CABINET

Monday 15 December 2025
10.00 a.m.
Council Chamber, Rotherham Town Hall, Moorgate Street, Rotherham. S60 2TH

Cabinet Members:-

Leader of the Council	Councillor Chris Read
Deputy Leader & Children and Young People Portfolio	Councillor Victoria Cusworth
Adult Social Care and Health Portfolio	Councillor Joanna Baker-Rogers
Housing Portfolio	Councillor Linda Beresford
Finance & Community Safety Portfolio	Councillor Saghir Alam
Street Scene and Green Spaces Portfolio	Councillor Lynda Marshall
Transport, Jobs and the Local Economy Portfolio	Councillor John Williams

Rotherham Metropolitan Borough Council

CABINET

Venue:	**The Town Hall, The Crofts, Moorgate Street, Rotherham. S60 2TH**
Date and Time:	**Monday 15 December 2025 at 10.00 a.m.**
Agenda Contact	**Governance Unit – governance@rotherham.gov.uk**

This meeting will be webcast live and will be available to view via the Council's website. The items which will be discussed are described on the agenda below and there are reports attached which give more details.

Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

A G E N D A

1. Apologies for Absence

To receive apologies from any Member who is unable to attend the meeting.

2. Declarations of Interest

To invite Councillors to declare any disclosable pecuniary interests or personal interests they may have in any matter which is to be considered at this meeting, to confirm the nature of those interests and whether they intend to leave the meeting for the consideration of the item.

3. Questions from Members of the Public

To receive questions from members of the public who wish to ask a general question in respect of matters within the Council's area of responsibility or influence.

Subject to the Chair's discretion, members of the public may ask one question and one supplementary question, which should relate to the original question and answer received.

Councillors may also ask questions under this agenda item.

4. Minutes of the Previous Meeting (Pages 7 - 20)

To receive the record of proceedings of the Cabinet meeting held on 17 November 2025.

5. Exclusion of the Press and Public

There are no items on the agenda that require the exclusion of the Press and Public.

ADULT SOCIAL CARE AND HEALTH

6. Adult Social Care Mental Health Strategy 2026-2029 (Pages 21 - 157)

Report from the Strategic Director of Adult Care, Housing and Public Health.

Recommendations:

That Cabinet approve publication of the new Rotherham Council Adult Social Care Mental Health Strategy 2026-2029.

7. Unpaid Carers Strategy 2026-2031 (Pages 159 - 204)

Report from the Strategic Director of Adult Care, Housing and Public Health.

Recommendation:

That Cabinet approves the Borough that Cares All-Age Carers Strategy 2026-2031 which is due to be launched in April 2026.

8. Adult Social Care Charging Policy (Pages 205 - 270)

Report from the Strategic Director of Adult Care, Housing and Public Health.

Recommendations:

That Cabinet:

1. Note the outcome of the consultation.

2. Approve implementation of the Adult Social Care – Charging for Care and Support Policy (Appendix 2) from 1 April 2026

3. Retain a maximum charge for non-residential care, but align it with the standard charge for nursing with dementia support, for those who fund their own care.

4. Introduce a one-off administrative fee for arranging care on behalf of people who fund their own care.

HOUSING

9. Housing Revenue Account (HRA) Plan, Rent Setting and Service Charges 2026-27

Report to follow.

10. Housing First Recommissioning (Pages 271 - 314)

Report from the Strategic Director of Adult Care, Housing and Public Health.

Recommendations:

That Cabinet:

1. Approves the recommissioning and procurement of Housing First for a five-year contract term on a 3 year plus up to 2-year basis.

2. Note the intention through the recommission to align more closely to the principles of Housing First, recognising that this is key to driving sustainable change and securing long-term impact for residents.

11. Housing Repairs and Maintenance (Pages 315 - 332)

Report from the Strategic Director of Adult Care, Housing and Public Health.

Recommendations:

That Cabinet:

1. Note the outcome of the review work undertaken to date.

2. Note the intention to complete a viability study on future models of delivery and report back to Cabinet in Spring 2027, for a decision post 2030.

3. Approves the extension of the Repairs and Maintenance contracts to 2030.

4. Delegate authority to the Assistant Director of Housing to undertake a 12-week public consultation on the outcomes of the feasibility study.

STREET SCENE AND GREEN SPACES

12. Library Strategy (Pages 333 - 423)

Report from the Strategic Director of Regeneration and Environment.

Recommendations:

That Cabinet:

1. Note the review of performance against the 2021–2026 Library Strategy, including key achievements and challenges identified during the Strategy period.

2. Approve the undertaking of a period of consultation with the public, partners, stakeholders and interested parties on the development of a new Library Strategy for the period 2027–2032 and a future service delivery model for the Libraries and Neighbourhood Hubs Service.

3. Agree that a further report be brought to Cabinet following the consultation to present a draft Library Strategy 2027–2032, which will identify potential service improvements and efficiencies.

4. Authorise the Assistant Director of Culture, Sport and Tourism to notify the Department for Digital, Culture, Media and Sport (DCMS) of the intention to consult on the Library Strategy and any potential changes to service provision.

TRANSPORT, JOBS AND THE LOCAL ECONOMY

13. Rotherham Employment and Skills Strategy (Pages 425 - 494)

Report from the Strategic Director of Regeneration and Environment.

Recommendations:

That Cabinet:

1. Endorses the formal adoption of the Rotherham Employment and Skills Strategy 2026-31.

2. Notes that the Rotherham Employment and Skills Board is tasked with overseeing the delivery and monitoring of the Strategy and with reporting on progress to Cabinet and the Rotherham Together Partnership (RTP) on an annual basis.

14. Rotherham (SYMCA) Local Electric Vehicle Infrastructure (LEVI) Fund (Pages 495 - 519)

Report from the Strategic Director of Finance and Customer Services.

Recommendations:

That Cabinet:

1. Approve the inclusion of the Rotherham Borough within the regional South Yorkshire Mayoral Combined Authority (SYMCA) Local Electric Vehicle Infrastructure (LEVI) funded programme and Rotherham Council's role in its procurement and delivery.

2. Delegate authority to the Assistant Director, Property and Facilities Services in consultation with the Cabinet Member for Transport, Jobs and the Local Economy and relevant ward members for the approval of any contracts or conditions (including for the use of Council land and property) as well as the delivery, monitoring and site approvals in relation to the SYMCA LEVI Fund.

15. Recommendations from Overview and Scrutiny Management Board (To Follow)

To receive a report detailing the recommendations of the Overview and Scrutiny Management Board in respect of the above items that were subject to pre-decision scrutiny on 10 December 2025.

16. Date and Time of Next Meeting

The next meeting of the Cabinet will be held on Monday 19 January 2026 commencing at 10.00am in Rotherham Town Hall.



John Edwards,
Chief Executive.

THE CABINET
Monday 17 November 2025

Present:- Councillor Read (in the Chair); Councillors Alam, Baker-Rogers, Beresford, Cusworth, Marshall and Williams.

Also in attendance Councillor Steele (Chair of the Overview and Scrutiny Management Board)

67. DECLARATIONS OF INTEREST

There were no declarations of interest.

68. QUESTIONS FROM MEMBERS OF THE PUBLIC

Mr Ashraf thanked the Council for agreeing to fly the Palestinian Flag on the agreed date but disagreed with the timings. He asked if it could be agreed that the Palestinian Flag would be raised annually, without having to raise the question ever year.

The Leader explained that the flag flying timings were subject to the working requirements of staff, which did particularly affect matters on weekends and evenings. In terms of agreeing an annual flag flying process, that was a decision for full Council to make.

69. MINUTES OF THE PREVIOUS MEETING

Resolved:

That the minutes of the Cabinet meeting held on 20 October 2025 be approved as a true and correct record of the proceedings.

70. EXCLUSION OF THE PRESS AND PUBLIC

The Chair advised that there were no items of business on the agenda that would require the exclusion of the press and public from the meeting.

71. ROTHERHAM SAFEGUARDING ADULTS BOARD STRATEGIC PLAN 2025-2028

Consideration was given to the report which asked Cabinet to endorse the Rotherham Safeguarding Adults Strategic Plan 2025-28. The Plan was produced by the Rotherham Safeguarding Adults Board (RSAB) who ensured that local safeguarding arrangements and partnerships acted to help and protect adults at risk of or experiencing neglect and/or abuse. The Strategic Plan informed the public about the RSAB's plans and commitment to keeping adults safe.

The previous Strategic Plan was developed in 2022 and covered the period 2022-2025. The Plan had three strategic objectives to be delivered

during the 3-year period. The objectives were titled Back to Basics; Systems, Processes and Performance; and Strengthen Partnership. Paragraph 1.4 of the report set out the achievements against these objectives. Some of these included providing safeguarding training to the partnership voluntary sector and commissioned services; developing a new Safeguarding Referral Process to ensure the customer's voice was heard throughout the process; and commissioning a Local Government Peer Review to ensure all Board partners worked together to provide the best outcomes.

The Rotherham Safeguarding Adults Board Strategic Plan 2025 -2028 was developed in consultation with Board members, including the Cabinet Member for Adult Social Care. A development day was held in January 2025 to bring partners together to agree the safeguarding priorities for the next three years. The development session included workshops to understand what the safeguarding partnership felt were the areas for development, and where, by working together, it could improve services for the people of Rotherham. Five new strategic priorities, detailed in paragraph 2.1 of the report, had been agreed:

- Strategic Priority 1 – Communication, Engagement and Voice.
- Strategic Priority 2 – Prevention and Early Intervention.
- Strategic Priority 3 – Leadership and Partnership
- Strategic Priority 4 – Making Safeguarding Personal
- Strategic Priority 5 – Learning and Development

There were four subgroups that sat under the Board and Executive Group and each group had a work plan to support delivery of the Strategic Plan. A new subgroup, Voice, was to be developed to bring the customer voice and experience to the Board. A business plan would track the progress made on each of the priorities, and the SAB Executive would monitor all actions quarterly.

The Independent Chair of the RSAB, Moira Wilson, was present at the meeting and spoke in support of the Plan. She stated that there was strong, multi-agency working in Rotherham and the Board received excellent support from its partners. It was reiterated that this was a three-year plan which would be regularly monitored by the Board. A report would also go to the Health Select Commission for scrutiny. The Chair of RSAB informed the meeting that the week commencing 17 November was Safeguarding Awareness Week and there were a range of training opportunities available.

It was agreed that the recommendation be changed from Cabinet noting the Plan to Cabinet endorsing the Plan.

The Chair of the Overview and Scrutiny Management Board agreed that members of the Improving Lives Select Commission should be invited to scrutinise the Plan along with the Health Select Commission and asked that those arrangements be put in place.

Resolved:

1. That Cabinet endorse the development of the Rotherham Safeguarding Adults Board Strategic Plan 2025 – 2028.

72. FAMILIES FIRST PARTNERSHIP PROGRAMME

Consideration was given to the report which provided an update on the progress to date of the Families First Partnership Programme in Rotherham, including the expenditure of the Children's Social Care Prevention Grant. In February 2025, the Government published the grant determination for the Children's Social Care Prevention Grant for 2025-26 (Rotherham Metropolitan Borough Council (RMBC) allocation £2.083m). This new grant was specifically for direct investment in additional prevention activity for children and families through the implementation of Family Help and Child Protection reforms. It was intended to fund local authorities to deliver against the planned new legislative duties. This was in addition to the Children and Families Grant, which was now mainstreamed funding, initially for the Supporting Families programme and intended to enable continuation of existing prevention services.

Following Cabinet approval on 9 June 2025 to establish the governance structure for the management, oversight, and scrutiny of the Families First Partnership Transformation Programme, progress had been made by the Council in realising the ambition of the programme and initiating a partnership approach to delivery. The inaugural meeting of the Families First Programme Delivery Group was held in September 2025. This meeting had good representation from key officers across the partnership including South Yorkshire Police, Health, and Education, along with Council service areas.

On 9th June 2025, Cabinet received confirmation of the intended enabling workstreams which would be accountable to the Families First Partnership Programme Delivery Group, for mobilising and driving forward some of the key changes and opportunities within the programme. These were the: Family Help Partnership Group; Workforce Group; Practice Development Group; Statutory Children's Service Multi-Agency Steering Group; ICT Development Group; and Voice Steering Group. Further details on the workstreams was set out in paragraph 2.4 of the report.

In addition to the programme governance arrangements being established, a number of key appointments had been made. These additional resources would form a transformation team providing dedicated capacity to enable the programme to accelerate delivery. These included the Strategic Programme Lead; Participation Lead; Communication and Marketing Manager and Family Help Navigators.

The Cabinet report dated 9 June 2025 confirmed that Rotherham had been allocated £2.083 million for the financial year 2025/26 through the

Children's Social Care Prevention Grant. This funding was ringfenced for direct investment in enhanced prevention activities for children and families, delivered through the implementation of the Family First Partnership Programme (FFPP). Subsequently, the Government had awarded an additional £0.127 million to support further transformation initiatives. This brought the total funding allocated to Rotherham for 2025/26 to £2.210 million.

In addition to confirming the funding allocation, the Cabinet report of June 2025 set out the intended use of the Children's Social Care Prevention Grant in line with the conditions outlined in the Grant Determination Letter. The funding would be used to support the following: to deliver transformation activity; increased direct delivery of family help; practice development, workforce development and ICT development; and children and family voice. The table at paragraph 6.4 of the report set out the planned expenditure and commitments to date for 2025/26.

It was agreed that a further update would be presented to Cabinet in March 2026.

Resolved:

That Cabinet:

1. Notes the progress made since the last update on 9th June 2025.

2. Notes the expenditure of the Children's Social Care Prevention Grant since the last update on 9th June 2025.

3. Agrees to receive a further update in March 2026.

73. SEPTEMBER 2025-26 FINANCIAL MONITORING REPORT

Consideration was given to the report which set out the financial position as at the end of September 2025 and forecast for the remainder of the financial year, based on actual costs and income for the first half of 2025/26. As of September 2025, the Council's financial position for 2025/26 remained positive. Whilst there was still a forecast overspend of £0.9m, this was an improvement of £1.5m since the reported position in July, as positive management activity took effect. The forecast position was made up of a Directorate overspend of £6.2m, offset by a projected Central Service underspend of £5.3m. Whilst this was an overspend, the Council expected to be able to manage this pressure further during the year and return to a balanced position following mitigating actions.

As of September 2025, the Council estimated an overspend against the Directorates of £6.2m for the financial year 2025/26. This was largely due to demand and market pressures in relation to Children's residential placements and placement types. Market prices were increasing at above inflation levels, placing further pressures on the Council's Budget. These

pressures were anticipated, and a corporate provision was maintained within Central Services as part of the Budget and Council Tax Report 2025/26.

The Council's Treasury Management Strategy continued to perform well, with the Council's approach to borrowing adapted to minimise the level of borrowing and to borrow short term to ultimately minimise interest costs. It was estimated that this approach should see the Council generate savings to support Council wide pressures. It was noted that the Council's Budget and Council Tax Report 2025/26 approved a requirement for the Treasury Management Strategy to save at least £3m in 2025/26. This was on track; however economic and market conditions were out of the Council's control.

Paragraph 2.16 of the report set out the Capital Programme Update. The revised Capital Programme was £211.687m split between the General Fund (£138.907m) and Housing Revenue Account (£72.780m.) This was an increase of £2.208m from the position reported to Cabinet on 15 September 2025, the majority of which related to revised grant and funding estimates. The movement was based on the latest profiles of expenditure against schemes, including slippage re-profiles and corrections of £879k and new grant funding added to the programme of £3.086m.

The report also provided an update on Local Authority Better Care Fund 2025/26 - Discharge Grant Commitments. As part of the Financial Settlement 2025/26 the Discharge Grant was combined into the Local Authority Better Care Fund from 2025/26 onwards. As such, the Discharge Grant of £3.4m ceased to exist from the outset of 2025/26. However, as this was confirmed by Government late in the Budget setting process for 2025/26, the Council had needed to fund some of the activity that was already underway to ensure key projects and programmes could be completed and allow time to assess what areas of activity the Council needed to continue. The Council's Medium Term Financial Strategy could not accommodate the continuation of £3m of activity but could accommodate a phased reduction of the Discharge Grant activity.

Resolved:

That Cabinet:

1. Note the current General Fund Revenue Budget forecast overspend of £0.9m.

2. Note that whilst there is a projected overspend, the Council expects to be able to manage this pressure during the year and return to a balanced position following mitigating actions. Should that not be possible the Council will need to draw on its reserves to balance the

2025/26 financial position.

3. Note the updated position of the Capital Programme.

4. Note the update on the Local Authority Better Care Fund 2025/26 - Discharge Grant Commitments.

74. MEDIUM TERM FINANCIAL STRATEGY UPDATE

Consideration was given to the report which set out an update of the Council's Budget and Medium Term Financial Strategy (MTFS) to 2028/29, including the standard technical updates required, recognition of financial pressures impacting the delivery of services and the ongoing impact on the Council's base costs of inflation.

The technical adjustments also included the Council's assessment of the potential impact of the Government's Fair Funding Review 2.0 (FFR) which looked to make a significant change to the way Local Authority funding was distributed. The FFR 2.0 would provide a significant change in the formulas used for funding distribution as it looked to direct more funding to areas of greater need. To manage the impact on the Local Authorities that would see reduced resources as a result of the new methodology, there was a tapering of the impact over 3 years. However, the Council still estimated a positive impact that would see a £20m increase it its base funding by the end of the spending review period 2026/27 to 2028/29. It was expected that the Government's Budget on the 26 November 2025 will provide further clarity about the impact of the FFR 2.0.

The MTFS position could change as the Council gained greater clarity on the impact of the FFR 2.0, the Government's Budget and the impact of management actions taken to ensure that the 2025/26 financial outturn was balanced by year end. The FFR 2.0 was the biggest change in the approach to Local Authority funding methods for many years and as such it presented a degree of uncertainty. The Government's Budget and outcome of the FFR 2.0 consultation would help, but none of these would provide a definitive outcome for the Council. The Provisional Financial Settlement was set to be released in mid to late December 2025; until then the Council would not have specific allocations.

The current MTFS forecasts presented small surpluses ahead of a large budget gap in 2028/29. The Council would need to utilise its positive short term position to plan for the 2028/29 challenge. As this pressure was far enough into the future, it would not necessarily be required to be resolved as part of setting the 2026/27 Budget.

The report was considered by the Overview and Scrutiny Management Board (OSMB) who advised that the recommendations be supported. Discussions at OSMB had focussed on the Children and Young People's

Services overspends, the winding-up order made against Specialty Steel (the Council's single biggest rate payer at £2.8m a year) and the South Yorkshire Pensions revaluation process.

Resolved:

1. That Cabinet note the Medium Term Financial Strategy 2025/26 to 2028/29 update.

75. NEW APPLICATION FOR BUSINESS RATES RELIEF FOR THE ROTHERHAM HOSPICE TRUST

Consideration was given to the report which detailed the application for Discretionary Business Rates Relief from the Rotherham Hospice Trust. The Rotherham Hospice Trust was a registered Charity and was the only adult hospice serving the people of Rotherham. The Hospice offered specialist palliative care through a range of holistic services aimed at supporting patients to live life as fully as they could to the end of their life.

The Charity ran retail and cafe outlets throughout the Borough which were operated with the sole purpose of generating income to help fund the running costs of the Hospice. There were currently ten outlets operating which were staffed and supported by a team of volunteers which reduced overhead costs and maximised the income to go into care services.

The Charity had benefited from an award for discretionary rate relief at their main hospice premises since 1 April 2005 and was now seeking additional support for the retail and cafe outlets which operated throughout the Borough.

Paragraph 6.3 of the report set out the 10 outlets that were seeking the award and the amount of award sought. A full application had been completed for each of the premises in accordance with the Council's criteria. In total, the amount of relief was £22,678.69 with the cost to the Council totalling £11,112.56.

The applications for the award of discretionary relief were in line with the Council's qualifying criteria as set out in its Policy. The Charity provided access to facilities which were open to all sections of the community and worked to reflect the diversity of local communities in service delivery, volunteering, and staffing.

Resolved:

1. That Cabinet approve the applications for Discretionary Business Rates Relief for The Rotherham Hospice Trust in accordance with the details set out in Section 6 to this report for the 2025/26 financial year.

76. CORPORATE SAFEGUARDING PROTOCOL

Consideration was given to the report which presented the updated Corporate Safeguarding Protocol for approval. The Protocol acted as a framework for the Council to ensure that safeguarding was embedded across all services and that staff, contractors, elected members and volunteers understood their responsibilities and the different forms that abuse can take.

The Council had a duty to make appropriate arrangements to safeguard and promote the welfare of children, young people and adults. The Council believed that every child, young person and adult, regardless of their background, age, culture, sexual orientation, gender identity or religious belief should be able to live and participate in safe society without any fear, violence, abuse, bullying, discrimination or exploration. The Protocol acted as a framework to ensure that safeguarding was embedded across all services. This included staff, contractors, elected members and volunteers being aware of their roles and responsibilities for safeguarding and ensuring that support was in place to develop and maintain this understanding in the evolution of safeguarding responsibilities, legislative alignment, and operational improvements.

The Corporate Safeguarding Protocol was last approved by Cabinet in November 2022. The proposed updates were set out in paragraphs 2.3 to 2.6 of the report and included changes to: Section 1 Foreword; Section 4 Legislative Context – Adults and Children's Types of Abuse and Neglect; Section 5 Safeguarding Children and Young People – Children's Participation; and Section 6 Adults Safeguarding Board (SAB).

Resolved:

1. That Cabinet approve the updated Corporate Safeguarding Protocol.

77. GENERAL ENFORCEMENT POLICY

Consideration was given to the report which asked Cabinet to approve a period of consultation with stakeholders to be undertaken in respect of the General Enforcement Policy. The Council was required by statutory guidance to have in place mechanisms to engage those they regulate, residents, businesses, and others to offer views and contribute to the development of their policies. A review of the Council's General Enforcement Policy is an opportunity to ensure that stakeholders are engaged and consulted in relation to policy development and to identify if there should be any amendments to the Policy. The Policy had to be reviewed at regular intervals and the last review was in May 2023.

The General Enforcement Policy set out Rotherham Metropolitan Borough Council's approach to regulatory compliance and enforcement, aiming to protect the public, support businesses, and safeguard the environment. The Policy emphasised transparency, consistency, proportionality, and

accountability in all enforcement actions, ensuring that resources were targeted at the highest risks and that advice and support were prioritised to encourage compliance. It outlined the conduct of investigations, decision-making processes for enforcement actions, and the importance of fairness, confidentiality, and feedback. The Policy also detailed the range of enforcement actions available, from advice and voluntary undertakings to prosecution and licence revocation, and highlighted the Council's commitment to working with partners, adhering to relevant legislation and codes of practice, and regularly reviewing its approach to ensure effectiveness and public trust. The Policy set out the principles of transparency, consistency and proportionality to which the Council would adhere to in its discharge of enforcement and regulatory functions.

The Consultation Plan was provided in Appendix 2. The consultation would take place between 1 December 2025 and 27 February 2026. Following completion of the consultation, a revised Policy would be presented to Cabinet in May 2026 for adoption.

The report was considered by the Overview and Scrutiny Management Board (OSMB) who advised that the recommendations be supported. Discussions at OSMB had focussed on how enforcement should focus on education and support and on how the consultation should be conducted. Councillor Alam and the Leader agreed that hard-to-reach groups needed to be included in the consultation and asked elected Members to inform them when this was not being done.

Resolved:

That Cabinet:

1. Approve a period of consultation with stakeholders to be undertaken in respect of the General Enforcement Policy to inform a review.

2. Note that a refreshed Policy will then be presented to Cabinet in May 2026 following the consultation.

78. ROTHERHAM FINANCIAL INCLUSION PLAN 2026-28

Consideration was given to the report which presented the refreshed Financial Inclusion Plan which detailed the support available to Rotherham residents. The aim was to help tenants and residents improve their quality of life by maximising their income, reducing debt, increasing levels of educational attainment, and improving their potential to gain employment. The Plan 2026-28 would be implemented by the Financial Inclusion Team within the Housing Service with involvement from all Directorates. It was intended therefore to align resources and offer services, to all residents of the borough whether they were RMBC tenants, privately renting or homeowners, as appropriate.

The Council first developed a Housing Financial Inclusion Plan which covered the period 2017-2020. This was then updated for 2022-25 and its focus expanded to include all Rotherham residents. The Plan was designed to reflect current support practices and to develop a wider range of operational support, placing the customer at the heart of the service delivery model. The objectives were to promote financial responsibility, offer practical help with maintaining access to housing regardless of housing status and protect the most vulnerable and provide comprehensive support and advice. Paragraph 1.2 of the report set out some examples of this work.

The Plan aimed to financially empower residents, and this was to be achieved through a combination of interventions:

- Education - Multi-point education covering essential life skills such as budgeting, cooking and home management delivered from childhood into adulthood.

- Money Advice: Specialised bespoke budgeting advice with a focus on money saving techniques where there was no additional entitlement to benefits.

- Holistic Support: Client centred, holistic support which identified and took steps to address the underlying issues that could exacerbate financial difficulties such as mental health issues/drug/alcohol addiction etc to facilitate tenancy sustainment.

- Employment and Training: Educating, upskilling, and supporting people into economically beneficial and sustainable employment opportunities.

The Council recognised that supporting its residents remained important. In line with the Council's Year Ahead Delivery Plan, the focus would be on reaching the people impacted by financial hardship that might have never needed to access support services before. As such, the framework was focused on tackling those issues. Further, the Council had continued to embed financial inclusion activity across services and external grants had been managed to ensure that residents accessed the support that was available. A number of activities in the plan were delivered through external grants and this would be kept under review.

Resolved:

1. That Cabinet approves the Financial Inclusion Plan 2026-28.

79. CATCLIFFE AND TREETON FLOOD ALLEVIATION SCHEME

Consideration was given to the report which detailed the preferred proposal for the Catcliffe and Treeton Flood Alleviation Scheme. As a result of the heavy rainfall in October 2023 (Storm Babet), Catcliffe and

Treeton Villages suffered severe flooding from the River Rother. As part of the Lead Local Flood Authority (LLFA) duties, a Section 19 flood investigation was carried out by the Council. Contained in the Section 19 report were “Catcliffe and Treeton next steps” which identified three options the Council could investigate to help reduce the risk of future flooding in this area.

Whilst flood risk management of main rivers was the responsibility of the Environment Agency (EA), the Council recognised the devastation and hardship experienced by residents affected by flooding and had engaged its staff in evaluating these three options. Following the initial evaluation, there was a key area of focus emerging for the Council in relation to seeking to alter the existing bridge on Treeton Lane to improve the flow path of the River Rother, which had been supported by a Capital investment commitment by the Council of £6m. In parallel to progressing further work on this option, the Council would continue to explore the development of upstream storage of storm water through working with the Environment Agency and neighbouring local authorities.

Initial hydraulic modelling of the Bridge alteration showed that a reduction in the thickness of the existing bridge deck at Treeton Lane could improve conveyance in the River Rother. This proposal would see the existing bridge removed and replaced with a new one built to modern design standards, allowing a greater distance between the bridge deck and the river.

To mitigate this risk and maintain momentum within the programme, the Council was prioritising early contractor engagement. Securing a design and build contractor at the earliest opportunity would be critical to ensuring continuity between the design and construction phases, enabling more efficient planning, risk management, and coordination with regulatory bodies such as the Environment Agency.

Early engagement would also allow the contractor to contribute valuable insights during the design development stage, helping to refine construction methodologies, identify potential constraints, and optimise the programme for delivery. Subject to approvals, the procurement process was expected to conclude with contract award in Quarter 3 of the 2025/26 financial year, positioning the project for a timely transition into detailed design and mobilisation. In order to continue to progress at pace, the report sought a delegation to the Strategic Director for Regeneration and Environment to award the contract, following a procurement process, in consultation with the Cabinet Member for Street Scene and Green Spaces and the Section 151 Officer.

Further technical detail on the proposal was set out in Section 3 of the report. Paragraph 3.12 noted that the Council was ambitious in aiming to deliver the Scheme within three years to seek to protect residents and properties as quickly as possible, but experience suggested that a five-year timeline may be more realistic.

Section 4 of the report set out the consultation that had been undertaken. The Council held two public meetings that were chaired by the local Member of Parliament; both were very well attended. The bridge scheme was discussed at the meeting and received widespread support from the local community. Further to these events, two community drop in sessions had been held with the Council in attendance to allow residents the opportunity to discuss the Scheme or any concerns in a one-to-one environment. Consultation with the Environment Agency was ongoing and early engagement had laid a strong foundation for ongoing collaboration.

Resolved:

That Cabinet:

1. Note the progress to date and the next steps in the Catcliffe and Treeton Flood Alleviation Scheme.

2. Delegate authority to the Strategic Director of Regeneration and Environment to enter into contract with a design and build partner, in consultation with the Cabinet Member for Street Scene and Green Spaces and the Section 151 Officer.

80. PRIDE IN PLACE

Consideration was given to the report which sought approval from Cabinet to submit Rotherham's Pride in Place Phase 1 Regeneration Plan, a high-level indicative plan comprising a 10-year vision and 4- year funding profile, as detailed in Appendix 1 and Appendix 2 by 28 November 2025.

Pride in Place (PiP) was originally announced in March 2025 and named the Plan for Neighbourhoods. It was part of a wider strategy to ensure that nowhere was left behind. It was intended to "help revitalise local areas and fight deprivation at root cause by zeroing in on 3 goals: creating thriving places, building stronger communities, and empowering people to thrive. Rotherham was one of 75 places in the UK to benefit from a £20m fund to be made available over 10 years.

A key stipulation of the funding was that MHCLG determined the area of focus. The boundary chosen by Government was Rotherham's 'Built Up Area' (BUA) as defined by the Office for National Statistics. At the heart of Rotherham's BUA was the town centre and it was surrounded by a concentration of the most deprived areas of the Borough. While £20m was a significant sum, the funding was spread over a large geography with a population of 71,627, and a long period of time; it was essential therefore that the allocation was carefully considered and concentrated to ensure it had impact. The list of places included in the boundary and a map were included in paragraphs 1.2.4 and 1.2.5 of the report.

Rotherham's Pride in Place Phase 1 approach was born from the principles that:

- A strong, well performing town centre provided for its local and extended communities by being attractive with a strong service provision and was well-maintained and accessible.

- A strong and resilient community was one in which people felt a sense of belonging and mutual respect, with the ability to connect to opportunities, services and each other.

There were six investment themes, as detailed in paragraph 2.3 of the report:

1. Regeneration, High Streets and Heritage
2. Safety and Security
3. Education and Opportunity
4. Cohesion
5. Health and Wellbeing
6. Work, Productivity and Skills

Further, Government had allocated a revenue capacity budget to Pride in Place in order to support the development of Rotherham's Regeneration Plan, as well as to build capacity in communities and prepare for the investment programme. The breakdown of the funding was set out in paragraph 3.3 of the report. A total of £415,103 had been allocated for this fund.

Additionally, the Government had allocated £1.5m through the new Impact Fund to Rotherham Council, as one of 95 local authorities across the country, to deliver some short term capital interventions. £750,000 had been allocated in 2025/26 and a further £750,000 in 2026/27 to be spent within each financial year on improvements to community spaces, public spaces and high streets across the borough. Delegated authority was sought to allocate this funding to be spent on projects that met the Government's criteria within the timescales.

A requirement of the PiP funding was that a Neighbourhood Board must be established and it should bring together those with a deep connection to the local area. As encouraged by Government, Rotherham's Neighbourhood Board originated from the established Town Board but had been adapted to ensure it was representative of the BUA geography and equipped to undertake its responsibilities within the PiP programme. Since the fund was established, Rotherham's Phase 1 Neighbourhood Board had been transitioning and its membership was expected to continue evolving up until the commencement of the programme in April 2026, so that representation was reflective of the geography and the investment themes. Presently the Neighbourhood Board was made up of representatives from the public, private and voluntary sectors, as well as statutory involvement from South Yorkshire Police, the MP for Rotherham

Central and two Ward Councillors - the Cabinet Member for Transport, Jobs and the Local Economy (Councillor John Williams) and Councillor Thorp, Councillor for Sitwell Ward. The process of appointing a new Chair was underway.

Resolved:

That Cabinet:

1. Delegate authority to the Strategic Director for Regeneration & Environment in consultation with S151 Officer and the Leader of the Council to submit Rotherham's PiP Phase 1 Regeneration Plan in line with the Government's Pride in Place programme.

2. Delegate authority to the Strategic Director for Regeneration & Environment in consultation with S151 Officer, the Leader of the Council and the Neighbourhood Board Chair to approve the delivery of Rotherham's interventions (as detailed in Appendix 1 and Appendix 2).

3. Delegate authority to the Strategic Director for Regeneration & Environment in consultation with S151 Officer, the Leader of the Council and the Neighbourhood Board Chair to reallocate funding and add, amend or replace a scheme or intervention should it become unfeasible or undeliverable.

4. Delegate authority to the Assistant Director for Planning, Regeneration and Transport, to draw down the 2025/26 allocation of £415,103 capacity funding, in line with the details provided at Section 2.

5. Delegate authority to the Strategic Director for Regeneration & Environment in consultation with S151 Officer and the Leader of the Council to approve allocations from the Pride in Place Impact Fund as outlined in section 3.4.

81. RECOMMENDATIONS FROM OVERVIEW AND SCRUTINY MANAGEMENT BOARD

Consideration was given to the circulated report, the contents of which were included as part of the relevant items and the details included accordingly.

82. DATE AND TIME OF NEXT MEETING

Resolved:

The next meeting would take place on Monday 15 December 2025.

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 15 December 2025

Report Title
Rotherham Council Adult Social Care Mental Health Strategy 2026 - 2029

Is this a Key Decision and has it been included on the Forward Plan?
Yes

Strategic Director Approving Submission of the Report
Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)
Holly Smith, Change Lead, Service Improvement and Governance,
Adult Social Care, Holly.smith@rotherham.gov.uk

Amy Sharp, Project Development Officer, Service Improvement & Governance, Adult Social Care, Amy.sharp@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary
Cabinet approved a new operating model for the Council's Mental Health Service in December 2023, which included a recommendation to develop a co-designed Adult Mental Health Strategy for Rotherham, once the new model was operational. This report outlines the outcomes of the consultation on the future vision, themes and priorities for mental health and presents the first Rotherham Council Adult Social Care Mental Health Strategy 2026 - 2029.

The report seeks approval to approve the new Rotherham Council Adult Social Care Mental Health Strategy 2026 -2029.

Recommendations

That Cabinet approve publication of the new Rotherham Council Adult Social Care Mental Health Strategy 2026 -2029.

List of Appendices Included

Appendix 1	Draft Rotherham Council Adult Social Care Mental Health Strategy 2026-2029
Appendix 2	Formal 12-Week Consultation Analysis
Appendix 3	Further Information - Working Draft – Rotherham Council Adult Social Care Mental Health Strategy Delivery Plan
Appendix 4	Part A Initial Equality Screening Assessment
Appendix 5	Part B Equality Analysis Form
Appendix 6	CIA 530 Carbon Impact Assessment

Background Papers

Cabinet Report Adult Social Care Mental Health Review December 2023

Consideration by any other Council Committee, Scrutiny or Advisory Panel
None

Council Approval Required
No

Exempt from the Press and Public
No

Rotherham Council Adult Social Care Mental Health Strategy 2026 – 2029

1. Background

1.1 In December 2023, Cabinet approved the Adult Social Care Mental Health Review, which has led to the development of this new vision and strategy for Adult Mental Health services in Rotherham.

1.2 To support the development of the Rotherham Council Adult Social Care Mental Health Strategy 2026-2029, a project working group was formed with relevant members from across the Council. A 12-week formal consultation was planned, to enable effective engagement with people with lived experience, their families, carers, advocates, partners and professionals.

1.3 This report outlines the outcome of the 12-week formal consultation period of engagement with Rotherham residents and partners.

1.4 Data from Rotherham Council Public Health Joint Strategic Needs Assessment, work on Loneliness Engagement, and the Rotherham Carer Parent Forum has helped to inform this strategy. The data shows that many adults in Rotherham experience mental ill health due to life changes, limited social connections, and barriers to accessing support. Carers often feel isolated and overwhelmed, with limited opportunities for support. The data highlights the importance of early intervention and addressing the preliminary factors of mental ill health before they escalate into more serious concerns. Inclusion of these insights ensures that the Rotherham Council Adult Social Care Mental Health Strategy 2026 - 2029 was based on real community experiences and robust local evidence.

2. Key Issues

2.1 The consultation took place from 8 May 2025 to 27 July 2025 to seek the views of people with lived experience of mental ill health, their families, carers, and professionals on the future vision, values, and priorities for mental health provision in Rotherham.

2.2 The consultation was delivered through a range of methods, including both face-to-face and online methods, to ensure accessibility. Central to the consultation was an online survey designed to gather feedback and insights relating to:

- Vision for mental health services,
- Guiding values
- Key topic areas
- Service priorities, and
- Links to other related strategies (the Health and Wellbeing Strategy and The Borough That Cares Strategy)

2.3 The survey also promoted ongoing engagement and co-production opportunities including via Adult Social Care's Co-Production Board, known as Rotherham Adult Social Care Always Listening (RASCAL), to further shape mental health initiatives long term.

2.4 Throughout the development of the Rotherham Council Adult Social Care Mental Health Strategy 2026 - 2029, we have acknowledged that the strategy could be perceived as influencing clinical services delivered by health partners such as Rotherham, Doncaster and South Humber (RDASH) and NHS Foundation Trust and The Rotherham Foundation Trust (TRFT). Communications will emphasise that the strategy focuses on improving Council-run services while strengthening partnerships to provide a seamless, integrated experience for people.

2.5 **Consultation Outcome**

2.6 The subsequent sections of this report present the outcomes of the consultation in each of the five core areas of focus.

2.7 The full consultation analysis can be found at Appendix 2.

2.8 ***Focus area: Vision for mental health services***

2.9 The most valued areas, as identified through multiple-choice responses, were:

- Empowering you, by receiving the right support, at the right time.
- Everyone has the same opportunities to access support, regardless of their background and need
- People can improve their overall mental health and wellbeing
- Access to help, advice and services which are closer to home

2.10 For respondents who did not select a 'vision' statement from the multiple-choice suggestions, they selected 'other'. They were given opportunity to state an alternative important vision statement in their own words, along with the opportunity to say why this was important.

2.11 As part of the 'other' survey findings, respondents emphasised that Awareness and Accessibility are vital to the strategy's vision, with many unaware of available services or how to access them. One participant noted, "Any help with improving how easy it is to discover current services would be a big win."

2.12 The need for improved service quality was also clear. People called for better trained professionals who listen without judgement and value unpaid carers' input. There were concerns about gaps in provision and accessibility.

2.13 Timely support was another priority, with long waits for referrals and assessments felt to be harmful to a person's mental wellbeing. Respondents also highlighted the need for practical help with tasks like letters and phone calls, and quicker access to support during crisis.

2.14 These outcomes have provided the foundation for the strategic vision - namely, that people who have experienced mental ill-health, along with their families and carers, feel empowered, have their voices respected, and receive early support to prevent a decline in wellbeing and maintain independence as close to home as possible — and have shaped the priorities set out in Appendix 1.

2.15 ***Focus area: Guiding values***

2.16 The multiple-choice values identified the following values as being most important:

- People Focused
- Caring
- Honest

2.17 The survey asked respondents to report on other key values outside of the multiple-choice list. Other values identified as being important were empathy, compassion and understanding.

2.18 These outcomes have established our guiding principles, being people-focused, caring, and respectful, and have shaped our strategic commitment to upholding them which is set out in Appendix 1.

2.19 ***Focus Area: Key Topic Areas***

2.20 The multiple-choice areas identified as being most important were:

- Improving mental health services
- Preventing crisis through early support
- Ensuring people's voices are heard

2.21 For respondents who did not select a key topic area from the multiple-choice suggestions, they selected 'other'. They were given opportunity to state an alternative important topic area in their own words, along with the opportunity to say why this was important.

Additional topic areas: Improving Mental Health Services

2.22 Respondents stressed the need for more accessible and timely services. Many described long waits, unclear referrals, and delays that led to crisis. There was a strong call for services that are easy to navigate, quick to respond, and available when needed, without judgement or barriers.

2.23 Integrated and holistic support was also vital. People were frustrated by disconnected services and poor co-ordination. They called for better collaboration across agencies, shared goals, and joined-up care plans that reflect individual needs. A more person-centred approach was seen as key to better outcomes and preventing people from falling through the cracks.

Additional topic areas: Preventing crisis through early support

2.24 Respondents advocated for early intervention, noting that proactive care can prevent crisis. Many felt current services only respond in periods of severe distress, describing this reactive model as harmful and inefficient. They called for systems that identify and support people earlier, helping them build resilience and maintain wellbeing.

2.25 Support for young people, especially those aged 16-18, was a strong theme. Respondents stressed the need to equip young people with tools to manage their mental health, highlighting the urgency of timely support to prevent long-term issues.

Additional topic areas: Ensuring people's voices are heard

2.26 Respondents emphasised the importance of involving people with lived experience in shaping services. Co-production was seen as essential for creating relevant, respectful, and effective support. It ensures services reflect real needs and experiences.

2.27 The Strategy acknowledges and builds on Rotherham's Four Cornerstones, developed in partnership with people with lived experience, partners, and support organisations. These principles are widely recognised as essential for good practice:

- Welcome and Care
- Value and Include
- Communicate
- Work in Partnership

2.28 By embedding these values into the development of the strategy, the strategy aims to strengthen trust and support positive outcomes.

2.29 These outcomes have shaped the strategic priorities of this strategy, as detailed in Appendix 1. Further analysis of the consultation findings can be found in Appendix 2.

2.30 ***Focus Area: Service Priorities***

2.31 The service priorities identified as being most important were:

- Reducing wait times for assessments and services
- Clear crisis support and contact points

- Easier access to information, advice, and support
- Consistent access to services across Rotherham

2.32 Respondents also told us that person-centred and inclusive support, a variety of support options and workforce development should be additional priorities.

Additional priorities: Person-Centred and Inclusive Support

2.33 Respondents stressed the need for services tailored to individual needs, with people actively involved in decisions about their care. Comments like “Nothing about the person without the person” reflected a desire for respectful, empowering support.

2.34 There was also a strong call for inclusive approaches, especially for neurodiverse individuals and those facing barriers relating to language, digital exclusion, or cultural differences.

Additional priorities: Variety of Support Options

2.35 Many respondents highlighted the value of non-clinical support, including help with benefits, volunteering, physical activity, and peer support. These were seen as essential for promoting wellbeing and preventing crisis.

Additional priorities: Workforce Training and Support

2.36 Training was seen as vital, not just for mental health professionals, but also broader council staff, voluntary sector partners, and the wider public.

2.37 Respondents called for education on supporting people with serious mental illness, recognising early signs, and building resilience. A more informed and compassionate workforce was viewed as key to improving service quality and access.

2.38 These outcomes have shaped the strategic priorities of this strategy, as detailed in Appendix 1. Further analysis of the consultation findings can be found in Appendix 2.

2.39 ***Focus Area: Links to Other Related Strategies***

2.40 *Strategy: Health and Wellbeing Strategy for Rotherham 2019 – 2025*

2.41 The survey asked how the strategy could support people to maintain and improve their mental health throughout their life, by accessing and shaping the services they need.

2.42 Key themes Identified:

- Accessibility and Availability of Services
- Person-Centred and Tailored Support
- Specific Needs and Inclusion

- *Accessibility and Availability of Services*

2.43 Respondents called for clearer, faster, and more inclusive access to mental health support. They highlighted the need for simplified pathways, reduced wait times, and 24/7 crisis support. Services should be well-publicised, easy to navigate, and consistently available across Rotherham.

2.44 Additionally, people stressed the importance of accessible information, including plain language communication and better signposting, particularly for those with additional needs. Many felt that services should offer long-term, consistent support that reflects real-life challenges, rather than short-term or one-size-fits-all solutions.

- *Person-Centred and Tailored Support*

2.45 People stressed the need for care that reflects individual circumstances and lived experience. They called for early intervention, meaningful involvement in decisions, and support that empowers individuals to shape their own care.

2.46 Listening to those with lived experience, offering peer support, and creating care plans based on real needs, not service targets, were seen as essential. Respondents also valued compassionate, face-to-face contact over impersonal systems.

- *Specific Needs and Inclusion*

2.47 Respondents emphasised the need for inclusive services, accessible in multiple languages, culturally sensitive, and tailored for neurodiverse individuals, LGBTQ+ communities, and victims of domestic abuse.

2.48 Barriers like transport, digital exclusion, and lack of trauma-informed care were frequently mentioned. People also called for holistic support beyond clinical care, including help with housing, employment, and daily tasks. Well-trained staff who understand the realities of mental health were seen as vital to delivering responsive, inclusive services.

2.49 These outcomes have shaped the strategic priorities of this strategy, as detailed in Appendix 1. Further analysis of the consultation findings can be found in Appendix 2.

2.50 ***Focus Area: Links to Other Related Strategies***

2.51 *Strategy: The Borough That Cares Strategy*

2.52 The survey asked for views on mental health support for unpaid carers and how the Mental Health Strategy 2026-2029 could better meet their needs.

2.53 Key themes Identified:

- Access to Support and Services
- Financial and Practical Support

  - *Access to Support and Services*

2.54 Respondents highlighted the need for better access to support, especially for carers of people with a learning disability or people experiencing mental ill health. Many felt isolated and unsupported, particularly early in their caring journey. There was a strong call for visible, co-ordinated services, ideally through a “one-stop shop” to simplify access.

2.55 Carers also asked for ongoing, well-publicised support including peer groups, wellbeing activities, and practical help. Flexibility, inclusivity, and recognition of carers’ own mental health needs were seen as essential.

  - *Financial and Practical Support*

2.56 Respondents called for improved access to financial help, including benefits and carers’ allowances, to reduce stress and support wellbeing. Practical support such as training, peer networks, and help with transport, housing, and navigating services, was also seen as vital.

2.57 Respondents emphasised the emotional and economic value of unpaid carers and called for consistent, long-term support. Suggestions included discounts for wellbeing activities, clearer information about available help, and more integrated systems to reduce isolation and improve quality of life.

2.58 The consultation feedback has been incorporated into the 'Mental Health Priorities' section of the Rotherham Council Adult Social Care Mental Health Strategy 2026-2029 (Appendix 1), with the priorities and associated deliverables being shaped to incorporate contributions from ‘The Borough That Cares’ initiatives. Over the next three years, Adult Social Care, working collaboratively with partners, will focus on delivering the priorities to improve outcomes for people experiencing mental ill health, their carers and families.

3. Options considered and recommended proposal

3.1 **Option 1** Cabinet approve the new Rotherham Council Adult Social Care Mental Health Strategy 2026-2029 for the 3-year term.

3.2 The Rotherham Council Adult Social Care Mental Health Strategy 2026-2029 provides direction about the future priorities for mental health services in Rotherham. It also enables continued engagement and a voice for people living in Rotherham with lived experience of mental ill health. (**Recommended)**

3.3 **Option 2** Do not approve the new Rotherham Council Adult Social Care Mental Health Strategy 2026-2029.

3.4 Without the new Rotherham Council Adult Social Care Mental Health Strategy 2026-2029, that includes a clear focus and vision, aligned with the consultation findings, existing gaps in access, collaboration, and support will continue to be present. Services may become reactive, fragmented, and untailored to individual needs, leaving people, especially unpaid carers, young people, and those with lived experience of mental ill health, feeling unsupported and excluded from services.

