection handbook states that inspections should assess how schools monitor the progress of pupils with protected characteristics including GRT children and young people.

### **Raising of the participation age**

The Government is increasing the age at which all young people in England must continue in education or training to 17 from 2013, and until their 18th birthday from 2015. Young people can choose 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. However, it may cause conflicts where GRT young people want to work in the family trade or move frequently. It is unclear how this would work in tandem with the potential repeal of section 444 of the Education Act.

From September 2013, pupils under 16 will be allowed to enrol in colleges rated good, outstanding or satisfactory. Further education teachers and experts with vocational expertise will also be allowed to teach in schools, which may be a better fit to GRT pupils' learning style (Ryder and Greenfields 2010). However more rigorous standards in vocational education might prove a barrier for GRT pupils if higher academic requirements apply.



## Chapter 4

### Social inequalities

#### 4.1 Needs and issues

##### Social exclusion

GRT communities are sometimes described by service providers as being 'hard to reach'; however, many GRT families experience services themselves as 'hard to reach'. GRT sites are often in isolated locations, with few amenities or transport links, making it difficult for families to access services. High rates of illiteracy can cause problems with filling in forms, particularly when staff do not offer assistance. One study in Dorset in 2007 estimated GRT adult illiteracy rates at 62% (Some Common Myths about Gypsies and Travellers, Friends, Families and Travellers, 2011). GRT representatives report regular incidents of overt and unintentional discrimination when trying to access Surrey services, which act as a further barrier and perpetuate difficulties with trust.

##### Impact of social exclusion on children and young people

- Lack of amenities on GRT sites can disadvantage young children, since there may be few or no facilities for stimulating play, which in turn affects their readiness for learning at school age (Friends, Families and Travellers, 2011).
- Children and young people in the GRT community are often isolated, particularly when they leave school before the age of 16 (Friends, Families and Travellers, 2011).
- GRT children and young people are often expected to be involved in caring for siblings or relatives (Friends, Families and Travellers, 2011), which is a further factor in their isolation.
- 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).

##### Domestic abuse

Nationally, there is evidence of high levels of domestic abuse within the GRT community, which are exacerbated by high levels of financial stress (Friends, Families and Travellers, 2011). Domestic abuse often co-exists with alcohol abuse and mental health problems, which are known to be problems in the GRT community. Among the general population, it is estimated that three women in every ten experience domestic abuse during their lifetime, however in GRT communities it is estimated this figure is six to eight in every ten women. Due to their geographical and social isolation and different 'cultural rules' there can be immense obstacles to leaving an abusive relationship. Data from the local domestic abuse outreach services in Surrey indicates that in the first quarter of 2013-14, there were five cases self identified in this group. Between April 2012 and March 2013 there were 22 referrals from GRT victims to outreach services - 0.7% of all referrals. It is important to note, however, that ethnicity is self-declared when victims engage with outreach services and ethnic background was 'unknown' for 14.3% of referrals in 2012-13, making the figures unreliable. With this in mind, according to the 2011 Census, the GRT population in Surrey is 0.2%, meaning there were at least three times more referrals from the GRT population in the last financial year than we would expect to see. The actual figures may be higher if some of the outreach clients not declaring their ethnicity are GRT.



According to Cemlyn et al (2009) Gypsies and Travellers who are victims of domestic abuse are predominantly female. Some Gypsies and Travellers have suggested that domestic violence may first commence when a family moves into a house and arguments start as they experience isolation, discrimination, financial hardship and depression. Anecdotal evidence suggests that alcohol and drug abuse features in many incidents of domestic violence (Cemlyn et al 2009). Cemlyn suggests that 'cultural barriers' to leaving a violent partner are particularly strong within GRT families. Barriers include fears about loss of community; fear of racism; isolation; concerns about possible accommodation alternatives; beliefs that it is impossible to escape violence as the partner will find out where the woman and children have gone; expectations that marriage is for life; and the false belief that many men are violent and a woman has to accept such behaviour. Surrey domestic abuse workers have given similar anecdotal accounts. There can be challenges for GRT women and children fleeing to refuge and living with other families with different cultural practices, and traditional housing options for someone fleeing domestic abuse may not reflect the cultural needs of traveller families.

