

1. Topic of assessment

EIA title:	Surrey's strategy for Gypsy Roma and Traveller children and young people 2014-18
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2. Approval

	Name	Date approved	
Approved by ¹	Nick Wilson		

3. Quality control

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4. EIA team

Name	Job title (if applicable)	Organisation	Role
Ruby Lam	Strategy and Policy Development Officer	Surrey County Council	EIA author
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Directorate Equality Group		Surrey County Council	Quality assurance and challenge

¹ Refer to earlier guidance for details on getting approval for your EIA.

5. Explaining the matter being assessed

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What policy, function or service is being introduced or reviewed?	Gypsy, Roma and Traveller (GRT) communities collectively represent a significant ethnic minority group in Surrey. A needs assessment undertaken in 2013 shows that across a range of health, educational and social measures, outcomes for GRT children and young people are poor compared to their Surrey peers. This is very much in line with the national picture. Surrey's strategy aims to identify how the Children, Schools and Families (CSF) Directorate, and wider partners, can reduce inequalities and improve outcomes for Surrey's GRT children and young people. Successful delivery of the strategy will help to meet the Local
	Authority's duties under the Equality Act 2011, which 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). Public organisations are required to consider how they could positively contribute to the advancement of equality and good relations, and reflect equality considerations in the design and delivery of policies and services.
	The main beneficiaries of the strategy will be 0-19 year old children and young people in GRT communities in Surrey. However, there are also recommendations relating to the needs of GRT families and communities, where these impact upon children and young people's outcomes, so the strategy will benefit Surrey GRT communities as a whole. The wider Surrey population, public services and schools should also benefit from the strategy's aims supporting the advancement of equality and good relations through actions to challenge discrimination and bullying.
What proposals	The strategy and accompanying action plan is intended to achieve the
are you	following:
assessing?	 Improve educational outcomes for GRT children and young people by developing a better coordinated response to attendance, bullying and exclusions; and ensure that GRT young people are better prepared to become economically successful adults. Address identified social issues, for example, tackling domestic abuse and understanding the needs of GRT young carers. Improve health outcomes by increasing GRT knowledge of relevant health issues for both adults and children and increasing early uptake of health services. Ensure that plans are developed to tackle deficits in GRT accommodation through best use of available resources. Ensure that the needs of GRT communities are considered in arrangements to support Surrey families impacted by economic exclusion and/or welfare reforms. Ensure our services respond effectively to GRT needs by strengthening data collection and outcomes monitoring;

	increasing workforce awareness of GRT cultural needs; and encouraging positive engagement with GRT communities to ensure that our services respond effectively to their needs.
Who is affected by the proposals outlined above?	 Gypsy, Roma and Traveller children, young people and families in Surrey will be directly impacted by the strategy. Delivering the strategy will involve Surrey County Council teams such as: Race Equality and Minority Achievement Service (REMA) Services for Young People Education Welfare Service Early Years Children's Services Public health teams; And partner organisations including: Domestic abuse outreach services District and borough council housing and planning teams VCSF organisations Proposed actions are intended to strengthen and build upon existing practice. The strategy does not include any recommendations to decommission or discontinue any service provision, either by Surrey County Council or partners.

6. Sources of information

Engagement carried out

Our needs analysis and recommendations were developed by a working group including 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 Gypsy, Roma and Traveller community. Many other professionals also contributed their expertise, knowledge and suggestions. Consultation with GRT children and young people was carried out in autumn 2013 through discussions with groups of boys and girls in years 8, 9, 10 and 11, attending 'Gypsy Skills' (an Alternative Education programme).

Needs analysis findings were shared with and validated at Surrey's GRT Forum, which brings together GRT families (including some children and young people) and a cross-section of organisations working with Surrey's GRT communities.

Discussions and meetings have taken place with service leads and others in the CSF Directorate, and with wider partners, to develop a detailed action plan for the strategy.

Data used

- Needs analysis for Surrey's GRT children and young people (Surrey County Council, 2013)
- Surrey's Joint Strategic Needs Assessments 2011, 2008
- Gypsy and Traveller Community Needs Assessment Report, Surrey Community Action 2011
- Surrey school census 2011, 2012 and 2013
- Surrey's Joint Strategic Needs Assessment- Immunisation 2012
- Surrey Youth Justice Health Needs Assessment
- 'Thinking Young People' -Surrey's strategy for children and young people's emotional wellbeing and mental health for 2010-14
- Traveller Accommodation Assessments
- Friends, Families and Travellers, 2011
- Outcomes data, for example, about health and educational achievement (Surrey Performance and Knowledge Management Team)
- 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.