3.5 Opportunities for early intervention, inclusive care, and co-production could be missed, while workforce challenges and quality gaps could develop. Ultimately, the absence of a strategy risks undermining mental wellbeing across Rotherham. (**Not recommended)**

4. Consultation on proposal

4.1 The consultation took place from 8 May 2025 to 27 July 2025 to seek the views of people with lived experience of mental ill health, their families, carers, and professionals on the future vision, values, topics, and priorities for mental health provision.

4.2 A comprehensive consultation programme was delivered to support the development of Rotherham Council Adult Social Care Mental Health Strategy 2026-2029. Consultation activities targeted a wide range of stakeholders including residents, unpaid carers, professionals, and community groups. The consultation was delivered through a mix of drop-in sessions, workshops, and events, held both in-person at community venues and online via Microsoft Teams.

4.3 Drop-in sessions were hosted at a range of locations, including such as Wellgate Court, REMA Unity Centre, and local cafes and venues, allowing individuals to complete surveys and receive information. Workshops were conducted with staff networks, community organisations, and cultural groups, enabling deeper discussions and co-production opportunities. Promotional activities at public events like the Women of the World and Shared Lives events helped raise awareness and distribute materials.

4.4 Across all formats, the consultation aimed to be inclusive and accessible. Feedback was gathered in a variety of ways to maximise reach and enable people with lived experience to engage with the focus areas, supported by people with whom they were most likely to feel comfortable.

4.5 The feedback gathered through these varied formats underpins the strategy's priorities and ensures it reflects the voices and needs of Rotherham's communities.

4.6 A total of 227 responses were received during the consultation, reflecting a broad cross-section of the Rotherham community.

4.7 Respondents included residents, unpaid carers, family members, council employees, and representatives from the voluntary and community sector. Most found out about the consultation through the council website, word of mouth, or other informal channels.

4.8 Respondents were asked to provide equalities information, including protected characteristics such as age, sexual orientation and disability. Of the 227 respondents, 102 agreed to provide this equalities information.

4.9 Full consultation analysis can be found at Appendix 2.

4.10 The survey received 227 responses. The consultation areas were:

- Central locality contributing the most at 32.2%
- South locality contributing at 21.6%,
- North locality contributing the lowest response rate at 14.5%.

4.11 Additionally, 12.8% of responses came from outside the area, and 18.9% did not specify a location. Some wards, such as Dalton and Thrybergh, Rotherham West and Maltby East across the localities had little to no responses.

4.12 The survey included a blend of open and closed questions, which allowed the respondents to choose from multiple choice options, with further opportunity to select 'other' options, along with the inclusion of options narrative as free text.

4.13 There was also an opportunity throughout the survey questions for respondents to add things they felt important to them beyond the key focus areas. The survey asked respondents to choose from more than one multiple choice option, and often the choice limit was uncapped.

4.14 Both multiple choice answers and free text answers were included in the survey analysis findings.

5. Timetable and Accountability for Implementing this Decision

5.1 January 2026 – Launch the Rotherham Council Adult Social Care Mental Health Strategy 2026-2029 for Rotherham.

5.2 December 2027 – Report to Cabinet on progress in delivering the priorities of the Strategy (2026-2027).

6. Financial and Procurement Advice and Implications

6.1 There are no immediate financial implications from the implementation of the Rotherham Council Adult Social Care Mental Health Strategy 2026-2029. Any changes in provision will need to be within current budgets.

6.2 There are no direct procurement implications arising from the recommendations detailed in this report. Where there is a need to procure services to deliver against the strategy this must be undertaken in compliance with the relevant procurement legislation (Public Contracts Regulations 2015, Procurement Act 2023 or the Health Care Services (Provider Selection Regime) Regulations 2023) subject to the route to market identified.

7. Legal Advice and Implications

7.1 The local authority has responsibilities for the delivery of care and support services under the Care Act 2014 which includes the development of preventative strategies to improve the lives of individuals as well as reducing demand in the future. Additionally, the government's 10-year plan 'Fit for the future - 10 Year Health Plan for England' emphasises a more preventative approach highlighting mental health as an area where additional support is required. The proposed strategy develops a local plan which aims to improve lives through better focused service delivery which fits with the statutory requirements in the Care Act 2014 and the aspirations of the new plans for the NHS and how services are delivered locally, in community settings.

8. Human Resources Advice and Implications

8.1 There are no HR implications arising from this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The Rotherham Council Adult Social Care Mental Health Strategy 2026-2029, co-designed with individuals who have lived experience, aims to build a more inclusive, preventative, and responsive system for adults experiencing mental ill health.

9.2 Implications for Children and Young People:

- Clearer, more supportive pathways will help ensure continuity of care and reduce service gaps during the move from children's services to adult care services.
- Emphasis on early support and emotional wellbeing aims to prevent the escalation of mental health issues during adolescence.
- Stronger collaboration between schools, health, social care, and voluntary services will provide more holistic care.

9.3 Implications for Vulnerable Adults:

- A revised adult mental health model will offer integrated support tailored to individuals with complex or long-term needs.
- Services are being shaped with input from people who draw on care and support, their carers, and community partners to ensure they meet real needs.
- The strategy promotes community-based, strength-focused approaches to prevent mental ill health and support recovery.

10. Equalities and Human Rights Advice and Implications

10.1 Equalities Assessments have been completed to inform the proposals (Appendix 4 and 5). The proposals in this report support the Council to comply with legal obligations encompassed in the:

- Human Rights Act (1998), to treat everyone equally with fairness dignity and respect with a focus on those who are disadvantaged because of disability.
- Equality Act (2010) to legally protect people from discrimination in the wider society.

10.2 Section 149 of the Equality Act 2010 establishes the Public Sector Equality Duty (PSED) which requires that the Council, as a public body, in carrying out its functions must have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

10.3 The relevant protected characteristics referred to in the Equality Act are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.

10.4 There is a duty on the Council to keep a record to demonstrate that it has genuinely and consciously had due regard to the Public Sector Equality Duty.

11. Implications for CO2 Emissions and Climate Change

11.1 A Carbon Impact Assessment has been completed (Appendix 6.)

11.2 The strategy's main climate impacts stem from increased transport emissions due to travel to consultation events, and potential waste from printed materials. To mitigate these, the Council plans to host events locally to reduce travel distances, car share and promote digital engagement through QR codes and e-bulletins, limiting printed resources to essential use.

11.3 Use of non-domestic buildings for consultations may contribute to emissions, though this is uncertain. Mitigation includes aligning with existing bookings and mindful resource use.

11.4 No impacts have been identified in relation to housing, construction, or carbon capture, and the strategy does not affect climate resilience or adaptation capacity. Overall, the proposal supports the Council's broader climate goals under the "One Council" theme, encouraging sustainable practices across the Borough.

12. Implications for Partners

12.1 Partners have been involved at all stages of the consultation and development of the Rotherham Council Adult Social Care Mental Health Strategy 2026-2029. Housing, Public Health and NHS partners will be crucial delivery partners in the strategy implementation. A collaborative approach to the delivery of Adult Care Social Mental Health Services is essential for the achievement of improved outcomes for people experiencing mental ill health.

13. Risks and Mitigation

13.1 Risk: The Rotherham Council Adult Social Care Mental Health Strategy 2026-2029 is not known about or understood by people with a lived experience, families, and unpaid carers.

Mitigation: Sufficient communications regarding the cascading of the new Rotherham Council Adult Social Care Mental Health Strategy 2026-2029 is delivered across internal and external Adult Social Care communication and collaboration channels.

13.2 Risk: The content of the Rotherham Council Adult Social Care Mental Health Strategy 2026-2029 is interpreted as having an impact on Clinical Services such as medical treatments, hospital care, and other health interventions, that are provided by health partners, such as the

Rotherham, Doncaster and South Humber (RDASH) NHS Foundation Trust and The Rotherham Foundation Trust (TRFT).

Mitigation: Ensure clarity in communications that although the strategy focuses on improving Council-run services, it also aims to strengthen partnerships so that people receive a seamless, integrated experience with health partners.

14. Accountable Officers

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health
ian.spicer@rotherham.gov.uk

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	27/11/25
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	25/11/25
Assistant Director of Legal Services (Monitoring Officer)	Phil Horsfield	24/11/25

Report Author(s): *Holly Smith, Change Lead,*
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This report is published on the Council's website.

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ROTHERHAM COUNCIL

ADULT SOCIAL CARE MENTAL HEALTH STRATEGY 2026 - 2029



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Rotherham Metropolitan Borough Council

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WELCOME

DRAFT

This strategy sets out our vision for how we intend to support adults in Rotherham who are facing mental ill health.

Rotherham Council is committed to ensuring people live their best lives, in their local communities, close to home, with the people important to them. We have designed this strategy to support meeting that commitment.

This strategy was shaped by talking directly to adults in Rotherham who have experienced mental ill health, as well as their families, carers, support networks and organisations that provide mental health services in the borough.

In Rotherham, we have developed the Four Cornerstones in partnership with people with lived experience, partners and support organisations, which we believe are essential for ensuring that good practice is achieved. These are:

- Welcome and Care
- Value and Include
- Communicate
- Work in Partnership

We recognise that when these values are integrated into practice, trust is developed and progress in achieving positive outcomes is made.

This strategy has been developed to align with and reinforce Rotherham's broader vision for social mental health services. It complements key initiatives, including the Adult Social Care Strategy 2024 - 2027, Rotherham Dementia Strategy, Homeless Prevention and Rough Sleeper Strategy 2023 - 2026 and the Rotherham Health and Wellbeing Strategy - Better Mental Health for All initiatives.

The Rotherham Council Adult Social Care Mental Health Strategy 2026 - 2029 aligns with several key strategies supported by the Health and Wellbeing Board:

- **Better Mental Health for All** – focuses on early intervention, prevention and the mental wellbeing of the whole population, considering wider social factors.
- **Suicide Prevention and Self-Harm Action Plan** (2025–2028) – aims to reduce suicides through collective responsibility, early intervention, and support for those affected.
- **Loneliness Action Plan** – addresses loneliness as a public health issue, working to help people of all ages in Rotherham feel more connected and supported.

Ultimately, the strategy focuses on achieving the best mental health outcomes for adults across Rotherham. We recognise the importance of putting the person at the heart of everything we do. This means involving people in the things that matter to them and designing our mental health services around the views of people who need them.



Cllr Joanna Baker-Rogers,
Cabinet member for Adult Care and Health



Ian Spicer,
Strategic Director for Adult Care, Housing and Public Health

MENTAL HEALTH IN ROTHERHAM

The demand for flexible and integrated mental health services in Rotherham is growing.

Between 2012 and 2022, the prevalence of depression in Rotherham rose from 8.8% to 17.3%, exceeding the national average of 13.2%. This represents a rise in affected individuals from approximately 18,000 to 37,000 over the ten-year period.

As of August 2025, 460 individuals were receiving support from Adult Social Care in Rotherham with mental health identified as their Primary Support Reason. This marks a 21% increase, compared to the 380 individuals recorded at the end of the 2022/2023 year.

Over the past three years, around 11-12% of all individuals receiving Adult Social Care support in Rotherham have had mental health as their Primary Support Reason. This aligns closely with the national average of 12%.

Mental health in Rotherham is recognised as a vital part of overall wellbeing, shaping how individuals think, feel and connect with others. It evolves throughout life, influenced by personal experiences and wider social factors. Mental ill health can affect anyone, regardless of age, background, or role, whether they are a carer, parent, young adult, or older person.

Good mental health is supported by elements such as secure employment, strong social networks, safe and stable housing, financial security, access to green spaces, and meaningful connections within the local community.

Rotherham also promotes the **Five Ways to Wellbeing**

- Be Active
- Connect
- Give
- Keep Learning
- Take Notice

Five practical steps to enhance mental wellbeing. Together, these factors help build resilience, reduce isolation, and improve quality of life across all age groups.



DRAFT

MENTAL HEALTH STATISTICS

Public Health and Housing services have been key in the delivery of this Mental Health strategy.

Housing plays a critical role in supporting the mental health pathway within Adult Social Care (ASC), acting as both a foundation for recovery and a platform for support.

Mental ill health is a growing public health concern. We know it can range from everyday worries, through to long term conditions. People with higher rates of wellbeing have lower rates of illness and mental ill health.

Rotherham's Mental Health Needs Assessment (RHNA) provides a picture of health needs across the local population, including mental health and wellbeing data.

Data from the Rotherham Data Hub, Public Health's 'Engagement on Loneliness', the Joint Strategic Needs Assessment (JSNA), and the Rotherham Parent Carer Forum have all contributed to informing this strategy.



Wellbeing (JSNA Data, 2022–23)
10.4% of adults (aged 16+) in Rotherham reported a low happiness score.
24.3% of adults (aged 16+) reported a high anxiety score.

Loneliness (JSNA Data, 2022–23)
7.4% of adult residents in Rotherham reported feeling lonely 'often or always' or 'some of the time'.

Mental Health & Substance Abuse (RHNA Report, Feb 2024) Of 276 clients supported by the Rotherham Abuse Counselling Service, 29% had a co-occurring mental health issue alongside a drug or alcohol problem.

Mental Health Crisis (RHNA Report, Apr 2023–Feb 2024).
The referral rate to crisis services was 20.5 per 1,000 of the population aged 18 and over.

Suicide Mortality Rate (JSNA data 2021–2023)
The Suicide Mortality rate in Rotherham is 12.6 per 100,000 over a three-year average.

Homelessness & Mental Health (MHCLG Data)
The proportion of homeless households in Rotherham with mental health support needs increased from 15.9% in 2022/23 to 39.0% in 2024/25.

MENTAL HEALTH VISION

People who have experienced mental ill-health, and their families, and carers feel empowered, their voice is respected and they receive early support to prevent a decline in their wellbeing and maintain their independence as close to home as possible.



Adult Social Care (ASC) will work with partners to ensure that people who have experienced mental ill-health, and their families, and carers:

- Receive the right support, at the right time, to maintain both their mental and physical wellbeing.
- Have the same opportunities to access support, regardless of their presenting needs.
- Can access advice and services which are closer to home to help them to sustain relationships and local connections which are important to them.
- Have their voice listened to, respected and heard.

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MENTAL HEALTH PRIORITIES

We want to ensure that every resident in Rotherham can live safely, independently and well, for as long as possible within their local communities.

To do this, it is important that we ensure equal focus on both physical and mental wellbeing. This strategy sets out our commitment to how we will shape, deliver and commission adult mental health services provided by the Council.

This Mental Health Strategy is built on **three guiding principles** that people who have experienced mental ill-health, their families and carers, told us what was important to them. These guiding principles will underpin how we develop services, invest and grow our workforce, and engage with residents and people with lived experience.

People-Focussed Caring Respectful



Our strategy sets out the priorities for the next 3-years to ensure we can deliver on our vision for mental health services across the borough. We will achieve these priorities by:

- **Delivering** strength-based practices that draw on a person's skills, knowledge and experience to increase opportunities for them to achieve their goals and outcomes.
- **Embedding** person-centred approaches so that the person can remain in control of what happens and set their own goals, aspirations and outcomes.
- **Empowering** everyone to lead fulfilling lives, whilst also keeping them safe from harm and achieving a good quality of life.
- **Listening** to what people who have experienced mental ill-health, and their families and carers say works and does not work, to actively improve how we design and deliver mental health services.
- **Celebrating** people's unique attributes and seeking to tackle all forms of discrimination to achieve equality for all; ensuring our services reflect the diverse needs of individuals and our local communities.
- **Ensuring** everything we do is people-focussed, encourages mutual respect and reflects a caring, compassionate approach to supporting people who have experienced mental ill-health, and their families and carers.

MENTAL HEALTH PRIORITIES

Over the next three years, Adult Social Care (ASC) will focus on delivering the following priorities with partners to improve outcomes for people experiencing mental ill health, and their families and carers.

2026 to 2027

Voice

- Create a dedicated Mental Health Partnership Board so that the voice of people who have experienced mental ill-health, and their families and carers can effectively influence and shape the design and delivery of services.
- Develop new and inclusive ways for people with lived experience of mental ill health to give feedback across Mental Health services, so their voices help shape how services are delivered and how communication can be improved.

Prevent, Reduce, Delay

- Expand the Mental Health Enablement Pathway, to give more support to people who have experienced mental ill-health, and their families and carers, throughout each year of the strategy from 2026 to 2029.
- Provide support for people experiencing mental ill health through the Supporting Independence Pathway, to prevent, reduce or delay the need for more formal support.

Access

- Support the aims of the Rotherham Health and Inequalities Strategy, to reduce waiting times for Care Act Assessments for individuals experiencing mental ill health. Complete most assessments within 28 working days (excluding crisis cases), enabling earlier access to support and intervention.
- Review and improve Transition Pathways for young people experiencing mental ill health.
- Review existing barriers to accessing mental health services and referrals, especially for under-represented minority groups, to ensure everyone can get the support they need quickly, easily, and fairly.

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2027 to 2028	**Services** • Create additional mental health support provision across the borough, so that people who have experienced mental ill-health, and their families and carers can access support closer to home. • Improve the range of clear and accessible information, advice and signposting available to people who have experienced mental ill-health, and their families and carers, so they can find the right support more easily. • Commit to open and clear communication, share information openly and make sure everyone receiving mental health support understands the processes involved. • Monitor and review the performance of independent mental health providers to improve the quality and accessibility of services.
	Support for Families and Carers • Ensure mental health carers in Rotherham get the support they need to stay healthy, connected and active through strong partnerships and services that meet their needs.
2028 to 2029	**Partnership and Integration** • Work closely with partners, including Housing services and voluntary organisations, to improve collaboration and find better ways to deliver mental health services and support people's wellbeing in the community. • Review with partners our Crisis Pathway, to make sure it meets people's needs and can respond flexibly when support is needed.
	Workforce Development • Deliver updated mental health training for practitioners and promote mental health champions throughout the 3-year strategy, with the programme completing in the final year. • Support workforce development by strengthening partnership working and creating opportunities to share learning, good practice and expertise across teams and organisations.

SPOTLIGHT: MENTAL HEALTH ENABLEMENT

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Prevention should be the foundation of good mental health services, including how a person is enabled to meet their full potential. Our Mental Health Enablement Service supports this aim and currently operates from Wellgate Court.

The enablement pathway offers up to 15-weeks of tailored support, which includes engaging support from partners to resolve issues which impact on a person's mental wellbeing. The partnership approach is used for increasing social activities, resolving housing issues and supporting a person's mental wellbeing, amongst many others. The focus is on prevention and early intervention to support resilience and provide people with support that is intended to maximise their independence. The service makes a real difference as it offers more long-term intensive support, with unique support tailored to a person's individual circumstances and needs.

Referrals to the service are via either a professional referral or a self-referral (subject to meeting the criteria).

A person can refer themselves via our **Adult Contact Team on 01709 822330.** The online referral form can be found at the following link https://www.rotherham.gov.uk/xfp/form/208



"I wouldn't have been able to do the things I've achieved without this support."

"LC has done a fantastic job, and has literally changed our lives, we were overwhelmed we now have the house and our health back, thank you."

"I am really happy with the support I have had, I haven't felt judged."

"KL has been such an amazing support for me, in the weeks we've done so far. I have gotten more sorted than in the year previous and things had just begun to pile up. She is always bright and chirpy, level-headed in a panic, extremely empathetic and we get on really well which is rare for me. An amazing service that I can't thank enough as it has really had a massive impact on my daily life and my mental health."

"Without this service, I wouldn't be here, it has saved my life."

VOICE

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Safeguarding Adults

Safeguarding is about protecting people from abuse or neglect, and educating those around them to recognise the signs and how they can report their concerns. To keep our residents safe we know there are lots of actions we currently do and more we can do. Amongst our aims are improving mental health, developing resilience and giving choice and control to support people to stay as safe as possible.

Adult Social Care (ASC) has a Safeguarding Adult Pathway to protect vulnerable residents at risk of harm or abuse. Our Rotherham Safeguarding Adults Board (SAB) is committed to taking a partnership approach to help protect adults at risk of or experiencing neglect, harm or abuse. We make safeguarding personal by listening to, acting upon and respecting the voice and views of the person. This supports an improved quality of life, wellbeing and safety as the person is empowered to lead and direct decisions.



Our approach also includes working with partners and residents to educate them to recognise the signs of abuse and neglect, including how they can report any safeguarding concerns.

If you are worried about an adult, you can report a concern on our website https://www.rotherham.gov.uk/worried-another-adult/Report-a-concern-about-an-adult or call 01709 822330.

Get Involved

If you would like to get involved with shaping mental health services delivered by the Council we would love to hear from you. It is important to us that we put the person at the heart of everything we do, and that starts with listening to and acting on what you tell us.

How much you want to get involved is your choice, so if you would like to get involved to help shape our future services, please get in touch on our webpage: Contact us – Rotherham Metropolitan Borough Council or call us on 01709 822330.

Find out More

You can visit our Adult Social Care (ASC) website to find out more about mental health services. Help with your mental health – Rotherham Metropolitan Borough Council

You can also review our achievements and outcomes for the last 12 months by taking a look at 'How did we do?', our Local Account that is published each year. Issue details - How did we do? Adult Social Care Local Account 2024-2025 - Rotherham Council

MENTAL HEALTH CRISIS SUPPORT: CALL, TEXT OR EMAIL

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If you or someone you know is in crisis, feeling suicidal, or needs immediate mental health support, please reach out through one of the following free and confidential services. Most are available 24 hours a day, 7 days a week (unless otherwise stated).

If there is immediate danger to life, call 999:

Crisis Line: 0800 804 8999

For those who are deaf or hard of hearing,
text 07974 603610

NHS 111: Call and select the mental health option

Papyrus HOPELINEUK: 0800 068 4141
(for young people under 35)

Ring Samaritans free on 116 123 (24/7)
or contact Samaritans at jo@samaritans.org

Text "EYUP" to 85258 for confidential help with anxiety, stress, loneliness, depression, self-harm, or suicidal thoughts. Available 24/7.

There are also many other organisations offering direct support for mental health. ***Please don't hesitate to reach out - help is always available.***

Safeguarding (Customer Contact Team)
Adults – 01709 822330

Safeguarding (M.A.S.H Team)
Children – 01709 336080

Mental Health Crisis Team – 0800 652 9571

RDASH Switchboard – 03000 213000

Housing Services – 01709 336009

Supported Employment – 01709 249600

Age UK Rotherham – 01709 835214

Citizen's Advice Bureau – 0808 278 7911

RotherHive: https://rotherhive.co.uk/

Be the One: https://www.be-the-one.co.uk/

Rotherham Council Mental Health Strategy 2026-2029 Consultation

Total Number of surveys submitted	227

Question	Response	Count	% of total
Q1. Please tell us who is completing this questionnaire:	A Rotherham resident who accesses mental health services	30	13.2%
	An unpaid carer for someone who has mental health needs	11	4.8%
	A family member of someone with mental health needs	19	8.4%
	A resident of Rotherham	45	19.8%
	A representative of a local community group or residents association	1	0.4%
	A health professional	5	2.2%
	A Councillor or Member of Parliament	2	0.9%
	An independent care sector provider	0	0.0%
	A charity, voluntary or community sector organisation (VCS)	23	10.1%
	A Council employee	77	33.9%
	Other, please specify	14	6.2%
Q1a. If you are responding on behalf of an organisation, please tell us the name of your organisation.	*TEXT - See separate Sheet*	n/a	n/a
Q2. Please tell us your postcode:	*TEXT - See separate Sheet*	n/a	n/a
Q3. How did you find out about this consultation?	Social media	17	7.5%
	From a friend or relative	26	11.5%
	Council website	42	18.5%
	Local network or group	13	5.7%
	Local Councillor	8	3.5%

	Newspaper	0	0.0%
	From another organisation	11	4.8%
	Other, please specify:	110	48.5%
Q4. We want to create a vision for mental health services in Rotherham. By developing a vision for mental health, this will underpin the focus of the strategy to help the goal and purpose become a reality. What would be the two most important statements to you in this vision?	Empowering you, by receiving the right support, at the right time.	107	47.1%
	People can improve their overall mental health and wellbeing	58	25.6%
	Everyone has the same opportunities to access support, regardless of their background and need	60	26.4%
	Access to help, advice and services which are closer to home	58	25.6%
	Help to maintain daily living activities and have a voice in how your needs are met	37	16.3%
	Reducing inequalities (this means reducing or stopping gaps that exist for people experiencing mental ill health)	51	22.5%
	Support you to be a part of your local community	23	10.1%
	Your voice informs how we work together with residents, partners, families and carers to design and deliver services	22	9.7%
	Offering mental health services that are sensitive to diverse needs	36	15.9%
	Other	17	7.5%
Q5. Values are the beliefs and guiding principles that guide our actions, decisions and behaviours. If you could choose 3 words to describe the values for the strategy, which 3 words would you pick from the list below? (Please select 3 options)	Kind	42	18.5%
	Caring	90	39.6%
	Passionate	21	9.3%
	Honest	58	25.6%
	Integrity	22	9.7%
	People- focused	107	47.1%
	Collaboration	37	16.3%

	Partnership	28	12.3%
	Accountability	38	16.7%
	Voice	25	11.0%
	Innovation	6	2.6%
	Sustainability	32	14.1%
	Authentic	29	12.8%
	Respect	74	32.6%
	Inclusivity	68	30.0%
	Other	17	7.5%
Q6. What would be your top 3 topics for the strategy to focus on?	Partnerships with other agencies such as health and the voluntary sector	69	30.4%
	Support for young people who are approaching adulthood	50	22.0%
	Support for unpaid carers	48	21.1%
	Support for people to prevent experiencing crisis	108	47.6%
	Preventing reducing or delaying the need for support	73	32.2%
	Ensuring the person's voice is heard	108	47.6%
	Improving mental wellbeing	88	38.8%
	Improvements to mental health services	107	47.1%
	Digital and assistive technologies (assistive technologies are tools to support in completing tasks such as mobility aids, smart home technology, sensors etc.)	17	7.5%
	Other	13	5.7%
Q7. Please tell us why these top 3 topics are important to you:	*TEXT - See separate Sheet*	n/a	n/a
Q8. Thinking about your current experiences of mental health services, what four priorities do you think the strategy should focus on?	Access to services across Rotherham	99	43.6%
	Wait times for assessments and / or services	134	59.0%
	Opportunities to work more with the voluntary and community sector	43	18.9%

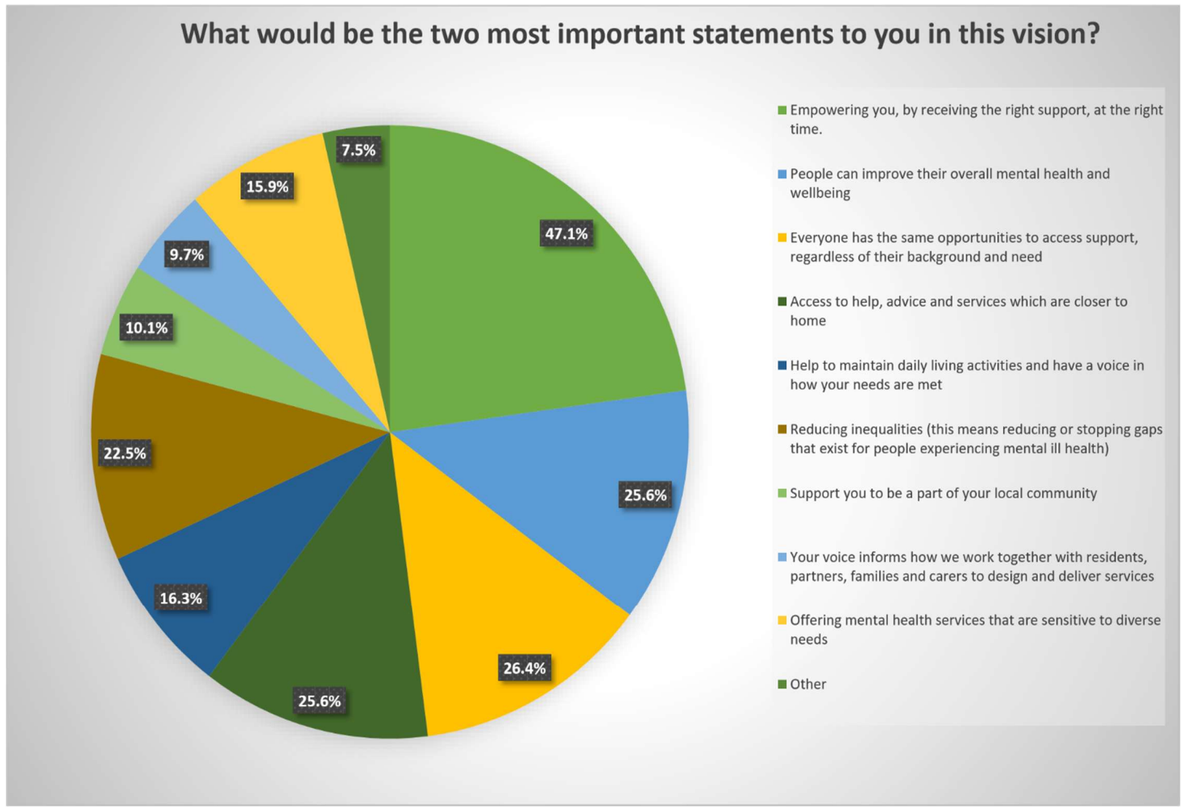
	Help during a crisis and knowing who to contact	113	49.8%
	Ease of access to information, advice and support	94	41.4%
	Information, advice and support for families, friends and unpaid carers	86	37.9%
	How to get involved in shaping how services are delivered in the future	35	15.4%
	Support to reduce the need for more intensive services i.e. inpatient care / hospital admission	81	35.7%
	Signposting to services which can improve your mental wellbeing	70	30.8%
	Training and support for staff working in mental health services	79	34.8%
	Other	24	10.6%
Q9. Our Rotherham Health and Wellbeing Strategy focuses on: 'Supporting all people to maintain and improve their mental health throughout their lives, accessing and shaping the services and resources they need to be able to do so.' What should this mental health strategy focus on to achieve the above goal?	*TEXT - See separate Sheet*	n/a	n/a
Q10. Is there anything else you would like the Council to consider regarding mental health for unpaid carers, or is there anything you think the Council should include in the mental health strategy to support unpaid carers?	*TEXT - See separate Sheet*	n/a	n/a
Q11. Please tell us about anything else you feel may need to be considered in the strategy.	*TEXT - See separate Sheet*	n/a	n/a
Section 3 - I would like to get involved in in the Adult Social Care Co-Production Panel	Yes	48	21.1%
	No	179	78.9%
Do you want to provide additional information about yourself?	Yes	102	44.9%
	No	125	55.1%

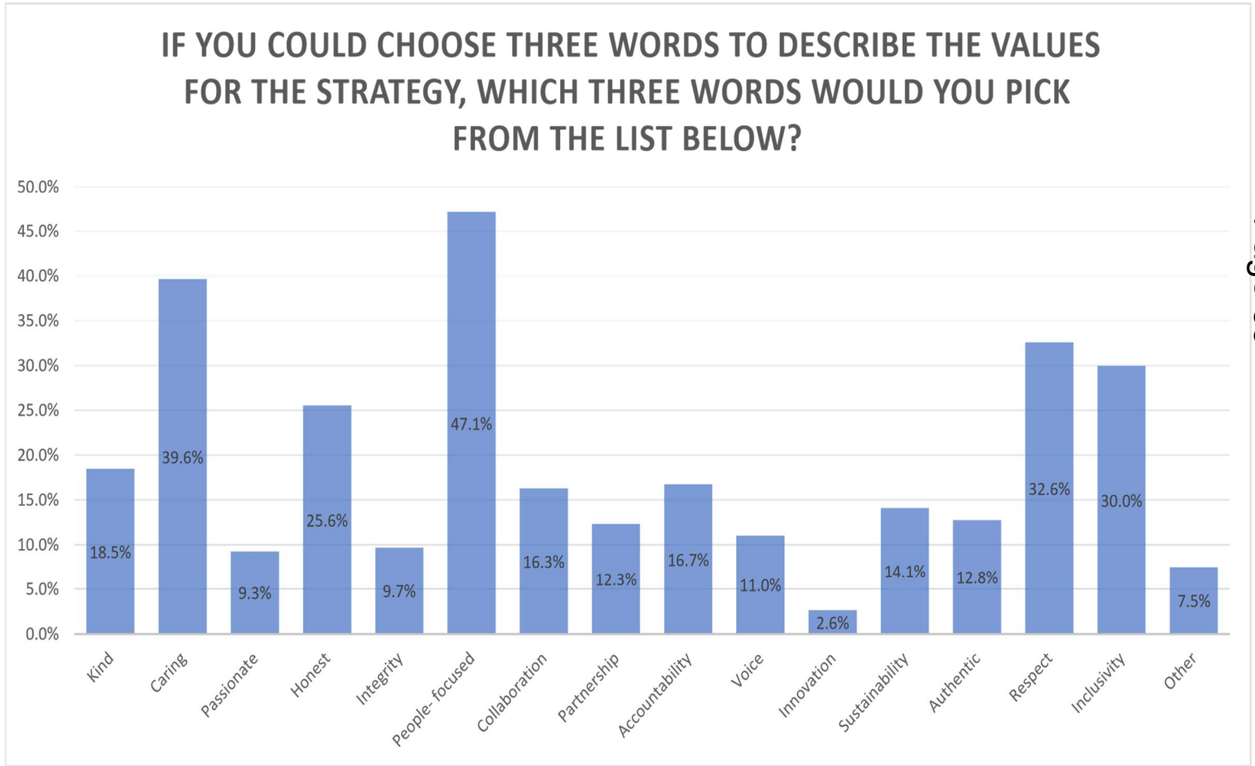
Rotherham Council Mental Health Strategy 2026-2029 Consultation

Total Number of surveys submitted		**227**

Chart Analysis of Key	**Questions**

The % is the total responses out of 227

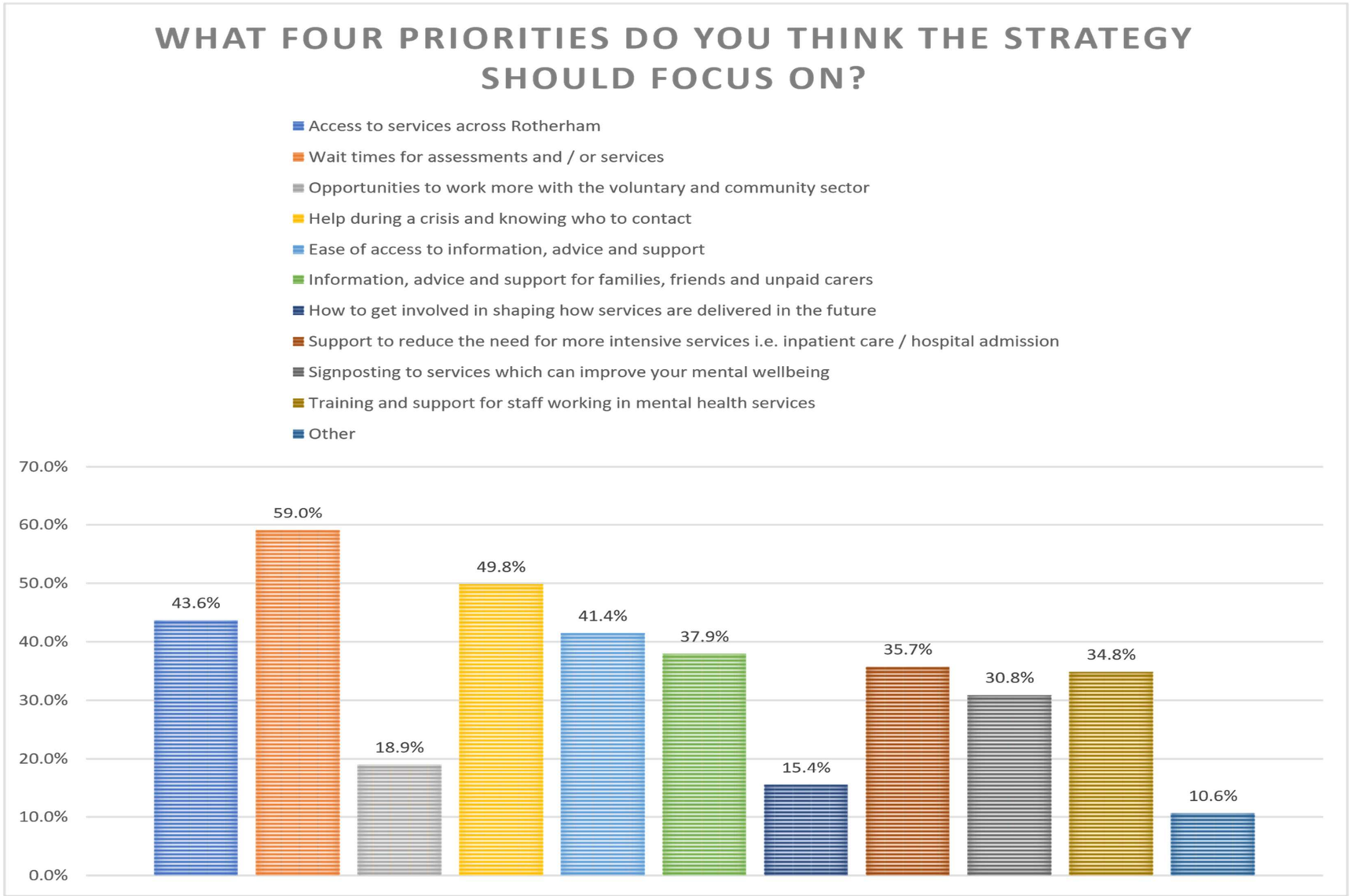




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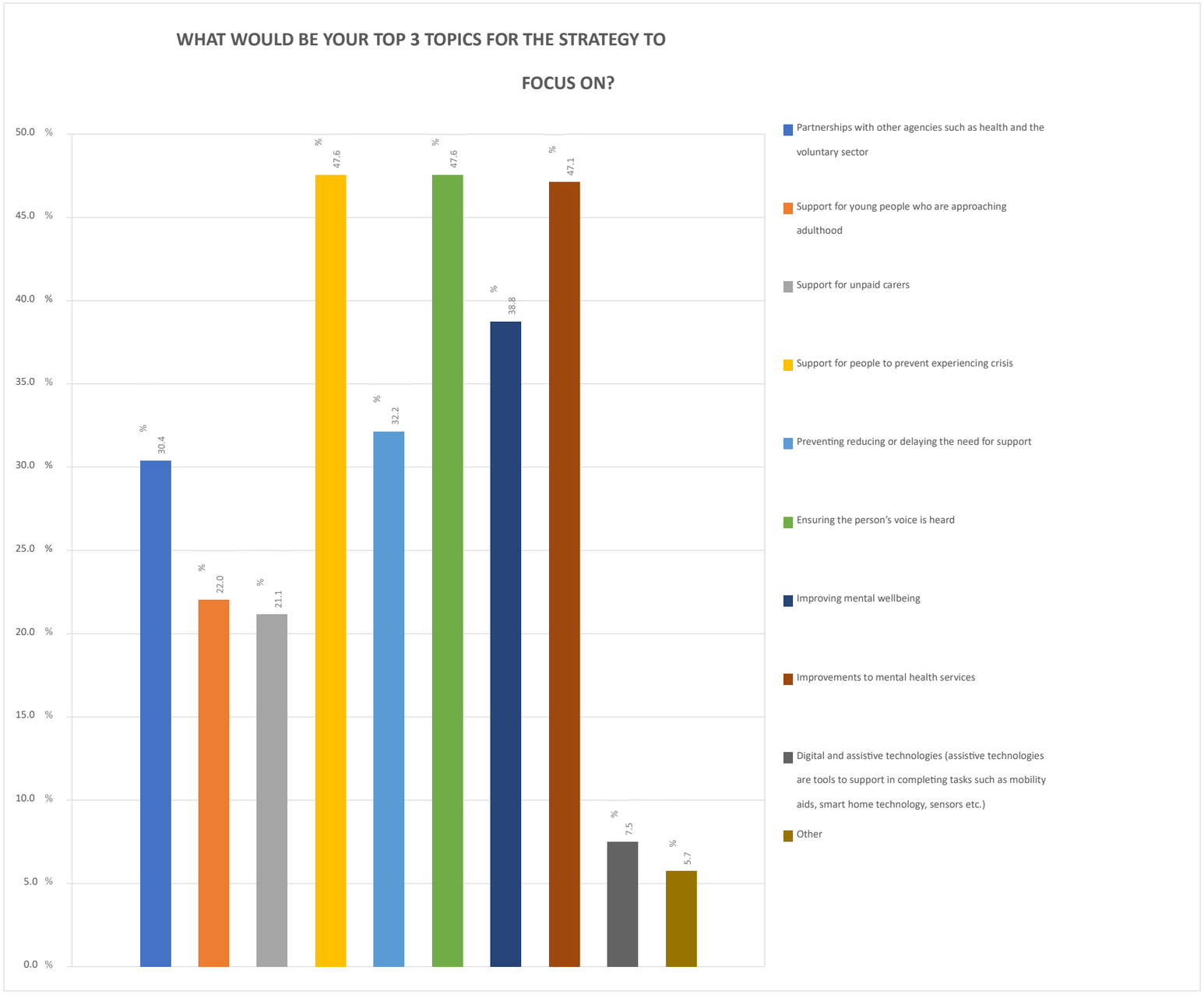
Chart Analysis of Key	Questions



Rotherham Council Mental Health Strategy 2026-2029 Consultation

Total Number of surveys submitted		227

Chart Analysis of Key	Questions



EQUALITIES MONITORING OF RESPONDERS		
TOTAL NUMBER OF RESPONSES, (who consent for details)	**102**	

CHARACTERISTIC	ANSWER/GROUP	COUNT	% OF RESPONDERS
Age	Under 25	1	1.0%
	25-45	17	16.7%
	46-64	30	29.4%
	65+	12	11.8%
	Prefer not to say (or not answered)	0	0.0%
Which of the following describes how you think of your gender?	Female	71	69.6%
	Male	29	28.4%
	Other	0	0.0%
	Prefer not to say	2	2.0%
Do you identify as transgender?	Yes	1	1.0%
	No	95	93.1%
	Prefer not to say	6	5.9%
Which of the following describes your sexual orientation?	Heterosexual/ straight	85	83.3%
	Gay/lesbian	4	3.9%
	Bisexual	2	2.0%
	Other	2	2.0%
	Prefer not to say	9	8.8%
What is your current marital status?	Single	25	24.5%

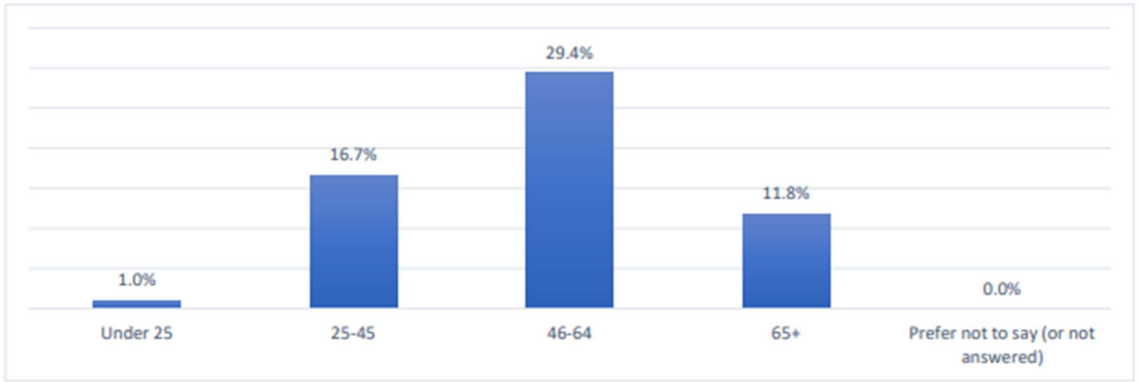
	Married	48	47.1%
	In a civil partnership	2	2.0%
	Living with partner	12	11.8%
	Divorced / separated	8	7.8%
	Widowed	5	4.9%
	Prefer not to say	2	2.0%
Are you pregnant?	Yes	0	0.0%
	No	101	99.0%
	Prefer not to say	1	1.0%
Have you had a baby in the last 12 months?	Yes	3	2.9%
	No	98	96.1%
	Prefer not to say	1	1.0%
Do you have a disability or condition which has lasted or expected to last for at least 12 months?	Yes	53	52.0%
	No	45	44.1%
	Prefer not to say	4	3.9%
What are your disability conditions?	Physical disability	17	32.1%
	Blindness or a partial loss of sight	3	5.7%
	Deafness or partial loss of hearing	9	17.0%
	Speech or verbal communication issues	4	7.5%
	Mental health condition	30	56.6%
	Learning disability	4	7.5%
	Long-term illness or health condition	31	58.5%
	Developmental disorder	7	13.2%
	Illness or condition that is not mentioned here	6	11.3%
How would you describe your ethnic background?	White - British	88	86.3%
	White – Irish	0	0.0%
	White – Eastern European	0	0.0%

	White – Western European	0	0.0%
	White – Roma	0	0.0%
	White – Gypsy or Traveller	0	0.0%
	White – Any other background	0	0.0%
	Asian or Asian British - Indian	0	0.0%
	Asian or Asian British - Pakistani	1	1.0%
	Asian or Asian British – Bangladeshi	0	0.0%
	Asian or Asian British – Kashmiri	0	0.0%
	Asian or Asian British – Any other background	0	0.0%
	Black or Black British – Caribbean	1	1.0%
	Black or Black British – African	2	2.0%
	Black or Black British – Any other background	0	0.0%
	Dual Heritage – Asian and White	1	1.0%
	Dual Heritage – Black African and White	0	0.0%
	Dual Heritage – Black Caribbean and White	2	2.0%
	Dual Heritage – Any other background	0	0.0%
	Chinese	4	3.9%
	Yemeni	0	0.0%
	Arab	1	1.0%
	Other ethnic group	1	1.0%
	Prefer not to say	1	1.0%
What is your religion?	Buddhist	0	0.0%
	Christian (all denominations)	54	52.9%
	Hindu	0	0.0%
	Jewish	0	0.0%
	Muslim	4	3.9%
	Sikh	0	0.0%
	Other religion or belief	4	3.9%
	No religion	37	36.3%
	Prefer not to say	3	2.9%

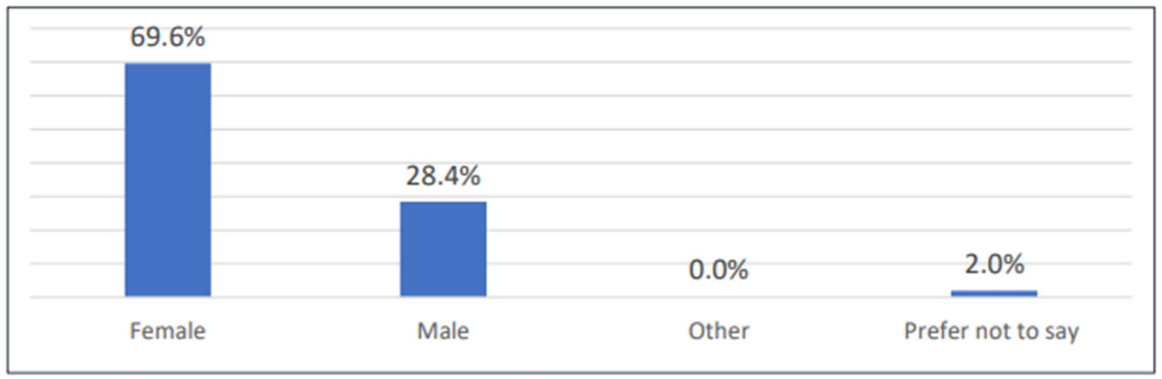
What is your refugee or asylum seeker status?	Refugee	1	1.0%
	Asylum Seeker	2	2.0%
	Neither	88	86.3%
	Prefer not to say	11	10.8%
Carers Unpaid carer for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.	Yes	30	29.4%
	No	70	68.6%
	Prefer not to say	2	2.0%