Domestic abuse has been recognised as a key indicator for child abuse and neglect. Edelson *et al* (1999) reviewed 25 studies and estimated a correlation of 30-60% between domestic violence and all forms of maltreatment of children.

Violence against women and children is a national government priority. In Surrey, locally available domestic abuse data, service gaps and issues have informed a refresh of the domestic abuse JSNA chapter, and a new five year domestic abuse strategy for Surrey has been developed. Detailed action plans will be developed for both the multi-agency agenda and for individual services and agencies.

### **Safeguarding**

Statistical data suggests that GRT children may be under-represented among Surrey's looked-after children; however, this may be due to GRT ethnicity not always being identified/recorded. At of June 2013, three of Surrey's population of 863 looked-after children was recorded as having GRT ethnicity, all of whom were white Irish travellers. This equates to 0.35 % of the looked-after population; however, approximately 1.32% of Surrey's 0-19 population as a whole have GRT ethnicity. As at June 2013, there were 37 Gypsy/Roma Children in Need or subject to a Child Protection Plan, which is approximately 1% of the total Children in Need.

These figures must be treated with caution, because numbers are too low to be statistically significant; and also because of difficulties with self-ascription. However, despite the limitations with data above, the apparent under-representation of GRT amongst children known to social care indicates the need for better ethnicity recording. It is acknowledged that questions about GRT ethnicity are not always asked when recording social care referrals. It is also possible that the relative isolation of GRT children and young people means that safeguarding issues do not come to the notice of practitioners within universal services who might otherwise identify possible concerns.

### **Young carers**

Children and young people in the GRT community are sometimes expected to take on caring responsibilities for siblings or relatives (Friends, Families and Travellers, 2011). It is difficult to estimate the number of GRT young carers in Surrey as they will often not self-identify, and because those who have disengaged from schools and other services may go unnoticed. Surrey Young Carers supports young carers if they are referred by

other agencies, but many GRT young carers will not be in touch with these other agencies. In Surrey, 1.5% of all children, and 6% of children living in a family with disability, are young carers. This would suggest there are at least 33 GRT young carers in Surrey, although this figure is potentially higher given high levels of poor health and disability within the GRT population.

Problems for young carers include isolation and a lack of interaction with friends, difficulties in school attendance, and health issues including tiredness, stress and depression ('Working with Young Carers', Surrey Young Carers *et al*). Young carers are often identified and supported within schools settings, but given that many GRT children leave school early there is a risk that GRT young carers will not be known and may miss opportunities for support. The needs of Surrey's GRT young carers are not fully understood.

### **Teenage Pregnancy**

Little is known about the rate of teenage pregnancy among Surrey's GRT population. Anecdotal evidence suggests that the rate among those aged under 16 is similar to the wider population but for over 16s it may be higher due to the culture of younger marriages. Further anecdotal evidence suggests that GRT children may be withheld from Sex and Relationship Education by their parents.

Among the general population, pregnancy at a young age is associated with a range of health and social issues for mother and child. Babies are more likely to be premature or low weight; have a higher likelihood of death in the first year; and are more prone to accidents. Teenage mothers are at a higher risk of postnatal depression and poor mental health; are more likely to smoke; less likely to breastfeed; less likely to finish their education or find employment, and more likely to live in poverty.

### **Young offenders**

An informal analysis undertaken about 5 years ago by Surrey YJS indicated that approximately 7-9% of the young people within its service at that time were Gypsies or Travellers. This equated to 140-180 individuals. GRT young people are the largest ethnic minority group represented in this service (information from Surrey YSS, 2011).

Surrey YSS reports that GRT young people are often involved in violent crimes. This is attributed to cultural beliefs that the use of violence is an acceptable way to resolve a dispute, coupled with the community's frequent experiences of discrimination and prejudice, which may invoke reactions of violence. The spectrum of violence coming to YSS attention ranges from common assault to GBH with intent.

## **4.2 Current provision**

GRT children and young people and their families are entitled to receive the same universal, targeted and specialist services as other Surrey families, however, GRT social exclusion and a lack of understanding of needs can act as barriers to accessing services.