7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ²	Potential positive	Potential negative	Evidence
Page 105	impactsHealthThe strategy is intendedto improve healthoutcomes for GRTchildren and youngpeople aged 0-19 by:• ensuring accessibleand culturallysensitive informationand health provisionon a range of issuesincludingimmunisation,healthy eating andsmoking.• developing systemsto improve themonitoring of GRTuptake of healthprovision and healthoutcomes.	impacts <u>Wider determinants –</u> <u>shortages of</u> <u>accommodation</u> District and borough councils are now responsible for assessing the accommodation needs of GRT communities and setting targets for future development. There are a number of challenges including availability of suitable land and resources. Whilst the strategy includes recommendations to work with GRT communities to tackle accommodation deficits, this is likely to remain a challenging area to fully address, therefore, negative impacts upon GRT children and young people's health, wellbeing and education may be	 <u>Health</u>: There are significant health inequalities between the GRT population and the wider population, including high levels of heart disease, asthma, bronchitis, diabetes, mental ill-health, smoking, alcohol and drug misuse, and long term illness. Local data is not always available, so our needs analysis also used national research and anecdotal evidence from the Surrey GRT population. Parental ill-health can be a significant factor affecting children's outcomes. The barriers for GRT families accessing health provision include not having cultural needs recognised, and difficulties in maintaining contact with services, especially if travelling. Fear and lack of knowledge about statutory services mean that services are often only accessed at a point of crisis. Our findings include: low participation rates of development reviews for babies (Surrey JSNA Immunisation 2012); low immunisation rates amongst children and young people (Surrey JSNA Immunisation 2012); low nutrition in children and young people (Surrey JSNA 2008) higher suicide rate especially amongst men and in the age group of 15-19 (Walker, 2008); high levels of smoking and consuming alcohol amongst the community's adults (Surrey JSNA 2008) mental health problems of parents affecting children and young people (Smith, 2010, and Surrey's strategy for children and young people's emotional wellbeing and mental health 2010/14). lack of understanding among the GRT population about the relative benefits and risks from immunisation

 $^{^{2}}$ More information on the definitions of these groups can be found <u>here</u>.

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	Educational attainment The strategy is intended to improve educational outcomes for children and young people aged 0-19 by developing better coordinated and collaborative approaches to narrow attainment gaps; tackle racist bullying; improve attendance and support transition between different phases of education.	difficult to mitigate, at least in the near future.	 Educational attainment: There may be few or no facilities for children to enjoy stimulating play on GRT sites. This affects children's readiness for learning at school age and contributes to high numbers of SEN children among GRT pupils in primary schools (Friends, Families and Travellers, 2011) Mobile children's centres visit sites, with children's centre and REMA staff delivering preschool activities and supporting readiness to learn. There are considerable gaps between the educational achievement of GRT and non-GRT children and young people across all the key stages. School absence and school dropout for GRT children and young people remain a problem (Surrey Performance and Knowledge Management Team). Experiences of bullying and racial discrimination are commonplace, and are a significant factor in school dropout (testament of young people at Gypsy Skills; also Friends, Families and Travellers 2011). School attendance tends to fall off as children get older. Many GRT families value vocational training and employment more highly than academic qualifications (testament of young people at Gypsy Skills; also Friends, Families and Travellers 2011). Wider determinants: Poor accommodation is a significant factor in poor physical and mental health, and poor educational outcomes among GRT communities, affecting children and young people's educational achievements and wellbeing (GRT needs analysis 2013).
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Page 107	Disability	 The strategy should have a positive impact on those with disabilities by proposing actions such as: partnership working to ensure culturally sensitive support for GRT families impacted by welfare reforms strengthening local collaboration between Early Years settings and key local professionals such as health visitors, to ensure all GRT children aged 0-5, including those in newly arrived families, take-up early years and other services. continuing the implementation of key elements of nationally recognised good practice for GRT pupils, and continuing targeted pupil-focussed work with schools by REMA. 		The Commission for Racial Equality (2004) highlights that of those GRT who are in receipt of benefits, a relatively high proportion are in receipt of disability and sickness benefits. This section of the population is under increased pressure to take paid employment, but is disadvantaged by having low levels of skills. They are also likely to affected by changes to disability benefits under the Welfare Reform Act 2012. Surrey Community Action has recently noticed an increase in the number of calls and visits from the GRT community for help with benefit changes. 59% of Surrey GRT children and young people (aged 2-16) have special educational needs, compared to 19% amongst the whole Surrey school population (Surrey School Census 2012). These figures may be influenced by the GRT population's special educational needs being recognised earlier than those of the general population, for example, through REMA's work with schools (Data 2005-2010 by REMA).
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Gender reassignment	Whilst the strategy does not directly address issues of gender reassignment, promotion of an anti- bullying strategy for all children and young people should benefit the GRT young people affected by gender reassignment.	This EIA has assumed that the prevalence and the needs of GRT residents undergoing gender reassignments are in line with those of the Surrey population as a whole.
Page 108 Pregnancy and maternity	The strategy should have a positive impact on these groups by ensuring that culturally sensitive information and support for newly married GRT women, and expectant and new mothers is provided; encouraging uptake of immunisation, and access to health services. The strategy does not include actions relating to Sex and Relationship Education for GRT young people; however, needs analysis findings have been used to inform future commissioning by Services for Young People.	A study by the organisation Friends Families and Travellers in 2011 reported that GRT mothers are 20 times more likely to experience the death of a child than mothers in the wider community. 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). Anecdotal evidence from Surrey's GRT representatives suggests that GRT children and young people may be withheld from Sex and Relationship Education by their parents due to fears about cultural inappropriateness. There are strong cultural expectations that young women should not become sexually active before marriage.