EQUALITIES MONITORING OF RESPONDERS

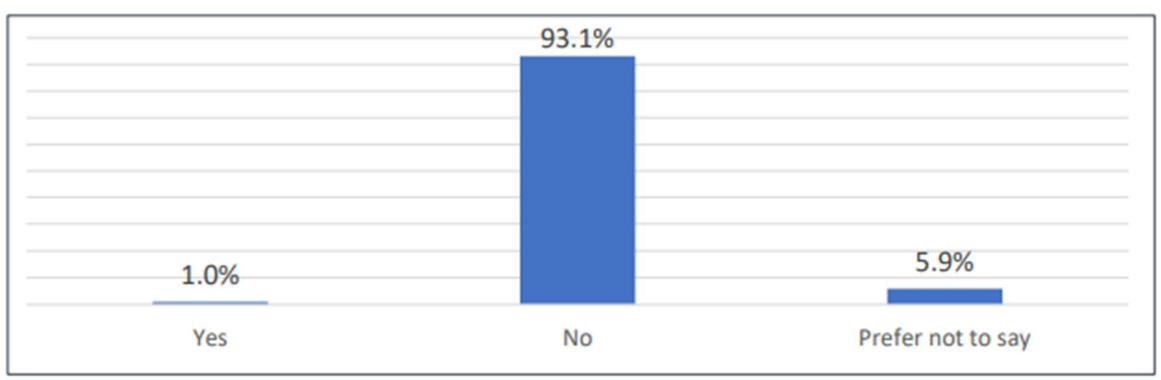
Age Band



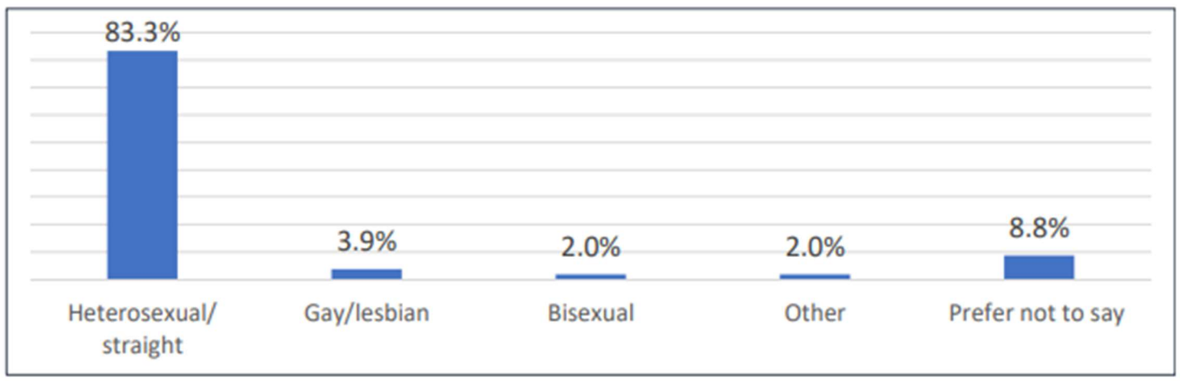
Sex



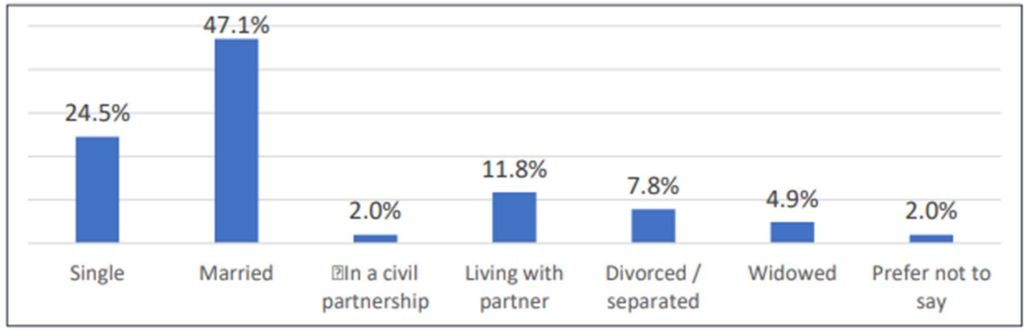
Transgender



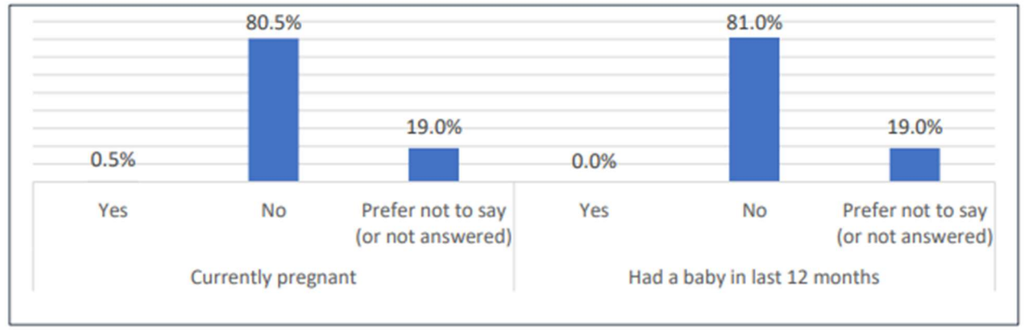
Sexual Orientation



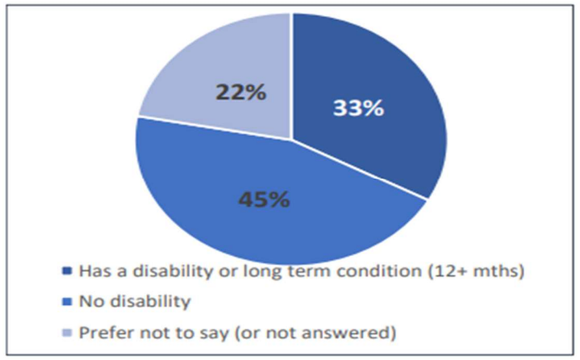
Marriage and Civil Partnership

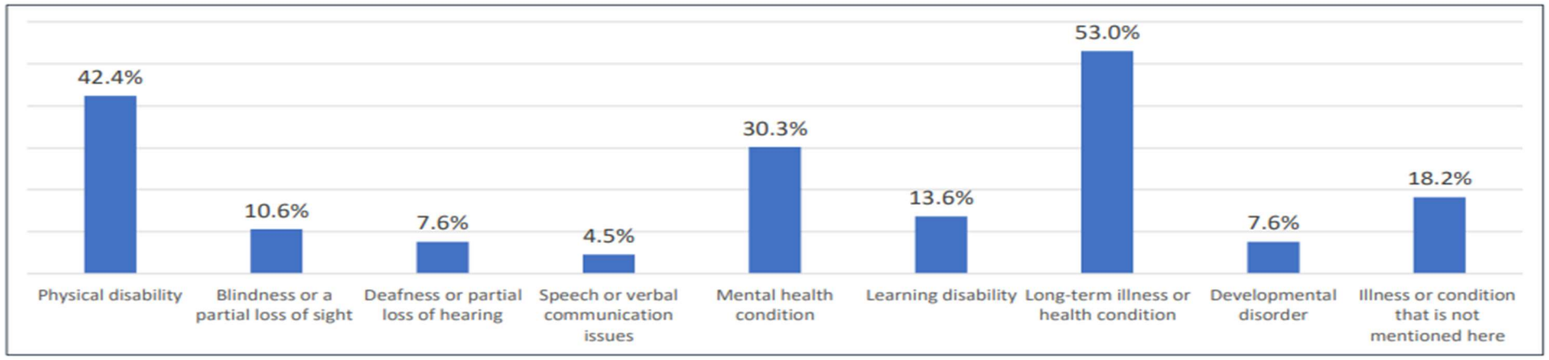


Pregnancy and Maternity

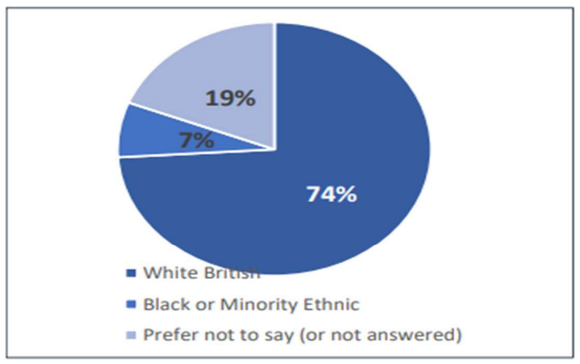


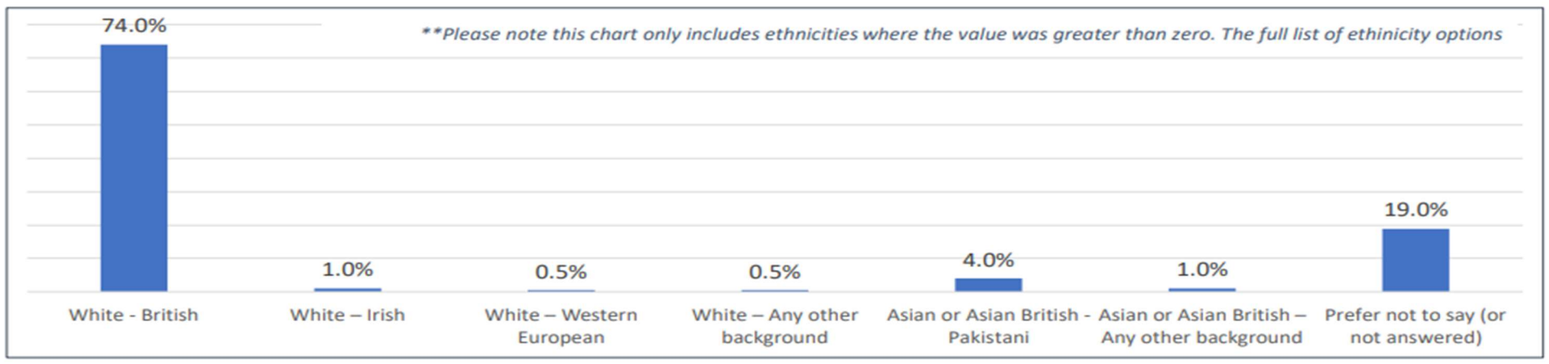
Disability



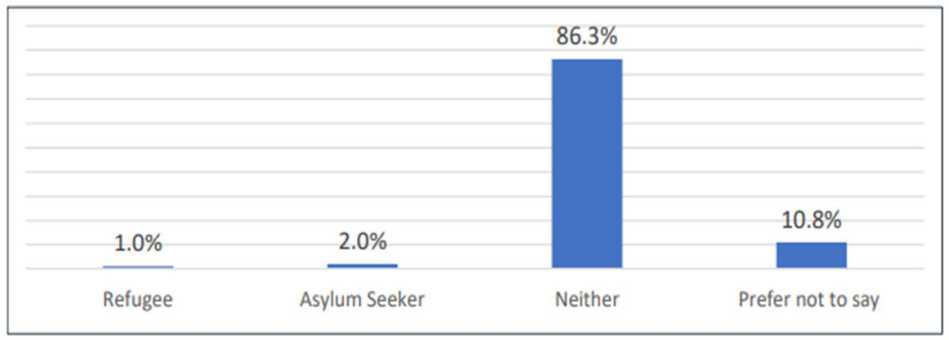


Ethnicity

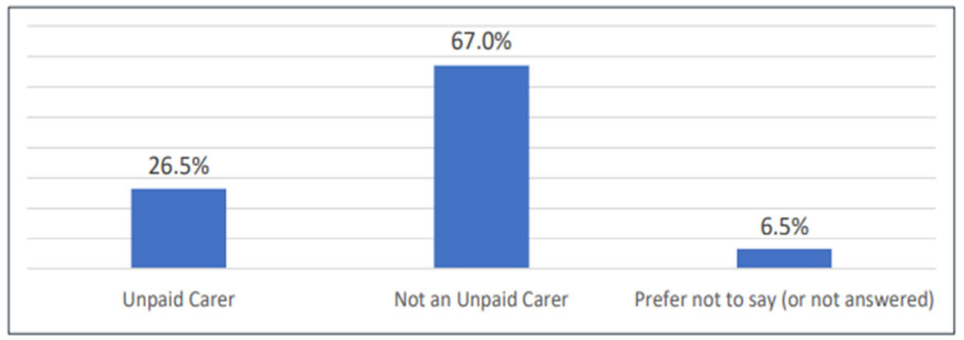




Refugee or Asylum Seeker status



Carers



Geographical analysis of responses

The following analysis is calculated via the postcode submitted by the responder via each survey.

Adult Care Locality reach area	Ward	Number of Responses	% of Total Responses
CENTRAL	Boston Castle	26	11.5%
	Greasbrough	0	0.0%
	Keppel	21	9.3%
	Rotherham East	26	11.5%
	Rotherham West	0	0.0%
	Sitwell	0	0.0%
	CENTRAL TOTAL	**73**	**32.2%**
NORTH	Dalton & Thrybergh	0	0.0%
	Hoober	0	0.0%
	Kilnhurst & Swinton East	9	4.0%
	Rawmarsh (East & West)	15	6.6%
	Swinton Rockingham	1	0.4%
	Wath	8	3.5%
	NORTH TOTAL	**33**	**14.5%**
SOUTH	Anston & Woodsetts	9	4.0%
	Aston & Todwick	0	0.0%
	Aughton & Swallownest	0	0.0%
	Bramley & Ravenfield	0	0.0%
	Brinsworth	0	0.0%
	Dinnington	1	0.4%
	Hellaby & Maltby West	33	14.5%
	Maltby East	0	0.0%

	Rother Vale	3	1.3%
	Thurcroft & Wickersley South	0	0.0%
	Wales	3	1.3%
	Wickersley North	0	0.0%
	SOUTH TOTAL	**49**	**21.6%**
Out of Area	TOTAL	29	12.8%
Not provided	TOTAL	43	18.9%
Grand Total		**227**	

Open Text Responses
Q1. Please tell us who is completing this questionnaire
Answer: Other, please specify:

Response	Count
A person who works in Rotherham	1
Engagement worker	1
IPS Employment Specialist	1
Resident of rotherham	1
Retired mental health professional (art psychotherapist and lecturer at master's level)	1
A conisbrough resident with mental health problems, own craft business which help people with mental health issues	1
Employment Specialist	1
Choir leader	1
from Sheffield	1
Sheffield Resident	1
Brain Injury survivor	1
access support group in Rotherham	1
A temporary resident in Rotherham	1

Open Text Responses
Q1a. If you are responding on behalf of an organisation, please tell us the name of your organisation. Please write below.

Response	Count
Cortonwood Comeback Community Centre	1
Empowering Men Initiative CIC	1
Headway Rotherham	1
Manvers Lake	1
No	1
REMA	2
RMBC/Rotherham Council/Rotherham Metropolitan Borough Council/Rotherham MBC	13
RMBC and Payroll	1
RMBC Housing	1
RNN Group	1
Steel City	1

Talking Therapies	1
The Rainbow Project Rotherham	1
Wellgate Court Session	1
Working Win- part of shaw trust	1
Outreach and Engagement team - North	1
Citizens Advice - Rotherham Cancer Advocacy Service	1
Idrees munir	1
Volunteers at various of organisations and groups, cross roads been one	1
Rotherham metropolitan borough council	2
Jobs Plus	1
Tuneless Choir	1
South Yorkshire WH Community	2
Age UK	1
Headways Rotherham	1
RBL	1
Speakup Self Advocacy	1

Q3. How did you find out about this consultation?

Answer: Other, please specify:

Response	Count
A leaflet / Leaftlet in Dinnington library / Riverside Cafe Leaflet	3
AC Feedback and Suggestion	1
ACPH&H Online Workshop	8
Council employee - Riverside House cafe drop-in	1
Email / Email from a colleague / email sent to me asking that I complete it / I am employee as well as a resident who accesses mental health services. Was sent survey on my email / Internal email / Rmbc e mailing list	16
MH Consultation - Wellgate Court	10
REMA	3
Riverside House cafe drop-in session	3
Salvation Army	8
Wentworth Health and Wellbeing drop-in	5
work colleague	5
Social worker	2
Consultation Event	1
Lady in library	1
Rawmarsh drop in	1
On receipt of this questionnaire.	1
Leaflet at council meeting	1

MH Consultation - South Yorkshire WH Community	4
MH Consultation - VAR	11
MH Consultation - Headway Rotherham	10
MH Consultation - Maltby Drop in	3
MH Consultation - ACHPH Staff Workshop	10

Open Text Responses

Q4. What would be the two most important statements to you in this vision?

Answer: Other, please specify:

Themes	Awareness and Accessibility of Services	Improvement and Quality of Services	Support and Timeliness	Community Support	Frustrations

	Awareness and discoverability. Many people are not aware of the support services available so any help with improving how easy it is to discover the current service sin the areas to help support would be a big win.	Upskilled practitioners that don't make judgements and assumptions on a persons mental health and take information given by unpaid carers as key, relevant and accurate.	Help with letters and phone calls.	Service users need more one to one outreach work from mental health professionals, in conjunction with professionals on the ground in communities. Mental health services need to appreciate there are some actions caused by some people with mental health issues, which cause significant nuisance and anti-social behaviour within the communities they live. Without adequate community support the actions of a minority have a major impact on service delivery of other Council services, as well as the emergency services.	Stop classing transplant patients as in need of sectioning for mental health. Its totally ignorant and cruel
	Awareness and discoverability. Many people are not aware of the support services available so any help with improving how easy it is to discover the current service sin the areas to help support would be a big win.	Turbocharge RMBC's All-age Autism Strategy so that it identifies deficits in provision eg for undiagnosed older adults and any other under-diagnosed cohorts. Think, 'Could it be autism?' Ensure all MH service providers meet accessibility standards without always requiring specific adjustments.	Look after young people with poor mental health. Need helpers to claim PIP and other benefits	People can improve their overall mental health and wellbeing. I find a lot of help and advice plus community service at Wellgate Court, which I know helps us as a little community.	My son has been on a waiting list for an ADHD assessment for nearly two years it has affected his studies. If he can get a diagnosis maybe he will get some support with how to manage his sleeping patterns or support through his university
	Council recognising it, all services need making. Educating people on about life, impact of MH on people at young age. Some carry it all through their life.	Access to services at are joined together and are adequate for individual needs. Currently they aren't.	Services that don't have prolonged waiting lists, ensuring support is fast in response to need.		There are far too many people wandering around Rotherham who should be in social services care. for some reason its been decided that care in the community is the best way to go but all that does is mean that there are loads of people with serious mental health problems walking around town causing a nuisance and or intimidation and fear. Many of these people are migrants too which is even worse as we have allowed people to come and live here who are nothing but a drain on resources. We should not be giving asylum or immigration status to people who are just going to claim the dole and clog up the health service. The general public (yet again) are the last people

					anyone thinks about when making a decision, the people reading this will probably say that I am biggoted or something daft but many people think this who i speak to of all ages and backgrounds. I think you see us as cash cows to milk through taxes and nothing more, everything you do is to improve the lives of everyone but the people who are paying for everything. The town centre is an absolute joke because of this and no amount of advertising forge island is going to change that, no one wants to come to town to be harassed & intimidated by alco's, druggies, nutters and immigrants. My mum wont go to Rotherham if its dark anymore. Well done RMBC you absolutley ruined a nice town with your pie in the sky ideas. Nice one!
		Reducing inequalities: 1. Gaps in commissioned services. 2. Some providers are not on the connal framework. 3. Difficulties with dual diagnosis placements.	Fast access to services in an emergency		
			Empowering you, by receiving the right support, at the right time. 1. Being able to access services with clear boundaries and criteria to ensure people know what is available. 2. To stop delays in allocations. 3. Having committed services for working age adults.		
Total	3	4	5	2	3

Q5. If you could choose 3 words to describe the values for the strategy, which 3 words would you pick from the list below? (Please select 3 options)

Answer: Other, please specify:

Response	Count	Top 3 Most Common Themes:
Empathetic	3	Empathetic
Caring / compassion	2	Caring / compassion
Understanding	2	Understanding
Focus on different faiths	1	
Quality	1	
Awareness of local groups to join to get out and about	1	
Timely, responsive	1	
Advocate: Learn how to be an advocate	1	
Friendship, Support, Community	1	
Honest: To ensure workers have honest and open support from practitioners. For users to feel safe being honest with practitioners.	1	
Collaboration: for Adult Social Care and NHS to work together without trying to 'get rid' of cases to benefit themselves.	1	
Voice: person's wishes at the centre - views carrying weight. Advocacy and representation, incorporation of views of experts by experience.	1	
All these words are buzz words that mean nothing, safety, security and the wellbeing of the tax payers is the main priority of the government (local and national), at the moment the opposite is true and you look after everyone but the tax payer	1	

Q6. What would be your top 3 topics for the strategy to focus on?

Answer: Other, please specify:

Response	Count	Top 3 Most Common Themes:
Support: There are groups and charities all over Rotherham waiting to welcome new people to meet new friends and get out and about. These should be accessed before someone is sent to their GP	4	Support
Support for neurodiverse people and others where the typical cbt doesn't work for them	1	Accessability
Support to people experiencing crisis	1	Medical Factors
Support for children and young people who are leaving care	1	
Accessibility: catering to individuals with disabilities and making more availability to services, e.g. elderly with digital barrier, neurodivergents inc. dyslexia, deaf etc.	3	
Accessability: Delivery of the strategy must be available by more than one method, not solely digitally. Assistive technologies may have their place, but for some individuals they may also be a barrier.	1	
Accessability: Reducing wait times to access mental health services	1	

Medical Factors: Awareness of people with head injuries and what they go through / More support for those with memory problems, especially those with brain injuries	4
Medical Factors: Stop classing transplant patients as mentally ill	1
Voice: Listen to people with mental health issues, and don't assume you know what is best for them.	1
Transport: is an issue for some individuals	1
Collaboration: and holistic approach. Time limits in bin.	1

Open Text Responses
Q7. Please tell us why these top 3 topics are important to you:

Top 3 Topic Answers	Improvements to Mental Health Services				
Themes	**Accessibility and timeliness**	**Person-centred and inclusive care**	**Service, Workforce and funding**	**Integrated and holistic support**	**Digital and Assistive Techonologies**
Quotes	As a previous user of such support, I found it a lengthy process. Anything that speeds up access to help is positive	It is important that we ensure services are inclusive, and ensuring digital technologies are available will support with this.	The mental health service is stretched and needs to be improved for but in the right areas of need	We also find barriers to refer to them as it has to go through GP. Working in partnership would guarantee that people have access to all range of support available and supported to access it. We need to do more to reduce inequalities on accessing mental health services	Digital and assistive technologies - aids and adaptations can enable people to be more independent, they can also stop someone feeling isolated or excluded
	Giving people access to services	People should be able to express how they feel and how they feel services could support them and prevent them hitting a brick wall and at crisis point	By ensuring improvements are made to mental health services, this will allow people to access the support and services they need to improve their mental health, in turn reduce repeat contacts which will also provide cost savings. This will allow more budget to be put back into the mental health sector to continuously improve services for people.	They often share with us that they don't feel heard, they find the process to get mental health support very complicated. They will go to the GP and get medication prescribed but difficult to access therapy. For this group of people language and low digital skills are a big barrier. They struggle to understand leaflets and websites shared by GP.	Digital - Most people use technology to find solutions.
	Improved coordination and access to mental health services are crucial for supporting individuals with mental health needs.	mental health should be person-centred	More funding is required to improve mental health services- bottom line Government cuts over last 20 years has been a disaster for mental health. Tax the rich - bring mental health and social services back into NHS or Local Government control with local communities and workers making the decisions not the top down approach we have today. Stop privatisation and outsourcing pay mental health workers decent money to stay in the service. Fill all the vacancies. We know all this , a survey is not what we need its action.	Organisations working together improves services	It is important that we ensure services are inclusive, and ensuring digital technologies are available will support with this.
	In my limited experience, so far, of having to reach out for help in caring for my elderly mother, I have found it WAY too complicated and dis-jointed. This makes me hesitant to request the future help I know I will need at some point.	People are individuals and what works for one person doesn't necessarily work for the next ; so making treatments and plans that suit the individual rather than the other way round . I have been made to feel that i was at fault because the treatment didn,t work .	Current lack of services, long waiting times, not joined up, gaps for 17 year olds	agencies need to work together to offer a wrap around support to meet people's needs.	Technology could help people sray safely at home longer

	there needs to be a responsive service at the time of the crisis.	Needs to be strengths based and person centred and improve understanding of and access to support.	I think currently, we are firefighting throughout the entire country, and the reason for this is because we need a system that is more front loaded in prevention rather than cure. Other Cities are training people to be more mental health aware. They are training Champions or mental health first aiders through government grants. Many people only need a supportive conversation with somebody non-judgemental, but because there is a lack of education around poor mental health, this doesn't happen, and then the problem festers, until such time as the person needs talking therapy. We need something before it gets to that point. Training everyday people in how to build resilience, how to access to relevant support (not necessarily councilling, but social prescribing, or just engaging in contact withOthers) will help to prevent a build up of poor mental health, then alleviating some of the problems of low level mental health problems entering the system.	Other services and providers should work together with us on shared goals.	Digital and assistive technologies - Rothercare and other services who offer AT are the way forward. It helps people to still become independent at home. However, helping the elderly to understand their packages and knowing they are supported will increase uptake.
	Mental health services should be easily accessible to all at the right time without the judgement and challenges associated with it	A person should feel included in the process of planning their support.	Mental health, education and social services are not joined up enough for anyone (child, adolescent or adult), and improving professional and social connections for people of all ages and across the diversity spectrum is essential to improve mental health. This includes before, during and after crises.	Mental health services seem increasingly stretched, more and more people are presenting with complex needs. Support seems very distant and hands off, IE phone numbers/websites. As a Housing Officer I know who my local Police officers and PCSO's are, I would like to be able to say the same for mental health workers. Locality working and partnership working is key.	Digital - to assist with daily living tasks
	I feel that there is a lack of services for people suffering with their mental health which means they hit crisis point before receiving the help they need.	if we concentrate on supporting people initially, then crisis can be lessened and avoided in some circumstances due to people using techniques learnt	The current services in Rotherham are not adequate they are not fit for purpose and you have to wait a very long time in order to get into services. I need to find out that they will not help you in the way that you need help they are also not going together so do not communicate with your GP any other services and if you need specialist services such as the Sheffield eating disorder service room services do	A large percentage of the population has poor mental health which is influencing many other health factors. Improvements to services and better partnerships would help to tackle this. But prevention is also key.	

			not link up with them and treatment is put on hold even longer and you cannot get a holistic view of your treatment which is so ridiculous considering we are all under the NHS But it is the most disjointed unorganised and chaotic service I have ever been a part of		
	More accessible information, in different languages	Ensuring the person's voice is heard - care needs to become more person-centred. Enabling a person's voice to be heard will encourage them to have more faith and trust in the service we provide.	We need support and help as a group like Wellgate Court to help each other to stay mentally and physically well and to socialise which I feel is very important.	people can be waiting too long to access services, multi agency working is a better approach offering more options for treatment,	
	making sure that mental health services improve is important - often they use a one size fits all approach which doesnt work for e.g. neurodivergent people. and long waiting lists for more specialist therapies.	People should be at the centre of their own care.	Support is very hit and miss. More staff.	often there are gaps between services- service users are too well for one service but too poorly for another	
	What's the point of a strategy if services are so unreliable?	I believe that working in partnership with other agencies results in a joined up approach will result in the best outcome for the person and also reduce number of any individuals falling between the gaps.	Pathway for vulnerable adults being streamlined.	Working together with a range of services is key taking sire people get the mental health support they need	
	waiting times for evidenced based treatment are too long	Timing of care and individualised/person centred care	Mental health services are woefully underfunded and often completely inadequate for people that are neurodivergent. CBT doesn't fix everything, but seems to be often the only option open unless you really fight for something else. Even then 6weeks is the bare minimum that some people need just to start opening up!	Improve collaboration between services to maximise impact	
	The mental health services need improving so everyone can access them when they need to. Not just be put on a waiting list and hope to be seen soon. People are left waiting and end up going into crisis when it could have been prevented.	For other agencies to take different needs into consideration e.g. housing, transport	The service is disconnected, not proactive and doesn't offer real help to people and families when they actually need it.	People working in the service need support from partnership agencies too.	
	Waiting lists to long for help. Quick diagnosis. Support when needed so can continue your daily life and work	The strategy has to be people centred and building upon already existing services and understanding will help us to support people in our borough	There appears to be an inconsistent approach to Mental Health Services, which put additional pressure on other agencies	Partnership working allows me to receive the care I need.	
	There needs to be quicker support available hence choosing to improve mental health services.	It is always important to have the person at the centre. Despite what rhe "rules" or agreements are, evertone should have a voice and be treated	The mental health services in the borough are lacking and peoples voices need t be heard to make the right changes. if we can put more	We need more mental health services. All agencies work more closely with each other	

		equally. We need more mental health services out there, more options for people at a time when they are vunerable. Also mental health services are often for the person to opt in and at a time your mental health is not in a good place you may lack the motivation to opt in.	support in to stop people reaching crisis point that would be so much better.		
	Timescales on receiving mental health support and the criteria that needs to be met makes receiving help difficult	Its important that mental health services are more person centred and their care plans are centred around the person needs and not a tick box. without listening to people you donâ€™t know what needs to change in mental health services. people have experience of mental health services should be encouraged to work with mental health services in the future to help and design services and also offer peer support working roles so people with lived experience to have the confidence that they are making a positive change for mental health services in the future. we think that unpaid carers should get more support from mental health services cause their supporting their loved ones because it can effect their own mental health and should be entitled to more benefit to help with financial worries.	Recognition of VSCE value, contribution and benefit to cost saving to NHS and secondary services, make funding for VSCE organisation who take the majority of responsibilities, community cohesion and delivery	It is important for the dots to be joined, different departments need to be able to have access to records and work together to provide a more joint up care plan and holistic care.	
	People are suffering and require prompt help. I was under Mental Heath team and support was hit and miss and was often delayed	While antidepressants can work for some things, again isnt a one size fits all thing, so people need to be assessed better for a diagnosis. Everything can fit into the â€œgeneralised anxiety disorder category however this then means underlying mental health conditions or learning disabilities can go undiagnosed. People who are entering the world of work, entering university or difficult phases in their lives quite often approach mental health issues. Starting a first job can be daunting and if things such as ADHD have not been picked up at school, when starting a job this can create mental health problems such as anxiety and depression .	Working for the council, I know many people who struggle with their mental health as a result of their job. Employees at all levels are given too much work outside of their job description and over time are expected to go above and beyond and it has become the new norm. When employees bring this up, managers either ignore this or encourage them to seek external help and advice and do not hold their practices accountable, even though multiple employees bring similar concerns frequently or have to take sick leave to recuperate. Managers have these similar pressures to deliver so often their hands are tied to create any meaningful change, but they do have a higher salary than other employees so are able to use that	I believe that working in partnership with other agencies results in a joined up approach will result in the best outcome for the person and also reduce number of any individuals falling between the gaps.	

			to go on holiday and buy things to counteract their busy work life, when many employees cannot afford even a trip to the coast to be able to de-stress outside of work.		
	Because its too difficult to access support for mental health and the waiting lists are too long		I think there is too much emphasis on the physical aspects of sick leave and no acceptance of mental wellbeing as a legitimate reason for being on sick leave. I know that this is a problem council wide, so I would suggest that if the push of external services and wellbeing walks are to combat the institutional overworking then they are not successful and there should be more research council-wide into the reason many of the workforce are on sick leave.	The more joined up services are the better for people who have to navigate the system, work as one to help people	
	There is a significant lack of support for mental health sufferers and it's imperative that it needs improving - to prevent people giving up as they think since they don't receive support, they have no option but to give up - which is extremely unfortunate and upsetting		Easy to understand information. Improve all services, F2F training for all services.	More networking opportunities for services to work together, as commissioned services are risk duplicating support, so do not receive funding. All services need to working together, possibly have community MDT meetings with the individual in the room	
	There do need to be improvements to mental health services as waiting lists are too long.		employers dont know how too deal with mental health in the work place	All agencies should work together so people know where to come to if one doesnt work they can go on to someone else for help and support.	
	At present the waiting time for access to services is unacceptable. People need help immediately they have an issue and this will obviously have a positive impact.		Not enough is done now. More training, care and understanding is required to assist people with their struggle to function day to day. Also people need to do what they say they are going to do. At the very least stay in contact so they know they have not been left and forgotten.	Partnerships with other agencies: currently having issues with NHS colleagues with 'who belongs to whom' in regard to responsibility which is not person centred at all.	
	more accessible without long waits		Everyone is likely to have suffered with mental health in some way or another throughout their life. Often referrals to mental health support take weeks or months, during the waiting period you often learn to cope with the issue/mental health trigger on your own... or it escaltes further into a bigger mental health problem which could have been prevented. Mental health should be treated as a 2 week pathway the	Support for people to prevent experiencing crisis: I feel especially at Riverside House we should have 'talking point' live function that sits downstairs to support those in crisis situations. In this function could be be a housing worker, MH worker and someone from DWP.	

			same as cancer, 2 weeks to be assessed and a treatment plan formed and appointment booked for the first session the week after. Currently you get assessed and for some services it is a 16 week wait for the first appointment, during which the probably may have passed or gotten ten times worse		
	Pathways are unclear and access to support can be slow which impacts on health and wellbeing. If support was available to prevent, reduce and delay need there would be less occurrence of crisis.		Remove duplication, being together expertise working, working together to achieve customer outcomes.	issues as to whose budget is it. Seeing people in parts - health need and social care. Not holistic.	
	Mental health services in Rotherham are difficult to access, don't meet everyone's needs and aren't always available when we need them the most			Improving mental wellbeing: More focus on support and cure than putting in services. More joint working including the person.	
	My personal experience is that mental health support is very weak and hard to access, no support is given				
	The waiting lists are too long for clinical help. There are too many people not having access to specialist phycologists and too much access at the wrong time with assistants, associates and support workers. People need to feel like there is a plan, something has been done, they are listened too and seen by someone at an appropriate level in an appropriate timeframe. The burden of this extra wait to be seen by a consultant is bore by family and friends who need more support in how to help, however people with mental health are very sensitive to being "brushed off" or told to "take a bath and have a hot drink". It sends the message that their issue is not important and neither are they and it is left to the family and carers to keep them here and healthy by filling this gap.				
	Wait times for counselling and diagnosis of things like adhd that can affect a persons mental health needs to be quicker				
	If anyone should need help, they need it at that point in time, not for there to be any kind of delay, which could then lead to drastic consequences				

	People need to be supported more waiting too long needs to definitely be reduced				
	People need more help				
	Preventing, reducing or delaying the need for support: having the correct resource such as social workers and support workers to stop delays. At the moment staff cannot move on work as no through road so unable to pick up work.				
	The waiting lists for mental health services is massive, often when you finally get to speak with someone It is just an over the phone initial assessment, then a wait for a further appointment, often the only option offered by the NHS is CBT which doesnt work for everyone as mental health is not a one size fits all treatment and often the lack of talking therapy support often leads to being put on antidepressants to mask rather than resolve the issue				
	Support to people experiencing crisis: This again leads back to early referrals and early support with shorter waiting lists. People need help whilst going through a difficult event, not after the event which can lead to experiencing mental crisis which can be long term damaging and becomes a larger issue if unsupported through the initial issue.				
Total	**32**	**16**	**22**	**23**	**6**

Top 3 Topic Answers	**Support for people to prevent experiencing crisis**			
Themes	**Early Intervention and Prevention**	**Community-Based Support**	**Support for Young People**	**Support for Unpaid Carers**
Quotes	Its better to help someone before it becomes to late	We feel that it's missing a better connection between health and the volunteer sector as better path could guarantee that after reporting mental health issues to the GP they are not left just waiting months/years for support. Community sectors should be more involved as they can offer support that can support their mental health while they are waiting for health services. Social prescribing is a good project but it's not reaching far enough.	Support for young - Young people always worry about mistakes. Less worry would build confidence.	Support should be easier for people who care forOthers and those with SEND.
	Anything that can be done to prevent anyone experiencing crisis has got to be a priority - often when people get to the crisis stage it can often have drastic consequences for either	not enough is being done in the community to support people, needs more investment in community activity, often relies on volunteers and we shouldn't be taking advantage of	supporting young people - very important - need to grow and develop a future in this country	Unpaid carers take up lots of support for people with health issues and are always overlooked and under appreciated.

	themselves or their families/friends - any preventative support can only be a good thing	those, the offer is poor and should be funded appropriately		
	Early intervention is essential for those experiencing such needs; if left unaddressed, reaching a crisis point can be more resource-intensive and challenging for the individual to handle.	Community groups seem to be under valued or a forgotten group	I feel young people don't necessarily have access to support them in transitioning to become more independent.	Unpaid carers often suffer in silence as they put their cared for person's need ahead of their own. As an unpaid carer their has been a catalogue of failings/opportunities to offer support to my son and myself, however due to referral waiting lists, service capacity this has lead to additional pressures being put on myself and my sons life at risk- Due to lack of space my son was left in my care as he couldn't keep himself safe and there was no beds in impatient facilities.
	Early intervention will also help and prevent any major mental health breakdowns or impacts on Other family members.	It is important for joint working across the whole community.	I feel its really important to support young people, undertaking preventative work, in order to help & support them with the transition to adulthood & ensure they have the correct tools and coping mechanisms in place, particularly given the everchanging climate.	As a parent of a young person with SEMH i would value better support. Improvements to services would benefit all
	People do not want to hit crisis point they need it recognising before	Some people are shy to access the support by having stronger community around them, this will support them to access support.	young people are really struggling and need help. they are our future so ensuring they have better mental health is important.	unpaid carers undertake a massive amount of work that benefits the economy but is detrimental to their own lives and wellbeing
	It is better to support someone to prevent them going into crisis because it peevents stress , empowers th0e person to stay well and ultimately saves money .	Services delivered by public, voluntary and charity sectors need a collaborative working approach with the service user at the heart of that ideally with 1 point of contact to signpost enabling them to access everything, easily and quickly. Currently info is outdated and fragmented additionally services can be duplicated which is a waste.	As a parent of a young person with SEMH i would value better support. Improvements to services would benefit all	Unpaid carers need to know that they can count on mental health support when they need it. Being an unpaid carer takes a toll on you mentally. A lot of them feel lonely and invisible. If they are not offered the support when they need it, it could lead to them not being able to care for that person anymore.
	Prevent avoidable admissions	Listening to people, having places to talk to other people who are going through mental health e.g mental health and wellbeing craft group. Getting other agencies to help e.g family Hubs, mind, etc.	I work with supporting young people in Rotherham with various health conditions, disabilities and barriers preventing them getting back into employment, including getting the right type of support for their health conditions. Most find it difficult to find and get support due to several factors mentioned in previous responses to questions. Making it easy and catering to their health conditions which create barriers and awareness as 99% have no idea of the amazing services available to them as often they are not marketed or advertised well (due to limited budgets, which is where more partnership would help spreading the word, centralisation / hollistic approach to plug the gaps etc.).	Carers are the backbone so services dont have to be encompassing
	Crisis is the point that needs to be avoided.	Singing, knitting and coffee morning groups need more people and people need these groups. Get social prescribers more on the	When young people are moving into adulthood it is a very daunting thing. For many it means moving from a place where you had lots of people around you supporting you to	Support unpaid carers who have a heavy load.

		ball with this and bring the community together to cheer each other up!	not having anyone there anymore. They need to have the the right support to make that transition a good experience.	
	Prevention is key	We need to look at preventative and long term support to improve Mental Health and wellbeing of our community. Community responds faster and has a better overview of more obstacles people are facing, they are also trusted more than statutory services and have more connections on the ground to create a wider support system for long term care.	Current lack of services, long waiting times, not joined up, gaps for 17 year olds	Support for unpaid carer's is essential to prevent further pressures on Social Care.
	They are the most important because we need to avoid crisis and work on a prevention model.		Got a niece who is young who didn't get support - she's at Swallownest Court. In crisis people can commit suicide and need someone to talk to.	Support for unpaid carers should be a given not a topic
	I feel until someone's mental health is at crisis there is very little support out there		Help prepare young people for transition to adulthood	There is a need to support unpaid carers, this could also lead to health issues for the carer.
	Improvement & support to prevent crisis		Working with 16-18 year olds, I find there is a gap in service, CAHMS take too long to support but too young to have adult services.	Recognition for unpaid carers and more services and support. Understanding of the impact this role can have on MH / physical health.
	so many people become really unwell before services become aware and help		There is a very evident gap for young people between 16-18 years of age, who are too old for children's services but too young for adult services. Better access to help and support to find out what adult services offer to help transition to adults. Ensuring young people's/ adults voices are captured to ensure the right support is put in place.	Carers are amazing and need support
	Mental health is ongoing. Early and crisis support gives the chance to help people understand what they can do to help to imrpvoe their own mental health and reduce it reaching a crisis point in the future. Everyone should be entitled to professional help as well as support to get through the worst times		I can see how detrimental it is. Two years to wait for an assessment could be catastrophic for some young people.	
	Prevention strategies to avoid crisis and alleviate worsening problems		Young people are often in a desperate place & its hard to access support if they’re not in total crisis.	
	Early intervention and support thereafter		young people who are approaching adulthood may not have support from a responsible adult at home to provide support and guidance. more accessible mental health services needed	
	Crisis - due to people feeling uneasy at night/evening time. Prevent - this allows for reduction in admissions and crisis		Supporting young people should be at the front of our minds.	
	There needs to be improvements in the Mental Health Service, it is at capacity at the moment and lots of people are being failed		Support for young people who are approaching adulthood - this needs to go beyond. I feel there needs to be support for	

	and are not receiving the support they need, this then leads onto my second choice as there needs to be a preventative approach, to support people before they reach crisis and to ensure they have the support and have coping strategies before things get too bad. My third choice is that there are so many delays that often service uses have reached crisis point because of the long wait for initial support.		young people who have a learning disability to be supported in transitioning into adult services. Adult Services are a lot different to CYPS therefore, supporting them through this can be impactful.	
	Helping to prevent me from needing support say from crisis people would help as being is crisis is difficult to go through and recover from. If I had help to prevent me before hand, it would be better for my wellbeing and also for services that are busy and overstretched i.e crisis teams		There is a gap in services available for those between childhood and adulthood e.g., 17 year olds. This can extend waiting times for them to access support which is not ideal if struggling with a mental health condition.	
	Prevention in MH is important. Help shouldnt only come as a result of reaching a crisis point. Allow people to self care for their Mental Health in the same way people are encouraged to self care for their Physical Health. Improve services so this is possible.		Brigding the gaps between services ie. CAMHS drop off - journey into adult services kooth, quell, talking therapies	
	Improving mental wellbeing should be a key priority, preventing people reaching a point where intervention is necessary is vital in any mental strategy.		Providing services to suit 17year olds, as they do not fit into either services, this is a gap for support	
	Prevention is more cost effective & reduces the anguish people with mental health issues suffer so helping family & communities too.		If young people are helped at this stage in their life it help them prepare for adult life and may prevent problems later on. I am an unpaid carer and it is very stressful doing this, unpaid carers are often forgotten. Mental health services need to be more accessible and timely.	
	The focus should enable prevention of mental ill health and identify escalation.		Not enough support for younger people and also adults services are difficult to access	
	In my role prevention is very important when it comes to supporting rough sleepers. If the support can be put in early then this could make a huge difference to someone's wellbeing going forward. From working with rough sleepers they do face many barriers when it comes to accessing any kind of support, including mental health, one of the reasons for this is due to the persons living conditions being unstable. If more outreach support could be put in place this may stop people from hitting crisis point.			
	I think prevention is the best policy. Granted, you may not be able to prevent crises from happening, but I think you can prevent a lot of the lesser struggles with mental health. For			

	me, peoples material positions are far more important and should be supported in that way. That and exercise are the big drivers in my eyes. Exercise should be prescribed for people who are able.			
	people should be supported in a timely manner to access the support they need. early intervention can reduce the need for more intensive support later, prevention is better than a cure			
	Early intervention and assistive tools may help someone identify how their mental health is before it becomes severe and support them into recovery quicker			
	Because support is needed straight away before it gets to crisis point			
	There is a lack of early ment+F100:G100al health support when it is needed which leads to people deteriorating and ending up worse			
	Its better to help someone before they experience depressive symptoms			
	All of my team are currently experiencing mental health issues and prevention of/ care for this is very limited.			
	Support for people to prevent them experiencing crisis: More early intervention, signposting, universal services, information, breaking barriers to accessibility.			
	Improving mental wellbeing can impact on a person mental health, id we omprovevthis we can teduce the need for services			
Total	**33**	**9**	**23**	**13**

Top 3 Topic Answers	**Ensuring the Person's Voice is Heard**			**Other**
Themes	**Lived Experience and Co-Production**	**Respect and Empathy**	**Communication and Advocacy**	
Quotes	Your voice is important to ensure it is tailored to your own needs and circumstances	Its easy to feel unheard when you have mental health issues and get dismissed without people asking and listening to what you need.	Ensuring the persons voice is heard - so many people don't have someone to talk to or they feel embarrassed and therefore won't talk to anyone. Talking is one of the most powerful therapies. When someone talks they need someone to listen, they need someone to understand. They need to be able to say/write how they feel in a safe environment and everyone should have a right to be heard.	Housing/adaptions/choice of where to live and supportive of major adaptation to remain at home with family.
	Personal experience	People should be able to express how they feel and how they feel services could support them and	Ensuring voice is heard - People need to be listened to, to inform.	The persons voice is important as it teaches you about them. Nothing about them without them.

		prevent them hitting a brick wall and at crisis point		
	Capturing customer voice is pivotal, in order to ensure that the public are at the forefront of services and have the opportunity to shape and have an input into how future services are delivered.	It’s important to remember that the person needing help is a person who should be treated with respect l.	Whilst individuals may not always be able to voice their concerns, my personal view is that it is the responsibility of all professionals to ensure that a persons voice is heard.	Provide ways to improve mental wellbeing provides stimulation away from ones own mind.
	The people we are supporting are the best people to know what works best and have a lived experience.	People need to feel heard and important.	important for everyone who suffer from any problem to have someone to hear them and support them and get signpost them to the right place. Annoymus support line that signposting to local community support, feel safe. some people feel scared to access support, want safe line and secure support.	If I had not had involvement from Wellgate I would not be here I would not have anything in my life or would have had the motivation to do anything. The support I have received has really helped me and provided structure in my week, it's provided me a life and keeps me going, making me less isolated.
	Important to listen to people's voices as their experience may be useul to someone else.	Practitioner should talk to the individuals not their partner or carer	By empowering voices to be heard and working in partnership we can develop sustainable Mental health well-being	Disparity between primary and secondary care provision and what you are "allowed" to access. Lots of barriers currently. Reviews are not always in best interest of individual with regular medication changes which is unsettling. More support services, groups and access to talking therapies if you are under secondary care would be helpful. Social prescribing only happens in the week (i work full time) and work very hard to maintain my own MH and work. I not longer access "health" provision and pay for private support as i feel i am more in control.
	Only the person experiencing the mental health issue can explain how their issues affect their day to day lives.	Some communities are getting overlooked due to traditions or seen as hard to reach	Underpinning my 3 words is communication. Talking, giving opportunities for social contact helps support individuals mental health and makes keeping connected normal. Any dropping away can be a red flag for friends, family and services	there's only one- theOthers on the list are how you get there
	I am autistic with ADHD assessment pending. I have PTSD and was diagnosed anxiety and depression in my 20s. I had now help throughout my childhood nor very much in adulthood. I feel people are always telling me about my conditions rather than listening to me. I have the experience and knowledge of these conditions and should be listened to and taken seriously.	I'm vision impaired and need suitable adjustments but services don't provide them all the time.	Listening to someone with Mental Health is vital, and listening in person, not electronically. Mental Wellbeing is for person diagnosed with Mental Health and their families. Prevention listening early rather than waiting until something is a crisis.	Teamwork is the dreamwork! share knowledge and understand background, what has worked and what doesn't work etc.
	Its important to be listened to as we know ourselves and what would help us the best. Too often mental health professionals dont take our feelings into consideration.	I feel unless a person is heard you cant know whats going on. A lot more people should not keep labelling someone because they have issues it may not be mental	Regular contact to avoid crisis is important	Partnership - allows for support for the person for different needs

		health if they are allowed to speak and explain how they are feeling.		
	Patients should be allowed to attend their own MDT meetings	Having had CBT therapy I feel I was not listened to but was part of a box ticking exercise by the therapist.	It's vital that peoples' voices are heard and they get help in a timely manner	People don't want to experience relapse so its important to prevent it esp - paranoia schizophrenia
	A person with lived experience can give you more because they know how the other person is feeling	I have experience crisis of mental health and is very hard to have someone that deal with it to help. May be would be great if we the services work more around mental area and that people wouldn't be so negativly against suffering with it. Is a illness that can hit anyone in a different level.and the professionals like nurses care assistants should be more compassionate and emphatics. More campaign to help youngs one to studying this area.	Listening to the person experiencing mental health difficulties is the most important. They will tell you what support they need, it's important that they get it quickly.	Because services & Wellgate have helped me, getting out & meeting people is a great support to me.
	In order to improve mental wellbeing there needs to be the right services that are available and ensuring the persons voice is heard you get a true understanding of the needs of the community, staff etc.			Especially foe young people fhe different internships or apprenticeship
				People often suffer from poor mental health because they dont feel anyone listens or wants to listen to them. They also don't want to burden someone else with their issues. I enjoy seeing the weight lift from their shoulder when they talk about problems and allow the emotion to come through. Mental wellbeing is the foundation we set ourselves to deal with what ever significant event happens in our life. If the foundations are cracked, we have difficulty processing tough emotions. I want to help people realise they are allowed to have tough times and can grow from it and become a better version of themselves. All to often, we hear of people comitting suicide because they didn't feel their was a way out. With my help i want to make an impact in this field, offering a listening ear to anyone who needs time to process things. It's incredibly frustrating to me when i hear people don't feel they have been taken seriously. Increasing frustration for them
				Because of my experience I see stigma attached to trauma, especially around bereavement, as stigma does not allow trust and people shut themselves off. It needs for services and people to be honest and offer support. Social interactions is important and needed.
				Many people struggle to cope living in the community, waiting times are too long and support mechanisms are too difficult to access for individuals and the professionals that support them. This leads people to reach crisis point much quicker which has a detrimental effect on them and the communities where they live in some cases.