### **Children's Centres**

Surrey has 58 children's centres across the county and two specially designed mobile children's centres that work holistically with GRT families, supporting health, social and educational development for 0-5 year olds. Local children's centre provision varies

according to identified local needs, however, all have identified GRT as a priority group. Children's centre staff work with REMA to offer appropriate services to GRT families within their catchment area, mostly through outreach, engaging via health visitors and other professionals who have existing relationships with GRT residents. Mobile children's centres visit a number of sites, together with health visitors and midwives.

Practically, Children's Centre teams engage by:

- Using pictorial resources
- Offering family play-based sessions
- Offering outdoor services
- Supplying play boxes
- Being sensitive to parents' fears arising from illiteracy
- Supporting families to access pre-school provision and schools

### **Youth Offending Team**

Work with young people who have committed offences now falls within the remit of the Youth Support Service (YSS). All cases are assessed individually using an ASSET tool. There are twelve categories covering family, mental health, substance misuse and education. High risk areas trigger onward referrals within the team and are identified within the individual's plan. The YSS also undertakes a range of preventative work including tackling violent youth-on-youth crime; school attendance and anti-truancy initiatives; licensing enforcement to reduce under-age drinking; educating young people about the dangers of alcohol, drugs and other misused substances; Safer School Partnerships (keeping children in school, off the streets and away from a life of crime); the New Leaf Mentoring Project (matching young people with a supportive adult); parenting programmes (supporting the families of young people at risk of offending); and Firewise (working with young people at risk of committing arson). These services, which are offered as a part of the wider remit of Surrey's Services for Young People, help to address issues for GRT young people who come into contact with the YSS

Additionally, the YSS has a community liaison worker who is herself a member of the GRT community, and undertakes targeted preventative work with GRT children. She has worked with several junior schools to maintain GRT attendance, reaching children before the age when they commonly drop out of school and their risk of offending behaviour increases.

### **Surrey domestic abuse services**

These services are working to engage with organisations and individuals embedded within GRT communities, to ensure services are accessible.

### **Young carers support services**

Independent young carer services provide free support to young carers up to 18 years old throughout Surrey. Services aim to work for and with young carers to help them achieve their full potential and also work in schools settings providing one-to-one and group support, and raise staff awareness of young carers' needs.

Action for Carers has introduced a special symbol (in the form of a Gypsy caravan) to indicate that information leaflets about young carers are relevant to GRT young people.

### 4.3 Examples of good practice

- Several organisations, including Friends, Families and Travellers and Surrey Community Action, report the effectiveness of making contact with GRT families through trusted individuals such as health visitors, community support workers and others who visit GRT sites regularly and can build up longer-term relationships with families. These relationships can be used to encourage the take-up of universal and targeted services.
- Children's centre workers in East Sussex have identified named workers in each centre who act as a first point of contact for professionals and new GRT families. When a new GRT family arrives, this worker will accompany community outreach workers visiting the site, making initial contact and giving families a DVD showing other GRT families using the children's centre. This has proved highly effective in supporting GRT parents to bring their children to centres where they can experience stimulating play and where parenting issues can be supported.
- Preventative work undertaken in Surrey YSS by the GRT community liaison worker has reportedly been effective in promoting attendance and building better relationships between GRT parents and the YSS.

### 4.4 Policy framework

The legislative framework for safeguarding and promoting children and young people's wellbeing applies equally to GRT children and young people.

## Chapter 5

### Accommodation and housing

#### 5.1 Needs and issues

##### Availability of GRT accommodation

Historically, Surrey has been home to a relatively high number of Gypsies, Roma and Travellers, and is the county with the second highest number of authorised GRT sites in the South East. However, the overall picture in Surrey is of a lack of sufficient GRT accommodation. Most of the authorised sites in Surrey have been established for a long time and Surrey faces particular challenges in developing new site provision. Extensive areas of the county are covered by protective environmental and planning designations and urban land values are very high. There has been limited growth in the number of private sites, mainly as a result of successful appeals. Overcrowding on sites has also been a common problem, and this masks the full extent of the number of homes that are needed (Enquiries in Public, 2010, unpublished). Districts and Boroughs in Surrey are now responsible for assessing GRT accommodation needs in Traveller Accommodation Assessments (TAAs). These new assessments should give a clearer picture of the availability of accommodation in Surrey.