Race Page 109	 This strategy is intended to have a positive impact by: ensuring, through training and information, that our workforce is sensitive to the cultural needs of GRT communities. ensuring that information for GRT is provided in accessible formats. ensuring that anti- bullying strategies are in place in all settings used by GRT children and young people. encouraging schools to identify and record racist incidents. encouraging GRT children and young people to contribute 'good news stories' to promote positive information about GRT communities. 	 Many people are reluctant to reveal their GRT ethnicity, due to experiences of hostility and discrimination. Local experiences indicate that some frontline staff lack awareness of GRT needs, and may be insensitive or even openly hostile towards them. This can result in overt or unintended discrimination that deters GRT residents from accessing services and discourages self-ascription. Cemlyn <i>et al</i> (2009) found, nationally, that the main reasons that Gypsies, Roma and Travellers chose home education were fear of cultural erosion; perceived lack of relevance of the secondary curriculum, and the fear of racist bullying in schools. 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). In Surrey, REMA has key role in monitoring the number of incidents of racist bullying of schools, as over half of all schools (238 out of 392) in Surrey made a nil return (Surrey Report of Racist Incidents in Schools 2011/12). According to the Children's Society (2007), 63% of young travellers are bullied or attacked. They are often victims of race hate crime but incidents are largely unreported. Surrey's Youth Justice Service reports that GRT young people are 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.
Religion and belief	The strategy aims to promote cultural sensitivity to working with GRT communities, taking account of their beliefs, lifestyles and	GRT families 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 (Friends, Families and Travellers, 2011).

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	preferences. A recommendation for ongoing engagement via Surrey's Gypsy and Traveller Forum is intended to ensure that GRT views are considered when developing services and policies that will affect them.	
Page 110 Sex	The strategy aims to balance respect for GRT cultural norms with ensuring that both boys and girls have the full range of opportunities available to Surrey's children and young people. Recommendations to improve collaboration around educational provision are intended to ensure that each GRT young person able to achieve their goals and ambitions.	Strong gender divisions occur in many GRT communities, which are often 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 GRT communities tend to marry at a relatively young age; have between three and six children; and to 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 are likely to carry out domestic and child-care duties from a young age – cooking, cleaning, caring for siblings and often working as unofficial carers for family members. (Friends, Families and Travellers, 2011)
	The strategy recommends that an effective response to domestic abuse in GRT communities should be developed through Surrey's Domestic	Nationally, there is evidence of high levels of domestic abuse within the GRT community (Friends, Families and Travellers, 2011). According to Cemlyn et al (2009), Gypsies and Travellers who are victims of domestic abuse are predominantly female. It is estimated that six to eight GRT women in every ten experience domestic abuse during their lifetime, compared to three in every ten women in the general population.