				Often people's voice's go unheard and there's a lack of services available
				Supporting is most important for everyone
				The people need the services most and can be supported by long term service improving mental health
				I dont feel there is enough support for people suffering mental health difficulties, this needs to improve.
				We have to address root causes first
				It is important that everyone is heard, no matter what mental health issues they have. However, putting measures in place to prevent mental health issues would be the most important.
				I have had a brain injury and bipolar disorder for 25 years, every time my medication needs a small tweak I have to be referred to a mental health team. Give GP's the power to sanction this!
				To enable the most 'normality' possible
				I didn't feel my voice was heard properly when I needed support. Accessing the correct service was hard to navigate which led to a delay in support
				Manners and society has gone down hill, there is nothing for the community do to. The appointment system is a pain as it's digital and I'm an elderly individual who is not used this
				As i have said previously we need to be ensuring the safety, security and wellbeing of the tax payers and normal citizens of Rotherham.
Total	**11**	**10**	**10**	**25**

Open Text Responses

Q8. Thinking about your current experiences of mental health services, what four priorities do you think the strategy should focus on?
Answer: Other, please specify:

	Access and Navigation of Services	Person-Centred, Varied and Inclusive Support	Access of Information	Workforce Training and Support	Integration and System Design
Themes	For people who live on the boarder of Rotherham, example Barnsley and have a Barnsley GP to be able to access support services in Rotherham and vice versa. Boarder creates grey area with no clear route to access support	Letters and help with benefits.	Signposting can be traumatic! Support required by some ppl to navigate so many interactions. Less reliance on sodding signposting. Does it work? It hasn't for me. Support for carers and families doesn't mean giving them a leaflet or a weblink!	Training for services in the council about how to support these experiencing SMI better.	Long generative of services, there needs to be enough time to build trust with the support provided, as some may need long term interventions

	Consistent long term options being available. Having someone to help me for a set amount of weeks is good and helpful but once it ends I often find myself struggling to maintain any changes I've just started making.	Nathing about the person without the person. Involve them at every single stage and in every single conversation. Excluding them causes additional distress.	Phone numbers made more available for brain injury survivors has I have no idea who to contact?? other than 999	Training is needed for the general public not just staff working in mental health services. The mental health services are full, we need to build a system that prevents people getting to a point of crisis. We need to educate people on how to be more resilient. I realise this won't stop everybody from becoming unwell, but it would syphon some of the people off. Education would mean people would understand when they have the early signs of poor mental health and then they would be able to ask for help immediately, rather than leaving it until it gets to crisis point.	Services connected to GPs would help GPs understand more about mental health which, in turn, would help with access to services. Many times, the bottle-neck to services and support occurs in primary care.
	Wait times for assessment - takes too long at present.	much more support and understanding of neurodiverse people and their mental health needs.	Ease of access to information, advice and support. People need to know where to go. If someone's mental health is deteriorating the last thing they need to do is jump through hoops to get help.	Support to reduce the need for more intensive services, i.e. inpatient care / hospital admission. Training and support for staff working in mental health services.	Face to face visits when someone is experiencing a mental health crisis
	Ease of access to information advice and support should aways be readily available this should not come to a mental health strategy to make this stand out. Signposting to services which can improve your mental wellbeing “ walking clubs, yoga, breathing classes, art classes etc.Training and support for staff working in mental health services“ witnessing people going through mental crisis or going through difficulty must be distressing for staff so maybe they should get regular debriefs and check ins to make sure they are not overwhelmed or struggling themselves.	Signposting to services which can improve your mental wellbeing. Opportunities, not just 'services', for example - physical activity.		Training and support for staff working in wider partners and VSC	

		Volunteering can be a positive experience for people with poor mental health Support to remain at work Mutual support between people who have poor mental health			
		give people time to support, volunteer to help and better opportunities.			
		Again all buzz words and business speak, nothing about making the town a safer and better place for EVERYONE who pays the bills.			
Total	**4**	**7**	**3**	**5**	**3**

Open Text Responses

Q9. What should this mental health strategy focus on to achieve the above goal?

	Accessibility and Availability of Services	Early Intervention and Prevention	Person-Centred and Tailored Support	Community-Based and Holistic Approaches	Communication, Co-Production, and Feedback	Workforce Training and Capacity	Integration and Coordination of Services	Specific Needs and Inclusion	Other
Themes	Clarification of what it means to improve mental health throughout lives, how to access services, how people can be involved in shaping the services, and what resources are available to achieve all of the above.	Ensuring that people with mental health challenges do not get to crisis point	Ensure individuals feel involved, that their individual circumstances are understood, engaging with other professionals to achieve the best outcome.	ensure that specifically in relation to social housing and anti-social behaviour issues, those with complex mental health difficulties are properly supported in a community which suits their needs and is a sustainable tenancy for them.	Co production - work with people who have used the service or been refused has they do not meet criteria	Ensure education establishments are including mental health topics in their curriculum. Ensure you educate your staff on topics around mental health, so when people use the call line in an agitated state, it is recognised that there may be a wider reason for this state of mind.	The focus should be on the transition from childhood to adulthood and ensuring communication and appropriate service transition between the two.	As English in second language when accessing therapy would like the same therapy worker and translator. Appointments can be an issue with them been online, and not been shown how to access them.	The 4 areas that I have just answered as focus/priorities
	it needs to be more specific the statement above is very woolly How can this be achieved? - inclusiveness, access to what they need making it easier for people to access it	More robust support for young people to build confidence and resilience.	Timely and appropriate care tailored to the individual taking into account their feelings and wishes on how best they can be supported.	Adaption Choice Empowering Housing Support to keep accessing the community	Support with day to day activities, phone calls, and letters.	Less wait time and more training and understanding from professionals	Collaborate with charities and voluntary groups.	provide easy and accessible information e.g. online - easy to understood, different languages, language is a barrier provide multiple languages materials/translated website have translator - make sure all council sites have them	Should link in with the Autism Strategy so that both are meaningfyl, not just dicuments sitting on a shelf. How is the effectiveness of these strategies assessed?
	Keep people from crisis before they become a problem in the community so they are accountable for the action's	More support available before crisis happens	earlier intervention and support within communities.	A proactive approach to encourage engagement- sometimes as a result of mental health, home circumstances etc individuals can be reluctant to engage, chaotic lifestyles impact on their ability to engage. Stating that due to non engagement there	More confident in themselves and services to help people to build their confidence. They need to be able to go to services to talk about what they need. Can't always trust computers.	Train staff so they know how to identify someone with mental health issues and direct / refer them to other services and to be involved in future strategies.	Intergrate mental health services	Supported Employment. A support worker to go to work with them to encourage the adult to reach there full potential.	More funding stop pretending the existing services can be improved without more funding

				is no service is not an appropriate response- what actions have been taken to encourage engagement, offering a safe place, understanding an individual and their own needs and the most appropriate way to encourage engagement.					
	Availability of services (more appointments and clearer signposting to help centres/online help). Web presence - ease of finding out where help can be found.	Talking to the people who need help, focusing on the early signs with resources to help. In my experience, if the signs aren't alarm signs then it could take months to get any Kindof assessment / help. Access to help early on would be great to see	For practitioners to understand that no one case is the same	Community groups for those needing support - carers or those with health issues: Could be best starting point to then move on to other services via signposting from the community groups. I am unsure how many groups already exist but maybe more health and wellbeing groups could be made available across the Borough to allow more people to attend them locally. May benefit those who find it hard to travel. Smaller groups may make it easier as well if anxiety of being in a large group is an issue for people wishing to attend. Could be advertised as a coffee morning rather than mental	Digital Inclusion Focus on vulnerabilities	Decreasing the time taken for people to get diagnosis for increasing numbers of neurodivergance i.e. ADHD, autism. Improving the resources available to speed this up from staffing to implementing better strategy and use of resources, for example, AI to improve efficiency and take less time	First and foremost, communication between agencies for formal or otherwise referrals Too many agencies not working on alternative pathways if first option offered unsuited. Indeed if anything offered.	need more trauma informed therapies. lots of people particularly neurodivergent people who cant get emdr and other therapies they needs. also training for staff in mainstream services about neurodivergence.	reduce waiting times increased access to evidence based treatments fo all including those with SMI not just anxiety and depression

				health meeting so it seems more welcoming. Advertise in local press of even newsletters pushed through letter boxes.					
	quicker help for the person suffering with mental health issues and carers of people suffering with mental health issues	Knowing who to contact with correct resource Early access to support	Motivation to help people who are suffering and empowering them to move farward. Lisening to peples needs	Link with all the other offers that can support wellbeing overall, such as volunteering, being involved in community groups, improve the offer of physical activities and connection with nature.	Provide information on how people can have an input in to the strategy and have their opinions heard.	Ensure the appropriate resources are in place in order to deliver the vision, i.e. information, trained staff, time, and budget.	Building effective partnerships to enable people to access the appropriate service.	Unders5the specific needs of LGBTQ	People and society
	Access to information that they need to know what is available to them	Prevention plans and contacts	Person centred	more active especially in winter more community space to meet with others in community indoor activity, especially duirng winter better opportunities to learn: crafts, maths, language, daily life tasks - feel have something to do and purpose	Open communication	Resources available Improving waiting times through detailed assessment and signpost to the right agencies	signpost to support and support workers, work together with voluntary services	Having more services to aid ESOL for our diverse communities. Having more hollistic approach to getting all the available services available in one place, like a centralised website to improve awareness and discovery.	There is a need to look at colleagues mental health needs in some parts of the council.
	Connecting with others in similar situations. Information sharing. Knowing how to get information.	Prevention and early support.	Routine needed which will support the individual	Access to private spaces within community groups to have	Listening to people and communicating with them properly.	staffing levels to be at a maximum	Ensuring that the people who are suffering have continuous	Male victims of domestic abuse and raising awareness that males can be	More help when you need it

				someone to talk to in confidence.			support before and after	victims too and it's OK to ask for help.	
	Make it more accessible for people with mental health	Mental health services access is only normally grandkid when you are on edge. It seems to wait for people to hit the button before reaching out. Support needs to stop before the point of deterioration to save people before itâ€™s too late early intervention should be a main priority for those who have already slept through the cracks adequate services that linked up and communicate with each other need to be put in place in the waiting times need to reduce significantly.	To improve person centred working and not just targets. Knowing where to go when help is needed	Helping people to look after themselves and get well Improving all knowledge and allowing people to make their own decisions Encouraging people to prepare	Encouraging anyone with mental health issues to become involved in shaping policy by being open about their issues and how they affect their day to day lives and their ability to work.	Fairness. Politeness. Professional. Trusting. Approachable and staff trained not to be rude or racist or as all rmbc staff dismissing all and everything.	Promote MH services, alongside Physical. Yes, have the option to be referred to a specialist MH nurse etc in GP surgeries for example, but make services visible and part of mainstream care. It shouldnt be a case of having to know about it, to ask for it.	Equality and expertise and experience	AI can be used to send reminders for appointments

	Make it more accessible to people with mental health and reduce waiting times.	Early intervention (childhood) continuous care and understanding . Help with filling in forms. Having a contact number for somebody to talk to about issues. Listening to us and making sure we are listened to as much as the mental health professionals. Make sure our notes, file is available to all involved, so we don't have to keep answering the same questions at appointments and when filling in forms.	Having their voice heard when accessing services so regale feedback opportunities to say what's working and what isn't work for them.	Maintenance of wellbeing - on going small activities through mental health services	Raising awareness of services which can be accessed for anyone suffering poor or ill mental health. Listening and using feedback from service users to improve delivery and gain funding to meet the needs of the residents in the borough	Information and training	Promoting partnerships between private practise counsellors and the local council. Allowing for subsidised costs for clients. This would allow people to gain access to mental health support easier and quicker.	Making sure that all aspects of living are supported in the correct way. Giving people the with mental health issues a key person or service they could access any time to help with all aspects of life. This could be just simply talking things through, getting information that they need. It may mean helping with a housing issue, paying bills, getting in touch with services and making them aware that this person needs help, as often picking up the phone and talking to a new person can be very daunting for someone who is struggling with mental health issues. In many cases if this Kindof support was given it would stop many peoples mental health issues escalating.	No special comment
	Make the support available as clear and easily obtainable as possible, ideally a one-phone-call which is what is necessary in a crisis	It needs to focus on the whole person and be a prevention strategy. It needs to focus on the elderly population and the wider health, as well as younger population, especially with getting support at	It needs to focus on what is most important as the outcomes of the consultation etc.	Supporting people to get into support groups/networks to improve their mental health.	give people enough time to speak	Having an adequate amount of the right staff and facilities to support those in need and their informal support system.	collaborative working with voluntary, charity and other public services to deliver a joined up service. Upto date info on referral or signposting to organisations Online directory of all relevant services across all sectors that's accurate and	Understanding the barriers to people accessing services	Supported any person with mental health issues

		school, so they know where to look for support in the future. Mental health should not stand alone it should be joint with other health and wellbeing issues, this would save NHS/Adult Care money.					updated regularly - GISMO is out of date and also people are not aware of this website so they cannot help themselves to find info to access a service.		
	Someone should be available for support 24hrs a day - 7 days a week	Normalise accessing mental health services - get rid of the stigma. Early support. Listen to all residents as they may all need to access mental health services at some point in their lives.	Get the voice of the individuals	Flexibility of approaches, different types of therapy and support, before, during and after crises, alongside quick referrals (not just to the first assessment appointment, but to proper treatment/support). One of the biggest strategies that would improve mental health at a stroke (although I realise this is beyond the narrow scope of this specific strategy) would be through improving social and economic inequality.	The Homelessness Prevention and Rough Sleeper Strategy is currently under consultation for the next cycle 2026-2031, a lot of people who experience homelessness also have issues with their mental health. It may be useful if something could be embedded in the Homelessness strategy in regards to additional mental health support when people approach as homeless. Links can be made to someone with poor mental health and them not being able to manage their property/bills etc which contributes to them becoming	Having constant access to trained health care professionals.	clinical specialist could visit informal groups such as the social prescribing hub	transport can be a barrier: community transport does not have sufficient provision and some people are not comfortable using public transport	Promote work life balance Promote the role of well being champions across the council

					homeless. If the person's mental health could be improved whilst experiencing homelessness it may lead to more positive results when they're rehomed. The Homelessness strategy has 6 key priorities, an improvement in someones mental health could be linked to at least 3 of the priorities.				
	Putting things in plain English without use of Jargon For services to be open and available, with everyone been able to access support no matter what they need or where they live	Timely support and intervention	Post admission/discharge prevention to avoid re-admissions social support - so people are exposed to positive wellbeing in their daily life	Everyone should have support and be able to talk about their issues. Getting people out of their homes to the services and having community groups e.g craft groups, fitness classes, chat and cuppa groups. Getting people to know about how to access the service	Reduce stigma by discussing mental health and supporting needs as openly and routinely as we would discuss physical health needs	Good care staff. Not too young.	Having more classes at Wellgate Court, e.g. yoga mindfulness.	Lived experience - consultation.	The person who is suffering, and providing help and someone to talk to asap.
	Advertise your social prescribing more widely	Definitely start from a younger age to help children and young people that need mental health help. Offer up more local availability of services, perhaps inline with each gp practice.	Focusing on individual needs for general wellbeing - early education in schools and college	Raise awareness of local groups trying to bring communities together. New hobbies and new friends should be the first signpost to improve mental health. Contact the groups im sure they will contact the person to introduce themselves	Also need to provide regular opportunity for people to feed into how the services are performing - this information on how to do this needs to be accessible.	Reducing waiting times, more training for staff and not just the generic CBT (which doesnt work for sever mental health) but things like EMDR, CBIT etc more access to higher health professionals such as psychiatrists who can then address the real	Give more access to places like Wellgate Court to avoid hospital admissions. To provide craft and group facilities at Wellgate Court which is very helpful to our health.	Well trained mental health practitioners with a better understanding of what living with a mental illness is really like. How to better signpost and for more support to be readily available.	Reduce poverty and deprivation - mental health suffers when people are struggling to live, to feed themselves and their families and to pay their rent/mortgage.

						issues whether that be more intense therapy or psychiatrist prescribed medication to aid severe mental health			
	Improving services and reducing wait times More services for young people experiencing SEMH	Focus on listening to the voice of the person and implementing measures to reduce, delay and prevent the need for support	Supporting people	Advice on how to maintain health such as exercise and time spent in the outdoors.	Mental health is an important cornerstone of people's health and wellbeing and by collaborating with the Health and Wellbeing Strategy we can enable this to be consistently integrated throughout the Council's services.	More services and trained staff, reduced assessment waiting times	improved communication between services and organisationS	Ensuring all workers who come into contact with the public should have training in mental health awareness.	Council meeting in Maltby needs to improve, they cannot see eye to eye and there is no straight answer for the community.
	Ensure that provision is accessible to people throughout the borough. Rawmarsh isn't accessible from Laughton for anything therapeutic.	Ensure the importance of mental health is taught in an age appropriate way from a young age	Giving a voice to people to shape services.	more groups, and a range of activities	Information, advice and support is available in a timely manner	Good staffing levels, well planned services, listening to and respecting all service users.	Visit commissioned service	Focus on peoples material conditions. Often IMO peoples material, living conditions and working conditions are a large source of mental health woes.	That is a load of waffle
	Awareness of services in the borough, reduced wait times, having a voice about services	prevention, early intervention before reaching crisis point or worse	connect with people from good relationships improve services, offer different options of support tailored to the individual	Look money is being wasted. Reopen community groups, this supported left out people. Wardens supported communities, need to use community centres. Volunteer groups to run things.	and involve all stakeholders to help ensure its success	Timely help, no waiting lists.	For health to not sit in silo, physical and mental health need to be joined up and sometimes this is missed.	Take into account those with neurological conditions/injuries as they are missed out due to not fitting in with the autism or learning difficult categories	Transport for people with mental health challenges linked with physical health challenges that may be permanent or temporary.
	The council being more accessible and visible ; giving people the support that works for them not	Early intervention is key, need to provide support early	I think one to one supporting is key element of successful	There is not enough in the community for elderly people to stay occupied and	Service user / resident / expert by experience - having input into the strategy.	Provider longer term therapies and support to prevent relapse. Offer drop	RDASH are interested in working in the community	Most importantly from my own family's perspective it would be more tailored help	

	what someoneelse thonks they need .	rather than been reactive		the things happen all at once.		in sessions for all unpaid carers.	which will be beneficial	for neurodiverse people	
	Providing accessible services, including clearly signposted self help resources to mitigate issues created by the time it takes to get appointments.	Early intervention before condition becomes critical/crisis point	people are not numbers - people are people - stop or rethink outcome measures to be more person centred	HWB Workplan Rotherham Suicide Prevention Action Plan 2025 - 28 Rotherham Public Health action Plan (Better Mental Health for All 2017 - 25), currently being refreshed. Rotherham Loneliness Action Plan (2023-25), will be refreshed end of 2025 / early 2026. Early intervention and prevention. Tackling wider determinants - good housing, services, good employment, reducing loneliness, reducing poverty, addressing health inequalities.	Better communication between Multi disciplinary teams and a greater understanding of what everyone involved in a persons care does but also what they cant do. More non digital marketing, approx. 40% of customers I have dealt with dont have the internet/compute r, fear technology or simply dont use it.	Council staff to have better understanding of different conditions such as memory loss and brain injuries	Improving mental wellbeing and services available across Rotherham and across a range of platforms (online, face to face, virtual)	more available, fee or low cost transport - reduction of unnecessary anxiety	
	Accessibility of services	Classes / printed materials for parents of school children with tips and support of how to approach the subject with their children or day to day tips that can improve mental health for prevention of bad episodes.	listen to real people living with mental health, live experience, peer support	Any partner/spouse being a carer without knowing be offered support and specific meeting groups once a month in wards throughout the borough. This could create a network of peer support for carers who dont recognise themselves as being carers.		giving employers and mangers the training to help with their employees and mental health	Integrating with their local VCS to work collaboratively	A waiting well strategy that includes all services working in cohesion	

	Information on access to services.	Ensuring people know where they can go/speak to before any incidents actually occur	Commissioning/funding: how success is measured does is not person centred or look at true impact the service is having on an individual			Employ willing and able people. Retain peer support. Flexible working, especially around holiday times such as xmas, New Year, when people likely to go into crisis. Additional support for single people no matter the age, or people with chronic health conditions.		reduce inequalities transport and help with access to services, sessions etc.	
	Clear pathways for all ages, and if they don't fit the criteria for one service, there should be another service there -no gaps	Timely access to support when its needed to avoid deterioration of mental wellbeing. Services need to be flexible, recognising that mental wellbeing can fluctuate.	give people a voice, lived experience			more staff		More funding to community initiatives, getting more people together from different backgrounds - community support of mental health that is not advertised as so, as to not scare people off.	
	Better access to services A clear understanding for everyone what services are out there for different levels of needs. Being more flexible- home visits.	It should focus on supporting people with all levels of mental health - waiting lists are so long that people are left without help and support and ultimately get worse - fewer people would be in crisis if support was given earlier	Empowering people to say that they need help and that there won't be any consequences to that (e.g. at work).			Training for staff More staffing More home visits To get permissions to discuss with carers		Reaching out to groups of people that may not come forward with mental health issues. In work, it should be mentioned in team meetings and in 1-1s.	
	Reducing waiting times. - Follow through with gentle support after treatment is complete.	Living well - what does this mean - prevention	Need more of a patient centred focus			ensuring staff have the skills, knowledge and		I think that any strategy should be bold and ambitious by tackling	

	- Regular check ins, even if a text or call. - Listen to the service users and their needs.	links to care act.				resource to deliver it		inequalities, transforming how and where the service is delivered,	
	Availability of services, long wait lists mean young people and adults are left waiting for support with no services there to help in the meantime. Professionals knowing how and where to transition people to adult services.	School children syart early looling at well being and support Older people	Talking with and listening to people who are experiencing poor mental health. How can we help you? What will make their lives better? Tell us how we've failed you in the past?			Training and availability		A more serious commitment to supporting staff mental health, need to help yourself before you can help others approach.	
	having more long term options. help for a few months can start to help me make improvements but often help/support ends too early. More services to access when we need to. Be it once a week or once a month etc. Sometimes, its difficult to access support consistently due to our difficulties.	The strategy should support on early intervention /prevention rather than acting once the person has reached crisis. Often people suffering with mental health suffer further or become more complex as they dont feel heard in the initial period of needing support. Not just for general mental health but all things such as people with things such as ADHD or a known mental health diagnosis should have more regular check ins, not just be put on medication and then no	The voice of the patient and the families helping them			Reduce the estigma of mental health. Improve the services finding a way that the professional are more compassionate in their roll. To improving our wellbeing give hope to people in comunity		we think that unpaid carers should get more support from mental health services cause their supporting their loved ones because it can effect their own mental health and should be entitled to more benefit to help with financial worries.	

		check ins from then on. Again with things such as dementia, learning difficulties etc.. carers should be checked in on often as well as the person who they are caring for. This all leads back to early intervention and prevention. This can link to housing, employment support, R&E all services within RMBC anywhere that a person may feel ignored or not valued of their opinions or feelings.							
	Keep these services going as they are a big support to people.		face to face contact with service users					Knowledge around MH, diverse range of services and support. Support and recognition for carers. Work to fill commissioning gaps. Crisis and early intervention. Focus on reducing waiting times for diagnosis so individuals get the right support. Recognising how females and males present with differing symptoms, i.e. masking. Provisions for loneliness - there's a	

								big gap in B-friend services.	
	I think first of all wait times for assessments need to be shortened and then help going forward needs to be consistent. I know its difficult with limited funds.		The person should be heard not just seen. Find out why they need the help and support them. Not to feel judged. Some people who are labelled with mental illness may not be it could be a trauma that isnt being recognised. That doesnt make you mentally ill.					Our service is in the homelessness sector, it would be my hope that this strategy aligns with the new homelessness strategy that is currently being developed. Homelessness is no longer just about rough sleepers - we are seeing couples, families, asylum seekers, victims of domestic abuse come through our door. Trauma plays a huge part in the homelessness situation and people won't be able to move on fully unless their mental health is also taken care of.	
	Inclusion. Information spread into communities, schools & accessible places.		To reduce waiting times to enable individuals to feel heard and seen before hitting crisis. To understand how each person is an individual and will not fit into a box.						
	I believe it should focus on the waiting times for people to receive support		Realising that people have different needs and more services should be available						

	People who need services might not be able to get to them without support		Its important that mental health services are more person centred and their care plans are centred around the person needs and not a tick box. without listening to people you dont know what needs to change in mental health services. people have experience of mental health services should be encouraged to work with mental health services in the future to help and design services and also offer peer support working roles so people with lived experience to have the confidence that they are making a positive change for mental health services in the future.						
	Understanding the barriers to people accessing services								
	make services available at the same time and in the same place - co-location								
	Access should be easier and speed of response quicker especially when someone is in a Mental Health crisis. Knowing who and what can help also.								
	Availability of support								
	A transparent, joined up pathway that is easy to access and navigate								
	How they can access the services?								
	Making it easier to contact a service, it to be clear, concise and not full of red tape. Being passed from pillar to post								

	Timely and sustainable access to services								
	long term support rather than short term funding								
	Having services available throughout Rotherham, for all levels of mental health.								
	Be more available avoiding long waits to be seen								
	Ensuring that services are accessible to all and that they get the support they need.								
	Quicker and easier access to consultant led care. Less reliance on assistants, associates and support workers as these don't move people on particular they just continue the delay in treatment and people do not feel listened to or supported when not seeing a consultant who specialises in mental health. Theses support roles should be used after initial assessment from consultants and less focus on keeping people out of hospital as this actually results in people feeling as though they are not listened to and it feels like a money saving exercise. ENSURE PEOPLE COME FIRST NOT MONEY. It is obvious to a service user whether the strategic thinking is one based on quality and compassion or one based on efficiency and keeping numbers down. By changing the eligibility for intensive services for example, may make it look as though people are less seriously unwell but the reality has changed none, in fact it gets worse as people are not accessing the intensive								

	treatment they need at the right time.								
	Possibly specific mental health trained person to run a clinic within doctors surgeries that you can be triaged to without having to be referred to. Mental health first aiders within work places who can be a point of call within each team to provide support.								
	More access to speak to people in a crisis								
	Supporting general mental health but also to support people with things such as adhd and autism as if these go undiagnosed then they can serverly affect mental health								
	Scrap labels and DSM5 diagnosis before support is offered. More staff to be able to support rehab for visual impairment.								
	Increase staff and funding								
Total	**44**	**25**	**30**	**19**	**18**	**25**	**19**	**27**	**16**

Open Text Responses

Q10. Is there anything else you would like the Council to consider regarding mental health for unpaid carers, or is there anything you think the Council should include in the mental health strategy to support unpaid carers?

	Recognition and Value of Unpaid Carers	Access to Support and Services	Respite and Breaks	Mental Health and Wellbeing of Carers	Financial and Practical Support	Communication and Coordination	Inclusion of Specific Groups	Other
Themes	Acknowledging and providing a support system for unpaid carers can be beneficial. Offering incentives such as respite activities like cinema tickets or meals out with a support group could help make their efforts more visible and recognised.	They should outline their ambition for working in partnership with other agencies like GP's, Schools. Work organisations etc to help unpaid carers not have to go to lots of organisations for help - a one stop shop - it should be preventative and not reactive when it is too late.	I imagine respite is a big issue for unpaid carers - or even talking to someone in the same position	Unpaid carers play a significant role in the support system for individuals with mental health needs. However, these carers may also require support, as their own mental health can deteriorate due to the demands of caregiving.	Possibly help financially	More support and easily accessible services where carers voices are valued and listened to	The role lgbtq play in this arena	My carer died. Does the strategy address that?
	May be some incentives or freebies to support them in their unpaid role, or even recognition awards if they were interested. A Rotherham Awards event not down to health or police or council singular awards night a whole Rotherham event	Lacking support of unpaid carers for LD/MH much more focus on elderly.	Support groups for carers to give time away from caring duties and provide each other with support.	Not been able to use mental health as an excuse to take that extra time off work every year so they are at home in the summer months. Not using MH as an excuse to make others around you miserable and cause damage in the community. I have mental health issues so its ok for me to what i want.	Carers benefit stops when working, reduces chance to work as cares full time and work	Information sharing		Already given my plan in previous answer
	Messages of praise or thanks from the cared for person may go a long way for some people - simple practical things - talk to them to find out why they do it	Support to complete major adaptation to properties owned,/rented to prevent younger adults entering into supported living. By supporting this spend to save can support people to remain in home of choice safely for longer periods	Unpaid carers would benefit greatly from being able to have a break themselves while the person they care for was being supported elsewhere.	As a past carer, I found it difficult to have 5 minutes to myself, as the stress is unmanageable, hence I feel training should be provided to widen knowledge of poor mental health and building resilience. Luckily I am educated in mental health, so knew what I needed during the time of my	Even paid carers aren't properly paid. Anyone who needs care support should have access to at least one regular weekly paid care session to give the unpaid carer a break	Being involved with varying mental health departments and services over a number years: Please - NHS, RMBC, VAR, Local community groups - talk to each other		Yes

				life when I was a carer. Some people are not educated in what our mental health needs, and support groups, whilst are great to some, I personally would not have been able to attend due to my responsibilities. I needed to understand what I needed in order to keep myself well.				
	recognition of unpaid carers-their role can incorporate abuse both verbal and physical and too often this is ignored. Carers beg for assistance and support and often feel not listened too. The support offered by these carers is difficult to quantify because it is emotional support, financial support and often their main concern is that the individual receives the support they need. Carers may understand if offered information around the mental health.	Making GP's aware of unpaid carers to offer them the support they need. Carers are often forgotten about as the cared for person is prioritised.	Un paid careas should be paid ,supported and have rest bite from people they care for.	There is currently too much focus on the unpaid carer and not enough on the individual with the mental health problem. Focus on the person with the mental health condition.	enable adequate support for people supporting the struggling family member too. dont minimise their struggles.	Increase awareness for unpaid carers on the support available, and more information on how they can access this. Also increase outreach work with other agencies, to reach a wider audience so more unpaid carers can access the support available.		Don't know any carers.
	Unpaid carers need support regularly - nt just in a crisis. They need to feel appreciated / valued. They save the NHS and council millions by caring for their loved ones.	increase the support offered to unpaid careers, like more support groups and wellbeing activities	Nothing specific to unpaid carers beyond respite help so they have the time to attend appointments.	Think about the person diagnosed with Mental Health firstly, but also think about families, carers what advice and support can they be offered, it is sometimes talking to someone to know whether you are doing the right thing to support someone.	More community support to reduce isolation of these people.	Having someone to talk to get ongoing socialisation and share their experiences		Yes. Stop staff telling transplant patients that they need sectioning. Its utterly wrong and cruel.
	Carers needs ae just as important as the people they are caring for.	More help and support for unpaid carers so that they don't feel isolated and excluded	Easier and quicker access to respite services to prevent burnout rather than wait till burnout. The	Carers wellbeing is key because if it's not considered then you have two people with mental health	Access to carers allowance, benefits and other services. An unpaid carer is usually a friend / family member sacrificing	Listen to family please, when we are asking for help on our 'cared for person's' behalf we tend to		Unpaid carer is critical issue for the new comer , i think it is

			impact on a carer when crisis happens	problems instead of just one. Wrap around support planning	their opportunities to cater for a loved one. By increasing the service sin care etc., it will get more into paid employment, returning investments and resources back into the local economy, less barriers and take aways, more innovative care and wellbeing spaces?	know them better than someone that has just met them.		important to provide some opportunities for the new comer
	Acknowledgement of their contributions Support networks that focus on them not the service user Named contacts not ad hoc	Make the support available as clear and easily obtainable as possible, ideally a one-phone-call which is what is necessary in a crisis	Regular respite required	Most carers I know recieve no consideration for their own well-being. Caring creates reduction in economic and social status, often causes loneliness, and can often be the beginnings of deep distress and mental illness in its own right.	Extra training for unpaid carers. For them to have someone to talk to.	Send out regular questionnaires to carers/unpaid carers to have their voice heard - and not just a select number. The council should accumulate the statistics of how many carers/unpaid carers there are in the Rotherham area and offer support for them		get it right for people first
	Recognition for their role and possible respite.	Support and guidance	Unpaid carers need a break themselves knowing the person they care for is safe. This could take the form of respite or groups for tge person who is being cared for.	Help to educate carers on MH conditions, and vulnerabilities (to low mood & relapse). More support for carers - counselling.	Professionals working along side unpaid carers to ensure their wellbeing in being maintained	I think how they can get the support that they required such as hotline, online enquiry and email.		Is there evidence that unpaid carers suffer more than the rest of the population?
	I think unpaid carers should be valued more and given more support, they do an amazing job.	Support and guidance	Give unpaid carers more credit, support and access to respite care	This strategy should cover carers too because carers can struggle with mental health.	Discounts on gyms, swimming etc so they can have down time and look after their own mental health.	RMBC work more with unpaid carers to find out the support needed, give a voice to unpaid carers		More partnership training to help identify unpaid carers that don't recognise that in themselves so that they can sign post to support they might not have known was there as they didn't identify as

								an unpaid carer themselves.
	They need all the help they can get. They are heroes.	support to be available	Respite should be available when required by carer. This is seldom the case. Prioritise carer if they have ill health, either supported or respite or whatever they feel will alleviate how they feel when down.	I don't think anyone realise the stress on unpaid carers, when they don't receive support it can lead to depression and affects their mental health.	Unpaid carers need to have the same rights as employed carers when it comes to getting credit, loans they save the government millions and it should be noted.	communication, need to listen.		
	So many people offer support to family and friends, this can have a massive impact on their lives. Acknowledgement and empathy for all those unpaid carers when they need it is an essential addition to the mental health strategy, without them so many people would be in crisis and be accessing mental health services if they are able to do so.	Support been available at the start of the caring journey Support to be offered across South Yorkshire for unpaid carers, no boarder (GP/Post code) eligibility or criteria	Respite and access to therapy to ensure their needs are not neglected	Support networks for unpaid carers would be a great help especially with a focus on supporting good mental health.	More support, financial and mental health support	More support A phone line to other support that dedicated for carers		
	I think carers can often be missed in the support they can access themselves so more consistency and awareness would be beneficial for the council to consider, ie they may be aware of who are carers but what support do they offer to them?	Access to services and support.	More understanding of impact in the workplace on MH and support around this. More respite available for carers.	I imagine there is a link between unpaid carers and mental ill-health, so provide targeted resources for unpaid carers struggling with their mental health in a way that is accessible for them such as thinking about what will happen to the cared for person whilst they are receiving support	Lots of training and support	For professionals to understand and be confident in what the carers offer is. For carers to be able to gain easy instructions.		
	If you have someone who is caring for someone with mental health issues either drink drugs or even domestic violence. Concentrate on helping the carer so the one that needs caring for is done	Unpaid carers need to know that there are people there for them in the first place. As an unpaid carer myself I wouldn't know who to turn to apart from my GP and that's often not the right route. It needs to be	More respiteday care services so they can have a break	Better early support and post hospital support for carers - many carers feel abandoned once they leave hospital/return home better financial	Provide some training.			

	well. The carer always seems to be overlooked and told to get on with it. If you was to help that person then you would be helping two people	understood that many unpaid carers don't have the opportunity to get to appointments with ease because they have no one to look after the person they caring for. For many it's a 24/7 job and they are stuck.		support/social support Most mental health problems stem from struggling to cope - remove barriers that lead to poor mental health				
	Recognision of individual circumstances	Unpaid carers should receive the help they need from the council ; identified during a carers assessment , not being told the council don,t offer this .		Also the risk of them developing their own mental health related illnesses is high in this situation and it can quickly spiral. People need access to the right people who can diagnose and move them forward, there is far too much reliance on assistants and support workers providing this role.	Visit commissioned service listen to real people living with mental health, live experience, peer support long term support rather than short term funding prevention, early intervention before reaching crisis point or worse more available, fee or low cost transport - reduction of unnecessary anxiety			
	If a person is regularly attending A&E or the GP and seems to be attending with a partner or family member and may look to be at a level where they are needing regular support“ I think this needs to be flagged that that family member should be offered mental health support. For example, an elderly couple where one person is dealing with dementia or health issues and the other is having to provide support dressing bathing etc, but is not an official carer and also isnt subscribed to in house carers. This person should be checked in on to see if they need support. Quite often it is just assumed that if they look to be managing or are physically able that they are coping.	Possible groups they can attend as carers. They need support groups to help them manage daily stresses that come with being a carer		people who are caring for their love ones could experience their own mental health issues. there need to have their own plan but should all have a plan with their loved so they know what services are available to support their own mental health and wellbeing.	Training and help and advice to better understand the person they are caring for			

		More support for unpaid carers, information that is accessible to them easily		Unpaid carers should be in a minority, anyone with serious issues should be under professional supervision.	Support with accessing support for them and those who they are caring for Support with development and progression			
		we have drop in session once a month for carers to attend with people we support and also events during the year for them to have time to enjoy themselves and ask anything			a register for peoples (the person being cared for) unpaid carers would be useful so RMBC could contact in emergency or is assistance if required.			
		Free support groups where they can socialise with other carers/ have free advice for benefits/ health etc			Having protocols in place to ensure unpaid carers don't/aren't struggling in work and all aspects of life as they perform vital work			
		This strategy should include more support for carers.			Bet awareness and contact with unpaid carers - this may help to intervene at earlier intervals if someone was to decline with their mental health.			
		Support for young carers			Some form of actual payment			
		Help for carers when they get carers fertege and no one to turn to There is no help at night Trust me have phoned emergency number got no were			Like with ECS, when someone is a carer they could be provided with a business card with the contact info on for the services available.			
		They need to support the carer and have regular contact, because if not, the carer becomes locked into providing care and nothing else						
		Support for carers.						
		Consider young carers particularly and any young person who ends up as 'looked after' due to their caring responsibilities.						
		Availability of services needs to be more widely advertised						
		Local wellbeing groups!						

		Yes more support for the carers						
		People need more assistance and availability and services need more advertising						
		More support for unpaid carers, support that the carer needs rather than carers having to fit into whats provided.						
		easy access to help if required						
		Accommodations to support unpaid carers to stay well						
		More carer's groups						
		Help to liaise these with advocacy organisations and peer support to enable them to access all help available to them.						
		It's hard for carers but the hospice has been a huge help, they do breakfast/lunch/tea but people don't go as they are not aware, however it's been a lifeline for me.						
		more community groups						
		The carers are left to bridge the gap between services and wait times / lack of available services or specialist services. They are helpless and their actions may or may not be helpful to the individual if they are not supported appropriately.						
		Mental health services linked to adult care that can support people who are unpaid carers						
		To make sure they have the correct support at the point they begin caring for someone and throughout						
		Support groups						
		Do different events in town centre or local libraries , college that engaged and						

		developed good impact at mental services support. And that the professionals works with caring and integrity not just for money.in order to reduce the level of so many that having suicidal feelings						
Total	15	35	13	16	21	12	1	9

Open Text Responses

Q14. Please tell us about anything else you feel may need to be considered in the strategy.

Themes	Access to Services and Information	Waiting Times and Service Capacity	Service Delivery, including Continuity and Quailty of Care	Mental Health Awareness and Education	Early Intervention and Prevention
	Access to information and a variety of services should be part of the overall strategy to ensure ease of use and choice.	waiting times to be reduced	Better understanding from OT more dignified assessments	How younger generations are so much more aware of their mental health signs and symptoms but also need to be resilient and not used as a get out card for everything - hard to describe or how this will be addressed but an undertone	This strategy needs to focus on helping people at the start, with a contact to phone and advice to be guided to support. I now have a Rotherham Carer booklet which is good but would be better if it outlined the type of support such as Health or Social, so I can see if I'm able to attend due to postcode/registered GP.
	the use of alternative therapies/ taking responsibility for your own well being	Reduce waiting times	Taking a more innovative and modern approach.	more understanding of underlying mental health issues that may link to substance use in order to block thoughts etc	Early intervention is key!
	What funding can be accessed as a individual or a workplace/organisation to support mental health initiatives?	waiting times for services need to be improved	Utilise modern solutions like AI to lower costs and increase efficiencies.	consideration that individuals can have chaotic lifestyles and may not fit into a service- how can we incorporate more flexibility in the delivery of service.	Prevention and early help with problems can often prevent issues escalating and needing a lot of intervention at a later stage.
	information to carers to understand the specific diagnosis- support in working with the individual, how to respond	There's to meany form filling and not enough help and waiting to to long for the right help	Waiting times and times allocated for pieces of work, meaning the length of time we can support individuals, as sometimes 12 weeks is not long enough to form a relationship and provide sustainable support	People with mental health conditions need to be valued and feel important.	Early intervention and prevention is more valuable than reacting to the issue
	a proactive approach to encourage engagement rather than - no involvement didnt engage	The delays in assessment have a negative impact on child/parent relationships and increase other agency workers caseload	Peoples mental health needs can change from week to week so services need to flex around the individuals	I promote mental health support to all individuals who need it, its important to reduce the stigma attached to mental health as its preventing people to access support.	It is a growing problem, if it is identified that someone is struggling with their mental health then speedy, early intervention can prevent further deterioration and the need for more

					intensive and expensive interventions later
	keep things updated - information, support and community venues	not enough money spent in Rotherham regarding Mental Health Waiting lists too long More staffing is needed	Like to see more support workers with faith & spirit. & a vibrant attitude & a freshness.	There is a lack of awareness of the mental health services and support available	Should be prevention rather than reactive
	Many people cannot access online services, so information should not only be available online.	The biggest problem is waiting times - people end up in crisis or go long periods with no support and then, when they do get it, it's limited and often ends abruptly because people have had their allocated number of sessions. Also, services are so under resourced that support often feels rushed and like a tick box exercise as opposed to actual care and support.	The strategy should focus on self-development - for example reading books and gardening & volunteering in green spaces. countryside	I believe that the strategy should focus on the importance of keeping mentally healthy and not just on where to go for help if you are struggling/in crisis. I think the new 'My Plan' document addresses mental health well and has prompts to promote discussion - I routinely discuss mental health with my team during 1;1's appraisals and generally in day to day work. Training to improve awareness - I completed a GCSE equivalent a few years ago on mental health needs which I accessed remotely. We need to promote the view that it is a strength to ask for help to reduce the stigma around mental health. I struggled severely with my mental health a few years ago and was advised my my then team leader to not mention this to the schools I visited as it might appear 'unprofessional'. I chose not to take that advice and explained in a professional manner what I was dealing with and how they could support me during my visits to school. The schools responded really positively and I was blown away by their understanding and support which then aided my recovery. It also meant that school staff were more open in talking about their own mental health with me. Support needs to be personalised for staff - for some people continuing to work helps and for others a period of time off can help more. It is about keeping the channels of communication open and responding at a personal level.	We need to support our young people, life is difficult, becoming an adult is difficult, more education around life, work, money and expectations of being an adult need to be embedded into everything they learn through all stages of their lives.
	More leaflets. A number that people can call for help. The people who	Often access to mental health services is given too late due to long waiting lists.	Continuity of care is important: Enablement has been helpful but it ends after 12/15 weeks	As a person that has suffered and sometimes still suffers with mental health issues I would say it should be	Thinks such as diagnosis with life changing illnesses cancer, dementia mental health support is often offered

	take time to listen have made an impact.			shared more on how to volunteer yourself to help others with mental health problems, complete the correct training in order to go help others safety, but not necessarily needing a degree in counselling. I certainly would be open to being something like a œmental health first aider with the correct training to be a point of contact or run mental health sessions for employees or within the community as I think this is something that is not readily available.	too late when a person needs it most is usually during the initial shock of the diagnosis. Mental health support should be given to help support through the unknown period where questions are left unanswered in the waiting period. Support should be something that can continue even past the 2029 date and provide people with the tools to support their own mental health, but know that support is there when needed. I personally think wait times is one of the biggest issues " acting quick to mental health prevents larger issues. There is often information given so that people can call the crisis team etc " people could be worried about calling the crisis team or Samaritans if they do not think they are at the point of being suicidal but still need immediate support, worried about the crisis team saying they are not bad enough? And on the flip side of this is if you were having suicidal thoughts, it is not a first thought to speak to a stranger.
	Please think that not everyone wants to access everything electronically, a person or a personal service is much more caring.		Long term care users can be passed on from one worker/service to another, which makes it difficult to build trust or a relationship, which makes it more difficult to access support. For some people, developing relationships is not easy and can be a stressor. Meeting one person after another can be tiring. Knowing there is somewhere to go that I feel comfortable with provides long-term stability. Feeling safe and secure is very important.		
	More information available on our website		I would like to see more support workers so everyone who needs one can have one. I'd like Wellgate to be open 7 days a week.		
	Access to transport and amenities can also have an impact on accessing mental health support		There needs to be more money/funding going into support, especially bereavement support and for Cllr to attend this support to see the benefits. I try to support people to start and access support which then		

			empowers them to attend on their own and make friends.		
	More consultant psychologists, less assistants and support workers used early on. Quicker diagnosis, stop things before they get worse. Stop promising what you can not deliver, be realistic from the start and from an executive level focus on quality over numbers and look to improving their lives for good, not just until the next report.		Ongoing review and consultation.		
	Having more sensibility branch consultations that have good impact in mental health. Not every bad actions in communities have escuses but make clearly that doings things that hurt others have serious consequences.		Sustainability of mental health provisions is essential, sometimes those in most need are excluded due to pressure from short term funding/contracts which are looking for high impact and reporting on number of people reached.		
	Offering mental health services to include a vast range of low to high level services, including support for those with alcohol and drug issues / to work with Commissioning to fill gaps e.g. korsakoff syndrome. Break down barriers. Choice. Less dependency on formal services. Help fill commissioning gaps.		How you measure impact/success is very important, quality of care is more important than quantity of people reached		
	Take us back to the old ways please, i know people who work in care and they tell me that many people in sheltered accommodation should be in a proper mental institution not in the community.		Reducing barriers to participate: - issues at home - lack of confidence - need to make first step - critical short term interventions needed - tailor care to the persons need - personalised		
	More advertisement of self help mental health services available to people. More advertisement of mental health services (would need to provide shorter waiting list times first though so not to give people false hope). NHS counselling can feel like a questionnaire often not very personal and makes you feel like the person you are talking to is just ticking boxes to feed into a system.		Sustainability is important, as short term funding can be difficult to see true impact on individuals, this needs to be prolonged.		