Representatives of the GRT community report that shortages of accommodation can create pressures for families that impact upon their children and young people's health and wellbeing. A major concern for GRT parents is where their children are going to live in future, because pitches often have no room for their children's families.

##### Site conditions

Conditions on some publicly owned sites give cause for concern. Accommodation built on flood plains or beside motorways creates difficult and unhealthy living conditions for residents. Community members also report pressures on site facilities due to overcrowding, for example, accommodation where one bathroom is unofficially shared by several families, placing a strain on all the families concerned. Research indicates that poor site conditions contribute to a range of physical and mental health problems for GRT parents and children, which in turn affect children's educational attainment and life chances.

##### Impact of overcrowded and poor housing on children and young people

According to Harker (2006) in a Shelter-sponsored literature review, poor housing conditions have a damaging impact on children's learning. Children living in overcrowded or damp accommodation are more likely to miss school for medical reasons than other children. Overcrowded homes often lack a suitable place for children to study. One study cited by Harker found that parents in overcrowded homes were less responsive and spoke in less sophisticated ways to their children compared with parents in uncrowded homes, even when socio-economic status was taken into account. This may be linked to higher levels of stress and depression among parents living in overcrowded conditions. This finding may also account for the link that has been found between residential overcrowding and delayed cognitive development.

Harker found that children in overcrowded housing are up to 10 times more likely to contract meningitis than children in general. Meningitis can be life threatening, or have a legacy of deafness, blindness and behavioural problems. Harker noted that there is a direct link between childhood tuberculosis and overcrowding, and that children living in overcrowded

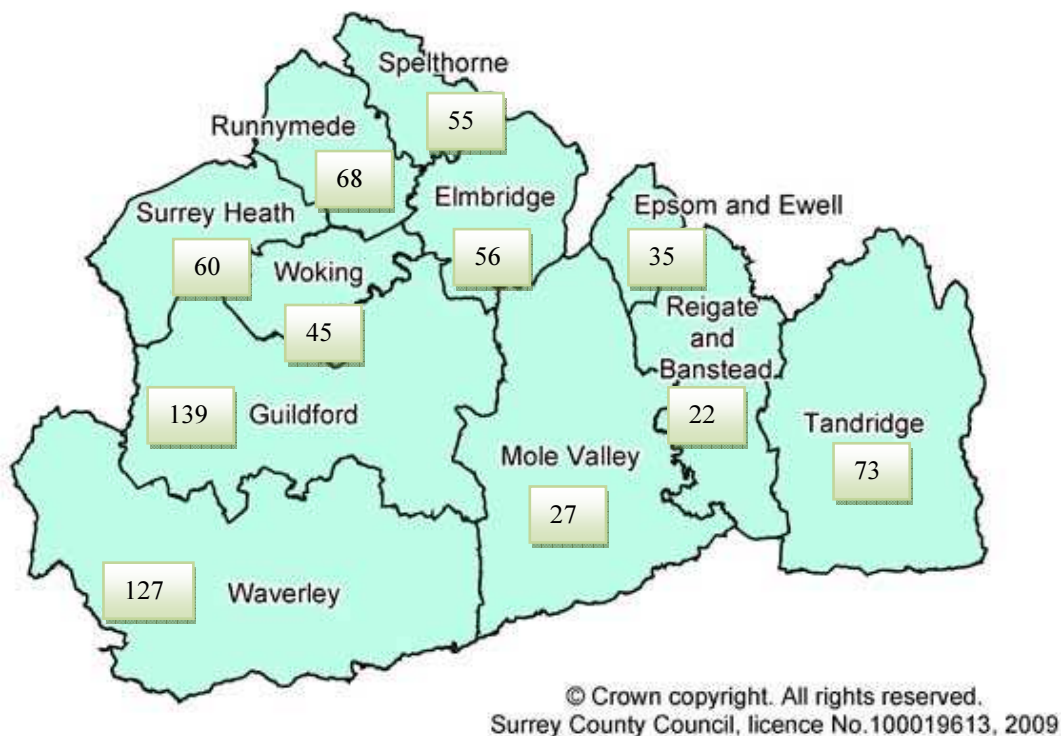
and unfit conditions are more likely to experience respiratory problems such as coughing and asthmatic wheezing. For many children overcrowding means losing sleep, restricted physical activity, and missing school. Overcrowded conditions have been linked to slow growth in childhood, which is associated with an increased risk of coronary heart disease in later life. In addition, almost half of all childhood accidents are associated with physical conditions in the home. Families living in properties that are in poor physical condition are more likely to experience a domestic fire. Finally, mental health issues such as anxiety and depression have also been linked to overcrowded and unfit housing (Harker, L. 2006, *Chance of a Lifetime: the Impact of Bad Housing on Children's Lives*, London Shelter).