		Abuse Strategy.		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. However, the actual figures might be higher if some victims had not declared their ethnicity as GRT. The study by Cemlyn et al (2009) says that 'cultural barriers' to leaving a violent partner are particularly strong. 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.
Page 111	Sexual orientation	While the strategy does not directly consider issues of sexual orientation, promotion of an anti-bullying strategy for all children and young people should benefit lesbian, gay and transgender GRT young people.		This EIA has assumed that the prevalence and the needs of GRT residents with different sexual orientation are in line with those of the Surrey population as a whole.
	Marriage and civil partnerships	The strategy is not anticipated to have a positive or negative impact on the basis of marriage and civil partnerships.	The strategy is not anticipated to have a positive or negative impact on the basis of marriage and civil partnerships.	Women in GRT communities tend to marry at a relatively young age; have between three and six children; and to look after the home, family and older relatives (Cemlyn, 2009).

	The strategy proposes that improvements in the identification of GRT young carers, and work to better understand and		Children and young people in GRT communities are often expected to take on caring responsibilities for siblings or relatives (Friends, Families and Travellers, 2011). Surrey Community Action supports young carers if they are
Carers ³	support their needs, should be undertaken as part of the next refresh of Young Carers strategy.	being a young carer is a cultural norm within the GRT community, any approach to develop the support will need to be sensitive to this context, otherwise there is a risk of	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. Extrapolation would suggest there are at least 33 GRT young carers in Surrey, however, the number could be far higher given the high levels of poor health and disability within the community (JSNA 2011).
Page 112		alienating young carers within their own communities, or, of support being avoided/declined.	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 <i>et al</i>). The high prevalence of GRT young carers was acknowledged by GRT community members attending Surrey's GRT forum, however, we, as service providers, do not fully understand the needs of Surrey's GRT young carers.

³ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	No impact anticipated	No impact anticipated	Proposed actions are intended to strengthen and build upon existing practice. The strategy does not include any recommendations to decommission or discontinue any service provision, either by Surrey County Council or partners.
Disability	No impact anticipated	No impact anticipated	As above.
Gender reassignment	No impact anticipated	No impact anticipated	As above.
Pregnancy and യ maternity ര	No impact anticipated	No impact anticipated	As above.
n 1 1 1 1	No impact anticipated	No impact anticipated	As above.
Religion and belief	No impact anticipated	No impact anticipated	As above.
Sex	No impact anticipated	No impact anticipated	As above.
Sexual orientation	No impact anticipated	No impact anticipated	As above.
Marriage and civil partnerships	No impact anticipated	No impact anticipated	As above.
Carers	No impact anticipated	No impact anticipated	As above.

7b. Impact of the proposals on staff with protected characteristics

8. Amendments to the proposals

Change	Reason for change
None.	

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
The strategy identifies a number of positive impacts that should result from implementation. It contains an action planned, with named leads for individual actions.	Monitor implementation of the strategy to ensure delivery as intended. Provide regular reports on progress, to CSF Directorate Leadership Team and Surrey's Children and Young People's Partnership	Ongoing from July 2014	P-J Wilkinson

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
The shortfall in site accommodation for GRT families is likely to remain a challenging area to fully address. The strategy identifies the role of districts and boroughs in working with GRT communities to tackle this; however, they face various constraints including availability of suitable land, and resources. Therefore, this EIA has identified a continuing negative impact upon GRT children and young people's wellbeing and outcomes, which could be difficult to fully mitigate in the near future.	

11. Summary of key impacts and actions

Surreyi- Surrey Joint Strategic Needs Assessments 2008, 2011 and 2012

	Surrey Youth Justice Health Needs Assessment
	 Key engagement: Working group with 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 GRT. Surrey's GRT Forum Consultation with groups of GRT children and young people attending 'Gypsy Skills'. Meetings and discussions with internal and external partners, in particular, the accountable leads named in the action plan. Engagement with elected members through a Member Reference Group representing the Children and Education Select Committee, and briefings to CSF portfolio holders.
Key impacts (positive and/or negative) on people with protected characteristics	The strategy is expected to have a positive impact upon GRT children, young people and adults by strengthening existing practice in order to improve educational, health and social outcomes for GRT communities in Surrey.
Changes you have made to the proposal as a result of the EIA	No changes to the strategy.
Key mitigating actions planned to address any outstanding negative impacts	N/A
Potential negative impacts that cannot be mitigated	The shortfall in site accommodation for GRT families is likely to remain a challenging area to fully address, therefore, this EIA has identified a continuing negative impact upon GRT children and young people's wellbeing and outcomes, which could be difficult to fully mitigate in the near future.

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