			Continuity regarding staff dealing with people. Cannot handle change - no cancelled appointments. People with no motivation, sense of time may need reminders via text, post etc. to help them remember appointments. Follow up calls after appointments will show person someone actually cares.		
			CBT is not the answer to everyones problems		
Total	**11**	**6**	**17**	**6**	**7**

Open Text Responses

Q14. Please tell us about anything else you feel may need to be considered in the strategy.

Themes	Community and Peer Support	Service/system Integration and Collaboration	Specific Populations and Needs, includes inculsion and representation	Children and Young People Support	Feedback on Council and Services	Training	Other
	Better community spaces to meet with others and connect	The boundaries between where you pay council tax and where your GP is can cause problems accessing support- Rotherham seems to have a lot of edges.	the different stages of mental health - include in there post natal depression and the massive effects it can have on families	I think it is important for young people to access realistic, robust support to give them a better foundation to move forward.	Wellgate Court provides good service.	better training offer for volunteers and individuals	How suicide links to this
	appropriate support in as social environment, services can't be an endless commitment, give the support offered	Bring support services all together in 'one-phone-call' way to help someone in need of support easily access and receive the support they need, there and then	Menopause is also a big mental health topic within the workplace and in families talked about alot more - but the strategy cannot have everything in it I know		I think the focus on general wellbeing is great as this underpins all services.	different training options - digital and computers	Link to what we did in COVID - how did we manage then - what worked what didnt - what do we still do as a result of that experience?
	Peer support is available, but it can be overwhelming to meet a new group.	From experience with having a Barnsley GP and Rotherham post code, I find it difficult to access the right support and information, as when attending events in Barnsley it's focused on Barnsley services that I'm unable to	Men's mental health is becoming more easy to talk about with the recent advertising		It is good for the council to have Wellgate Court, because the staff are brilliant and never let anyone down. They help to fill in forms and offer support with applying for benefits. They also hold events for charity, such as	What if more people learned skills to assist, e.g. youn have first aid, what if we created 'social aid' and train people on this and what it would entail.	How does the strategy effect us as in individual in our own home with our own family - that is what people want to know and want to be included - may be to be done via the Wards in the Borough or via Schools/Colleges/workplaces/businesses

		access due to having a Rotherham postcode. And when attending Rotherham events, I get information on support I'm unable to access due to having a Barnsley GP. It would be better for information to be shared across wider services - South Yorkshire based so I can access range of support. In addition feel there is a lack of support services in Brampton for carers and I am having to travel all across Rotherham to access support.			bingo and raffles/ Day trips would be nice, and it would be good to have similar services in other parts of Rotherham.		
	Local community groups are waiting to help local people with mental health so GPs wont even be needed!!!!	keep working with vcs groups but also look at the mental health services to ensure speciaist support is right too.	more support for mothers, difficult to do something for themselves and mothers having own time		I'm happy with the services, the staff at Wellgate are very good and understanding, they are so nice and have lots of good advice	More people trained.	What can we be proud of in our achievements around mental health where have we come from?
	Some areas/communities have ringfenced funds for other services	Look at other areas to share best practice.	Lgbtq support needs to be strengthened not used as a political football.		I have accessed Rotherham mental health services since I was 12 years old and I have had negative experiences at every single stage. I had completely given up and tried to go private but it was too late and I ended up in hospital to the third time due to my mental health. The only reason that I am still here and doing well is because I was picked up by the care Sheffield eating service. They are providing the gaps that the Rotherham service didnâ€™t provide me with and	Training for staff regarding mental health knowledge.	What's missing, needed?

					are helping the address issues because they refuse to go back into servicing care of Rotherham mental health. I have been passed around multiple services within Rotherham and told on multiple occasions that I am too broken to help.		
	More organisations should be invited to consultation events especially those that work with a diverse client base	Ask the people more on the front-line what 'good' looks like.	Lack of equity and access for those from Ethnic Minority groups		Work culture within the council.	Training for staff regarding mental health knowledge	How can we be more self-sufficient and accountable?
	People can improve their overall mental health and wellbeing " is the ultimate aim Listen to services who see, meet, speak and listen to community members	It's important to recognise there are lots of mental health services so each goal needs to be aligned.	Elderly mental health waiting lists to be better managed to also support unpaid cares, to prevent crisis		The Council needs to protect its green belt and the links between access to green space and mental health should not be underestimated	again giving managers the right training to deal with empolyees with mental heath	Your stoopid chatbot sits right over the NEXT key on my tablet. Too easy to enfage it inadvertently, a design fault of your questionnaires. Another design fault, btw on demographic info gathering at the end of the questionnaire. Why do you need my DoB, rather than simply my age - it's hardly confidential. Anyway, I cannot enter my DoB on the keypad, only via a calendar - doh! Don't expect me to make 66x12 keystrokes to tell you im 66.
	community is important, work within. Need to know what and how the people within the community can help.	More partnership working and networking/connecting	including the adults voice		I'm sure there will be evaluation of the strategy to monitor it's success/effectiveness which would be useful to share more publicly please	I feel if the person is treated fairly and also the carer then I think it will have come a long way. More people need training in a way that they can help even if they haven't got a lived experiences. One thing I will say is the one with the lived experience can help you on how they need help. People get labelled so quick without looking into what the problem is	Who develops this strategy needs to realise that mental health is not just part of a person but their whole life and it's important that the individual is more than a number. It's about been part of a mental health community and family, it's about connecting and keeping people safe, to prevent them ending their lives. As if I didn't have this I wouldn't have a life so it's massively important.
	The ability to connect people with similar conditions and experiences	More partnership working and networking/connection	consideration of the impact of mental health that may impact on the individuals ability to engage				Important that people can improve their mental health & wellbeing with support and self help. Important to improve my understanding of families. 'Don't fix it, if it's not broken, but improve if you can -

							don't throw the baby out with the bathwater'. Focus on positive attitude books, read it bite sized chunks. 15 mins a day.
		Better collaboration between mental health services, housing, community protection and the Police is desperately required. Many issues which are reported as crime or anti social behaviour are actually as a result of drugs/alcohol addiction and associated poor mental health.	Nothing about the person without the person. Involve the person fully and stop discussing them behind closed doors. Be transparent.				Personally never trust anything to do with rmbc ever again
		I am happy to get involve in having a craft group for mental health, which does really help my students and helps me alot too.	Greater integration with ethnic minority communities will allow more conversations around mental health				Im a private practice counsellor recently set up business in Maltby. Currently only telephone or video call due to no facility to do face to face as yet. I hope to build my business and improve my local communities understanding of mental health and the avoidance of crisis situations.
		Important to check back in with groups consulted to see how the strategy is working lived experience if the most important voice	Ethnic minorities are often overlooked as they are missed out of the initial conversations				The values i have chosen, Honest, People-focused and Respect make a huge difference to people suffering big time.
		Funding can support the VSC sector for capacity Social prescribing service can support signposting opportunities Accountability - ability to adjust the strategy at key points in conjunction with stakeholders, y1/y2/y3 For this group to review the strategy prior to going to cabinet	Clients should not be abandoned due to lack of engagement especially if they have a mental health condition which is impacting their engagement. Lack of engagement may be a cry for help				Support for unpaid carers should increase and people should be prescribed exercise. Even things that aren't particularly exercisy in the traditional sense. Get more people dancing and you're onto a winner.
		Should be readily available anyway for all services, not just MH commissioned, as	I cna't stress it enough, but more help for neurodiverse people please!				If you need further information, you can cobtact me for discussion

		many of VSCE support those with MH challenges					
		feedback to stakeholders before finalisation of the document, share draft strategy					The strategy has to be a foundation for good, strong, accessible mental health services that can support people with mental health issues and their families to get through their issues or crisis and have a better, happier life in the future.
		We need to look at other boroughs to see what is going well, looking at the links in social care and the VCS in Doncaster is working well to provide better support in the area to residents					I want numbers nown who to ring for help.
							That something concrete is actually put in place, not just a paper exercise.
							Consultation feels a bit confusing, needed to be clearer whether this is a staff or communities strategy as the two are distinct
							Under 'vision': 'Empowering you, by receiving the right support, at the right time.'This statement encompasses some of the other statements on this sheet. We felt that the 'your voice' statement could be included in this, also 'people can improve their overall mental health' statement is also relevant here. 'Reducing inequalities' could also incorporate 'offering mental health services that are sensitive to diverse needs'.
Total	**9**	**15**	**14**	**1**	**7**	**7**	**17**

Rotherham Council Mental Health Strategy 2026-2029 Consultation

Open Text Responses
Data collected by Rotherham Carer Parent Forum (RCPF) Jan to May 2025

Themes	Inaccessibility and Inappropriateness of CBT	Lack of Neurodivergent-Informed Practice	Barriers to accessing services	Importance of Choice, Flexibility, and Trust	Trauma and Misdiagnosis
	More options than CBT and practitioners to understand that CBT can be harmful for autistic people	"We [neurodivergent people] need time to build trust! It takes a long time so we need extra sessions"	"We're [neurodivergent people] expected to get to absolute breaking point before we get support"	People said it can be difficult when you are allocated a therapist in the NHS without a choice of who you see or without knowing who they are. Talked about the importance of finding the right therapist that you connect with	Mental health issues are often “fobbed off as just being autistic” and feel they are passed back to RANSS for support when trying to access specialist mental health support.
	“Worksheets that are used in CBT feel like homework and trigger demand avoidance and that's all you are offered"	"8 sessions just isn't enough"	"I don't feel heard or seen" Referring to trying to access mental health support from NHS	People would like there to be more support to feel empowered to access support themselves and how to self-advocate	Conversations about the common misdiagnosis of personality disorders
	"The worksheets [in CBT] can be confusing and hard to complete because I can't identify my feelings"	"There needs to be more understanding that if we have a bad experience, it might make it difficult for us to access support again in the future"	"The NHS, therapy services and GPs all have inflexible practices"	“Some things seem so small people don’t bother with it, but even the small things help, it takes a layer off” talking about practitioners not implementing small reasonable adjustments even though the smallest things can help reduce stress and anxiety	People talked about common misdiagnosis of personality disorders and how this brings stigma and misconceptions
	Talking about their NHS CBT therapist "They don't listen, they talk too much so I can't speak or process. I want to try different therapies but I'm not being supported to do this"	"They assume we're being dramatic"	"Places are quick to withdraw support"		“Not trauma informed”
	"There should be an in- between service, we're told we're too complex for Talking Therapies but not severe enough for the community mental health team" someone responded to this that they had been signposted back to RANSS due to this.	"There needs to be more understanding of BFRB in autistic people, should look at a harm reduction approach rather than shaming people" Others had the same experience in the group	"Timelines trigger demand avoidance"		About 4 years ago attempted to end their own life and had a bad experience at A&E where she felt dismissed and that her problems were considered small. They didn't feel they doctors understood her as an undiagnosed autistic person
	"They [Talking Therapies] don't have prior knowledge of autism, we have to educate them ourselves"	People felt that autism self-help seems to be centred around children and infantilising	Keyworker service not accessible until you're at breaking point and under 25 (explained to group at the time this was changing to post 25 too)		One person asked for help accessing support around eating disorders as an autistic person. They have been turned down by NHS services (symptoms put down to being autistic and gender dysphoria – person didn’t feel this was correct but ignored) and haven’t been told about any alternatives. Feeling not listened to by

					their GP and feels isolated due to the lack of support offered to them.
	“CBT triggers demand avoidance. When I first saw a psychiatrist he said I was very self aware, but this doesn’t help because I can’t use it [the self awareness]. Surely that's a sign CBT won’t work for me?” This person has since accessed CBT and found it unhelpful and dismissive, they felt they couldn’t ask for an alternative and have decided not to push for different therapies however their mental health has not improved so this leaves them at risk.	They would like services to understand that it helps to break things down into very simple steps	Eating disorder services – person couldn't access SYEDA as was under a certain weight, but NHS services deemed not severe enough to accept. This caused the individual to become severely ill and lose additional weight until the NHS would accept them, gave them a goal of weight loss.		One person told us about difficulties accessing hospital appointments due to phobias and PTSD, particularly around needles due to medical trauma. Told us that they have had negative experiences at Northern General Hospital where they have been labelled as dramatic and not believed when fainting so left on the floor. However, a more positive experience at Hallamshire Hospital where staff listened to them and took time to go through the process and do the procedure at their pace.
	“I’ve had multiple rounds of CBT over the years, and it’s never helped”	People find it most helpful when services understand neurodivergence and help them process things. Going to chat and chill helped them understand masking and missed needs	“A&E is not sensory friendly.” People talked about the crisis team at A&E not having an understanding of autism, one person told me when they presented in crisis and struggling with an eating disorder they were told by a crisis worker that they didn’t seem “that skinny” this further exacerbated eating disorder		“Despite being under the auspice of various mental health authorities for decades, having 4+ cycles of CBT and many other treatments, it was my own studies that exposed my own ASD, ADHD, EUPD AND PDA....no professionals noticed, observed or even suspected the neurological differences over 30 years.”
	There's no option for anything that isn't CBT without being deemed "severe" enough, aka being hospitalised. EMDR and DBT therapy should be more accessible, especially for autistics as it has been proven CBT is very ineffective on us due to our self awareness	people felt there was a general lack of understanding of autism and ADHD when accessing mental health support	People talked about difficulty of waiting for support and not knowing where they are on a waiting list, also about a lack of support whilst waiting for mental health support		
	Negative experience with IAPT/Talking Therapies. Offered CBT sessions over the phone but they found it difficult to communicate this way, the sessions were limited and felt pressured to rate their feelings and emotions on a scale which they could not do. “It just made no sense whatsoever, and I just felt like I had to choose something. So I’d just pick something at random.” They said this experience of CBT “definitely did not help”. They accessed Talking Therapies again after this so they went prepared with information and research about adapting CBT for autistic people, they found the assessment overwhelming and again, pressured to explain emotions and feelings which they were unable to do. They were then offered	Someone who was offered CAT therapy after CBT did not help “It was a bit more helpful as we did mapping and I could see why I spiral. The therapist noticed things about what I did, I reached out and called people and didn’t take accountability myself. They told me not to call people when I was spiralling as a strategy to help but I took this literally and didn’t contact anyone for support when I was in crisis and I overdosed”	“There is no middle ground support” either have to be extremely ill and need hospitalisation or less severe needs		

	Behavioural Activation Therapy which is based on CBT, they were told it would be adapted however it felt the same as CBT they had previously had. “It was just a standard, one size fits all. It didn’t help.”				
	“Mental healthcare is probably at its' worse at the moment. I don't believe there's hardly any help out there for individuals. It seems if you go to the GP for help, they give a glazed look and either prescribe medication and or CBT - which some people don't find helpful whatsoever.	“We really need people to have more understanding of autistic burnout, it’s often put down to anxiety and depression but the treatment needed is so different” People talked about not fully understanding it themselves and if professionals had more understanding they could help them to recognise the signs and how to help themselves. Organised the next focus group to talk about burnout.	“Theres not enough understanding of neurodivergence, no specialisms in NHS mental health. They don’t take into account that we experience chronic fatigue, processing delays etc. They don’t understand that mindfulness will cause sensory overwhelm”		
		“A lot of services ignore the autism” someone speaking about eating disorder services	I went to see her at one point with my early help key worker so she could advocate for me and explain everything. What was going on and kind of what I needed and stuff and the the social prescriber just kind of said that there was nothing, there's nothing suitable, I've already been referred everywhere that's available, and that was it. She'd said she was going to get back in touch over the phone, and never did so that again, that just seemed like a bit of a bit of a dead end.”		
		People would like services to have a better understanding of autistic burnout and the impact it has on people. People talked about having to find out about it themselves or via RANSS peer support and if someone had pointed it out to them when they were younger they might have been able to cope better. (specific group on burnout in June 2025)	They also accessed a mental health occupational therapist via the community connector “She phoned me up. She sounded really positive that it could be something really helpful because I know how helpful the post diagnosis post diagnostic OT was. I found that was really beneficial. So I was thinking along the lines of all this is this is going to be really helpful as well.” Unfortunately, after a couple of appointments the OT was unable to find an appointment that fit around the school pick up. When they asked for an alternative time the OT told them to bring their children to the appointment, “There’s a million reasons, I'm not going to go into... I can't bring the kids along that that would not be a beneficial session at all.”		

		Need adapted trauma therapy to be available for autistic people.	While RANSS has been helpful, the wait time to access it was frustrating. I was left without support when I needed it most, but then I received a lifeline when I received the first call from Ellie.		
		"*Having been under the services on and off since I was young have had various bad and good experiences. The crisis team has been a focal point of some bad experiences for myself personally having dealt with rude and abrupt staff, but having reported this after speaking with the psychologist I was seeing this changed and crisis team in future contact have been much more compassionate and warm rather than 'just go make a brew' ok when I'm in shutdown and low mood I can't do anything let alone make anything or do anything – crisis teams need a specialist autism practitioner and so does the nhs in general because autism crisis can be bad, one of the biggest killers in autistic people is suicide… we need better mental health services for our needs!*	When I'm struggling, I've had to fight just to be taken seriously and, in fact, carried this fear since the first time I reached out for support at 36 and yet turned away because it was assumed I should be able to help myself. Navigating the system, processes and questions alone while in crisis is overwhelming and causes meltdowns and shutdowns and me to withdraw and prevents me from asking for help.		
		More training and access to longer treatments due to neurodiversity so that gradual progress can be made, often too much all at once causes shutdown or meltdowns and can be too much"	Because my struggles don't always seem 'severe enough' on paper, I often don't qualify for the level of support I actually need. If I appeared in control or had masked before, they weren't able to pick up on my dysregulation and couldn't tell the difference.		
		Time constraints have been a really big problem for me with accessing therapy and mental health services. Being given a time limit of 8-10 weeks and therapists/mental health workers trying to "cure" you and push you out the door is very discouraging and has actually just made my issues worse	Instead of constantly retelling my story, a key worker or advocate should be assigned to guide people through accessing services.		
		No middle ground for "severe" and "not severe" patients. They claim to have added it now, but I'm under this new sector and it feels the exact same as the "not severe" services I've previously accessed.	There needs to be more accessible mental health and well-being workshops, especially for those in non-traditional employment settings—self-employed, working in family businesses, or freelance. Most existing services are designed for employees in standard jobs, leaving huge gaps for those of us who don't fit into that box		

			but still need structured mental health support.”		
		Therapists and mental health workers need to be educated on autism beyond the surface level. Autism is very complex! Most of us have experienced lots of trauma and have other diagnosable mental illnesses. This and how physical health plays a big part in mental wellbeing too. They don't really understand this			
		On the education side of things, I would really like therapists to understand you can absolutely be autistic/ADHD and have other diagnosable mental illnesses. Yes, 99% of the time things link back to autism in some capacity (usually because they're trauma-based), but they're also their separate issues to be addressed. This is especially for things like C-PTSD, eating disorders, personality disorders, etc.			
		Overall, these services do not have any real awareness of neurodivergence. There needs to be mandatory education for them so people are listened to. This needs to go beyond surface level awareness of autism and instead into things such as our sensory processing, social awareness, and how we process information in general. It would even help neurotypical people to have a therapist who understands a range of processing types for information”			
		They have had support through the GP practice mental health nurse but have found this support confusing and unhelpful. They were referred to social prescribing and community connector “I think at the time I was getting help and support from early help so she would network with my early help key worker...And she said she would speak to the area psychologist. And when she's fed back to me about that, the only thing that the psychologist had said was asked if I'd completed the mind counselling and told me to use. The occupational therapy techniques			

		you know from the post diagnostic support and and that was it. So that was not helpful.”			
		I ended up having a number of sessions with him over six months. And he told me he’s from Sheffield and is not familiar with Rotherham at all.” They asked what things they enjoy doing and when they told him creativity and arts, he googled what groups were available “I can sit at home and do that.” In each session they had to rate things on a scale again and kept explaining this is difficult for them but still had to complete it so just chose random numbers. The community connector never explained what these ratings were for and did not adapt it for them. They felt a lot of pressure from them around getting back into employment which they are not ready for. “I had six months of sessions with this guy. And he said I would have one more session with him and that would be the last one. But then I received a letter in the post. Saying that was it. I'd had all my sessions, so they said I've got one more, but I didn't. So that was just that just ended.”			
		“The last time I spoke to her on the phone, she said, well, it's probably not going to be very helpful anyway as it's not specifically tailored to neurodivergent people. So she just, like, seemed to change completely from the first phone call to this last one.”. There was another session booked but unfortunately, they could not attend due to having a meltdown. They then received a letter saying they had been taken off the list for occupational therapy due to missing three appointments.			
		They had a difficult experience with RPCF parent/carers counselling as the person they met didn’t seem to have a good understanding of autism. It had taken two buses to travel to the appointment which was difficult for them too. They did make a complaint about the session and were offered an			

		alternative counsellor, but they declined as they felt the travel was too overwhelming.			
		"From my experience, mental health/emotional wellbeing continues to be a huge concern, particularly due to the lack of access to appropriate support and the risk of crisis escalation leading to hospital admissions or police involvement. What I've observed—especially for neurodivergent individuals with unresolved trauma—is a profound lack of awareness of their needs when navigating the protocols and processes of professional or charity services. There is still a severe lack of neurodivergent-informed understanding and training for frontline services, which urgently needs addressing. This is something I'm eager to see change and contribute to making happen.			
		There should be a wider pool of trained professionals who understand neurodivergence and trauma, ensuring people get appropriate support			
		Services should offer consistent, ongoing support, recognising that neurodivergent individuals often need more time to build trust and process challenges.			
		Need adapted trauma therapy to be available for autistic people.			
Total	**11**	**29**	**11**	**3**	**7**

Open Text Responses
Data collected by Rotherham Carer Parent Forum (RCPF) Jan to May 2025

Themes	Peer Support and Community Services	Sensory and Communication Needs	Financial and Practical Challenges	Youth and Transition Support	Hope and Recommendations	Other
	"The only places that have helped my mental health are RANSS, RPCF, Frith Space [Hopian] and LGBTQ services"	Understanding our communication, just because a person has insight into their conditions or symptoms it doesn't equal the ability to change	"RANSS needs more funding for a wider range of services like advocacy and more counselling"	Young people would like to see a mental health service for 18-15 for transitioning from CAMHS to adult services	Need adapted trauma therapy to be available for autistic people.	People want services to understand that ND people are very self critical. The small things are often the hardest and this can develop into self neglect like not brushing teeth, not showering and this is really difficult and exhausting to explain to services about why it is hard.
	"RANSS is the only service that has helped me to	ND people are likely to appreciate a more straight-	People would like services to understand that being autistic	Not much out there for young people and there seems to be	People questioned if there could be a crisis team text	"It helps when the professionals are

	understand my autism label, I wouldn't have understood what it meant for me without them. Being around other people that are similar to me and understand their own diagnosis helped."	talking, pragmatic approach from their therapist	is expensive as we often have to buy additional things to adapt daily life, flavoured toothpaste, ear plugs, noise cancelling headphones, weighted blankets, etc	an expectation that people can go to a new group without knowing what it looks like and what to expect	service. When autistic people are struggling, they often don't have the energy or ability to speak verbally. People also commented that it can be hard to call the crisis team as they feel guilty about burdening people and wondered how services can help with this by understanding it	neurodivergent themselves" discussion about someone accessing occupational therapies and finding this more helpful as the therapist is autistic so understands the nuances and differences. All people in the group agreed it makes support more successful when the person supporting is also neurodivergent – a recruitment push for ND practitioners could help support other autistic people. There would need to be considerations for making the workplace accessible and accommodating for the ND practitioners to support their wellbeing too.
	“RANSS saved my life”	"We [neurodivergent people] need understanding that we need to do things [in therapy] at a slower pace than others. It's overwhelming"	People would like to see more preventative and proactive support, “surely it costs more to provide care as an inpatient?” People talked about the impact of having to wait until breaking point to get support and how hard this is.		A strategy that was suggested was stacking tasks, things like challenging someone to see what they can get done whilst they kettle is boiling etc	“Just ask questions, ask what are my needs, tell me what is the standard treatment and then what you are able to change to help me”
	“Community peer support is beneficial for mental health”	"Autistic people are being forced to use private healthcare because we are not being heard!"	I’ve struggled to find practical help for everyday challenges—things like navigating employment, benefits, or stable housing and inappropriate approaches.		The Advocacy Bridge CIC: My initiative aims to fill the gap in advocacy and support and access to coaching, as there is so much more we can do ourselves if only our baseline support were taken care of, we could at least make better use of any waiting times. But quite often we’re left waiting for the people in the know to come back to us or talk to someone else that we should not have to navigate complex systems alone	For people struggling with paperwork and health passports, they might need to talk it through with someone. Could there be a service or app that allows you to talk out the answers and put them into the form for you rather than needing to write. Talked about verbal processing being more helpful.
	Positive experience with Mind counselling, had to pay £20 for an assessment but then could access 12-15 sessions free. Counsellor was neurotypical but had a good understanding of neurodivergence. Checked	Haven’t had much notice when support workers are changing roles or leaving which causes distress. Rotas change frequently and this is distressing for clients when	There’s no single service that addresses mental health, employment, housing, and financial support together. I’ve been left having to piece everything together myself.			Feelings that people are perceived as being dramatic when they talk about trauma, perhaps needs to be some work around autistic trauma for professionals and understanding that ND people

	sensory needs and got rid of the ticking clock in the room, provided fidget toys, there was no pressure to give eye contact, the counsellor was able to prompt when needed they were ready to accommodate any needs. Gave extra time and support with measurement tools like PHQ9, gave options and helped with understanding emotions with cards and visuals. It took between 3-4 sessions to build trust and rapport with the counsellor, so they feel it is important that ND people are offered additional sessions.	they don't know who to expect consistently				are more likely to become traumatised by things others may not and considering sensory and social traumas layering
	"I have been attending RANSS for a year now. I was diagnosed with autism at the age of seventeen, but following my diagnosis, I received no support and had little understanding of what autism was or how it affected me. It wasn't until my early twenties that I began engaging with RANSS. The support they have provided—from helping me understand my autistic traits and learning strategies to manage them, to offering a space for meaningful conversations—has greatly improved my mental health.	"Go and have a bath isn't helpful advice, it confuses me as I've already had a wash that day and I don't need to do it again" Talking about calling the crisis team. They went on to say that they've since had flags added to the system from their health passport which has helped "Having flags on the NHS system helps when I call the crisis team, I have a flag telling them I might be having a meltdown, so they understand more"	More funding and availability for neurodivergent support services are desperately needed, so people don't have to wait months for help.			"The only thing that did come about that that I found really useful was a referral to Pivotal health and well-being. I had like an initial appointment with them to go over my needs and what I enjoy and what like the the times of when I'd been free and stuff. And we set up some PT sessions with one of the instructors, Rob, just in the gym area. Straight away from the beginning, they were brilliant, [they asked] what kind of sensory needs do you have? What can we do to support you? This is for you. How can we...? What do you need...? So I tried powerlifting recently, and then the classes were cancelled. So I said I want to do powerlifting again. So I had my sessions with Rob once a week in the gym and it was just me and him, he turned most of the lights off had, like, really low light in. Straight away it just made me feel really comfortable. It was just like just normal and down to Earth. They didn't feel that kind of like sometimes when,

						like with this community connect guy felt like awkward and I don't know what it was. Whether it's that like kind of power balance, where somebody's like, like yes, I'm in control, like I'm above you and this just wasn't that at all. It just felt like just really normal." They were able to talk to the PT about mental health whilst doing physical activities which was beneficial to them, "I just always felt great afterwards." Although they were told they could only access 15 hours the sessions were extended to meet their needs.
	I frequently speak highly of RANSS to others who may be struggling with their ASD, encouraging them to explore the support and resources it offers. I truly appreciate their dedication and the effort they put into helping me	Sometimes communication difficulties made contact hard with the mental health team having said to me before that they can't be on the phone to me forever (10 minutes into a call) which was when I was in distress and struggling to vocalise my distress so needed more time to be able to say what I needed to and process everything, often not taken into consideration or not using other methods of communication that don't put us on the spot like fine write it down *proceeds to stare at you while hoping you'd write it down making you feel super uncomfortable and like unable to even move like stuck sometimes* I have had a positive experience recently with a support worker through occupational therapist through secondary care which was doing graded exposure given more time to build a rapport and slowly get me out the house more which I think helps more than trying to talk feelings that sometimes is	The system needs to connect mental health, housing, employment, financial and legal support instead of forcing individuals to navigate everything separately. Typically, we may get ourselves into a few pickles and need people at the other end of the phone to help break the steps down, not have to jump through help just to get help or have to go to extreme lengths to work out systems processes and workflows.			The times when professionals have acknowledged my experience such as audio processing disorder, RSD, and the way trauma impacts my executive function, I've felt truly seen, supported and understood. Working with professionals who understand both trauma and neurodivergence has helped me feel really supported and validated in my experience.

		difficult to understand or even verbalise.				
	My appointments are typically conducted face-to-face, but RANSS has been incredibly accommodating when I don't feel comfortable going outside. In those instances, they offer to conduct our sessions over the phone instead. This flexibility makes me feel valued and supported, which has had a positive impact on my overall well-being.	Like when I'm when I'm starting to get overwhelmed, I can go. I can go nonverbal, and I was feeling that I was really. I find it really challenging to find words. And it was like, oh, that's fine, that's fine. But then he just kept, like, asking more and more questions. So it wasn't. I was like, really having to, like, force answers out. And I just didn't feel like he actually listened to what I was saying. So it was really uncomfortable...I found him really challenging to talk to.	My experience with long-term counselling has shown how crucial consistency is—short-term interventions simply aren't enough.			Long standing mental health issues (10+ years) should be investigated thoroughly, especially if a person has exhausted nearly all general resources available, e.g. community mental health, primary mental health, CBT, medications etc. They should be given the option to have things such as psychotherapy or to see a psychiatrist - something which I feel GP's are reluctant to do. I understand that the NHS is stretched at the moment, but at least give people some hope instead of just sending them away and not hearing anything for months on end, and then the PATIENT has to chase things up - which just adds to their mental health declining even more. If a person has been struggling for a long period of time with their mental health, I strongly believe things like psychotherapy can help, as there are practices such as EMDR therapy which go much more in depth than things like CBT which are relatively surface level. Unfortunately, long standing mental health has been swept under the carpet and has now had a stigma attached to it, that individuals are "lazy" and "lay-abouts" when it couldn't be further from the truth; some people who are suffering truly want to better themselves and become a decent person of society, but because they are shunned for having mental health issues - most of the time through no fault of their own - the snowball effect

						occurs: 1) a person is suffering really bad with their mental health and they go to the GP 2) GP says there's not much they can do and there isn't a "magic wand" to make it go away, proceeds to then send patient away with little to no help 3) person then continues to suffer even more after being told they are practically a lost cause 4) eventually they just give up. Which unfortunately can result in suicide. As there's no help, sufferers will reluctantly accept their fate and give up.”
	Peer-to-peer support through RANSS has been incredibly beneficial. It provided a safe space where I felt understood and validated—one of the few places where my neurodivergence was fully acknowledged and supported.	They were also signposted to S62, they told me a male support worker text them and they explained they would feel more comfortable speaking to a female so they would wait until a female was available. A female support worker contacted her and explained the service is in Rawmarsh which is difficult for them to get to, so they were offered telephone calls, however they struggle with communicating over the phone. They exchanged a few text messages, but it never went any further. “I still didn't fully understand about the service or what to expect from it or anything.”				
	Thanks to RANSS, I was able to access a neurodivergent counsellor, and I’ve continued seeing them for over 12 months, even after my last RANSS session. Having this long-term, consistent support has been invaluable.	just having all the information beforehand so you know exactly what to expect. What's it like? What's the structure like? What's the therapists background? What are the sessions going to look like? Where is it going to be like the opportunity to maybe if it's face to face to visit the location beforehand? Having it already set up as sensory friendly but again				

		being adaptable for what you might need to change on that day, like in the room, or if there's some noise outside or different. Just the the ability for the therapist to be quite quickly adaptable to them sort of situation. Not just just sitting together on like chairs or across the table. Like I've found I'm sat on a yoga ball at the moment because that, like, that's really helpful for me. So that like that kind of thing as well, like already having stuff like that. It's really challenging just to speak up and just say what you need. So if you're already put in like a safe space where you know that it's all right to ask for these things and they're going to understand it, they're not going to question it.”				
	When peer-led spaces are well-run, they’ve been one of the best forms of support. They give me a sense of connection and validation that traditional services often lack.	A structured guide to mental health, employment, and housing support should be available in simple, accessible formats.				
	More peer-led neurodivergent support groups should be available without long wait times, with continued access beyond initial sessions.	“It doesn't help being passed round from one team to another without any discussion with me or my wife who is my sole carer. Eventually I got picked up by Community Connectors which is useful but it has come to light that not being on the SMI register, I should not have been referred to Community Connectors anyway.”				
	Signposted to SYEDA, PEACE Pathway and RANSS peer support as was not aware these services existed, AM from Healthwatch also offered advice around the right to choose pathway and reasonable adjustments.					
Total	**8**	**12**	**8**	**2**	**4**	**8**

Working Draft - Rotherham Council Adult Social Care Mental Health Strategy 26-29 - Delivery Action Plan					
Year	**Priority**	**Strategy Action**	**Tasks**	**Task deadline**	**Action/ Task Owner**
	Voice	Create a dedicated Mental Health Partnership Board so that the voice of people experiencing mental ill health and their families can effectively influence and shape the design and delivery of services.	Complete a mapping exercise to identify key partners and individuals with lived experience to develop the Mental Health Partnership Board. Collaborate with Kate Tufnell to confirm involvement and governance role within the Mental Health Partnership Board. Define where the Mental Health Partnership Board will sit within existing structures. Draft terms of reference and governance framework for the Mental Health Partnership Board. Ensure the Mental Health Partnership Board. is operational In Q1 2026, to align with strategy launch.	1 Year - January 2027	Assistant Director of Strategic Commissioning Head of Service Specialist Services Co-Production Lead Health and Care Portfolio Lead Transformation and Delivery (Mental Health and Dementia)
		Develop new and inclusive ways for people with lived experience of mental ill health to give feedback across Mental Health services, so their voices help shape how services are delivered and how communication can be improved.	To work closely with Service Improvement and Governance Team to embed SMS service wider across Adult Care Mental Health services and conduct regular reviews performance Identify current feedback mechanisms and review their effectiveness and gaps of inclusivity. Audit current feedback tools (cards, SMS, drop-ins) and uptake. Mental Health Partnership Board to hold discussions to develop new feedback solutions based on their knowledge and lived experience.	1 Year - January 2027	Mental Health Service Manager Head of Service Mental Health Services Health and Care Portfolio Lead Transformation and Delivery (Mental Health and Dementia)

Working Draft - Rotherham Council Adult Social Care Mental Health Strategy 26-29 - Delivery Action Plan					
Year	**Priority**	**Strategy Action**	**Tasks**	**Task deadline**	**Action/ Task Owner**
	Prevent, Reduce, Delay	Expand the Mental Health Enablement Pathway, to give more support to people with mental health needs, throughout each year of the strategy from 2026 to 2029.	Launch targeted recruitment campaign to fill 3 vacant posts Mental Health Enablers. Review enablement service duration and outcomes. Identify opportunities for in-reach into high-package care cases. Develop community groups linked to enablement pathway. Set stretch targets for service access and independence outcomes.	1 Year - January 2027	Mental Health Service Manager Head of Service Mental Health Services
		Provide support for people experiencing mental ill health through the Supporting Independence Pathway to prevent, reduce or delaying the need for more formal support.	Link in with SIT re any prevention data - Collect and analyses data on MH referrals to SIT and Enablement. Clarify thresholds and criteria for Supported Independence Team vs Mental Health Enablement pathways. Review and update LAS letters to include guidance for those not accessing ASC. Engage with SIT team to identify prevention metrics and blind spots. Define broader support criteria for SIT to include wellbeing needs.	1 Year - January 2027	Mental Health Service Manager Head of Service Mental Health Services
		Support the aims of the Rotherham Health and Inequalities Strategy, to reduce waiting times for Care Act Assessments, for individuals experiencing mental ill health. Complete most assessment within 28 working days (excluding crisis cases), enabling earlier access to support and interventions.	Clarify inclusion/exclusion of crisis cases in 28-day target. Establish baseline data and track monthly performance. Record reasons for delays and mitigation actions. Include assessment timescales in monthly performance reports.	1 Year - January 2027	Mental Health Service Manager Head of Service Mental Health Services

Working Draft - Rotherham Council Adult Social Care Mental Health Strategy 26-29 - Delivery Action Plan					
Year	**Priority**	**Strategy Action**	**Tasks**	**Task deadline**	**Action/ Task Owner**
	Access	Review and improve Transition Pathways for young people experiencing mental ill health.	board sub groups to look at pathways with partners map into other board sub group activity Define scope of mental ill health vs wellbeing in transition. Map current pathways between CYPS, Adults, and Health. Identify gaps in CAMHS/CYPS transitions to adult services. Form board sub-group to review and improve pathways. Capture young people's voices on pathway effectiveness. Explore current support pathways for parents of children subject to Child in Need or Child Protection plans.	1 Year - January 2027	Mental Health Service Manager Head of Service Mental Health Services Head of Service Specialist Services Team Manager Localities
		Review existing barriers to accessing mental health services and referrals, especially for under-represented minority groups, to ensure everyone can get the support they need quickly, easily, and fairly.	Use Mental Health Partnership Board to identify existing forums and gaps in representation. Conduct engagement activities to understand barriers. Map findings and develop targeted actions with partners. Assign Mental Health Partnership Board representative to lead this priority.	1 Year - January 2027	Health and Care Portfolio Lead Transformation and Delivery (Mental Health and Dementia) Assistant Director of Strategic Commissioning
		Create additional mental health support provision across the borough, so that people can access support closer to home.	Conduct a mapping exercise to identify what mental health support is available across Rotherham with focus on offer and location, and the gaps in provision. Mental Health Partnership Board to identify potential solutions based on research presented.	Year 1 - 2027 Year 2 - 2028	Mental Health Service Manager Head of Service Mental Health Services Health and Care Portfolio Lead Transformation and Delivery (Mental Health and Dementia)

Working Draft - Rotherham Council Adult Social Care Mental Health Strategy 26-29 - Delivery Action Plan					
Year	**Priority**	**Strategy Action**	**Tasks**	**Task deadline**	**Action/ Task Owner**
2027 to 2028	**Services**	Improve the range of clear and accessible information, advice, and signposting available to people experiencing mental ill-health and their families, so they can find the right support more easily.	Conduct a mapping exercise to identify what mental health information and advice is available and gaps. Conduct an engagement exercise to identify what mental health information and advice is available and gaps. Mental Health Partnership Board to identify potential solutions based on research presented.	Year 1 2027 Year 1 2027 Year 2 2028	Mental Health Service Manager Head of Service Mental Health Services
		Commit to open and clear communication, share information openly, and make sure everyone receiving mental health support understands the processes involved.	Conduct an engagement exercise with individuals to identify desired improvements, existing gaps, and potential service developments in both social care and health support. Collate and analyses feedback and present findings to the Board to inform future communications to individuals.	Year 2 2028	Head of Service Mental Health Services Health and Care Portfolio Lead Transformation and Delivery (Mental Health and Dementia)
		Monitor and review the performance of independent mental health providers to improve the quality and accessibility of services.	Engage Kate Tufnell to review scope and relevance. Define which providers are included and monitoring criteria. Develop performance review framework.	Year 2 2028	Health and Care Portfolio Lead Transformation and Delivery (Mental Health and Dementia) Assistant Director of Strategic Commissioning
	Support for Carers and Families	Ensure mental health carers in Rotherham get the support they need to stay healthy, connected, and active through strong partnerships and services that meet their needs.	Link with Katie Lewis and "Borough That Cares" strategy to ensure targeted collaboration with this strategies priorities. Map existing services and partnerships for carers. Co-develop solutions with carers and Mental Health Partnership	Year 2 2028	Mental Health Service Manager Carers Strategy Manager
		Work closely with partners, including Housing services and voluntary organisations, to improve collaboration and find better ways to deliver mental health services and support people's wellbeing in the community.	Complete a stakeholder mapping exercise to identify existing collaborations and partnership working related to mental health services, including key contacts. Share findings with the Board to support improved collaboration, following with an engagement and communication plan. Arrange quarterly cross-service meetings to strength service links and understanding of the support provided.	Year 2028	Mental Health Service Manager Head of Service Mental Health Services Health and Care Portfolio Lead Transformation and Delivery (Mental Health and Dementia)

Working Draft - Rotherham Council Adult Social Care Mental Health Strategy 26-29 - Delivery Action Plan					
Year	**Priority**	**Strategy Action**	**Tasks**	**Task deadline**	**Action/ Task Owner**
2028 to 2029	**Partnership and Integration**	Review with partners our Crisis Pathway, to make sure it meets people's needs and can respond flexibly when support is needed.	Form Task & Finish group with partners Review current pathways and identify improvement areas	Year 2028	Mental Health Service Manager Head of Service Mental Health Services Health and Care Portfolio Lead Transformation and Delivery (Mental Health and Dementia)
	Workforce Development	Deliver updated mental health training for practitioners and promote mental health champions throughout the 3-year strategy, with the programme completing in the final year.	Conduct a research exercise to identify need and gaps of mental health training offer Work with Workforce Development team to define training offer. Finalise tender for AHP training contract. Define role and purpose of mental health champions. Provide robust training programme for champions Champions to be in post	Year 2027 Year 2027-Year 2029 Year 2027 Year 2027 Year 2028 Year 2029	Workforce Development Manager Head of Service Professional Practice Health and Care Portfolio Lead Transformation and Delivery (Mental Health and Dementia)
		Support workforce development by strengthening partnership working and creating opportunities to share learning, good practice, and expertise across teams and organisations.	Explore cross-authority training partnerships. Use board to share best practice and learning across organisations. Conduct a mapping exercise to define what good looks like, including what tools are used in good practice. Feedback provided to organisations on good practice	Year 2028	Head of Service Professional Practice Health and Care Portfolio Lead Transformation and Delivery (Mental Health and Dementia) Mental Health Service Manager Head of Service Mental Health Services

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Appendix 4

PART A - Initial Equality Screening Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

Further information is available in the Equality Screening and Analysis Guidance – see page 9.

1. Title	
Title: Rotherham Council Adult Social Care Mental Health Strategy 2026 – 2029	
Directorate: Adult Care	**Service area:** Service Improvement and Governance (SIG)
Lead person: Kirsty Littlewood - Assistant Director Adult Care and Integration Holly Smith – Change Lead	**Contact:** Holly Smith – Change Lead Amy Sharp - Programme Officer
Is this a: [X] **Strategy / Policy** [ ] **Service / Function** [ ] **Other** **If other, please specify**	

2. Please provide a brief description of what you are screening
In December 2023, the Mental Health Redesign was approved at Cabinet, which included a commitment to develop and Co-design an Adult Social Care Mental Health Strategy with the intention of addressing a lack of parity of strategic focus with other key areas of the Adult Care service, such as Learning Disabilities and Autism.

Appendix 4

The Strategy will be taken to Cabinet in December 2025, following a public consultation, which will take place to inform the direction of the strategy. This will involve targeted engagement with all relevant stakeholders including partners, people with mental health needs, their families and carers.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc.

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community?	X	
Could the proposal affect service users?	X	
Has there been or is there likely to be an impact on an individual or group with protected characteristics?	X	
Have there been or likely to be any public concerns regarding the proposal?		X
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?	X	
Could the proposal affect the Council's workforce or employment practices?		X
If you have answered no to all the questions above, please explain the reason		

If you have answered **no** to all the questions above please complete **sections 5 and 6.**

If you have answered **yes** to any of the above please complete **section 4.**

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made.

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Appendix 4

Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).
• **How have you considered equality and diversity?** The Strategy will affect people with mental health needs across the borough, including people who draw on services and support as well as their families and carers, so it is crucial that they are able to fully and meaningfully contribute to the priorities and focus of the strategy through engagement and consultation,. Therefore, the consultation will be designed to ensure residents are effectively able to engage, and ensure their voice is heard and actively influence the outcomes.
• **Key findings** The defined cohort of people affected by the development of an Adult Social Care Mental Health Strategy include: - People aged over 18. - People who have care and support needs relating to mental ill-health, including dementia and other related mental conditions. - People who provide care for someone with mental health related care and support needs.
• **Actions** A consultation will be designed and delivered in a way that enables people to effectively contribute to the priorities and focus of the Adult Social Care Mental Health Strategy. This will be via a variety of methods i.e. online and in person. Particular attention will be paid to the design of information, questions and the tools used to share key information. This is to ensure the approach is fully accessible and understood by all interested individuals.