## 5.2 Current provision

### Distribution

In addition to Surrey's housed GRT population, there are more than 50 authorised traveller sites within Surrey. Eighteen public sites are owned by Surrey County Council, and another 16 are managed under agency agreements with boroughs and districts. Many private sites have been developed by individuals on private land with the appropriate planning permission. There are also a number of unauthorised developments on private land.

The map below shows the total number of caravans, taken from the January 2013 biannual Gypsy and Traveller Caravan Count. The total number of all these on public and private sites, on own land and not on own land, tolerated and not tolerated, was 707.



It should be noted that for planning purposes, planning permission and assessments of need are based on the number of pitches, not on the number of caravans or sites.

### Support services

Site Managers, also known as 'Gypsy Liaison Officers' work for the local authorities in Surrey, between them managing ten sites, in Epsom and Ewell, Runnymede, Surrey Heath, Guildford and Tandridge. The remaining sites are managed directly by Surrey County



Council by two Property Inspector and Site Officers based in the Estates Planning and Management Service of Surrey County Council. They are responsible for setting the rent on the sites in their Borough/District; the allocation policy; day-to-day management, and deciding appropriate rules for site licenses.

Surrey Community Action employs a Gypsy and Traveller Support Worker who provides benefits and housing advice to the GRT community. Demand for this service is high and will continue to grow.

### **5.3 Policy framework**

#### **National policy**

The Housing Act 2004 requires local housing authorities to include Gypsies and Travellers in their accommodation assessments and to take a strategic approach, including drawing up a strategy demonstrating how the accommodation needs of Gypsies and Travellers will be met, as part of their wider housing strategies.

The Localism Act provides the legal basis for local authorities to address strategic planning and infrastructure issues. It requires local authorities to plan for the needs of communities, including GRT, and includes duties to cooperate across boundaries. Under the Act, local planning authorities will be responsible for establishing the right level of local housing provision in their area, and identifying long term supply of housing land. This means that local planning authorities are now able to decide for themselves about the numbers of GRT pitches that are needed. Whilst this may empower local communities, there are concerns that GRT, being seen as 'outsiders', will be excluded from local decision making (Richardson, 2006, cited in Ryder *et al*, 2012).

In March 2012, the Government published a revised Planning Policy for Traveller Sites. It sets out that it is now the responsibility of local authorities to identify the number of GRT pitches and plots that are required, based on a local needs assessment. Local authorities should set out a Local Plan for future sites, including reasonable timescales. The policy states that a GRT camp site will no longer be deemed appropriate development within the Green Belt. The government feels that previous development on Green Belt land was detrimental to community relations between travelling and settled communities (DCLG, 2012).

Coalition government policy states that its overarching objective is to ensure fair and equal treatment for travellers in a way that facilitates their traditional and nomadic way of life while respecting the interests of the settled community (DCLG Press release 7 January 2012, cited in Barclay June 2012). The Coalition Government has revoked some planning circulars so that there are no longer different rules for the travelling and settled communities. The government hopes to reduce tensions between travellers and settled communities by stopping unauthorised developments and making enforcement more effective. Since 2011 GRT sites have been included in the Mobile Homes Act. Inclusion in this Act means that travellers on legal public sites will have the same rights and responsibilities as those in other mobile home sites and will have more protection from eviction. However, unauthorised GRT sites could be the target of stronger enforcement powers (introduced in the updated 2013 Act). Local authorities now have more powers to enforce breaches at mobile home sites and to prosecute site owners.