Date to scope and plan your Equality Analysis:	Part B – 1 April 2025
Date to complete your Equality Analysis:	Part B – 19 September 2025
Lead person for your Equality Analysis (Include name and job title):	Kirsty Littlewood - Assistant Director Adult Care and Integration Holly Smith – Change Lead

5. Governance, ownership and approval		
Please state here who has approved the actions and outcomes of the screening:		
Name	**Job title**	**Date**
Kirsty Littlewood	Assistant Director, Adult Care and Integration	Approved – 26.10.25
Ian Spicer	Strategic Director, Adult Care, Housing & Public Health	Approved - 22.10.25

Appendix 4

Councillor Joanna Baker-Rogers	Cabinet Member for Adult Social Care & Health	Approved – 03.11.25

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date screening completed	1 April 2025
Report title and date	Rotherham Council Adult Social Care Mental Health Strategy 2026 – 2029
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	Cabinet - 15 December 2025
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	19 September 2025

PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title	
Equality Analysis title: Rotherham Council Adult Social Care Mental Health Strategy 2026- 2029	
Date of Equality Analysis (EA): March 2025	
Directorate: Adult Care	**Service area:** Service Improvement and Governance (SIG)
Lead Manager: Kirsty Littlewood – Assistant Director Adult Care and Integration Helen Fisher – Head of Specialist Services	**Contact number:** Kirsty.littlewood@rotherham.gov.uk Helen.fisher@rotherham.gov.uk
Is this a: [X] **Strategy / Policy** [ ] **Service / Function** [ ] **Other** **If other, please specify**	

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance		
Name	**Organisation**	**Role (eg service user, managers, service specialist)**
Kirsty Littlewood	RMBC	Assistant Director Adult Care and Integration
Holly Smith	RMBC	Change Lead Service Improvement and Governance, Adult Care and Integration
Amy Sharp	RMBC	Programme Development Officer, Service Improvement and Governance, Adult Care and Integration
Faye Prosser	RMBC	Project Development Worker, Service Improvement and Governance, Adult Care and Integration

3. What is already known? - see page 10 of Equality Screening and Analysis Guidance

Aim/Scope (who the Policy/Service affects and intended outcomes if known)
This may include a group/s identified by a protected characteristic, others groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

In December 2023, the Mental Health Redesign was approved at Cabinet, which included a commitment to develop and co-design a Rotherham Mental Health Strategy.

The Strategy will provide a collaborative, preventative approach to ensure people get the right support, at the right time to address their mental health needs. The Rotherham Mental Health Strategy will be specifically designed for all adults (aged 18+) across the Rotherham Borough.

The strategy will be co-designed with relevant stakeholders including partners, people with mental health needs, their families and carers. This will be achieved via a formal public consultation to inform and shape the direction of the strategy.

What equality information is available? (Include any engagement undertaken)

Joint Strategic Needs Assessment (JSNA)
The latest Joint Strategic Needs Assessment (JSNA) for Rotherham provides comprehensive data on various health and wellbeing aspects, including mental health. JSNA data provides a comprehensive summary of information from a wide range of sources relevant to health and wellbeing in Rotherham. This information is accessible via Homepage – Rotherham Data Hub.

Data regarding Rotherham Residents and Mental Health taken from the JSNA:

Adults - The recorded prevalence of depression among adults (aged 18+) in 2021/22 was 16.7%, which translates to approximately 35,364 individuals. This figure is notably higher than the England average of 12.7%. Additionally, the JSNA highlights Rotherham has a higher prevalence of severe mental illnesses, including schizophrenia, bipolar disorder, and other psychoses, compared to national averages.

Disability - Individuals with disabilities in Rotherham are more likely to experience mental health issues compared to the general population. This includes higher rates of depression, anxiety, and severe mental illnesses. People with disabilities may face challenges in accessing mental health services, including physical barriers, lack of tailored services, and stigma.

Gender - Life expectancy for women in Rotherham is 80.7 years, while for men it is 77.1 years. Despite living longer, women often experience more years of poor mental health compared to men. Women are more likely to seek help for mental health issues and access mental health services. The data suggests that males are less likely to seek help, which can lead to underreporting and untreated mental health conditions. Factors such as employment, income, and education levels also play a role in mental health disparities between genders. Women in lower socioeconomic groups are particularly vulnerable to mental health issues.

Race – The JSNA highlights that certain ethnic minority groups in Rotherham experience higher rates of mental health issues compared to the White British population. This includes higher prevalence of conditions such as depression and anxiety. Ethnic minority groups often face barriers to accessing mental health services, including language barriers, cultural stigma, and lack of culturally sensitive service.

Religion – Religious communities across Rotherham can provide a strong support network, which can be beneficial for mental health. Participation in religious activities can offer a sense of belonging and reduce feelings of isolation. The JSNA emphasises the importance of culturally sensitive mental health services, that respect and understand the religious beliefs of individuals.

Sexual Orientation – The JSNA indicates that individuals with diverse sexual orientations are more likely to experience mental health issues such as depression, anxiety, and suicidal thoughts compared to the heterosexual population. Individuals with diverse sexual orientations often face stigma and discrimination, which can exacerbate mental health problems.

Pregnancy/Maternity – The JSNA data emphasises the importance of maternal mental health, noting that pregnancy and the postpartum period can be times of increased vulnerability for mental health issues such as depression and anxiety. Data indicates that a significant number of women in Rotherham experience perinatal mental health issues, including prenatal and postnatal depression. Maternal mental health issues can have a profound impact on child development and wellbeing.

Carers – Carers in Rotherham are more likely to experience mental health issues such as depression, anxiety, and stress compared to the general population. The demands of caregiving can significantly impact their mental health. The emotional and physical strain of caregiving can lead to burnout and exacerbate existing mental health conditions. Carers

often face challenges in balancing their caregiving responsibilities with their own health needs.

Mental Health Needs Assessment
Mental Health Needs Assessment (MHNA) for Rotherham, conducted by Public Health, is a comprehensive evaluation of the mental health needs of the local population. It includes various components to provide a detailed understanding of the current situation and to inform future planning and service provision across the Council and its partners.

Disability: Individuals with disabilities in Rotherham are more likely to experience mental health issues such as depression and anxiety. The MHNA highlights the need for accessible and inclusive mental health services to address these needs.

Gender: Women in Rotherham report higher rates of mental health issues compared to men. The MHNA emphasises the importance of targeted interventions to support women's mental health, particularly in relation to pregnancy and maternity.

Race: Ethnic minority groups in Rotherham face higher rates of mental health issues and barriers to accessing services. The MHNA recommends culturally sensitive services and community engagement to better support these groups.

Religion: Religious beliefs and practices can impact mental health outcomes. The MHNA suggests integrating spiritual care into mental health services and working with religious communities to reduce stigma and promote mental health awareness.

Sexual Orientation: Individuals with diverse sexual orientations in Rotherham are more likely to experience mental health issues due to stigma and discrimination. The MHNA highlights the need for inclusive and supportive mental health services for this community.

Pregnancy and Maternity: Pregnant women and new mothers are at increased risk of mental health issues. The MHNA recommends early intervention and integrated care pathways to support maternal mental health.

Carers: Carers of individuals with mental health issues face significant mental health challenges themselves. The MHNA emphasises the need for better support services for carers to help them manage their mental health and wellbeing.

People known to Adult Social Care

As of August 2025, 460 individuals were receiving support from Adult Social Care in Rotherham with mental health identified as their Primary Support Reason. This marks a 21% increase compared to the 380 individuals recorded at the end of the 2022/23 year.

Are there any gaps in the information that you are aware of?

What does JSNA not capture?
Qualitative Data: The JSNA primarily focuses on quantitative data, such as prevalence rates and service utilisation. It may not fully capture the lived experiences and personal stories of individuals with mental health needs. This is one of the key aims of the

development of the Rotherham Mental Health Strategy, to address this gap and consult people with lived experience across Rotherham.

Emerging Issues: Rapidly emerging mental health needs, such as the impact of social media on mental health or the mental health effects of recent global events, may not be fully addressed due to the time lag in data collection and reporting. The JSNA data is accurate as of June 2022 only, therefore it may not represent the current climate due to when the information was last updated.

Intersectionality: While the JSNA Rotherham data covers various protected characteristics, it may not fully explore the intersectionality of these characteristics and how they compound mental health issues. For example, the combined impact of race, gender, and socioeconomic status on mental health.

Service Quality and Outcomes: The JSNA provides data on service access but does not fully capture the quality of mental health services and the outcomes for the individual accessing services.

Informal Support Networks: The data does not capture the role of informal support networks, such as family and friends, in supporting mental health.

What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

The strategy will be written after a 12-week period of consultation, during which people who access mental health services, and their families and carers, will be encouraged to complete an online survey about what they want from the strategy. To reach as many people as possible, in-person sessions will be held in the community and with established groups and organisations that provide support to individuals. In addition, social workers and ARCs will be asked to make their customers aware of the survey and help them to respond.

The Rotherham Mental Health Strategy will be written in a fully accessible style, using simple language and reduced jargon. As the strategy will appear on the RMBC webpage, google translate and screen readers can be used to provide translations where required.

Adult Social Care have launched a feedback mechanism for residents to provide feedback of any issues or concerns. In addition to individuals having the option to make a formal complaint regarding the quality of the care or pertaining to issues with systems and processes through the Council's complaints process.

The strategy will be presented at the Council Co-production board for open and honest feedback.

For more serious concerns, Safeguarding and Whistle Blowing policy and procedures are in place and fully adhered to.

Key Consultation Findings
The consultation was designed to gather feedback around several key areas. From across these key areas, the overarching needs and desires identified were greater person-centred support; clear crisis support, including early intervention; an inclusive approach that is accessible to all service users regardless of background or need; a person-centred approach that prioritised empowerment and respectful support; and overall service improvement. This was then further identified to include consistent access to services across the borough; a reduction in wait time for services and assessments; and bridging the gap between adult and child services.

Engagement undertaken with customers. (date and group(s) consulted and key findings)

8th May 2025 until the 27th of July 2025.

Key findings can be viewed in Appendix 2 Engagement Analysis (Formal 12-week consultation survey).

See below for consultation date and group, these events included various activities ranging from workshops, drops in and promotional activities.

This activity took place alongside an online survey that was promoted across the borough via social media, news e-bulletins, flyers etc.

Aughton Swallownest Partnership	10-Jun-25
Borough that cares network	8-May-25
Cultural Partnership Board	26-Jun-25
Headway	9-Jul-25
Neighbourhood Hoober Ward Health and Wellbeing Event	28-May-25
Open Arms	16-Jun-25 14-Jul-25
REMA	15-May-25
Salvation Army (MH Event)	19-May-25
Shared Lives Event	25-Jun-25
SIG Hosted	27-May-25 19-Jun-25 24-Jun-25 15-Jul-25
South Yorkshire Wahong Community	7-Jul-25
Unpaid Multiagency Group	22-May-25
VAR - In Conversation With	4-Jul-25
Vulnerability Pathway Event	1-Jul-25

	Wellgate Court Workshop	6-Jun-25 11-Jun-25
	Women Of the World Event	10-May-25

Engagement undertaken with staff (date and group(s)consulted and key findings)

8th May 2025 until the 27th of July 2025, staff feedback will be received as part of the engagement.

Key findings can be viewed in Appendix 2 Engagement Analysis (Formal 12-week consultation survey).

See below for consultation date and group, these events included various activities ranging from workshops, drops in and promotional activities.

This activity took place alongside an online survey that was promoted via e-bulletins, intranet, and spotlight emails.

Staff Network	03-Jun-25
ACH&PH Staff	10-Jun-25 22-Jul-25
Womens Network/ Young Employee Network Joint Meeting	17-Jul-25

4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)

How does the Policy/Service meet the needs of different communities and groups? (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance)

The strategy will impact all Rotherham residents aged 18+ as it aims to set out the Councils priorities for the Mental Health Strategy.

As the focus is on adults only, it will not meet the need for any individuals under the age of 18. Mental Health priorities for those under 18 and all ages is discussed in the Early Help Strategy 2024-2029 Early Help Strategy, Family Help in Rotherham 2024-29.pdf and the Rotherham Joint Health and Wellbeing Strategy Rotherham Joint Health and Wellbeing Strategy.pdf.

Other than age this strategy will be available to all appropriate groups regardless of their Gender Reassignment, Marriage and Civil partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.

Does your Policy/Service present any problems or barriers to communities or Groups?

Consultation

Individuals could have faced digital exclusion during the consultation, as the survey was conducted online, which may have been challenging for some users, such as:

- People with communication and/or sensory needs
- People unfamiliar with using computers, the internet, or smartphones

To reduce the risk of digital exclusion, paper copies of the strategy were made available upon request. In addition, various open drop-in sessions were held to support individuals in participating in the consultation.

Alternative and additional communication aids were considered as part of the engagement approach — including adjustments for language, font, braille, screen readers, and other accessibility tools.

Strategy

There may currently be limited understanding or awareness of what the strategy is designed to achieve, including how it connects with other relevant strategies such as Health and Wellbeing, Isolation, and Dementia.

To improve accessibility, the strategy will be made available in an Easy Read format. The communications campaign for promoting the strategy will use plain English, aligning with the Council's commitment to ensure content is understandable for individuals with a reading age of 11.

Additional communication aids will also be considered to support inclusivity. These may include alternative languages, accessible fonts, Braille, screen reader compatibility, and other formats to meet diverse needs.

Does the Service/Policy provide any positive impact/s including improvements or remove barriers?

As the strategy will be co-designed with relevant stakeholders including partners, people with mental health needs, their families and carers. It will promote inclusivity and positive relationships with the Council.

As the Mental Health Strategy is new, it informs residents that the Council is commitment in ensuring parity to Mental Health and services.

What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another)

Developing a mental health strategy for Rotherham can have several positive impacts on community relations, but it's important to consider potential perceptions of inequality.

Positive Impacts:
Improved Mental Wellbeing: A comprehensive strategy can enhance overall mental health, leading to a more resilient and supportive community.

Reduced Stigma: Promoting mental health awareness can reduce stigma, encouraging more open conversations and support networks.

Inclusive Support: By addressing the needs of various groups, the strategy can foster inclusivity and ensure that everyone feels valued and supported.

Potential Challenges:

Perceived Inequality: If certain groups feel they are not receiving adequate support compared to others, it could lead to feelings of resentment or division.

Mitigation: To address the risk of perceived inequality, the strategy has been developed in alignment with the outcomes of the strategies Rotherham wide consultation. This inclusive approach ensured that a broad range of voices, including those from underrepresented and vulnerable groups, were heard and considered. By grounding the strategy in community feedback, we aim to reflect the diverse needs and priorities across Rotherham, helping to build trust and reduce the risk of any group feeling overlooked or unsupported.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

5. Summary of findings and Equality Analysis Action Plan

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

Title of analysis: Rotherham Council Adult Social Care Mental Health Strategy 2026 – 2029
Directorate and service area: Adult Care, Housing & Public Health, Adult Care and Integration
Lead Manager: Kirsty Littlewood – Assistant Director Adult Care and Integration and Helen Fisher – Head of Specialist Services
Summary of findings:
• Ensure the consultation and strategy are inclusive, reflecting the diverse needs of the community, recognising that mental health affects everyone. • Design consultation activities to be accessible and barrier-free, enabling all Rotherham residents to share their views and experiences. • Make the strategy as accessible as possible, using plain English, minimising jargon, and ensuring compatibility with assistive technologies such as screen readers. • Deliver a clear and purposeful communication campaign, effectively conveying the aims and objectives of the strategy to all audiences. • Publish an easy-read version of the strategy, ensuring it is understandable and usable for people with varying literacy levels and learning needs.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Work in partnership with established groups and organisations that support underrepresented communities, to deliver accessible consultation workshops.	**A/D/S/GR/RE/RoB/SO/ PM/CPM/C/O**	**07/25**
Ensure translated and paper survey copies are available to those with English as a second language or are digitally excluded.	**A/D/S/GR/RE/RoB/SO/ PM/CPM/C/O**	**07/25**
Develop and distribute accessible resources and materials when sharing information and documents relating to the development of the mental health strategy.	**A/D/S/GR/RE/RoB/SO/ PM/CPM/C/O**	**09/25**
Ensure transparency with all stakeholders by providing regular updates and clear communication on progress, including consultation activity and strategy development.	**A/D/S/GR/RE/RoB/SO/ PM/CPM/C/O**	**09/25**
To seek feedback of the draft strategy from key stakeholders, including those with lived experience.	**A/D/S/GR/RE/RoB/SO/ PM/CPM/C/O**	**09/25**

***A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups**

6. Governance, ownership and approval		
Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.		
Name	**Job title**	**Date**
Kirsty Littlewood	Assistant Director, Adult Care and Integration	Approved – 26.10.25

Ian Spicer	Strategic Director, Adult Care, Housing & Public Health	Approved - 22.10.25
Councillor Joanna Baker-Rogers	Cabinet Member for Adult Social Care & Health	Approved 03.11.25

7. Publishing

The Equality Analysis will act as evidence that due regard to equality and diversity has been given.

If this Equality Analysis relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date Equality Analysis completed	September 2025
Report title and date	Rotherham Council Adult Social Care Mental Health Strategy 2026 – 2029
Date report sent for publication	3 November 2025
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	19 September 2025

Will the decision/proposal impact…	Impact	If an impact or potential impacts are identified:			
		Describe impacts or potential impacts on emissions from the Council and its contractors.	Describe impact or potential impacts on emissions across the Borough as a whole.	Describe any measures to mitigate emission impacts	Outline any monitoring of emission impacts that will be carried out
Emissions from non-domestic buildings?	Unknown	Potential emissions from using site facilities at consultation drop in venues.		Mindful consumption Tagging onto existing events/bookings	All emissions from operational buildings are monitored and reported publicly.
Emissions from transport?	Increase	Emissions from vehicle mileage incurred by individuals attending public consultations/drop ins.		Offer/attend drop ins in different areas to offer more local options and minimise visit travel distances.	
Emissions from waste, or the quantity of waste itself?	Unknown	Potential emissions from leaflets and resources handed to residents e.g., due to printing and if littered.		Encouraging individuals to complete online survey via QR code rather than paper copy. Only printing and distributing leaflets as required.	Comparing number of online responses to paper responses.
Emissions from housing and domestic buildings?	None				
Emissions from construction and/or development?	None				

Carbon capture (e.g. through trees)?	Unknown				

Identify any emissions impacts associated with this decision which have not been covered by the above fields:

Reducing carbon emissions and working towards net zero targets, is part of the One Council theme in the Council Plan 2025-30 under the section ‘Climate Change’. Actions under this theme include but are not limited to cutting down on activities that waste energy and resources; using the Councils influence to encourage partners, local businesses, anchor organisations, and our residents to be mindful of their environmental impact and to be more sustainable.

Will the proposal affect Council services’ resilience to climate change, or the capacity of people living in the Borough to adapt to climate change?

No

Provide a summary of all impacts and mitigation/monitoring measures:

The strategy’s main climate impacts stem from increased transport emissions due to travel to consultation events, and potential waste from printed materials. To mitigate these, the Council plans to host events locally to reduce travel distances, car share and promote digital engagement through QR codes and e-bulletins, limiting printed resources to essential use.

Use of non-domestic buildings for consultations may contribute to emissions, though this is uncertain. Mitigation includes aligning with existing bookings and mindful resource use.

No impacts have been identified in relation to housing, construction, or carbon capture, and the strategy does not affect climate resilience or adaptation capacity. Overall, the proposal supports the Council’s broader climate goals under the “One Council” theme, encouraging sustainable practices across the Borough.

Supporting information:	
Climate Impact Assessment Author	Holly Smith Change Lead Service Improvement and Governance Adult Care, Housing and Public Health
Please outline any research, data or information used to complete this Climate Impact Assessment.	*Council Plan 2025-30*
If quantities of emissions are relevant to and have been used in this form please identify which conversion factors have been used to quantify impacts.	
Validation	Tracking Reference: CIA 530 Arthur King Principal Climate Change Officer

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Rotherham Metropolitan Borough Council

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 15 December 2025

Report Title
Unpaid Carers Strategy 2026-2031

Is this a Key Decision and has it been included on the Forward Plan?
Yes

Strategic Director Approving Submission of the Report
Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)
Katy Lewis, Carers Strategy Manager, Adult Care, Housing and Public Health.
01709 822834 or katy.lewis@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary

In July 2022, the Rotherham Health and Wellbeing Board approved the Borough That Cares Strategic Framework 2022-2025. The strategic framework created a foundation of support, improved information and advice, established a carers network, and introduced a co-production programme with communities to build a carer friendly borough. In addition, it established the Borough That Cares Network, which has facilitated several engagement opportunities, including the development of the Council's carers webpages and a proposed new 'The Borough that Cares All-Age Carers Strategy 2026-2031'.

During April to August 2025, engagement has been undertaken with carers, adult social care, health and other key stakeholders to reflect on progress and gather feedback on achievements between 2022-2025, and to co-design the vision, priorities and commitments for the next five years to 2031.

This report seeks approval for a further five-year strategy to continue the support for carers within the borough.

Recommendations

That Cabinet approves the Borough that Cares All-Age Carers Strategy 2026-2031 which is due to be launched in April 2026.

List of Appendices Included

Appendix 1 The Borough that Cares All-Age Carers Strategy 2026-2031
Appendix 2 Part A Equality Analysis Screening
Appendix 3 Part B Equality Analysis Form
Appendix 4 Carbon Impact Assessment

Background Papers

The Borough That Cares Strategic Framework 2022-25

Consideration by any other Council Committee, Scrutiny or Advisory Panel
Improving Lives Select Commission – 28 November 2025
Health Select Commission – 28 November 2025

Council Approval Required
No

Exempt from the Press and Public
No

Unpaid Carers Strategy 2026-2031

1. Background

1.1 In July 2022, the Rotherham Health and Wellbeing Board approved the Borough That Cares Strategic Framework 2022-2025. The strategic framework created a foundation of support, improved information and advice, established a carers network, and introduced a co-production programme with communities to build a carer friendly borough.

1.2 In addition, it established the Borough That Cares Network, which has facilitated several engagement opportunities, including the development of the Council's carers webpages and a proposed new 'The Borough that Cares All-Age Carers Strategy 2026-2031'.

1.3 During April to August 2025, engagement has been undertaken with carers, adult social care, health and other key stakeholders to reflect on progress and gather feedback on achievements between 2022-2025, and to co-design the vision, priorities and commitments for the next five years to 2031.

1.4 **Carers – Rotherham Context**

There are approximately 26,313 carers living in Rotherham. This represents just over 10% of Rotherham's population.

1.5 A carer is anyone who cares, unpaid, for a friend or family member who can't cope without support. This might be because of ageing, illness, disability, poor mental health, or an addiction.

1.6 A carer might care for someone for a few hours each week, or 24 hours a day, 7 days a week, and be an adult caring for other adults, a parent caring for a child who is ill or has a disability or a young person caring for a parent, sibling, relative, or friend. For example:

- 9,312 (35%) of Rotherham's carers provide more than 50 hours per week, making these carers more likely to experience health inequalities as there is evidence to suggest a link between providing higher levels of care and experiencing higher levels of poor health.
- 8,104 (30%) of Rotherham's carers are registered disabled.
- Rotherham has 45,627 school pupils, 20 of these were identified as young carers in the school census. The national average is 337 young carers per local authority.
- 12% of young adult carers in Rotherham (16-24 years old) have no educational qualifications.

1.7 **The Borough that Cares Strategic Framework 2022-2025**

The strategic framework set out the Council's commitment to support carers living in the borough, with specific objectives to achieve in year one, year two and year three, co-designed with carers and wider stakeholders.

1.8 Initial implementation of the framework was however delayed due to the impact of the Covid pandemic. Work took place to continue to provide appropriate support to Rotherham carers.

1.9 **Key Achievements of the Borough that Cares Strategy 2022-2025**

There are a number of key achievements over the three-year period, namely:

- Supported the stabilisation of voluntary sector carer groups/services through the delivery of a small grants programme. 19 small organisations accessed funding to implement projects to support carer health and wellbeing. The groups were successfully linked with Voluntary Action Rotherham (VAR) to support further funding opportunities, and the majority continue to support carers through their general offer.

- The Borough That Cares Strategic Network provided a well-attended regular forum for organisations and groups supporting carers and carers with lived experience to meet, share good practice and influence decisions. This network continues to meet and flourish.

- Established a voice, influence and engagement task group with a focus on the health and wellbeing of Carers known as the Unpaid Carers Multi-Agency Strategic Group, an officer task group, with representation from adults and children's social care and health services to consider issues and/or requests for change and action raised through the Borough That Cares Network.

- Refreshed and improved the information, advice and guidance available to carers, including the launch of the carer's newsletter, the development of the carer's information pages on the Council website, and the carers support directory.

- Embedded an integrated approach to identifying and supporting carer health and wellbeing through the partnership working of the Borough That Cares Network which represents social care, health and the Voluntary and Community Sector (VCS).

- Introduced a co-production programme with communities to build a carer friendly borough via The Borough That Cares Network, utilised to facilitate a number of opportunities including the development of the Council's carers webpages and the vision, priorities and commitments for the new strategy to 2031.

1.10 In addition, the Council employed a Carers Strategy Manager to oversee the implementation of the framework, priorities and future strategies, strengthened the carers offer and employed Carer Link Workers to increase the numbers of Carers Assessments to support carers in their own lives, as well as with their caring responsibilities.

2. Priorities for the refreshed Strategy 2026-2031

2.1 During April to August 2025, a programme of engagement was undertaken with carers, social care, health, the VCS and service providers to reflect on progress and gather feedback on achievements between 2022-2025, and to co-design the vision, priorities and commitments for the next five years to 2031.

2.2 Twenty engagement sessions took place involving 399 participants, further details are set out at Section 4 below.

2.3 The feedback from the engagement sessions has shaped the detail of the strategy for the next five years and is focussed around five key commitments. These are set out below with the voice of carers, their views and experiences, and what matters most to them and their cared for loved ones. The Strategy is attached at Appendix 1.

2.4 **Commitment 1 – Identification and Early Intervention**

Carers said they:

- had different experiences of accessing support,
- did not always receive timely information and support,
- did not always initially recognise themselves as a carer, nor were they recognised by professionals they interacted with,
- thought that being set on a pathway at the beginning of their caring role would have made life easier and provided the opportunity for timely information and support.

They said we should:

“Change our language, unpaid carer isn’t helpful when trying to get carers to self-identify. It’s confusing re employment and carers allowance”
“Identify Carers through GPs, hospital discharge and the hard to reach groups, through community activity”
“Tell illustrative stories which are more powerful than survey results”
“Work together better to identify carers”
“Maintain a ‘universal’ local register”.

2.5 **Commitment 2: Support Carers and Ensure Their Voice is Heard**

Carers said:

- their role can be all consuming, making it difficult to see the point they need a break before experiencing burn out,
- that not all of them knew what a Carer's Assessment was for, thinking it would be to assess their ability as a carer,
- there was a feeling of needing someone to give them 'permission' to look after themselves too.

They said we should:

"Ensure advice and information is accessible for all and carers know how to locate it"
"Increase use of assistive technology to complement the caring role"
"Reduce the health inequalities experienced by carers"
"Reduce isolation and loneliness experienced by carers"
"Support preventative planning"
"Ensure meaningful consultation and champion the carer voice"
"Recognise carers have rights rather than treat them just as family members who have a duty to care".

2.6 **Commitment 3: Support Carers Through Times of Change**

Carers said:

- that coping with life's ups and downs combined with the changes experienced by the cared for person, adds an extra dimension to the caring role,
- although a difficult conversation they would prefer to be fully informed about the cared-for person's health condition and know what to expect.

They said we should:

"Mental health needs fluctuate so changes in their role can be frequent, things improve and then go under again"
"Both sides need to understand that needs change and different support may be required"
"Helping them stay in work benefits their health and wellbeing because it provides another focus and gives a social outlet"
"We get a lot of information initially but then nothing further as no review set, Carers don't think about coming round again as they don't know that there could be a different outcome next time"
"There is a lack of bereavement support for carers."

2.7 **Commitment 4: Work in Partnership**

Carers said:

- they were frustrated that organisations could just not work together, resulting in a fragmented system.

They said we should:

"Organisations need to maximise the resources that they have and utilise budgets in the best way, without duplication"
"Lack of data sharing causes problems"
"The transition from hospital to home was not joined up"
"Look at how you can integrate and share resources"
"Make sure services rotate around the person and follow on"
"I'm frustrated with professionals not interacting with one another and not sharing knowledge which leads to inconsistency".

2.8 **Commitment 5: Co-Design a Responsive Support Offer for Carers**

This overarching commitment will ensure that the support offer to carers has the maximum impact on their health and wellbeing and that professionals are engaged, knowledgeable and can support carers fully at all stages of their caring role.

Carers said:

- practitioners stated that they were not always confident they fully understood the offer to carers as part of a Carers Assessment.

They said we should:

"Improve the flexibility of the carer break offer and encourage carers to take time out before they experience carer burnout"
"Continue to develop the carers offer and support that through the carers assessments".

3. Options Considered and Recommended Proposal

3.1 **Option 1: Recommended**

Cabinet approves the Borough that Cares All-Age Carers Strategy 2026-2031 (Unpaid Carers Strategy). The strategy provides clarity on the future vision, priorities and commitments to unpaid carers. It also enables continued engagement and ensures a voice for the carers of the borough**.**

3.2 **Option 2: Not recommended**

Cabinet does not approve the Borough that Cares All-Age Carers Strategy 2026-2031. Without a carer's strategy, it will be unclear what our future commitments are for carers and the needs of carers may not be recognised or fully addressed.

4. Consultation on Proposal

Key stakeholders have been fully engaged in the development of the refreshed strategy to ensure the voice and experience of carers remains at the centre of service design and delivery across Rotherham.

4.1 **Engagement Activity**

Between March and August 2025, an extensive programme of engagement took place as detailed below:

Participants	No. Engaged	Method of Engagement
Adult Social Care (ASC) Staff	13	2 x Focus Groups
Learning Disability Providers	13	Provider Forum
Beacon SY Carer Group – Carers	10	Focus Group
Borough that Cares Network	11	Monthly Network Meeting
Carers Forum – Carers	12	Focus Group
Carer Link Officers, Community Connectors and Social Prescribers	27	Focus Group
Community Occupational Therapists	24	Focus Group
Crossroads Carer Group - Carers	39	Focus Group
Dementia Cafés Brampton Bierlow, Dalton, Maltby, Thurcroft - Carers	20	Focus Groups
Domiciliary Care Providers	18	Provider Forum
SYICB Dementia Review Event – Health Professionals	58	Presentation with Feedback
Headway – Carers and Cared For	26	Focus Group
Kashmiri & Yemeni Older Peoples Group – Carers	33	Focus Group
RDaSH Swallownest Hospital Friends & Family Group – Carers	9	Focus Group
Rotherham Hospice – Carers	5	Focus Group
Rotherham Recovery Forum – Carers and Health Professional	10	Focus Group
Rotherham Sight and Sound – Carers and Cared For	12	Focus Group
VAR VCS Community Network - Carers Community Group Leaders	11	Focus Group
Wah Hong Association – Carers	40	Focus Group
Family Action Young Carers Group – Young Carers	8	Focus Group
Total	**399**	

5. Timetable and Accountability for Implementing this Decision

5.1 The refreshed strategy is due to be launched in April 2026. A detailed communication and engagement programme will be developed and implemented.

5.2 An annual delivery programme will be co-designed with carers and key stakeholders. Reporting of progress will be overseen by the strategic group, network and reported to the Rotherham Health and Wellbeing Board.

6. Financial and Procurement Advice and Implications

6.1 There are no direct procurement implications arising from the recommendations detailed in this report. Should there be a need to engage third party suppliers to support the delivery of the strategy then these must be procured in accordance with relevant procurement legislation (Public Contracts Regulations 2015 or the Procurement Act 2023 dependent on the route to market identified) as well as the Council's own Financial and Procurement Procedure Rules.

6.2 There are no financial implications arising from the adoption of the Borough that Cares All-Age Carers Strategy 2026-2031. Any additional work will need to be completed from within existing budgets.

7. Legal Advice and Implications

7.1 The Care Act 2014 places a duty on the local authority to promote individual wellbeing, to identify carers whose needs are not being met, prevent the need for care and support arising in the future, provide information and support and ensure that there is a choice of appropriate support services in its area to meet the needs of eligible individuals and their carers. The strategy outlined in this report addresses those statutory responsibilities and will provide the necessary resources to aid carers in their role.

8. Human Resources Advice and Implications

8.1 There are no Human Resource implications associated with this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The strategy covers all demographics of carers in the borough and therefore is designed to address all carer needs.

10. Equalities and Human Rights Advice and Implications

10.1 An equality assessment has been completed to inform the proposals and is attached at Appendices 1 and 2. The proposals in this report support the Council to comply with legal obligations encompassed in the:

- Human Rights Act (1998), to treat everyone equally with fairness, dignity and respect, with a focus on those who are disadvantaged because of disability.
- Equality Act (2010) to legally protect people from discrimination in the wider society.

11. Implications for CO2 Emissions and Climate Change

11.1 The assessment is attached at Appendix 3. There are no direct implications as a result of this report.

12. Implications for Partners

12.1 Partners have been fully engaged in the co-design of the refreshed strategy and are fully committed to work in partnership to support carers in Rotherham.

13. Risks and Mitigation

13.1 Failure to agree a revised strategy will leave the Council with no strategic direction in its support offer to carers and the momentum made over 2022-2025 will not be further progressed.

13.2 Agreeing the refreshed strategy will confirm the Council's commitment to carers, as required by the Care Act 2014.

14. Accountable Officers

Ian Spicer, Strategic Director, Adult Care, Housing and Public Health.

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	28/11/25
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	25/11/25
Assistant Director of Legal Services (Monitoring Officer)	Phil Horsfield	25/11/25

Report Author: *Katy Lewis*
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01709 822834 or katy.lewis@rotherham.gov.uk
This report is published on the Council's website.

THE BOROUGH THAT CARES

ALL-AGE CARERS STRATEGY

2026-2031



www.rotherham.gov.uk

Rotherham Metropolitan Borough Council

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FOREWORD

We are proud to introduce Rotherham's All-Age Carers Strategy for 2026-31, a strategy shaped by the voices of young carers, adult, and parent carers who generously shared their experiences, insights, and aspirations with us. They have been central to identifying the priorities that matter most and ensuring this strategy reflects the reality of caring in Rotherham today.

We met and listened to carers of all ages and background, including children and young people, those caring for a few hours a week to those providing round-the-clock support. They told us about the challenges of navigating services, the emotional and financial pressures they face, and the importance of being recognised, respected, and supported.

This strategy is our shared commitment to act on what they told us.

Over the next five years, we will work together to:

- Identify carers earlier and provide timely support
- Improve access to information, guidance, and peer support
- Support carers through times of change, including planning for the future
- Strengthen co-ordination across services and embed co-production
- Ensure carers are recognised as partners in care and empowered to live fulfilling lives alongside their caring role.

We know that caring can be both rewarding and demanding. That's why this strategy sets out our commitment to build a system that works with and for carers, one that is inclusive, responsive, and rooted in lived experience.

To every carer, professional, and partner who contributed: Thank You.

Your voice is at the heart of this strategy, and your continued involvement will be vital in delivering real and lasting change.

Together, we are building a borough that cares.



Councillor Joanna Baker-Rogers
Cabinet Member for Adult Social Care and Health



Councillor Victoria Cusworth
Cabinet Member for Children and Young People's Service



Ian Spicer
Strategic Director of Adult Care, Housing and Public Health



Nicola Curley
Strategic Director of Children and Young People's Services

INTRODUCTION

This All-Age Carers Strategy has been developed to ensure carers, living in Rotherham, or supporting someone that lives in Rotherham are recognised, supported, and empowered.

Developed through a comprehensive programme of co-production and engagement, involving 23 focus groups and nearly 400 individuals, it outlines a commitment by the Council, Health Partners and the Voluntary, Community and Social Enterprise (VCSE) sector to work in partnership to improve the health and well-being of carers in the borough.

The views and experiences of carers of all ages and from all walks of life, adult social care staff, commissioned service providers, VCSE sector organisations, health professionals, and community groups and networks have contributed to its development.

With over 26,000 residents identifying as carers, and many more providing care without formal recognition, this strategy aims to reach carers at every stage of their journey.

What is caring?

A carer is anyone who cares for a friend or family member who can't cope without support. This might be because of aging, illness, disability, poor mental health, or an addiction.

It isn't someone who volunteers or is employed to provide support, a carer could be in education, in receipt of Carers Allowance or working whilst caring.

A caring role may develop over a period of time or happen suddenly without allowing time to prepare. It could be for a few hours each week, or 24 hours a day, 7 days a week and a carer may care for different people at different times in their lifetime.

A carer might be:

- an adult caring for other adults
- a parent caring for children who are ill or have a disability
- a young person caring for a parent, sibling, relative, or friend.



KEY LEGISLATION

THE CARE ACT 2014

Key provisions include:

- Legal right to a carer's assessment based on the appearance of need.
- Eligibility for support based on the impact of caring on wellbeing and personal outcomes.
- Requirement for support planning, personal budgets, and option for direct payments.
- Local authorities may charge for services, though most do not.
- Wellbeing principle places carers' wellbeing on equal footing with those they care for.
- Duties on local authorities include prevention, information and advice, transition support, and advocacy.

HEALTH AND CARE ACT 2022

Strengthens carer involvement in health services:

- NHS England and Integrated Care Boards must involve carers in planning and decision-making.
- Carers must be identified and involved early in hospital discharge planning.
- Emphasis on tailored support, recognition, and collaboration with local authorities and voluntary organisations.

This strategy aligns to these key pieces of legislation

WORK AND FAMILIES ACT 2006

- Flexible Working Rights: Extended to carers of adults, allowing them to request flexible working arrangements.
- Parental and Adoption Leave: Enhanced leave and pay entitlements for parents, which may benefit carers who are also parents.

CHILDREN AND FAMILIES ACT 2014

Focuses on young carers and parent carers:

- Young carers (under 18) must be assessed if needs are apparent or on request.
- Assessment considers appropriateness of caring role, education, aspirations, and family needs.
- Parent carers of disabled children are entitled to assessment based on need.
- Encourages a whole-family approach and coordinated assessments.

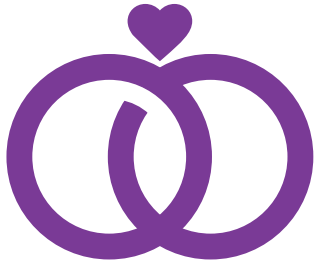
CARER'S LEAVE ACT 2023

- Statutory Unpaid Leave: Up to one week per year for employees to provide or arrange care for a dependant with long-term care needs.
- Day-One Right: Available from the first day of employment.
- Flexible Use: Leave can be taken in half days, full days, or a full week.
- No Proof Required: Employers cannot demand evidence of caring responsibilities.
- Employment Protection: Employees are protected from dismissal or victimisation for taking carer's leave.

FACTS ABOUT CARERS



266,000
people live in Rotherham,
26,313 (10.48%) are carers



60%
of carers
are married

30.8%
of carers are
registered
disabled



45,627 school pupils
in Rotherham borough, 20
young carers were identified
in the school census – the
national average is 337 young
carers per local authority





44% of people
caring more than
50 hours per week
are not in good health



12% of young
adult carers (16-24)
have no educational
qualifications

FACTS ABOUT CARERS



3.2% of residents are in receipt of Attendance Allowance



51% of carers are economically inactive

12% of residents are in receipt of the daily living component of PIP or the care component of DLA



46.6% of carers are employed, 40.4% of these are employed in the public sector





15.2% of Rotherham's population have care needs



3% of carers are in receipt of carers allowance

ACHIEVEMENTS OF THE BOROUGH THAT CARES STRATEGIC FRAMEWORK 2022–2025

Carers Strategy Manager appointed to oversee the implementation of the Strategy.

Improved Access to Information via the carers information page on our website, a carers directory in both digital and paper formats, and the carers newsletter. Six editions have been published, with a growing subscriber list of 132 to date. Webpage activity continues to grow, with an average of 890 views and 375 users per month.

Information Navigator Roles integrated into commissioned services to support carers who may face barriers in accessing information, ensuring personalised advice and guidance is available.

Expanded Community Support through a small grant programme, third sector organisations were supported to deliver tailored services that promote carers' health and wellbeing.

This included support for carers with additional needs such as dementia, head injuries, substance misuse, parent carers, and carers from minority communities (BAME, Chinese, LGBTQ+).

A total of 19 community organisations received funding, benefitting an estimated 830 individuals.

Carers reported improvements in physical, social, mental, and emotional wellbeing. The programme also strengthened engagement with community services and encouraged organisations to 'think carer' in their ongoing work.

Strengthened Carer Voice and Influence by growing the Borough That Cares Strategic Network as a platform for voice, influence, and engagement. 30 members now regularly attend the monthly meetings.

Celebrated Carers by recognising Carers Week (June) and Carers Rights Day (November) as major community events, with growing participation each year. Over the three years, 21 events were co-produced for Carers Week and three for Carers Rights Day, led by the Borough That Cares Network.

Established a Multi-Agency Strategic Group to drive change within member organisations which now includes 23 registered members, fostering collaboration and shared responsibility.

Increased Carer's Assessment capacity through the employment of Carers Link Officers resulting in reduced waiting times and improved access to timely support.

Began developing a digital app, utilising funding from the Accelerating Reform Fund, carers are working with a commissioned provider to design a bespoke app to enhance the ability to identify and support carers. This tool will extend the reach, particularly to those not currently engaging with services.

Embedded Co-Production and engagement as a core principle across local carer groups and organisations, with high levels of participation. This collaborative approach has directly informed the development of the strategy for 2026-2031.

WHAT CARERS TOLD US

Over the period of the Borough that Cares Strategic Framework 2022-25 carers have shared examples of positive changes that have helped them in their caring role, however carers have also told us that more needs to be done to drive further improvements.

So to develop this new strategy, between March and August 2025, we undertook a comprehensive engagement process to gather the current views and experience of carers and cared for people in the borough.

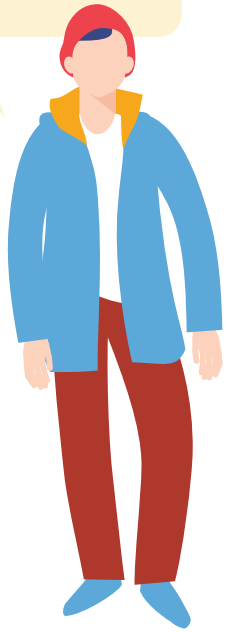
We also gathered insight from a wide range of stakeholders, social care and health professionals, care providers, and representatives from the VCSE sector. In total, nearly 400 individuals participated in this engagement.

Themes began to emerge, reflecting the lived experiences and needs of carers in Rotherham. These local themes, such as accessible information, maintaining their own health and wellbeing and combining caring with paid employment, often aligned with broader trends in national sources of evidence, helping us to validate and strengthen our understanding of the issues that matter most.

A lack of early information and advice was a major cause of stress and burnout. Many carers only discovered the support available to maintain their own health and wellbeing after reaching a crisis point.



Carers raised concerns about health inequalities, sharing that they often delay seeking treatment for their own health issues due to caring responsibilities.



Carers in employment, said that low-level needs often go unrecognised and unsupported, yet these can quickly escalate, forcing a reduction in hours or leaving the workplace altogether.

Young carers shared that they often live with high levels of anxiety, especially when their family unit is under strain. They rely on the stability of their family, and when that falters, their sense of security is shaken, until someone recognises their situation and steps in with support.

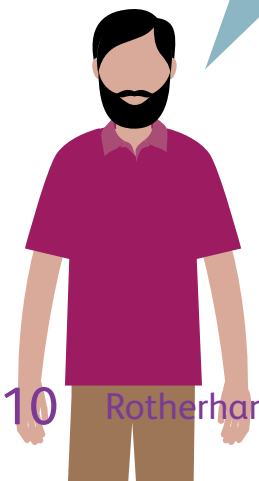


Carers told us that one of the hardest parts of being a carer is navigating the different systems across health and adult social care.

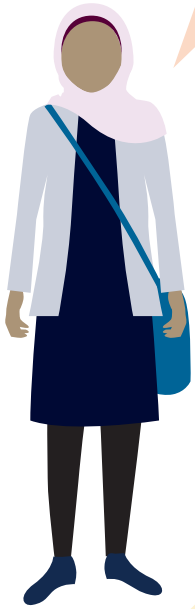


WHAT CARERS TOLD US

Many carers found valuable support online in relation to the health conditions of those they care for, when there was a clear diagnosis pathway they were signposted to support services. However, they expressed frustration that guidance wasn't automatically provided during health service interactions. Too often, the responsibility fell on carers to seek out information themselves, including speaking with other carers and they told us we must do better.



Carers expressed frustration at the lack of coordination between agencies, and that they were often excluded from important discussions, particularly during hospital discharge planning.





Although having a difficult conversation about deterioration wasn't easy, and it was hard to know the right time, carers told us it was better to be informed than to be caught off guard by unexpected changes.

Whilst carers often received information at the point of diagnosis, particularly for degenerative conditions, they were not given further guidance when circumstances changed.



When the cared for person became terminally ill, carers didn't know what support was available, limiting their choices and support at a critical time.



Carers recognised the pressures facing health and social care services but felt that more could be done to work together effectively. Improved coordination would not only make life easier but would also reduce duplication and waste. Although services often take a personalised approach individually, this is lost when multiple services are involved, leaving carers to bridge the gaps.



Return to contents

OUR COMMITMENTS

The commitments set out in this strategy require strong and sustained partnership working. We are committed to working collaboratively across social care, health, education, and the VCSE sector to deliver meaningful change for carers in Rotherham.

Identification and early intervention	Identify carers earlier in their journey and ensure timely access to advice, support, and preventative services before needs escalate into crisis.
	Provide clear, practical guidance on the carers' service offer and how to navigate it, ensuring carers are aware of available support through clear, multi-channel communication.
	Explore flexible support options for carers in employment, including better workplace awareness, access to low-level interventions, and improved links with employers.
	Promote carer friendly health services that recognise the barriers carers face in accessing care for themselves, and ensure carers are supported to prioritise their own health.
Support carers and ensure their voice is heard	Ensure carers are routinely provided with clear, timely information during key health and social care service interactions.
	Develop clearer pathways for carers, especially at the point of diagnosis, so they are easily connected to the right services and support.
	Recognise the value of shared experiences and increase opportunities for carers to connect with and support each other.
	Work with schools, youth services, and family support teams to identify and support young carers earlier, ensuring their emotional wellbeing and family stability are prioritised.
	Provide training and resources to frontline staff across health and social care to improve recognition of carers and ensure they are treated as partners in care.
	Continue to involve carers in shaping services and monitoring progress, ensuring their voices remain central to everything we do.

OUR COMMITMENTS

Support carers through times of change	Support carers during key transitions and ensure that health and social care professionals provide carers with timely, updated information when the condition of the person they care for changes, not just at the point of diagnosis.
	Empower carers to plan for the future, providing structured support to develop contingency plans and long-term care arrangements, when they are no longer able to provide care.
	Support professionals to have sensitive, timely conversations with carers about deterioration and end-of-life care, helping carers feel more prepared and informed.
	Raise awareness of the support available during end-of-life care and bereavement, and ensure this information is accessible, clear, and shared proactively with carers.
Work in partnership	Improve joint working across health and social care, particularly at key contact points such as hospital discharge, ensuring carers are included in planning and decision-making.
	Develop clearer, more joined-up pathways, digital tools and carer champions to help carers navigate complex systems.
	Develop a shared understanding of personalised care across all services, so that when multiple agencies are involved, the carer and the person they care for experience joined-up, person-centred support.
Co-design a responsive support offer for carers	Regularly analyse feedback and data to understand carers' experiences and outcomes and identify gaps between assessed needs and actual support received.
	Provide a clear and easy-to-understand overview of available services, and create flexible ways for people to access support without always needing a Carers Assessment.
	Increase practitioner confidence in supporting carers to access advice, information and support, utilising universal services, the VCSE sector and commissioned services to meet need and achieve identified outcomes.
	Evaluate the success of existing services and co-design new services or information with carers.
	Involve carers in shaping training to ensure it is relevant and include carers' voices through stories, videos or lived experience contributions.
	Improve ways to track satisfaction, uptake and wellbeing outcomes to inform ongoing service development.

HOW WILL WE MAKE IT HAPPEN?

Each year, carers and partners will help shape a delivery plan. Progress will be shared through the carers' network and strategic group, with updates on achievements and outcomes reported to the Rotherham Health and Wellbeing Board.

Our commitment to carer involvement

We recognise that carers are experts by experience, and your ongoing involvement is essential to shaping, delivering, and monitoring our strategy. We are committed to working in partnership with you at every stage.

How you can get involved

- **Regular feedback:** We will provide opportunities for you to share your experiences and suggestions through surveys, focus groups and forums
- **Co-production:** We will invite you to help design and review services, ensuring your voice is central to decision-making
- **Monitoring progress:** We will involve you in reviewing our progress against the five commitments, using your insights to help us understand what is working and where we need to improve
- **Case studies and stories:** We will welcome your stories and examples to help us illustrate the real impact of our work and highlight areas for change
- **Carer reference groups:** We will support the development of carer-led groups to provide ongoing advice and challenge to our work.

We will make sure that all involvement opportunities are accessible, inclusive and flexible to fit around your caring responsibilities.

We want to work with you to make sure our strategy delivers real change for carers in Rotherham. If you would like to share your experiences, join a carers' group, take part in feedback sessions, or help shape future services, we would love to hear from you.

To get involved or find out more:

- Contact us by email at **commissioningenquiries@rotherham.gov.uk**
- Visit our website at **www.rotherham.gov.uk/carers**

Together, we can make a difference.

CONNECTING STRATEGIES

Rotherham Council Plan 2022-2025

Rotherham Adult Social Care Strategy 2024-2027

Rotherham Learning Disability Strategy 2024-2027

Rotherham's Housing Strategy 2022-2025

Rotherham Council's Digital Strategy

Rotherham Joint Health and Wellbeing Strategy

Rotherham Hospice Living Life's Wishes 2024-2030

Rotherham Loneliness Action Plan 2023-2025

Moving Rotherham Partnership Action Plan 2025-2026

USEFUL CONTACTS AND INFORMATION

Adult Contact Team
01709 822330

Children and Young People Services
01709 336080

Rotherham Carers Newsletter

Carers Information Hub

Your own important numbers

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Ref: 88736 / NOVEMBER 2025

Appendix 2

PART A - Initial Equality Screening Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

Further information is available in the Equality Screening and Analysis Guidance – see page 9.

1. Title	
Title: Development of The Borough That Cares All-Age Carers Strategy 2026-31	
Directorate: Adult Care, Housing and Public Health	**Service area: Strategic Commissioning**
Lead person: Katy Lewis	**Contact: 822834 katy.lewis@rotherham.gov.uk**
Is this a: [X] **Strategy / Policy** [ ] **Service / Function** [ ] **Other** **If other, please specify**	

2. Please provide a brief description of what you are screening
The development of a new Strategy for Unpaid Carers in Rotherham for 2026-31. The Borough That Cares Strategic Framework 2022-2025 set out a commitment to unpaid carers and identified a three-year roadmap of strategic outcomes to ensure a strong foundation of advice, information and support for unpaid carers.

Work is now commencing to develop a new Strategy for 2026-2031 to build on the success of the previous strategy and to improve and strengthen the support for unpaid carers in Rotherham over the next 3 years.

Background

There are 26,313 people in Rotherham providing unpaid care to their family and friends. Based on projections, by 2030, the number of unpaid carers in Rotherham will be approximately 33,300. Under the Care Act 2014, Rotherham Council has a statutory duty to support the wellbeing of its unpaid carers and provide them with parity of esteem.

The Act places an overarching general principle of wellbeing on commissioning activity to ensure Commissioners promote wellbeing, consider individual need, be person centred and holistic. It also places a specific duty to give due regard to:

- personal dignity
- physical and mental health
- emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life; including care and support and the way it is provided
- participation in work, education, training, or recreation
- social and economic wellbeing
- domestic, family, and personal relationships.

The Unpaid Carers Strategy 2026-31 will set out our commitment to create a carer friendly borough and the priorities and objectives to be achieved through co-production and strong partnerships between organisations to reduce the inequalities unpaid carers experience.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity and other socio-economic groups e.g., parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc.

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community?	x	
Could the proposal affect service users?	x	
Has there been or is there likely to be an impact on an individual or group with protected characteristics?	x	
Have there been or likely to be any public concerns regarding the proposal?		x
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?	x	
Could the proposal affect the Council's workforce or employment practices?		x
If you have answered no to all the questions above, please explain the reason		
N/A		

If you have answered **no** to all the questions above please complete **sections 5 and 6.**

If you have answered **yes** to any of the above please complete **section 4.**

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made**.**

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).

- **How have you considered equality and diversity?**

We will consider Rotherham's results of the 2023-24 Survey of Adult Carers in England (SACE).

The survey is undertaken every two years and seeks the opinions of carers aged 18 or over, (caring for a person aged 18 or over), on topics that are considered indicative of a balanced life alongside their unpaid caring role.

205 (35.2%) carers returned a completed survey, 155 carers responded to the initial postal survey and 50 to the follow up reminder.

ASCOF		Rotherham 2023-24					2021-22 (last survey)	
Measure		2021-22	2023-24	Change	DOT	Preliminary Analysis	Y&H Avg.	England Avg.
1D	Carer reported quality of life score	7.5	7.1	-0.4	↓	Decline of 0.4 to 7.1. Now below the previous national and regional benchmarking data from 2021/22.	7.4	7.3
1I2	Proportion of carers who reported that they had as much social contact as they would like	30.2%	26%	-4.20 %	↓	Decline of 4.20% to 26%. Now below the previous national and regional benchmarking data from 2021/22.	31.2	28.0
3B	Overall satisfaction of carers with social services	42.7%	41.5%	-1.20 %	↓	Decline of 1.20% to 41.5%. Still above both the previous national and regional benchmarking data from 2021/22.	37.7	36.3
3C	Proportion of carers who report that they have been included or consulted in discussions about the person they care for	71.7%	74.4%	2.7 %	↑	Improvement of 2.7% to 74.4%. Significantly above both the previous national and regional benchmarking data from 2021/22.	64.7%	64.7%
3D2	Proportion of carers who find it easy to find information about support	61.8%	59.5%	-2.30 %	↓	Decline of 2.3% to 59.5%. Remains above both the previous national and regional benchmarking data from 2021/22.	56.3%	57.7%

Analysis of Rotherham Carers:

- 53% of carers were 65 and over, 59% were 75 and over.
- 49.8% of those cared for have Dementia.
- 65.8% of carers in addition to their caring role, are retired.
- 42.6% carers spend 100 or more hours looking after or helping the person they care for.
- 80.3% carers live with the adult they care for.
- 33.3% of carers were able to access a break from their caring role for more than 24 hours.
- 31% of the adults cared for, access day care or day activities.

- 45% of carers are getting enough sleep or eating well due to the impact of their caring role.

- 53.3% of carers have some encouragement and support but not enough.

- The top 3 impacts on the carer's health due to their caring role continues to be: feeling tired, disturbed sleep and general feeling of stress.

- 37.5% of carers stated their caring role caused some financial difficulties.

- 32.9% of carers felt information and advice received had been very helpful.

- 68% of carers whose gender was known were female.

- By known ethnic group 88% of carers were white and 3% non-white, nationally the largest ethnic group were white at 76% and 11.5% non-white.

Statistical Analysis

We will utilise national and local demographic data to understand how Rotherham compares to the national picture.

There are 26,313 carers in Rotherham. Nationally, there is a higher number of carers within certain age ranges and carers are more likely to be more prevalent in areas of deprivation.[1]

- Data available from a local Charity supporting unpaid carers (2022-23) shows a high proportion of carers being supported in Rotherham are working age – 59% in the age range 25-64 and that a higher % of women are being supported in Rotherham compared to the national average.
- Generally in Rotherham the ethnic group of unpaid carers follows the ethnic-group distributions in the whole population.[2]

Rotherham population

- The population is 265,800.[1]
- By 2030, the total population size for Rotherham is estimated to be 277,500. Data projections show the largest increases are expected to be in the 35-44, 65-69 and 80+ age groups.
- Rotherham people live longer with ill-health and/or disability than the England average.[2]
- 9.9% of Rotherham residents were identified as being disabled and limited a lot and 11.4% were identified as being disabled and limited a little in 2021.[3]
- Age structure is slightly older than the national average.
- Rotherham is becoming more ethnically diverse. The percentage of Asian population has risen from 4.1% in 2011 to 5.3% in 2021.

[1] Rotherham Census - ONS 2021
[2] Equality and Health Inequalities Pack - NHS Rotherham CCG 2018
[3] RMBC Market Position Statement

- The Pakistani and Slovak Roma communities have above average proportions.[7]
- Rotherham has significantly higher than average deprivation, unemployment and long-term unemployment.[7]

Engagement with Unpaid Carers

In 2023, we completed eleven engagement events with carers that attend local groups and organisations that support carers, employees of the Council that also have an unpaid caring role, and at public events to capture the views of unpaid carers that may not engage with formal support groups.

Activity / host organisation	Date	Target audience
Rotherham Hospital	14.08.23	General population
Crossroads	16.08.23	General carers accessing carers support services
Making Space Dementia Café - Dalton	17.08.23	Carers of people with dementia
Headway	30.08.23	Carers of people with a head injury
Rotherham Show	02.09.23	General population
Carers Forum	14.09.23	General carers
Parent Carers Forum	14.09.23	Carers of children
Making Space Dementia Café - Thurcroft	03.10.23	Carers of people with dementia
BAME Carers	18.10.23	BAME Carers
Young Carers	23.10.23	Young Carers
Council Employees	16.11.23	General carers

In 2024, through the provision and monitoring of a small grants programme we have engaged with and supported the following VCS organisations who support carers with, or who care for people with, protected characteristics.

Organisation	Protected Characteristic
Activate Rawmarsh	Disability
Active For Life Solutions Ltd	Disability
Beacon South Yorkshire Ltd	Disability
Headway Rotherham	Disability
High St Centre Rawmarsh	Disability
Kiveton Park and Wales Community Development Trust	Disability
Lost Chord	Disability
Nayi Zindagi	Race
Pivotal Health and Wellbeing CIC	Disability
Rotherham Carers Forum	Disability
Rotherham Parent Carers Forum	Disability
Rotherham United Community Trust	Disability
Rotherham Wah Hong Chinese Association	Race
S62 Community Together Rotherham	Disability
The Brecks Community Hub CIC	Disability

The Centre Brinsworth	Disability
The Learning Community Ltd	Disability
The LIFE Group	Race
The Rainbow Project	Sexual Orientation

Carers Week 10th – 14th June 2024

We engaged with 167 Carers at the five in-person events held throughout the week and reached 14,552 people through 6 social media postings on Facebook and X, receiving 343 reactions and 492 people also engaged with the Carer Information webpages.

Carers Rights Day 21st November 2024

We engaged with 36 people face to face and the 4 social media posts were viewed 737 times. 4,500 views were also received by the GP participation member of the Borough That Cares Network and 261 people engaged with the Carer Information webpages.

Further consultation and co-production events will be undertaken in the development of the Strategy over the next 6 months.

Key findings

The engagement to date has highlighted the following in relation to equality and diversity:

- Importance of understanding the client group and their needs, to ensure the strategy delivers support for the whole range of carers.
- Importance of enabling a varied range of carer support, with flexible options - recognising that different age ranges and diversities require different support solutions.
- The strategy should support the availability of a range of services to improve the health and wellbeing needs of unpaid carers, ensuring there is an appropriate offer that is accessible to those with protected characteristics.
- Information for Carers remains a priority and should be held within one source specific to carers to make it relevant and easy to find, carers told us they don't have the time to search in different places. We should ensure that information is available in print form as well as digital and complies with Accessible Information Standards.
- The strategy should continue to strengthen the networking approach so that health and social care professionals and the informal support services carers access, are able to provide information, identify appropriate services and know how to signpost carers for support at the appropriate time to support changing needs.

Actions

Through consultation and co-production

- Determine the priority areas of focus of the strategy.
- Set out clear objectives and measurable outcomes within the strategy to enable unpaid carers and key stakeholders, including health and social care to work in

partnership to reduce inequalities for unpaid carers. • Ensure all communities can access services and no protected characteristic group is being unintentionally excluded or disadvantaged.

Date to scope and plan your Equality Analysis:	December 2024
Date to complete your Equality Analysis:	July 2025
Lead person for your Equality Analysis (Include name and job title):	Katy Lewis – Carers Strategy Manager – Strategic Commissioning – Adult Care, Housing and Public Health

5. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening:

Name	Job title	Date
Scott Matthewman	AD Strategic Commissioning - Adult Care, Housing and Public Health	07/02/25

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date screening completed	November 2024
Report title and date	**The Borough That Cares All-Age Carers Strategy 2026-31**
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	
Date screening sent to Performance, Intelligence and Improvement	10/02/2025

Appendix 3

PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title	
Equality Analysis title: The Borough That Cares All-Age Carers Strategy 2026-31	
Date of Equality Analysis (EA): 20 October 2025	
Directorate: Adult Care, Housing and Public Health	**Service area: Strategic Commissioning**
Lead Manager: Jacqueline Clark	**Contact number:** Jacqueline.Clark@rotherham.gov.uk
Is this a: [x] **Strategy / Policy** [ ] **Service / Function** [ ] **Other** **If other, please specify**	

Appendix 3

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance		
Name	**Organisation**	**Role (eg service user, managers, service specialist)**
Katy Lewis	RMBC	Carers Strategy Manager

3. What is already known? - see page 10 of Equality Screening and Analysis Guidance

Aim/Scope (who the Policy/Service affects and intended outcomes if known)
This may include a group/s identified by a protected characteristic, others groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

The Unpaid Carers Strategy will progress a range of key priorities that will address the inequalities that impact unpaid carers in the community. Unpaid carers are recognised as having a protected characteristic under the Equality Act 2010 and the Council holds a firm commitment to the Public Sector Equality Duty.

In addition to holding the responsibility of delivering the outcomes of the Carers Strategy, the Prevention and Early Intervention Commissioning Team commission various services that also support unpaid carers, adding strength to the strategy.

RMBC commission:

- Crossroads care for those with eligible needs under the Care Act, where they also have an unpaid carer that would benefit from advice, information and additional support. Crossroads provide a homecare service and promote information sharing.
- Boroughwide Dementia Cafés and Dementia Support Worker Service provided by Making Space.
- The Carers Emergency Service provided by The Rotherham NHS Foundation Trust, providing support for carers facing an emergency.
- Rotherham Sight and Sound for individuals with a hearing or sight impairment and support for their carers.
- Advocacy support provided by Absolute Advocacy.
- In addition to commissioned services there are a range of voluntary and community organisations supporting carers in Rotherham.
- During a small grant programme for carer health and wellbeing, 19 small-medium VCS groups were awarded funding. This identified 3 groups who support carers from BAME background, 1 LGBTQ+ group, and 3 groups who support carers of people with specific health conditions.
- Other community groups include the Carers Forum, the Parent-Carers Forum and the BAME carers group.

Under the 2010 Equality Act, the Council has a responsibility to eliminate unlawful discrimination, indirect discrimination, harassment and victimisation. Within the umbrella of carers', is a diverse population who have other protected characteristics which will change fluidly as they experience life changes. Therefore, the unpaid carer support generated by the strategy will impact on several minority groups.

Appendix 3

The intended outcome is that the strategy will meet the needs of all members of the community, ensuring that minority groups have equal access to support, and the support provision is appropriate to the needs of all service users.

What equality information is available? (Include any engagement undertaken)

Internal data:

- Rotherham Data Hub.
- Insight.
- Information gained through the co-production discussions.
- Intelligence of VCS groups identified through a small grant programme for carer health and wellbeing.
- Equality data for people accessing commissioned services (Dementia Cafes, Sight & Sound and Crossroads Dementia support services).

Information from external sources:

- Unpaid Care Dashboard | the Centre for Care
- Unpaid Carers Statistics - ONS Census 2021
- Unpaid care by age, sex and deprivation, England and Wales - Office for National Statistics
- Unpaid Care and Protected Characteristics - ONS Census 2021
- Caring About Equality | Carers UK (2025)
- State of Caring 2024: the impact of unpaid caring on finances | Carers UK
- bitc-gender-report-whocares-march2022.pdf
- Gender Work and Care Report - Women's Budget Group 2020
- Adult Carer Survey Report - Carers Trust 2023
- Carers Factsheet – Improving Support for BAME Carers, Carers UK
- Supporting Black, Asian and Minority Ethnic Carers Report - Carers UK
- Caring as a social determinant of health: review of evidence - GOV.UK

Results of the 2023-24 Survey of Adult Carers in England (SACE):

The survey is undertaken every two years and seeks the opinions of carers aged 18 or over (caring for a person aged 18 or over) on topics that are considered indicative of a balanced life alongside their unpaid caring role.

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Appendix 3

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- By known ethnic group 88% of carers were white and 3% non-white, nationally the largest ethnic group were white at 76% white and 11.5% non-white

Co-production

Co-production events have taken place:

Activity / host organisation	Date	Target audience	Number consulted
Adult Social Care (ASC) Staff	08/04/25	ASC frontline staff	13
ASC Learning Disability Joint Provider Forum	06/06/25	Providers	13
Beacon S.Y. Carer Group	18/06/25	Carers of people with poor mental health & addiction	10
The Borough that Cares Network	04/02/25	Carer representative organisations	11
Carers Forum	08/05/25	Carers	12
Carer Link Officers, Community connectors & Social Prescribers	17/06/25	VCS & ASC Information Navigators	27
Community Occupational Therapists	03/07/25	ASC frontline staff	24
Crossroads Carer Group	09/04/25	Carers and cared for	39
Dementia Cafés	March 2025	Carers and cared for	20
Domiciliary Care Provider Forum	24/07/25	Providers	18
Dementia Review Event	23/07/25	ICB health professionals	58

Headway	12/03/25	Brain injury carers and cared for	26
Kashmiri & Yemeni Older Peoples Group	28/05/25	BAME Carers and cared for	33
RDaSH Swallownest Hospital Friends & Family Group	03/07/25	Carers of people with severe mental health illnesses	9
Rotherham Hospice	12/06/25	Carers of people at end of life	5
Rotherham Recovery Forum	10/04/25	Frontline professionals and Carers of people with addiction	10
Sight & Sound	01/08/25	Carers and cared for with visual impairment	12
VAR VCS Community Network	23/05/25	VCS carer small grant recipients	11
Wah Hong	23/06/25	Carers and cared for with Hong Kong origins	40
Young Carers – Family Action	31/07/25	Young Carers	8

Are there any gaps in the information that you are aware of?

Many of the Borough that Cares Network and the voluntary organisations that received small grants in the summer of 2023 are reluctant to collect data surrounding the protected characteristics of their service users. Consequently, there remains uncertainties as to whether minority groups are being reached and supported by these services. The groups who target specific minority groups provide assurance that support services are in place for these groups of the community.

The SACE Survey saw a low number of carers returning a completed survey (205), confirming that the NICE standard of identifying carers needs to be a high priority in the new strategy.

What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

There are 2 network groups linked to the strategy, the Unpaid Carer Multi-Agency Strategic Group and the Borough That Cares Network, members of these groups can provide the equality monitoring data of carers accessing their services where applicable.

Equality and Diversity will be requested from the Borough That Cares Network and Multi-Agency Group. It will be added to co-production action plans to ensure that conversations about equality and diversity continue. This will support the identification of any arising challenges and ensure that best practice can be shared between organisations.

We also specify the need to monitor equality data within the contracts for commissioned services and these service providers routinely collect data around the protected

characteristics of people accessing the services, as trend data enables them to consider demand and age gaps in delivering the service to people with protected characteristics.	
Engagement undertaken with customers. (date and group(s) consulted and key findings)	Key findings: To identify carers earlier in their journey and ensure timely access to advice, support, and preventative services before needs escalate into crisis. Carers raised concerns about health inequalities, sharing that they often delay seeking treatment for their own health issues due to caring responsibilities. Carers in employment, said that low-level needs often go unrecognised and unsupported, yet these can quickly escalate, forcing a reduction in hours or leaving the workplace altogether.
Engagement undertaken with staff (date and group(s)consulted and key findings)	Key findings: There was a need to increase practitioner confidence in supporting carers to access information, advice and support, utilising universal services, the VCS and commissioned services to meet need and achieve identified outcomes. We need to regularly analyse feedback and data to understand carers' experiences and outcomes post Care Act assessment and identify gaps between assessed needs and actual support received.

4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)

How does the Policy/Service meet the needs of different communities and groups? (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance)

Areas of possible impact	Impact	Level of impact
Age	Positive	Medium
Disability	Positive	Low
Sex	Positive	Low
Gender Reassignment	Neutral	-
Race	Positive	Low
Religion	Neutral	-
Sexual Orientation	Positive	Low

Civil Partnerships and Marriage	Neutral	-
Pregnancy and Maternity	Neutral	-
Carers	Positive	High

Narrative:
As outlined in Part A, specific groups have a higher prevalence of caring, including women, individuals with disability, those experiencing deprivation, and older members of the population.

Part A outlines how certain protected characteristic groups have greater difficulties in receiving support and accessing services, with a lack of support provisions that meet specific cultural needs. These groups include BAME communities, LGBT+ communities and older members of the population.

The commissioned services, carers forum, and the volunteer and community organisations who accessed the small grants for carers health and wellbeing, are supporting unpaid carers and all are working to improve the service provision for carers.

Strengthening networks and the VCS sector through the strategy allows the groups to widen their reach and have a positive impact on all carers, but specifically older carers, those with disabilities, LGBT+ carers and BAME carers. Carers belonging to minority groups will have access to a volunteer or community organisation providing targeted support, knowledge and activities.

Does your Policy/Service present any problems or barriers to communities or Groups?

No, the strategy proposed increases choice and options.

Does the Service/Policy provide any positive impact/s including improvements or remove barriers?

The strategy places an emphasis on co-production and information sharing between organisations. With support from the carer's strategy manager, the commissioned services and the volunteer and community organisations will be better co-ordinated to reduce gaps in service provision.

Through greater co-production there will be opportunities for information sharing to ensure that volunteer and community organisations have a holistic view of the service offer in Rotherham and can signpost carers to relevant services.

Communication of the services available to carers will be improved, reducing barriers identified in Part A.

There will be targeted groups for BAME communities and LGBT+ communities so carers can receive support from an organisation that has a greater understanding of the barriers and challenges that carers may face.

Appendix 3

What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another)

The key priorities of the strategy will aim to identify carers and provide early intervention, support carers and ensure their voice is heard, support carers through time of change and take an integrated approach to providing services.

It is anticipated that the partnership working required to deliver the outcomes of the strategy will improve community relations and strengthen diversity in the universal offer of unpaid carer support.

Co-production remains at the heart of the strategy; this combined with a robust governance and route of communication ensures senior management and Cabinet Members are aware of the achievements and challenges faced by the unpaid carer community and unpaid carers have assurance that their views are listened to.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

5. Summary of findings and Equality Analysis Action Plan

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

Title of analysis: The Borough That Cares All-Age Carers Strategy 2026-2031
Directorate and service area: Strategic Commissioning, Adult Care, Housing and Public Health
Lead Manager: Katy Lewis
Summary of findings:
The Borough That Cares Strategic Framework improved services for unpaid carers and identified community groups who support people with various protected characteristics as well as unpaid carers. The commitments in the refreshed strategy will aim to identify carers and ensure their voices are heard, focus on early intervention and prevention, support carers through time of change and support carers through an integrated approach so further increase support to people with protected characteristics who live in the borough.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Any services developed or policies changed as a result of work undertaken to achieve the commitments will each be subject to an equality analysis to ensure people with protected characteristics are not disadvantaged.	**A,D,S,GR,RE,SO.C**	Ongoing
Continue to collect monitoring data from commissioned services and from groups supporting carers when appropriate	**A,D,S,GR,RE,SO.C**	Ongoing

***A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups**

6. Governance, ownership and approval		
Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.		
Name	**Job title**	**Date**
Scott Matthewman	Assistant Director, Strategic Commissioning, Adult Care, Housing and Public Health	23 October 2025

7. Publishing	
The Equality Analysis will act as evidence that due regard to equality and diversity has been given. If this Equality Analysis relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report. A copy should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.	
Date Equality Analysis completed	20/10/25
Report title and date	The Borough That Cares All-Age Carers Strategy 2026-31
Date report sent for publication	
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	24/10/25

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Will the decision/proposal impact…	Impact	If an impact or potential impacts are identified:			
		Describe impacts or potential impacts on emissions from the Council and its contractors.	Describe impact or potential impacts on emissions across the Borough as a whole.	Describe any measures to mitigate emission impacts	Outline any monitoring of emission impacts that will be carried out
Emissions from non-domestic buildings?	None				
Emissions from transport?	None				
Emissions from waste, or the quantity of waste itself?	None				
Emissions from housing and domestic buildings?	None				
Emissions from construction and/or development?	None				
Carbon capture (e.g. through trees)?	None				

Identify any emissions impacts associated with this decision which have not been covered by the above fields: *N/A*

Will the proposal affect Council services' resilience to climate change, or the capacity of people living in the Borough to adapt to climate change? No

Provide a summary of all impacts and mitigation/monitoring measures: The previous Borough That Cares Strategy 2022-25 created a foundation of support and advice and information. The main aims of the strategy for 2026-31 are to ensure that this is maintained and built on further. The implementation of the strategy will not impact on the climate. This support where suitable will continue to be in digital format, online and when face to face, local to the carer where possible.

Supporting information:	
Climate Impact Assessment Author	Katy Lewis Carers Strategy Manager Strategic Commissioning Adult Care, Housing and Public Health
Please outline any research, data or information used to complete this Climate Impact Assessment.	N/A
If quantities of emissions are relevant to and have been used in this form please identify which conversion factors have been used to quantify impacts.	N/A
Validation	Tracking Reference: CIA 550 Arthur King Principal Climate Change Officer

Rotherham Metropolitan Borough Council

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 15 December 2025

Report Title
Adult Social Care Charging Policy

Is this a Key Decision and has it been included on the Forward Plan?
Yes

Strategic Director Approving Submission of the Report
Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)
Gioia Morrison, Head of Finance, Adult Care, Housing and Public Health
gioia.morrison@rotherham.gov.uk

Caroline Hine, Change Lead, Adult Care and Integration, Adult Care, Housing and Public Health
caroline.hine@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary

This report sets out the basis for the proposal to amend the Council's charging policy and provides an update on the Adult Social Care Charging Policy consultation which sought views on a new combined charging policy for residential and non-residential care.

The report outlines the outcomes of the consultation, recommends specific areas for inclusion within the new consolidated charging policy and seeks approval from Cabinet to implement the new Policy from 1 April 2026.

Recommendations

That Cabinet:

1. Note the outcome of the consultation.

2. Approve implementation of the Adult Social Care – Charging for Care and Support Policy (Appendix 2) from 1 April 2026

3. Retain a maximum charge for non-residential care, but align it with the standard charge for nursing with dementia support, for those who fund their own care.

4. Introduce a one-off administrative fee for arranging care on behalf of people who fund their own care.

List of Appendices Included

Appendix 1 Thematic Analysis of consultation outcomes
Appendix 2 Adult Social Care – Charging for Care and Support Policy
Appendix 3 Part A – Initial Equality Screening Assessment
Appendix 4 Part B – Equality Analysis Form
Appendix 5 Climate Impact Assessment

Background Papers
Cabinet Report - Review of the Non-Residential Charging Policy - May 2025

Consideration by any other Council Committee, Scrutiny or Advisory Panel
None

Council Approval Required
No

Exempt from the Press and Public
No

Adult Social Care Charging Policy

1. Background

1.1 The Council has a duty to provide or arrange services that help to prevent or delay people from developing eligible needs for care and support, as defined in the Care Act 2014 which focuses on improving people's independence and wellbeing.

1.2 The Care Act 2014 requires that where an individual is provided with residential/nursing care services to meet their eligible needs, a financial assessment must be undertaken to determine whether they have sufficient resources to pay part or all of the cost of the care or require financial assistance from the local authority. The local authority is required to follow a set process in determining the level of financial contribution which should be made.

1.3 Where care is provided in the community, the local authority has a discretion whether to charge or not for that service. Where a local authority decides that a charge will be made, depending on the income of the individual, a standardised set process may be used in which the local authority can decide whether certain sources of income will, or will not, be considered.

1.4 The guidance states that Councils may make a charge to cover costs incurred in meeting the needs of the person to which the charge applies. A financial assessment is required to determine an individual's ability to contribute to their care costs, ensuring that any contribution is affordable.

1.5 A person who receives care and support in their own home will need to pay their daily living costs including rent, food and utilities, and therefore must have enough money to meet these costs. The charge must not reduce a person's income below a certain amount. This amount is known as a Minimum Income Guarantee (MIG). MIG rates are set each year by the Department of Health and Social Care, are reviewed annually and adjusted for inflation. The MIG amount depends on a person's age, marital status, disability status and whether they have dependent children.

1.6 The Budget and Financial Strategy for 2025/26 was approved at Council on the 5 March 2025. It included as part of the revenue savings proposals, a review of the current Non-Residential Charging Policy for Adult Social Care. The review has led to a recommendation to combine the Non-Residential Charging Policy with the Residential Charging Framework into one overarching Adult Social Care Charging Policy. This will enable greater transparency and align with expectations within the Care Act 2014.

1.7 In addition, Cabinet agreed to a consultation being carried out on two proposals that could potentially be introduced as part of the new policy in May 2025. These were:

1. The removal of the maximum charge for non-residential care, while maintaining the minimum charge of £1, for people who fund their own care.

2. The introduction of an administrative charge for organising care for people who fund their own care.

1.8 Subsequent sections of this report document the outcome of the consultation and outline proposed amendments to the Council's current charging regime for consideration and approval.

2. Key Issues

2.1 Where the Council charges for non-residential services, it has a duty to do so in a fair and transparent way. The Council's resources are finite, it is increasingly under significant financial pressure, and it is therefore important those resources are used in a way that meets the needs of all its citizens in an equitable way.

2.2 The Council currently caps the amount that people who receive care in the community pay towards their care with a Maximum Charge. This is set at the level of the cost of a standard residential placement which is currently £689.00 per week. However, the cost of meeting someone's eligible care and support needs in the individual's home may be significantly higher than this cap. By comparison, people who receive residential services are charged the full amount they are assessed as being able to afford, up to the full cost of the care they receive.

2.3 The way in which the Council delivers and charges for non-residential services currently results in the provision of what is in effect a partial subsidy for some residents who have the financial means to pay the full economic cost.

2.4 This also means that there is less money available within the service to meet other potential demand. It is therefore important that the Council finds a way to manage its limited resources that is equitable to everyone in receipt of care and support services, as well as those who may require support in the future.

2.5 It is incumbent upon the Council to ensure that all members of the community who have been assessed as requiring care and support receive appropriate services and that there are sufficient resources available to achieve this.

2.6 The Council is currently exercising its discretion to charge for services at a rate which is lower than the real cost of delivery and recognises that care and support plans are, in part, being subsidised.

2.7 Some residents have the economic resources to meet the full cost of the care they receive. Those on a lower income would continue to receive the same service with no change to their charges. Such subsidies have an impact on the delivery and development of other services given the finite nature of the budget.

2.8 All local authorities must be mindful of the impact that a potential reduction in this subsidy has on people who need services; they must decide whether a path can be found to ensure the effective delivery of future services against the potential financial impact on those who currently receive support.

2.9 Consultation Outcome

2.10 The consultation was undertaken on the two proposals of:

1. The removal of the maximum charge for non-residential care, while maintaining the minimum charge of £1, for people who fund their own care.
2. The introduction of an administrative charge for organising care for people who fund their own care.

2.11 A consultation took place from 24 May 2025 to 16 October 2025 to seek the views of Rotherham residents on proposed changes to its Non-Residential Adult Social Care Charging Policy. The proposals included removing the current maximum weekly charge of £689 and introducing a £350 annual administrative fee for arranging care for self-funders. These changes aim to make charging fairer and help the Council manage budget pressures.

2.12 The consultation invited Rotherham residents to share their views on the two main proposals. For each proposal, respondents could indicate whether they strongly agree, agree, not sure, disagree, or strongly disagree. In addition, the consultation gathered Equality and Diversity information to understand the views of different groups.

2.13 Questions covered areas such as gender identity, transgender status, sexual orientation, marital status, pregnancy and recent childbirth, disability and specific conditions, ethnicity, religion, refugee or asylum seeker status, and caring responsibilities. Participants were also asked if they wished to provide their date of birth. These questions were designed to ensure compliance with the Council's equalities duties and to help the Council assess the impact of the proposed changes on different communities.

2.14 The subsequent sections of this report present the outcomes of the consultation against each of the two proposals.

2.15 The full consultation analysis can be found at Appendix 1 .

2.16 *Proposal 1 – Removal of the maximum weekly charge*

Proposal 1	Total number of responses	% responses
Strongly Agree	2	2%
Agree	11	11%
Not Sure	7	7%
Disagree	29	31%
Strongly Disagree	48	49%
Total	**97**	**100%**

2.17 For Proposal 1 'Removal of the maximum weekly charge', a total of 97 responses were received. The majority of respondents opposed the change,

with 49% strongly disagreeing and 31% disagreeing. A smaller proportion supported the proposal, with 11% agreeing and only 2% strongly agreeing. Additionally, 7% were unsure about the proposal.

2.18 Feedback highlighted concerns about fairness, affordability, and the impact on those with high care needs. Many felt the proposal penalises people who have saved and planned for their future, discourages saving, and could lead to financial hardship. Suggestions included retaining a cap with inflation adjustments or introducing a sliding scale.

2.19 Other themes included doubts about service value, disproportionate effects on vulnerable groups, and distrust of Council motives, with calls for greater transparency. Overall, respondents strongly resisted removing the cap, favouring alternatives that balance sustainability with fairness.

2.20 ***Proposal 2 – Annual fee for Self-Funders where the Council facilitates the care package***

Proposal 2	Total number of responses	% responses
Strongly Agree	2	2%
Agree	14	14%
Not Sure	2	2%
Disagree	25	26%
Strongly Disagree	54	56%
Total	**97**	**100%**

2.21 For Proposal 2 ‘Introducing an annual fee for self-funders where the Council facilitates the care package’, there was a total of 97 responses. The majority of respondents opposed the proposal, with 56% strongly disagreeing and 26% disagreeing, indicating significant resistance to the introduction of this charge. Only a small proportion supported the change, with 14% agreeing and 2% strongly agreeing, while 2% were unsure. Overall, feedback shows strong opposition to adding an administrative fee for self-funders.

2.22 Respondents strongly opposed the fee, viewing it as unfair for those who have saved and already pay full care costs. Many felt it would discourage saving and create financial hardship, especially as care costs are already rising. Concerns included the risk of pushing people below savings thresholds, leading to reliance on public funding.

2.23 Several respondents questioned the value and justification of the fee, with calls for transparency and suggestions for alternatives such as a one-off charge or fees only when care packages change. Respondents also highlighted disproportionate impacts on older adults and vulnerable groups, and expressed distrust of Council motives, seeing the proposal as revenue driven.

2.24 Overall, feedback indicates strong resistance to the proposal, with a preference for fairer, more transparent approaches like means-tested fees or one-off charges.

3. Options considered and recommended proposal

Options relating to the maximum charge

3.1 ***Option One:*** Retain the maximum charge on non-residential care in place at the current rate. This would continue the subsidy for better off residents **– Not recommended.**

3.2 Option one offers stability and protects vulnerable residents by keeping costs predictable

3.3 However, there is a concern about fairness, as the current system continues to subsidise better off residents. It also fails to address rising financial pressures, causing budget strain and service reductions.

3.4 ***Option Two:*** Abolish the maximum charge for non-residential care **– Not recommended.**

3.5 Option two offers fairness in that those most able to pay for their own care would contribute as much as they could afford, in the same way as people with fewer resources must. This would be more sustainable for the Council's resources allowing it to support more people in need of care. However, it does risk putting more financial pressure on vulnerable people and in some cases could lead to significantly increased costs.

3.6 ***Option Three****:* Retain the maximum charge but increase the rate so it aligns with the higher rate of a standard dementia nursing placement (rather than a standard residential placement) **– Recommended.**

3.7 Option three is recommended because it retains a maximum weekly charge, offering protection for those with the highest care costs while increasing the cap to better reflect the costs of the care being provided. This ensures contributions remain affordable for most people but fairer overall, as more individuals pay closer to the true cost of their care.

3.8 All care and support arranged by the Council will require a means-tested financial assessment to determine weekly contributions, ensuring charges never exceed the actual cost of services. The assessment will include a welfare benefits check, with all identified entitlement treated as income.

3.9 Consultation feedback strongly supported fairness and equity, with many respondents stating that those who can afford to contribute should do so, while still safeguarding vulnerable residents. Comments such as "Parity across the population needs to be achieved, value for money realised" and "Those who can afford to pay should do so. Morally right to do so" reflect this view.

Options relating to the administration fee

3.10 ***Option One:*** Do not introduce an administrative charge for self-funders **– Not recommended.**

3.11 Option one will not address the costs associated with commissioning care for people who self-fund their care and for who the Council is allowed to charge the reasonable costs incurred.

3.12 Consultation feedback also highlighted that those people who could afford to pay these costs should, to ensure finite resources could be more effectively managed.

3.13 ***Option Two:*** Introduce an administrative charge of £350 as a one-off charge to reflect that most of the work involved in arranging care for self-funders would be at the start of the process. This will be a one-off fee, until a person's care changes , requiring a new package of care to be commissioned, at which point they will be charged a further fee **– Recommended.**

3.14 Introducing a one-off administrative charge of £350 was seen as reasonable, provided it is transparent and linked to actual work involved. Suggestions included making it a single payment at the start of care rather than an annual fee, which aligns with this option. This option would cover the costs of the set up whilst not being an ongoing financial pressure for those just above the threshold.

3.15 ***Option Three:*** Introduce an administrative charge of £350 per year for arranging care for self-funders **– Not recommended.**

3.16 Consultation feedback highlighted that whilst people felt it was fair to charge an administrative fee, this should not be on an annual basis, especially in circumstances where there had been no change to a person's care and support services.

4. Consultation on proposal

4.1 The consultation ran between 24 July 2025 and16 October 2025 and was available online and in paper format.

4.2 206 people who would be directly affected by the proposals were contacted and provided with details of the consultation, including a paper version of the survey, a reply-paid envelope, and instructions for completing the survey online. It should be noted that there are possibly many other residents who may be affected in the future but are not yet in receipt of services.

4.3 The consultation survey did not ask respondents to disclose their financial circumstances or whether they were already in receipt of care. As a result, we are unable to analyse the outcomes from that perspective or determine what proportion of responses came from people who might be adversely affected. The consultation findings reflect the views of those who chose to participate, but without this additional context, we cannot draw conclusions between people

already in receipt of support and about how the wider population might have responded.

4.4 Drop-in sessions were arranged at four strategically placed venues in the borough, to allow people to attend and to capture views from people who may not have seen the consultation.

4.5 97 responses were received to the consultation. A total of 61 people completed the equalities part of the consultation. Most participants were older adults, with birth years largely between the 1920s and 1960s. The group was predominantly female (66%) and White British (84%), with smaller representation from Asian and Black ethnic backgrounds. Religious affiliation was mainly Christian (57%), followed by no religion (20%) and Muslim (11%). Most people identified as heterosexual (79%), and most were widowed (38%) or married (28%).

4.6 A significant proportion reported having a disability (72%), including physical disabilities and long-term health conditions. Representation from younger age groups, ethnic minorities, and LGBTQ+ communities was limited.

5. Timetable and Accountability for Implementing this Decision

5.1 If approved by Cabinet, the Adult Care Charging Policy will be adopted from April 2026.

6. Financial and Procurement Advice and Implications

6.1 There are currently c.200 self-funders who have their care organised by the Council. A £350 charge would generate c.£70,000. Of these, 25 are affected by the maximum charge. This would fall to six people if the maximum charge was raised to the standard rate for nursing care with dementia support, which is currently £837 a week. This would raise up to an additional £85,000 a year for the Council.

6.2 There are no direct procurement implications arising from the recommendations detailed in this report.

7. Legal Advice and Implications

7.1 The local authority is required by the Care Act 2014 to have in place a strategy to prevent or delay the need for care and support arising for the residents of the Borough. Where such needs are identified, the local authority is permitted to make a charge for the provision of services, but the process must be both transparent and fair. The local authority must also ensure that it uses its limited resources in a way that ensures that all identified care and support needs are met. This requires a careful use of its limited resources. By amending its Non-Residential Charging Policy to align more closely with the statutory residential charging scheme, it ensures a greater degree of fairness between the two groups and reduces the subsidy currently provided to those who receive care in the community and have higher financial resources.

7.2 The Care Act 2014 permits the local authority to make a charge for arranging care and support for those whose financial resources exceed a certain threshold, as set down by statutory guidance, and would be regarded as self-funding. This charge cannot exceed the cost to the local authority of delivering that service.

8. Human Resources Advice and Implications

8.1 There are no Human Resources implications arising from this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 There are no direct implications for Children and Young People arising from this report.

9.2 The policy will impact all adults aged 18 and over who access care and support, including those who are vulnerable.

9.3 Changes to non-residential charging will be implemented from 1st April 2026 and will affect those people who self-fund their own care and support. Details of how this will impact people is detailed in this report.

10. Equalities and Human Rights Advice and Implications

10.1 The Equalities Assessment is attached at Appendix 3 and 4 to the report.

11. Implications for CO2 Emissions and Climate Change

11.1 The Climate Impact Assessment is attached at Appendix 5 to the report.

12. Implications for Partners

12.1 If the recommendations are not adopted, partners could face financial uncertainty, greater pressure to cover service gaps, and administrative complications from alternative charging models. There is also a risk of strained relationships and reputational impact if fairness and sustainability aren't addressed.

13. Risks and Mitigation

13.1 Summary of Risks: Adopting the recommendations could lead to affordability concerns for some self-funders, particularly those close to the financial threshold. There is also a risk of negative public perception and complaints if the changes are seen as unfair or unclear. Additionally, implementation challenges such as system updates and staff training may cause delays or confusion.

13.2 Summary of Mitigations: These risks can be mitigated through clear communication about the rationale and benefits of the changes, flexible options

for those people struggling financially, and robust operational planning, including staff training and readiness to ensure a smooth implementation.

14. Accountable Officers

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health
Ian.spicer@rotherham.gov.uk

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	27/11/25
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	25/11/25
Assistant Director of Legal Services (Monitoring Officer)	Phil Horsfield	25/11/25

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Q1 Do you think it is reasonable to remove the current maximum weekly charge for non- residential services?
Theme: Fairness and Equity
A bit unfair to lose all hard earned income. If you keep taking large amounts they will end up on benefits hence costing even more.
Absolutely disgusting! Yet again hard working people securing their future paying the price as always!! Totally unfair and unjust!
Because the people who do have money it is because they worked hard, saved up and paid into pensions for their future. Those who don't have it may have squandered their money, never worked or owned a home. It is unfair that they pay nothing and those who worked hard have to pay everything.
Feels unjust when others pay nothing towards care costs but those people that have saved or done without in the past pay full costs. Also, others that have shielded their assets have full council funding.
I disagree with this as it's not treating everyone as equal. If you choose to work and save, it doesn't benefit you.
I FEEL PENSIONERS WITH SAVINGS WILL GET BASHED WHICH IS UNFAIR WHERE I WORKED ALL MY LIFE TO GENERATE MY SAVINGS.
I strongly disagree. This unfairly penalises people who have worked hard and saved all their lives.
It punishes those who have worked, earned and saved!
It's disgusting that people that have saved for retirement are penalised.
No, why should people work hard and give everything to the Council and leave nothing for their children.
Once again Labour are targeting the old and vulnerable members of society who have in the past worked + paid their dues to the countries finances.
Penalising people who have worked and paid their way in life. This proposed new system rewards those who have lived on benefits and never worked.
People who don’t own their own homes won’t pay anything as they don’t have a property as an asset. Those who own their own homes will pay more as they have that asset. How is that fair.
This is penalising people like me who have saved and worked hard all my life to subsidise those who have not bothered and have spent / wasted all their money.
You should not penalise people who are just above the threshold who have saved all their lives. The current charges are fair for those people.

Theme: Financial Hardship and Affordability
because this makes it too expensive and would then mean we wouldn't be able to access the service... detrimental affect on my mental health and ability to carry on caring.
Charges are already high for some people, taking this away and introducing an admin fee will have great impact on funds.
How are people expected to find the additional costs that may be involved?
I do not have a bottomless pot of money. My care package has cost me £100,000 over the last 3 years.
I would not be able to pay that much, if I needed the maximum weekly charge.
It is hard enough to live currently without an increase in charges.
Leave it as it is.
Many people are caught by the current low levels of savings thresholds and so struggle with this weekly amount already. To remove this cap adds to their financial hardship and worry levels.
My hard earned savings are rapidly depleting, as you have already increased my bill by 26.8% this tax year.
People can't afford it.
People that already pay the maximum weekly charge for care will also have other needs that they have to finance themselves.
Removing the maximum cap on weekly charges for non-residential services will potentially cost patients in need of assistance... This is unreasonable and unsustainable.
Their money will only go so far. Once gone - who pays? It's just swings and roundabouts.
Unfair to charge more.

Theme: Discouragement of Saving
Hit would discourage people from saving for their old age... why work hard and save when you will be penalised in old age...
There has to be a cap / maximum charge. Raiding the finances of elderly who have worked hard to save for old age is grossly unfair and will just encourage people 'not' to save.

Theme: Need for a Cap or Alternative Approach
I disagree with moving the cap altogether... a cap, maybe linked to inflation and reviewed annually would be a more considerate option.
I think that the cap should be kept in place as the service that has been provided is not always as the plan / contract stated.
Should be capped still - maybe increase by inflation each year only.
There should always be a ceiling to control amount granted, however, the amount should not be an arbitrary figure and should be considered against needs not desires.
Maximum charge seems arbitrary. If it is not removed seems to be a good case to increase it in line with rising care costs.
My view is that the weekly maximum care charge should remain and increase by the percentage increase of care costs each year.
There are sometimes people who fall into this category by a very small margin... A sliding scale could be a fairer option.
Some people will be able to afford to pay the true cost of care. However I would hope that this is means tested as funds can quickly run out when paying for care. Maybe introduce a sliding scale?
They should come to some agreement.

Theme: Service Quality and Value
As a pensioner I think I pay enough. The service is not that good.
I have made a formal written complaint about RMBC - their standard of job performance and conduct.
I think that the cap should be kept in place as the service that has been provided is not always as the plan / contract stated.
Tried to access support from RMBC adult services and informed each time no support available for me aged 60. Disabled and chronic long-term health. Very poor.

Theme: Impact on Vulnerable Groups
Illness can happen to anyone and we should support all people as they get elderly to be able to remain at home with dignity.
No, because removing the current maximum weekly charge for non-residential care could disproportionately impact individuals with lower incomes and exacerbate financial hardship for vulnerable groups.
People are already penalised enough for being unwell or disabled.
Targets elderly - unfair proposal.
The people who require extensive services are those in most need. They should not be penalised any more.
The proposal is not fair because it discriminates against those people who need the most care.

Theme: Distrust of Council Motives
The Council mimicking the Government in its quest to hammer the poor, to hammer those less able to resist. Scandalous.
The council should pay all care fees, even for self-funders. They have paid into NHS their entire lives.
The number of people who exceeded the maximum weekly care charge rose from 9 to 25... Removing the maximum weekly care charge means that the council will financially benefit.
You currently charge residents extra to cover the cost of social care. If you start charging individuals more for their care, the savings won't benefit the rest of us as you will waste the money on a vanity project elsewhere.
There is no mention in this article as to what charges are - and how much the Council can charge. The charging scale must be made available and transparent.