The government is encouraging authorised sites by offering a £60 million Homes and Community Grant over 4 years for new pitches across the country for authorised sites. A

total of £47 million funding will be allocated to 71 projects and a further £13 million remains available from the Traveller Pitch Funding Programme. Richardson *et al* (2011) cited in Ryder *et al* noted that the Homes and Communities Grant 2012-16 is much less (£15 million per year) than was offered previously (£28 million per year in 2006-08 and £32 million per year 2008-11). There are also concerns that this money will not be used to provide extra sites if local authorities and local communities veto new provision through powers contained within the Localism Act. The *Independent* newspaper reported on 20 March 2012 (cited in Barclay 2012) that 80 per cent of authorities who received the money did not have planning permission for new sites, and therefore any new provision may be subject to local opposition. The Institute of Race Relations notes that local residents groups across the UK are emerging to fight, usually successfully, against Traveller and Gypsy attempts to establish legal sites.

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The New Homes Bonus commenced in April 2011. It match-funds additional council tax raised to bring empty properties, including traveller sites, back into use. It is intended to provide a financial incentive to develop all authorities' GRT site accommodation. However this incentive may not be enough given levels of local opposition to site development (Ryder *et al*, 2012).

### **Surrey County Council policy**

In accordance with national legislation, Surrey's district and borough councils, as the relevant housing and planning authorities, are responsible for quantifying and identifying traveller accommodation needs. Districts and boroughs are in the process of writing and publishing their Traveller Accommodation Assessments (TAAs), which will set out the accommodation needs of GRT families in their areas. Surrey has written a methodology to support the Districts and Boroughs in writing these assessments. Once complete, the TAA will form part of the evidence of travellers' accommodation need for the next fifteen years, informing the wider housing work of each authority.

Surrey County Council manages some GRT sites directly and the remainder are managed under Agency Agreements with District and Borough Councils. The Council has a duty of care to ensure the facilities provided on sites meet all statutory requirements and to follow government guidance and regulatory responsibilities, especially in the area of health and safety. Inclusion of GRT sites in the Mobile Homes Act means new site licences will need to be issued. Surrey County Council will be working with all boroughs and districts who currently manage sites to try to introduce one consistent license across Surrey.

Following the Criminal Justice and Public Order Act 1994, Surrey County Council adopted an Unauthorised Encampment Policy. The policy relates to situations where sites owned by the county council or its adopted highways are occupied without permission. The Unauthorised Encampment Policy is still required and reflects government guidance and case law.

## Chapter 6

### Economic exclusion

#### 6.1 Needs and issues

##### Family poverty

Surrey's Families in Poverty Needs Assessment (February 2011) found that child poverty disproportionately affects certain ethnic minority groups in Surrey, including GRT children and young people. 20% of all GRT children in Surrey live in poverty compared to only 8.4% of White British children (School Census, Jan 2010). Children and young people living in poverty are more likely to experience a range of poor outcomes, in terms of their health, education and socially, compared to their more affluent peers.

##### Economic exclusion

The Commission for Racial Equality (2004) highlights the following factors in the economic exclusion of GRT families:

- Where educational exclusion has occurred and/or literacy and basic skills are impaired, there are considerable barriers for individuals to secure formal education and training opportunities.
- GRT claimants may miss out on benefits due to low literacy and numeracy skills.
- A relatively high proportion of GRT are in receipt of disability and sickness benefits.
- Financial exclusion such as running a bank account or obtaining reasonably priced credit occurs amongst highly mobile individuals and in association with economic exclusion.
- The GRT population tends to prefer family-based self-employment or waged individualistic labour, with men undertaking jobs such as gardening, metal recycling, building or market trading. However, where individuals live also influences the type of work undertaken – those in 'bricks and mortar' are more likely to undertake similar work to the non-GRT community.
- Small business advice is often not accessed. Site restrictions on storage of equipment and materials can adversely impact the ability to run a business.

##### Impact of Welfare Reforms

Welfare reforms are likely to have significant implications for GRT claimants.

- **Universal Credit:** Benefits will be subject to a total benefit cap of £350 per week for a single adult or £500 per week for a couple or lone parent, regardless of how many children they have. GRT families are traditionally large, so may be disproportionately affected (Friends Families and Travellers 2012).
- **Bank accounts:** It is a requirement of Universal Credit that payments should be made directly into claimants' bank accounts. Lack of a permanent address may prevent some GRT from opening a bank account.
- **Internet access:** Universal Credit will be 'digital by default', which may also be a barrier to GRT as internet access rates are lower amongst the GRT community. Very few have access to computers and most of the community members would not use internet cafes (Friends Families and Travellers 2012).
- **Literacy barriers:** Many GRT may struggle with completing Universal Credit forms owing to low literacy skills, and with reporting their cash-in and cash-out figures every month through an online system. Similarly, they may need additional support to comply with claimant conditionality requirements around keeping a record of their job seeking activities, and with drafting CVs and articulating their previous work experience.

- **Disability:** A new Personal Independence Payment is replacing Disability Living Allowance (DLA). Changes to eligibility criteria for disability benefits that are likely to impact significantly on the GRT community due to high levels of health within the community. Disabled claimants may come under increased pressure to take paid employment, but are disadvantaged by having low levels of skill.

## 6.2 Current provision

### **Surrey Community Action Community Development Worker**

Surrey Community Action recently noticed an increase demand from the GRT community for help with benefit changes.

### **Gypsy Skills**

The Gypsy Skills Project provides GRT young people with opportunities to gain vocational skills, literacy and numeracy that will improve their chances of being economically successful adults. It has also been developing initiatives to support adult literacy.

## 6.3 Examples of good practice

### **Access to adult skills training**

The organisation Friends, Families and Travellers encourages GRT to access training opportunities by using outreach workers as a conduit between service providers and GRT communities. Outreach workers help GRT adults to identify the services best suited to meet their needs and then support them to access those services.

### **Promoting economic inclusion**

The research report, *'Roads to Success: Economics and Social Inclusion for Gypsies and Travellers'* (Ryder and Greenfields 2010) makes recommendations to support economic inclusion such as the promotion and development of social enterprise and cooperative economic structures within the traveller economy; and the extension of 'registered good practice tradespeople' schemes to GRT traders. The research also identifies a need for targeted initiatives to raise awareness of, and access to, training opportunities amongst GRT community members in low waged and low skilled employment, coupled with initiatives to reduce the occurrence of informal work practices/ unemployment and to encourage 'regularisation' of work situations.

## 6.4 Policy framework

The DCLG Progress Report on tackling inequalities experienced by Gypsies and Travellers (2012) commits the Department for Work and Pensions (DWP) to providing personalised support when needed for GRT. The Government has committed to encouraging measures to improve the financial inclusion of GRT, and DWP will work to ensure that GRT communities are aware of credit unions. Currently, there are no current details as to how these commitments will be implemented.

## Chapter 7

### Workforce development

#### 7.1 Needs and issues

##### **Experiences of GRT service users**

Although there are a number of examples of good practice in Surrey that demonstrate the possibilities for positive engagement with the GRT community, experiences reported by community members indicate that many 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-ascription. In particular, the attitudes of reception staff have been reported as unhelpful, for example, issuing forms that cause problems for those with low levels of literacy without offering assistance to complete them.

##### **Data collection and outcomes monitoring**

Although many agencies' data collection systems include categories for GRT ethnicity, in practice this is often not recorded. Questions about ethnicity are not asked routinely and known GRT service users are sometimes recorded as 'White British'. This means that information about GRT needs and outcomes cannot be effectively analysed, and there is a lack of robust information for commissioning.

#### 7.2 Current provision

##### **Surrey County Council workforce development**

A range of in-house training courses are available for Surrey County Council staff, including generic equalities training. REMA are able to provide bespoke training for SCC teams, upon request.

##### **Surrey Community Action training**

GRT cultural awareness training is delivered by trainers who are themselves members of the GRT community. These staff also attend awareness raising events.

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