Q2. Do you think it is reasonable to introduce an administrative charge for organising care for people who fund their own care?
Theme: Fairness and Equity
Again it is discriminating against people who have tried to benefit themselves.
Again, hard working people paying the price for everyone! Why should people who have worked hard all their life, secured a home then have to pay for everyone else who cannot be bothered or scam the system! So unfair!
Again, this penalises people who have worked and paid their way over those who have lived on benefits and never worked.
I strongly disagree, Self-funders already pay full costs of their care from a lifetime of savings and contributions. Adding an extra admin charge feels like punishing people for being independent and responsible.
Self funders have no contribution towards costs and are penalised for saving or living frugally so why should they be penalised again to fund administration charges.
Why should self-funders have to pay an extra cost it is not right or fair.
Unfair to target them.
Paid in all my life to the system I pay for my care but you always want more. Think it is disgusting.
It is taking money away from people who have worked hard all their life.
Punishes those who want to take responsibility and want their own choices.
We are hard working people who have strived all our lives to maintain a good standard of living. Obviously saving money does not help you later in life.

Theme: Financial Hardship and Affordability
Again too high amount per year. A cost every time the care act assessment has to be reviewed is better than a yearly cost.
As a self funder my care fees have already increased by 26.8% this tax year.
People just over the £23,350 threshold will struggle to find the funding and will be hit hardest.
In April this year, the hourly rate for care went up from £19.40 to £25.52 - an increase of 31.5%. The proposed fee of £350 represents a further 3.9% on my current annual bill of about £9000.
With the possible increase in future costs it is unfair to apply further costs on people who already pay for their own care.
Seems too much as a one off fair but annually too much.
Self funders may be only just over the threshold and in future may fall below the threshold.
She has been paying for her support from her saving. She will soon be under the £23,350. What happen then?
This increase is too much. People who need care already have extra demands on their money.

Theme: Discouragement of Saving / Planning
Again, I have worked hard and saved, I might as well spend it all on holidays etc before I need care, if it means I will then qualify for no charges... the whole scheme will discourage anyone from saving for their future.
Again, this is disgusting after people have saved for a happy and financially secure retirement.
I have worked full time all my life until past retirement age, as did my husband. We have always been careful with spending, not wasting money and saving. Other people who have squandered their money get their care for free whilst I am punished for saving mine by having to pay for my care.

Theme: Need for Transparency and Justification
I would prefer to see a one off payment, rather than an ongoing annual charge of that amount. It all rather depends on what admin is involved and if this something that is required each year to justify the charge.
In principle there should be an administration fee but cannot see and nor is there an explanation of how £350 is arrived at. This seems excessive.
The proposed administrative charge is effectively an additional tax on self-funders. No basis is provided for how a charging rate of £350 per year is in any way related to the actual administrative cost for arranging care per individual.
what do the self funders get for their annual fee. if nothing this smacks of stealth tax, do 'non self funders' get the same charge and how is that calculated.
this seems totally unfair as i can’t see what this is needed for, other than making money for the council. I don’t see why it is an annual cost either. Currently there is no transparency about charges or financial assessments.

Theme: Impact on Vulnerable Groups
Anyone requiring care is vulnerable... They need social services to guide them and it is unfair to charge them for this help just because they can't do it themselves.
Targets elderly - unfair proposal.
Some people are vulnerable and need care. RMBC and social care have a duty of care to support these people.
No, because introducing a £350 annual admin charge for people who fund their own care unfairly penalises individuals who are already bearing the full cost of their support... Targets vulnerable groups.

Theme: Distrust of Council Motives
RMBC is always out to make as money as possible from people, possibly to line their own pockets. Don't trust them.
The Council is there to work for its community - not make money from them. With several Council officials on highly oversized salaries - perhaps savings could be made there?
The Council mimicking the Government in its quest to punish the vulnerable, it really is quite pathetic. Chase the billionaires.
Unless the actual wages of said 'admins' will increase with reflection, then no. I just see this money lining company pockets. An admin fee is never for the admin.
You are putting barriers in the way.

Theme: Alternative Suggestions
A one off payment is acceptable.
I agree but would like this to be considered. After the initial cost for the first year, a lesser amount could be considered for the following years.
Think an annual charge is unreasonable. Perhaps a charge when care is arranged or revised at request of person receiving care.
If / when this fee is introduced, it would help if it could be paid monthly and added to the monthly invoice.
A better proposal may be to enable self funders to pay the care agency directly rather than via yourselves as an intermediary so that this charge is not needed.

Q3) Do you want to tell us anything else?
Theme: Fairness and Equity
That person who pays has saved their money - not blown it on holidays etc. Those who spend every penny get everything free - they have holidays, take aways, go out, do stuff. My dad worked - no holidays - no meals out - and he saved. He pays for everything - he doesn't complain but it's not a fair system that someone else gets free everything. Charging him more - his money will soon run out - so then what?
Why not try looking after people who work hard instead of constantly punishing and penalising them! It's shameful act, have working people not already paid enough!!!
Why work and save to be penalised in old age. This just encourages people to do nothing to better themselves. Might as well do nothing as better off on benefit! You are targeting the wrong people - absolute disgrace again.
I have two houses and some money in bank for my children. I saved hard. You pay your taxes and the state should look after you in old age.
Mum has been a UK citizen living in Rotherham for over 70 years. She has paid her rent and council tax in full on time. So at the age of 98 I think she has more than paid for the support she now needs.
Theme: Impact on Vulnerable Groups & Inclusivity
As these proposals affect the vulnerable, most likely elderly people who do not have advocates, are housebound, and rely solely on the care services provided via the council, how does the council believe it
I am completing this form on behalf of my mother, who is 85 years old and does not have the capacity to put
Husband 89 in December. Alzheimer's, deaf, incontinent. I'm 87 and housebound. I've not been out in 4
We also need to increase support given to family carers. In practical terms they should be treated with more respect by professionals. They are saving the public purse millions.
Theme: Distrust of Council Motives & Consultation Process
These proposals (especially the first) are unfair, at odds with Government aims to help keep patients in their own homes and place a huge burden on individuals... This looks like exploitation of Rotherham residents who need your care, not being treated as cash-cows. I am sure the decision to go ahead has already been made and this consultation is merely window dressing.
This "consultation" is a sham.
Maybe the Council should better consider where spending goes. Unnecessary large TV screens across the borough which have never been used. Unnecessary cycle lanes very rarely used.
On equalities collection and monitoring page: The Council would save enough money to pay for the core services if they stopped entertaining all this nonsense!
Try supporting British people before supporting others in hotels. Its a joke.
the council needs to be more accountable and transparent in their dealings with people.

Theme: Financial Hardship & Affordability
My mother has been made aware of the views expressed on this form and is in total agreement, as well as being worried now about spiralling costs that look likely to affect her.
If you have funds the council show little interest until you are running out of cash. Elderly people deserve better when they need a little help and support at a particularly difficult time in their life.

Theme: Service Quality & Accountability
I am the daughter - as my mum is unable to write due to her severe physical disability. We do not mind paying/contributing towards the cost of the care she receives. However trying to obtain detailed information of the actual care received is non existent. Would you pay for electricity/gas you had not received?
Please could you advise, if an admin charge is introduced by the Council, are they then to be the first point of contact? In the event of issues, we have to get them sorted and action taken to resolve them without the service user having to chase them and sort them out themselves.
some care companies used leave a lot to be desired.
The care service could be a lot better. Many times the carers come late due to the shortage of carers.
Tried to access the service. Told each time nothing available. Staff rude condescending and nonchalant to anything I say.
What you pay & what you receive means nothing. You are promised a service from numerous care companies, with no continuity. Necessary information is not passed to who it is needed... The service is not fit for purpose.

Theme: Need for System Reform & Better Prioritization
Councils should be lobbying Government to overhaul the entire care system, instead of looking to what I see is believed to be an easy money making exercise to wrongly charge these vulnerable people by cash strapped councils.
Funding of social care is a political misadventure; I would hate for it to become an issue that is dealt with as such with the avoidance of people who require the service.
There are far too many younger people within the Rotherham Borough already claiming far too many benefits - most of whom could and should be working. If these benefits were slimmed down there would be more funds available for those needing care in later life.

Row Labels	Count of E&D Religion	Count of E&D Carer	Count of E&D Refugee or Asylum Seeker	Count of E&D Ethnicity	Count of E&D Disability
no					
yes	61	61	61	61	61
Grand Total	**61**	**61**	**61**	**61**	**61**

Row Labels	Count of E&D Gender	
Female	40	66%
Male	17	28%
Other	1	2%
Prefer not to say	3	5%
Grand Total	**61**	

Row Labels	Count of E&D Transgender	
No	57	93%
Prefer not to say	3	5%
Yes	1	2%
Grand Total	**61**	

Row Labels	Count of E&D Sexual Orientation	
Bisexual	1	2%
Gay/lesbian	1	2%
Heterosexual/straight	48	79%
Prefer not to say	11	18%
Grand Total	**61**	

Row Labels	Count of E&D Carer	
No	41	67%
Prefer not to say	4	7%
Yes	16	26%
Grand Total	**61**	

Row Labels	Count of E&D Pregnant	
No	55	90%
Prefer not to say	6	10%
Grand Total	**61**	

Row Labels	Count of E&D Baby <12 months	
No	54	89%
Prefer not to say	6	10%
Yes	1	2%
Grand Total	**61**	

Row Labels	Count of E&D Ethnicity	
Asian or Asian British - Indian	1	2%
Asian or Asian British - Pakistani	4	7%
Black or Black British - African	2	3%
Prefer not to say	3	5%
White - British	51	84%
Grand Total	**61**	

Row Labels	Count of E&D Religion	
Christian (all denominations)	35	57%
Jewish	1	2%
Muslim	7	11%
No religion	12	20%
Prefer not to say	6	10%
Grand Total	**61**	

Count of E&D Disability conditions	Count of E&D Baby <12 months	Count of E&D Marital Status	Count of E&D Pregnant
44	61	61	61
44	**61**	**61**	**61**

Row Labels	Count of E&D Disability	
No	13	21%
Prefer not to say	4	7%
Yes	44	72%
Grand Total	**61**	

Row Labels	Count of E&D Refugee or Asylum Seeker	
Neither	50	82%
Prefer not to say	9	15%
Refugee	2	3%
Grand Total	**61**	

Row Labels	Count of E&D Marital Status	
Civil partnership	1	2%
Divorced/separated	3	5%
Living with partner	4	7%
Married	17	28%
Prefer not to say	6	10%
Single	7	11%
Widowed	23	38%
Grand Total	**61**	

Count of E&D Sexual Orientation	Count of E&D Transgender	Count of E&D Gender	Count of E&D consent	Count of E&D DOB
			34	
61	61	61	61	35
61	**61**	**61**	**95**	**35**

Row Labels	Count of E&D Disability conditions	
Blindness or partial loss of sight, Deafness or partial loss of hearing, Long-term illness or health condition, Developmental disorder	1	2%
Illness or condition that is not mentioned here	3	7%
Long-term illness or health condition	4	9%
Mental health condition	1	2%
Mental health condition, Learning disability, Developmental disorder	3	7%
Physical disability	9	20%
Physical disability, Blindness or partial loss of sight, Deafness or partial loss of hearing, Speech or verbal communication issues, Mental health condition, Long-term illness or health condition	1	2%
Physical disability, Blindness or partial loss of sight, Mental health condition, Long-term illness or health condition	1	2%
Physical disability, Deafness or partial loss of hearing	1	2%
loss of hearing, Long-term illness or health condition	4	9%
loss of hearing, Long-term illness or health condition, Illness or condition that is not mentioned here	1	2%
Physical disability, Deafness or partial loss of hearing, Mental health condition	1	2%
loss of hearing, Speech or verbal communication issues, Long-term illness or health condition	2	5%
Physical disability, Illness or condition that is not mentioned here	2	5%
Physical disability, Long-term illness or health condition	5	11%
Physical disability, Long-term illness or health condition, Illness or condition that is not mentioned here	1	2%
Physical disability, Mental health condition, Long-term illness or health condition	2	5%
Physical disability, Speech or verbal communication issues, Long-term illness or health condition	1	2%
Physical disability, Speech or verbal communication issues, Mental health condition, Long-term illness or health condition	1	2%
Grand Total	**44**	

Rotherham Metropolitan Borough Council

Adult Social Care
Charging for Care and Support Policy

Version	
Author	
Approved by	
Date Approved	
Review Date	

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1. Introduction

1.1 Adult social care (unlike some health care) is not free. You are liable to pay all your care costs yourself unless you qualify for financial assistance.

1.2 To work out whether you qualify for any financial assistance, you need to complete an application to enable a financial assessment to be completed. Failure to complete a valid application will mean that you must pay the full cost of your care.

1.3 This policy explains how the council will charge people for care and support in order to sustain the delivery of care services to some of the most vulnerable members of our community.

1.4 This policy covers care and support in community settings (which include services such as homecare, shared lives, direct payments, day care and supported living) and in care home settings (which includes residential or nursing care on a permanent, short stay or respite basis in residential or nursing homes).

2. Policy Statement

2.1 The objectives of this charging policy are consistent with the council's core values and priorities to promote independent living, social inclusion, accessible quality services, sustainability, anti-poverty and fairness and equality.

2.2 The principle of this policy is that people will only be required to pay what they are assessed to be able to afford towards their care and support. People will be entitled to financial support based on a financial assessment.

2.3 Only the person receiving services is liable to pay charges and charges are based on the financial resources legally owned or due to that person. A spouse or partner is not required to make a contribution towards their partner's care costs, however couples can volunteer to be jointly assessed. Where a person chooses a care provider where the cost exceeds the amount the Council would normally be prepared to pay, the person may be required to pay a top up payment to cover the shortfall.

2.4 The detail of how to charge is different depending on the type of care and support a person is receiving as explained within this policy:

I. Receiving care in a care home
II. Receiving care in their own home

III. Receiving care in another setting, for example shared lives or day centre
IV. Receiving a direct payment

2.5 This policy responds to the requirements of, and all regulations issued under, the Care Act 2014, which provide a single legal framework for charging for care and support.

2.6 This charging policy applies to all adult social care services and support provided by the Council.

2.7 The policy applies from 1st April 2026 and supersedes all previous adult social care charging policies and practice before this date. For this policy, an adult is a person aged 18 and above who is eligible for a Personal Budget from the Council.

2.8 In determining a charging policy that complies with the Care Act 2014 the Council must also have due regard to the Care and Support Statutory Guidance and Annexes issued under the Care Act 2014.

3. Legal and regulatory context basis for charging

3.1 The Care Act 2014, hereafter referred to as 'the Act', provides a single framework for charging for care and support under sections 14 and 17. It enables local authorities to decide whether to charge a person when it is arranging to meet their care and support needs.

3.2 Section 14 of the Act provides local authorities with the power to charge people in receipt of care and support.

3.3 Section 17 of the Act creates a duty for local authorities to carry out a financial assessment of a person's financial resources to determine how much, if anything, they are able to pay towards the cost of those services.

3.4 The Care and Support (Charging and Assessment of Resources) Regulations 2014 (as amended) describe the limitations on local authority powers to make a charge for meeting needs under section 14 of the Act; and provide details about the requirements for carrying out financial assessments for the purposes of section 17 of the Act.

3.5 The 'Care and Support Statutory Guidance' (CSSG), issued by the Department of Health in October 2014 (as amended) sets out how a local authority should perform its care and support responsibilities. This includes details about interpreting and applying the rules relating to charging and financial assessments as defined in both the Act and regulations.

3.6 This policy has been written in accordance with the CSSG and related primary and secondary legislation and explains the Council's approach to determining how much each person should contribute financially towards the cost of their Adult Social Care services.

3.7 The policy will need to be revised from time to time to consider either:

I. Any amendments to the Care Act 2014 that are brought into force.
II. Any amendments to Care and Support Statutory Guidance
III. New statutory instruments (e.g. the proposed increase in the capital limit or any amending or repealing of legislation).

4. Chargeable and Non-Chargeable Services

4.1 The Council operates the following charging categories:

I. Means tested charging and full cost service following a financial assessment
II. Exempt services or care and support provided free of charge:
III. Full cost charge for customers who do not wish to disclose their finances.
IV. Flat rate charges:
    Community Alarms
    Meals at day centres
    Transport to day centres
    Blue car parking badges

V. The following services can be charged for but are provided free:
    Services provided for carers to enable them to care effectively and safely
    Assistive technology other than community alarms

4.2 Exempt services or care and support provided free of charge:

I. Intermediate care, including reablement, which must be provided free of charge for up to six weeks
II. Social work support
III. Occupational therapy
IV. Information and advice
V. Assessments and Care Management Services
VI. After Care Services provided under Section 117 of the Mental Health Act 1983
VII. Community equipment (aids and minor adaptations) and minor property adaptations costing £1,000 or less

VIII. Services that are the responsibility of the National Health Service e.g. continuing health care

IX. Any administration fee relating to arranging that care and support. The only exception is in the case of a person with eligible needs and assets above the upper capital limit who has asked the Council to arrange their care and support on their behalf. In such cases, the council will apply an administration fee to cover its costs.

5. The Financial Assessment

5.1 A financial assessment will need to be completed for all care and support provided or arranged by Rotherham Metropolitan Borough Council (RMBC)

5.2 The purpose of the financial assessment is to assess how much a person can afford to pay towards the cost of their care or support service(s) on a weekly basis; it is means tested.

5.3 The Council will not charge more than it costs to provide or arrange care and support.

5.4 A minimum assessed contribution of £1.00 per week will be necessary for charges to apply.

5.5 For non-residential services, a maximum contribution will be based on 100% of the current nursing support with dementia care service rate.

5.6 The financial assessment will consider the client's financial circumstance e.g. benefits, property, capital, pensions, stocks, shares, bonds and any other income. Income from paid employment is disregarded from the financial assessment.

5.7 Financial information can be submitted online using the online financial assessment form Calculate your contribution, by completing a postal 'Request for Financial Assistance' form, by disclosing financial information to our Financial Assessment Officers via a telephone appointment and in certain circumstances we will arrange a home visit.

5.8 Evidence to support the financial assessment requested by the council must be provided within 14 days of the request. The Council will only ask for documentary evidence that is necessary to complete an accurate and comprehensive financial assessment. Failure to submit supporting evidence will result in a full cost charge until we receive the information. Charges will be backdated where appropriate to the start of any care and support.

5.9 The Council will use other information sources available to validate and complete the financial assessment such as the Department for Work and Pensions customer information system and the Council's housing benefit and council tax systems.

5.10 The financial assessment will make sure a person (or both people, if they have elected to be jointly assessed) has money left after charges are applied for themselves in line with statutory amounts; these are known as 'Personal Expenditure Allowance' (PEA) for care in a care home and 'Minimum Income Guarantee' (MIG) for care at home. These amounts are set and reviewed annually by the Department of Health and Social Care.

5.11 Financial assessments will be completed for people as individuals. A spouse or partner is not required to disclose their own income. However, couples can volunteer to be jointly assessed. Where a couple are jointly assessed and capital is held jointly, it will be assumed that each party is entitled to 50% of either the capital or any income derived from that capital.

5.12 The financial assessment may calculate that a person can afford to pay the full cost of their care and support. An example of this is where the amount of disposable income available following a full financial assessment is more than the weekly cost of the care package.

5.13 If a person declines a financial assessment or refuses to disclose full financial information, it will be assumed they have the resource to fund the full cost of the care from the start of their service

5.14 Charges for support will be payable from the date services or packages start; not the date the financial assessment is completed.

5.15 Charges will be reviewed by RMBC annually in April to take into account changes to welfare benefits and pension increases.

5.16 A review, or a financial assessment may be requested at any time. This may be where circumstances have changed, or for people who are self-funding, if their total savings/capital has fallen to, or below the upper capital limit, or where they have not previously had an assessment.

5.17 Notification of changes to charges are sent to people informing them how it affects their assessed weekly contribution. This communication gives details on how charges have changed because of inflationary increases, changes to services and/or how changes in benefit rules and amounts awarded by the Department for Work and Pensions (DWP) affect their assessed weekly contribution.

5.18 The financial assessment will include a welfare benefits check to ensure the person is claiming all the benefits they are entitled to. We will make the necessary referrals to other agencies or colleagues within the council who will assist in making the claims.

5.19 Where the welfare benefits check indicates entitlement to a state benefit this will be included in the financial assessment in accordance with section 16 of this policy, deprivation of income/assets, as if it were being received. In accordance with section 6 of this policy the outcome of any claim must be notified to the council.

5.20 Should the claim for the relevant benefit be unsuccessful, evidence of this, in the form of a DWP decision notice, must be supplied to the Council in order for a revised financial assessment to be undertaken. Any reassessment will be backdated to the date the benefit entitlement assumption was made.

6. Duty to notify change in circumstances

6.1 The person receiving care (or any person acting on their behalf) must notify the Council of any change of circumstances, which the person receiving care (or that person) might reasonably be expected to know might affect the financial assessment, or the amount of the care cost contribution.

6.2 This should be done by sending a change of circumstances notice to the Council by email, in writing or completing a new online financial assessment form.

6.3 Notice in all cases must be given within a period of 21 days beginning with the day on which the change occurs, or as soon as reasonably practicable after the change occurs, whichever is later.

7. Light Touch Financial Assessments

7.1 In some circumstances, the Council may decide that a full financial assessment is not necessary or appropriate. This type of financial assessment is defined as a “light touch financial assessment.” The light touch financial assessment will apply:

I. If a person does not wish, or refuses, to disclose their financial information.
II. If a person says they have significant financial resources and or savings above the upper limit (see Annex B) and does not wish to go through a full financial assessment for personal reasons.

III. Where the charges for the service are small and a person can pay and would clearly have the relevant minimum income left. Carrying out a full financial assessment would be disproportionate.
IV. Where a person is in receipt of benefits, which show they would not be able to pay towards their care and support costs.

7.2 In circumstances where the person has refused a financial assessment but is eligible for care services the Council will assume the person can meet the full cost of the support needed and will pass on the full charge accordingly. The Council will inform the person to help them to understand that they will have to pay the full cost of any support service and what that cost will be; the Council will remind them of their right to request a full financial assessment.

7.3 In circumstances where the person states they have sufficient financial resources to meet the cost of their support, the Council will advise the person to take independent financial advice regarding their options for meeting the cost of their care and support. The Council can offer advice to help the person access appropriate care and support services.

8. Self-Funders (full cost charging)

8.1 A “Self-Funder” financial assessment means that the person is required to pay the full amount of all qualifying charges for any means tested care and support they receive.

8.2 The Council will treat a person as being a “Self-funder”, where they:

I. Have savings and other financial resources above the national upper limit,(see Annex B).
II. Own a second property the value of which is over the national upper limit, (see Annex B)
III. Choose not to disclose their financial information to enable a full financial assessment.
IV. Fail to co-operate and/or do not provide a completed financial assessment form, within 14 days of the request to provide financial information; The Council will be deemed to have undertaken a financial assessment in accordance with regulation 10 of the “The Care and Support (Charging and Assessment of Resources) Regulations 2014 (as amended).
V. Declare that they agree to pay the full cost of services received.

8.3 Self-funders have the option for the Council to arrange a suitable social care package for them. There is an administration charge in operation to help fund the cost of arranging and administering these

services. This administration charge will not be applied if the service user has no option other than using a specialist Council run service (e.g. Dementia Day Care).

8.4 The administration charge will be charged at the point that the care is initially arranged or if a change in the self-funder's assessment means a new care package needs to be arranged and the Council is asked to do that.

9. Administration Fee

9.1 The Council will charge administration fees for work which it undertakes on behalf of people who fund their own non-residential care and have asked the Council to arrange care on their behalf.

9.2 Where the Council becomes the legal appointee for managing a person's finances (as there is no other person or legal representative to do so) the Council will use its power to charge an administration fee for the set up and annual running costs. In line with audit recommendations and national practice this will be paid for from the person's financial account.

10. Charging and Financial Assessments for Non-Residential Care and support in the community (not a care home)

10.1 The Council will charge for support delivered in community settings including a person's home or a community facility such as a day centre. The person's home includes tenancies within Extra Care Housing, Supported Living and Shared Lives accommodation.

10.2 All non-residential community-based support services fall within the scope of this policy and include:

I. Personal support delivered to the person in their own home
II. Day Care
III. Direct Payments
IV. Shared Lives
V. Supported Living
VI. Extra Care Housing Support Charge

10.3 Services not included within charging for care services in the community:

I. Meals at day centres
II. Transport costs to day centres

10.4 As meals and transport are not included in the unit cost, unless otherwise stated, where applicable, a charge will be made for meals and transport on a ‘pay as you use’ basis. This ensures people only pay for the activity and support provided to them.

10.5 Should the person receive more than one service per week, charges will be calculated up to the disposable income threshold.

10.6 If a person requires multiple carers at a care visit the cost of all carers is included when calculating a person’s contribution

10.7 Treatment of Capital

I. The lower capital limit as set out in the Care and Support Statutory Guidance issued by the Department of Health and Social Care will be disregarded from the financial assessment

II. Where a person has assets between the lower and upper capital limits, we will apply a tariff income. This assumes that for every £250 of capital, or part thereof, a person is able to afford to contribute £1 per week towards the cost of their eligible care needs

III. Where a person has assets over the national upper capital limit, they will be required to pay the full cost of their care.

10.8 Treatment of Property

I. The value of the person’s main home they are living in is not included in a non-residential financial assessment.

II. The value of other homes they own or part own, but do not live in, is included if the value or equity is over the national upper capital limit (see Annex B)

10.9 Treatment of Income.

All the following are included in the financial assessment:

I. All state benefits.
II. All occupational pension income.
III. Tariff income from capital and savings (see section10.7).
IV. Personal Independence Payment (PIP) Daily Living Component, Disability Living Allowance (DLA) (care component) and Attendance Allowance (AA) are taken into account, with the exception of the night-time care enhanced element of the higher rates which will be disregarded unless care is available/provided at night.
V. Any other income other than earnings and interest from savings and investments.

The following are disregarded from the financial assessment:

I. Personal Independence Payment (PIP) (mobility)
II. Disability Living Allowance (DLA) (Mobility)
III. Armed Forces Independence Payments
IV. War Pensions
V. Savings Credit

10.10 Housing Allowances

I. Where the person receiving care and support is the registered owner or tenant of a property, an allowance will be made for some housing costs such as mortgage, council tax and rent.
II. Where the person receiving care and support lives with other people, a housing allowance will be given to cover their percentage share of the total liability.
III. For further information on the types of housing allowance that can be considered and how an amount will be calculated, please see section 19.2 Appendix A, Housing Allowance.

10.11 Disability Related Expenditure (DRE)

I. The CSSG says that the council must leave a person with enough money to pay for necessary disability-related expenditure (DRE) to meet any needs which are not being met by the Council.
II. Included in the non-residential financial assessment is a consideration of any DRE's a person may have and what the amount of money this would equate to per week. This amount is then deducted as an allowable expenditure from the disposable income.
III. The nature of the DRE's and whether they are considered to be essential costs as a result of a disability will need to be agreed by the care practitioner and documented in the social care assessment or review.
IV. The financial assessment officer will look into the details of the expenses taking into account any bills (e.g. heating bills, cleaner, gardener etc) or receipts (e.g. for specific items related to a disability). Once the details have been evidenced and agreed the appropriate amount of money will be included in the financial assessment.
IV. For further information on the types of expenses that can be considered and how an amount will be calculated, please see section 19.1 Appendix A, Disability Related Expenditure

10.12 The financial assessment will make sure a person (or both people, if they have elected to be jointly assessed) has money left after charges are applied for themselves to cover their living costs in line with statutory amounts, these are known as a 'Minimum Income Guarantee' (MIG) for care in the community.

10.13 These amounts are set and reviewed annually by the Department of Health and Social Care.

10.14 It is expected that this allowance will cover costs such as food, clothing, water rates, leisure activities, TV license and television subscriptions.

11 Direct Payments

11.1 When an individual chooses to take their personal budget as a Direct Payment, their assessed contributions must be paid first towards the total of their care budget and the remainder is paid by the Council. The Council pays the Direct Payment net of the client's contributions.

11.2 There are regular audits of Direct Payments to ensure money is spent appropriately. Clients must provide details of their expenditure. Any unused funds will be reclaimed by the Council.

11.3 Where Direct Payments are being made and a person is not spending the direct payment as designated within their care and support plan, the Council will take steps to recover or reconcile any payments that have been inappropriately used. In these cases, a review of the care assessment and the financial assessment will also be undertaken.

11.4 Where a client does not comply with the conditions of the Direct Payment agreement, the Council reserves the right to make appropriate changes to the way in which the Direct Payment is administered. E.g. switch to a different method of payment or a commissioned service.

12 Charging and Financial Assessment for <u>permanent</u> care and support in a care home

12.1 Where a person's on-going care and support needs are to be met permanently within a care home and they are seeking financial support from the Council, a financial assessment will be carried out to determine the amount they will be required to contribute towards the cost of their care.

12.2 As the residential home will become the person's permanent address providing board and lodgings in addition to care and support, the

financial assessment for residential care will take into account the person's property, income and savings.

12.3 If a person receives community support services in addition to their placement at a residential home such as attending a day service with another provider, the person will be financially assessed for charges towards the cost of the residential/nursing placement only.

12.4 If a person arranges to move into a residential home without having an assessment by the Council, and later asks for financial help with charges, the Council will determine whether the person meets the national eligibility for social care support. If the person does meet the criteria, it will carry out assessments, both financial and personal to establish if financial support can be provided. If eligible for financial support in residential care, the Council will contribute towards the cost of care from the date of the referral (application date) to the Council and not from the date the person moved themselves into the residential home.

12.5 For people who have funded their own care and support within a residential home and their financial resources have depleted near to, or below the financial limit, the Council will consider assistance with funding from the date a referral is made to the Council, subject to a completed care act assessment and financial assessment.

12.6 If a person cannot afford their existing residential home and do not qualify for help from the Council, or for a deferred payment agreement then the person will need to seek alternative arrangements such as moving to a residential home that is affordable.

12.7 If customers are paying for their own care, the Council strongly advises seeking independent financial advice to ensure that customers will be able to afford the care they choose for the foreseeable future.

12.8 Treatment of Capital

I. The lower capital limit as set out in the Care and Support Statutory Guidance issued by the Department of Health will be disregarded from the financial assessment

II. Where a person has assets between the lower and upper capital limits, we will apply a tariff income. This assumes that for every £250 of capital, or part thereof, a person is able to afford to contribute £1 per week towards the cost of their eligible care needs

II. Where a person has assets over the national upper capital limit, they will be required to pay the full cost of their care

12.9 Treatment of Property

I. The value or percentage share of the person's main or only home is included in the financial assessment (see 14 Deferred Payment Agreement)

II. The value of other homes they own or part own, but do not live in, is included if the value or equity is over the national upper limit of £23,250 (see 14 Deferred Payment Agreement)

12.10 Treatment of Income

All the following are included:

I. All state benefits

II. All occupational pension income (50% if the spouse lives in the community)

III. Tariff income from capital and savings (see section10.6)

IV. Personal independence Payment Daily Living Component, Disability Living Allowance (care component) and Attendance Allowance (AA) up to 28 days.

V. Any other income other than earnings and interest from savings and investments

The following are disregarded:

I. Personal Independence Payment (PIP) (mobility)
II. Disability Living Allowance (DLA) (Mobility)
III. Armed Forces Independence Payments
IV. War Pensions

The following are partially disregarded:

I. The first £10 per week of War Widows and War Widowers Pension, survivors Guaranteed Income Payments from the Armed Forces Compensation Scheme, Civilian War Injury pension, any War Disablement pension paid to non-veterans and payments to victims of National Socialist persecution (paid under German or Austrian law)

II. A savings credit disregard based on qualifying criteria within the Care Act 2014 (Annex C: Treatment of Income, part 33, section (b)

12.11 Housing Allowances

I. Housing allowances will be included for the first 4 weeks of a permanent stay to allow any notice to be given on tenancy agreements.

II. Where the person receiving care and support is the registered owner or tenant of a property, an allowance will be made for some housing costs such as mortgage, council tax and rent.

III. Where the person receiving care and support lives with other people, a housing allowance will be given to cover their percentage share of the total liability.

IV. For further information on the types of housing allowance that can be considered and how an amount will be calculated, please see section 19.2 Appendix A, Housing Allowance

12.12 The financial assessment will make sure a person has money left after charges are applied for themselves to cover their living costs in line with statutory amounts, this is known as ‘Personal Expenditure Allowance’ (PEA) for care in a care home.

12.13 These amounts are set and reviewed annually by the Department of Health and Social Care.

13. Charging and Financial Assessment for short term or respite care in a care home

13.1 Where a person requires care and support needs that are to be met temporarily within a care home and they are seeking financial support from the Council, a financial assessment will be carried out to determine the amount they will be required to contribute towards the cost of their care.

13.2 If a person receives community services in addition to their placement at a care home such as attending a day service with another provider, the person will be financially assessed for charges towards the cost of the short stay or respite placement only.

13.3 If customers are paying for their own care, the Council strongly advises seeking independent financial advice to ensure that customers will be able to afford the care they choose for the foreseeable future.

13.4 Treatment of Capital

I. The lower capital limit as set out in the Care and Support Statutory Guidance issued by the Department of Health and Social Care will be disregarded from the financial assessment.

II. Where a person has assets between the lower and upper capital limits, we will apply a tariff income. This assumes that for every £250 of capital, or part thereof, a person is able to afford to contribute £1 per week towards the cost of their eligible care needs.

13.5 Where a person has assets over the national upper limit they will be required to pay the full cost of their care.

13.6 Treatment of Property

I. The value or percentage share of the person's main or only home is not included in the financial assessment for temporary stays in a care home.

II. The value of *other homes* they own or part own, but do not live in, is included if the value or equity is over the national upper capital limit

13.7 Treatment of Income

All the following are included:

I. All state benefits

II. All occupational pension income (50% if the spouse lives in the community)

III. Tariff income from capital and savings (see section 13.5)

IV. Any other income other than earnings and interest from savings and investments

The following are disregarded:

I. Personal Independence Payment (PIP) (mobility)
II. Disability Living Allowance (DLA) (Mobility)
III. PIP Daily Living Component, DLA (care) and Attendance Allowance (AA)
IV. Armed Forces Independence Payments
V. War Pensions

The following are partially disregarded:

I. The first £10 per week of War Widows and War Widowers Pension, survivors Guaranteed Income Payments from the Armed Forces Compensation Scheme, Civilian War Injury pension, any War Disablement pension paid to non-veterans and payments to victims of National Socialist persecution (paid under German or Austrian law)

II. A savings credit disregard based on qualifying criteria within the Care Act 2014.

13.8 Housing Allowances

I. Where the person receiving care and support is the registered owner or tenant of a property, an allowance will be made for some housing costs such as mortgage, council tax and rent.

II. Where the person receiving care and support lives with other people, a housing allowance will be given to cover their percentage share of the total liability.

III. Housing allowances will be included for the duration of the temporary stay.

IV. For further information on the types of housing allowance that can be considered and how an amount will be calculated, please see section 19.2 Appendix A, Housing Allowance

13.9 The financial assessment will make sure a person has money left after charges are applied for themselves to cover their living costs in line with statutory amounts, this is known as ‘Personal Expenditure Allowance’ (PEA) for care in a care home.

13.10 These amounts are set and reviewed annually by the Department of Health and Social Care.

14. Deferred Payment Agreements (DPA)

14.1 A deferred payment agreement is an interest-bearing secured loan that self-funding eligible persons can apply for from the Council for the purposes of paying residential care costs.

14.2 Providing a person and their property meet eligibility criteria, the person may be entitled to enter into a Deferred Payment Agreement (DPA) with the Council. The intention of a DPA is to enable a person to get the support they need without them having to sell their home within their lifetime.

14.3 A DPA is a loan provided by the Council and is not a free service. The Council will charge set up costs, administration costs, interest on the loan and termination costs on all DPA's that are set up from and including the date this policy comes into effect. The loan monies, any interest and any administration costs (that are not discharged on an as and when basis) that are at any time secured under the deferred payment agreement is known as the "Deferred Amount".

14.4 The loan is secured on the self-funder's home and the Council makes weekly payments to the care home. Each payment being the difference between the person's assessed contribution and the full cost of the care home. This is the amount that will be accrued under the Deferred Payment Agreement.

14.5 The Council will charge the person for the costs of setting and running the deferred payment agreement. The administrative costs can either be paid for separately when they are incurred, or they can be added to the loan. The Council's costs along with the loan will be then recouped upon completion of the sale of their home. Interest will be charged on the costs during the term of the deferred payment agreement if the costs are added to the loan.

14.6 Property owned by a person is included in the financial assessment. It will not be taken into account (disregarded) subject to meeting conditions when a spouse or partner continues to live there after a person moves permanently into residential care.

14.7 Where the property is to be included in the financial assessment, if eligible, the Council will exclude from the assessed charge, its value for the first twelve weeks of a person's stay. This period is called the twelve-week property disregard period and gives people time to seek independent financial advice and consider the options available to them to fund their support costs.

15. Third Party Top Ups in permanent and temporary stays in a care home

15.1 A person may choose a home that is more expensive than the fees the Council has set for residential or nursing care, which is arranged on behalf of the person who is eligible for support from the Council.

15.2 Where a person has chosen a setting that costs more than this, an arrangement will need to be made as to how the difference will be met. This is known as a 'top-up' payment. If the person is part or fully funded by the Council, the 'top up' must be paid for by a third party i.e. not the person or the Council.

15.3 Where there is no option but to use a more expensive residential or nursing home at the time of the needs assessment the Council may be

required (short term) to pay the top-up costs. The Council reserves the right to transfer the client to suitable alternative accommodation at the standard Council rates at a later date, at which point, a third party would then have a choice whether they agree to pay for the client to stay, (i.e. third party to pay “top up” rate) or move to the alternative accommodation.

15.4 Where a choice does exist, the third party will be responsible for “top up” payments and must sign a top up agreement within the placement agreement. All parties including the care home will need to agree on the ‘top-up’ prior to the person moving into the care home.

15.5 The Council needs to be satisfied that the third party has indicated they are willing and able to meet the cost for the person’s care and support. This includes ensuring the person has sufficient information and advice to understand the terms and conditions of the ‘top up’ agreement. The person will need to pay the top up fees direct to the home. The Council encourages the third-party payee to get independent financial advice before entering into this agreement.

15.6 In the event the ‘top up’ arrangements fail the Council may have to consider moving the person to an alternative home that can meet the person’s needs and is within the fees the Council has set.

15.7 Any increase to the top up payments should be agreed between the three parties involved, i.e. the Council, the Care Home and the third-party payer

16. Deprivation of Income/Assets

16.1 Deprivation of income and/or assets means a person deliberately educes or tries to hide how much capital they have to avoid paying towards the cost of their care. Examples of this are signing property, investments, or assets over to relatives or giving large monetary gifts.

16.2 Gifting money which would otherwise be available to pay for care fees is considered as deprivation. This may mean that the value of the money gifted would have to be added back to the person’s savings. The responsibility falls on RMBC Adult Social Care to prove why the money or possessions were gifted despite being aware of care costs; relevant evidence would have to be provided to the Council.

Rules about paying for care differ from Inheritance and Tax planning rules and gifts should not be made on the assumption that the two rules are the same. For gifting cases, the Council will need to consider the reasons for gifting money or possessions as well as evidence of previous gifting history and transactions. Gift amounts exceeding £500

will require proof of approval from authorising bodies such as the Court of Protection or the Office of Public Guardian.

16.3 Placing a property in Trust - Trusts are legal devices designed to hold assets on behalf of named beneficiaries. The law states that you must not place a property in trust to secure more financial assistance for adult social care.

16.4 If the Council establish this is the case, then the client or their representative will not qualify for financial assistance and will have to pay all of the care home fees.

16.5 The Council will decide whether to investigate to ascertain if deprivation of income or assets has occurred where there are indicators as noted above. Where the Council determines that someone has deliberately deprived themselves of an asset or income in order to reduce or avoid a charge for care and support, the Council will charge services as though they still owned the asset or income. The Council may also take legal action for fraud.

16.6 Where deprivation of assets has been proven, the Council will seek to recover monies for charges owed from the person who requires care and support, their representative or the third party. This is in line with national guidance (Care Act 2014, Annex E: Deprivation of Assets, parts 18-23).

16.7 Financial assistance is strictly means-tested so, if the Council believe you have placed your house (or any of your assets) in trust for the avoidance of paying care fees, we will decide that you have deprived yourself of your own assets to take advantage of state financial assistance and you will not qualify

17. Appeals and Complaints

17.1 If a person is unhappy about the outcome of their financial assessment, they can appeal against the level of assessed charge.

17.2 The appeal will be considered by the Team Leader of the Revenue and Payments Service. They will review the financial assessment considering evidence provided as part of the appeal.

17.3 The Team Leader will also check to ensure the Charging Policy has been applied correctly.

17.4 All requests for further information from the customer must be provided within 14 days of the request letter.

17.5 The outcome of the review should be confirmed in 14 days of receiving further information or as soon as reasonably practicable.

17.6 If the person receiving care and support or their representative is still unhappy with their reviewed charge, a further appeal can be requested.

17.7 At the second appeal stage the case will be reviewed by a senior practitioner within Adult Social Care.

17.8 The appeal process can take up to 28 days from the time the completed appeals form is received, to the time the individual is informed of the outcome.

17.9 Confirmation of the outcome at each stage of this process is communicated with the individual.

17.10 The person receiving care and support will continue to be charged the original assessed contribution during the review and appeal process.

17.11 If after the review and appeal the Council asks the person to pay a different weekly charge or personal contribution, the difference will be backdated. Any overpaid charges or contributions will be refunded.

17.12 At any stage a person has the right for representation to be made through the RMBC Complaints Procedure

18. Related Documents and help and Advice

- The Care Act 2014
- Care and Support Statutory Guidance
- Equality Act 2010
- Data (Use and Access) Act 2025
- Human Rights Act 1998
- Mental Capacity Act 2005
- RMBC website Adult social care and support

19. Appendix A

19.1 Disability Related Expenditure (DRE) for Non-Residential Services only

When considering Disability Related Expenditure, an allowance is made for reasonable spending directly related to a disability to help people stay as independent as possible and to ensure they are able to maintain a healthy, hygienic and safe standard of living.

The following extracts from the guidance show what should be considered in relation to DRE (See link for Annex C: Care Act 2014)

Annex C 39)
Where disability-related benefits are taken into account the local authority should make an assessment and allow the person to keep enough benefit to pay for necessary DRE's to meet any needs which are not being met by the local authority.

Annex C 40)
In assessing DRE's, local authorities should include the following. However, it should also be noted that this list is not intended to be exhaustive, and any reasonable additional costs directly related to a person's disability should be included.

Annex C 41)
The care plan may be a good starting point for considering what is necessary disability-related expenditure. However, flexibility is needed. What is disability-related expenditure should not be limited to what is necessary for care and support. For example, above average heating costs should be considered.

Calculating Disability Related Expenditure

Disability Related Expenditure is calculated based on evidence of relevant spending, and local information, for example typical heating costs for different types of housing in the North East region are calculated against the national average regional area costs. If the DRE is higher than usual or is of a more unusual nature this will be discussed with the person during the financial assessment.

Everyday living expenses

Everyday living expenses will not be considered when awarding DRE's. **The following items are considered to be everyday living expenses or a lifestyle choice (this list is not exhaustive):**

- Food & Beverages (unless special dietary needs)
- Clothing/Shoes (unless specialist as above)
- Water
- Furniture & Flooring (including carpets)
- Household Appliances
- Household textiles, cutlery, crockery and cooking utensils
- Entertainment & Media (TV including digital TV reception/Telephone (including. Mobile phones)/Internet & Broadband)
- Computing and Gaming Hardware and Software
- Domestic pet expenses
- Short Breaks and Holidays

Typical DRE's the Council will consider

This list is not exhaustive. There may be other items that can be reasonably considered to be a disability related expense.

Table 1 Household Bills DRE

Household Bills	Amount
Fuel (gas/electricity)	Evidence of higher use, compared to national average based on property type and number of bedrooms.

Table 2 Services DRE

Services	Amount
Privately arranged care	Evidenced cost up to maximum of £33.34 per week
Private Domestic help	Evidenced cost up to maximum of £33.34 per week
Laundry/Washing Powder	Evidenced cost up to maximum of £4.86 per week
Gardening	Evidenced actual cost up to a maximum £8.86 per week

Table 3 Equipment

Equipment	Amount
Wheelchair	Evidenced actual cost up to a maximum £5.07 per week for manual Evidenced actual cost up to a maximum £12.31 per week powered
Powered bed	Evidenced actual cost divided by 500 (10 year life) up to a maximum of £5.60 per week
Turning bed	Evidenced actual cost divided by 500 up to a maximum of £9.80 per week
Powered reclining chair	Evidenced actual cost divided by 500 up to a maximum of £4.44 per week
Stair-lift	Evidenced actual cost divided by 500 up to a maximum of £7.91 per week
Hoist	Evidenced actual cost divided by 500 up to a maximum of £3.89 per week

Table 4 Personal Items

Personal Items	Amount
Bedding If you need to replace your bedding due to extra wear and tear or damage because of your disability. We will also allow the cost of replacing staff bedding if reasonable and not covered by other funding	Evidenced actual cost over a weekly amount of £35.22
Clothing – needing to replace more frequently due to extra wear and tear	Evidenced actual cost over a weekly amount of £10.66

Footwear – needing to replace more frequently due to extra wear and tear	Evidenced actual cost over a weekly amount of £2.63
Prescriptions If you don't access free prescriptions.	Evidenced cost
Specialist dietary requirements as evidenced in care and support plan	Evidenced cost

19.2 Housing Allowances

I. Non-Residential Services

Local authorities must ensure that a person's income is not reduced below a specified level after charges have been deducted (Minimum Income Guarantee - MIG). The amounts are set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014 (as amended). The purpose of the MIG is to promote independence and social inclusion and ensure that they have sufficient funds to meet basic needs such as purchasing food, utility costs or insurance. This **must** be after any housing costs such as rent and council tax net of any benefits provided to support these costs – and after any disability related expenditure.

Housing Allowances the Council will consider for Non-Residential Services

This list is not exhaustive. There may be other items that can be reasonably considered.

Table 5 Housing Allowance

Housing Allowance – Non-Residential	Amount
Buildings and/or Contents Insurance	Evidenced actual cost (divided by number of occupants)
Council Tax	Evidenced actual cost (divided by number of occupants)
Garage Rent	Evidenced actual cost (divided by number of occupants)
Ground Rent	Evidenced actual cost (divided by number of occupants)
Mortgage Payment	Evidenced actual cost (divided by people named on mortgage)
Rent	Evidenced actual cost (divided by people named on tenancy)
Community Alarm	Evidenced actual cost
Community Alarm line rental	Max £5.22 (based on BT line rental)
Water/Gas/Plumbing Insurance	Evidenced actual cost (divided by number of occupants)

Housing Allowances the Council will consider for Residential Services

This list is not exhaustive. There may be other items that can be reasonably considered.

Where a person's property has been disregarded the local authority should consider whether the PEA is sufficient to enable the person to meet any resultant costs. For example, allowances should be made for fixed payments (like mortgages, rent and Council Tax), building insurance, utility costs (gas, electricity and water, including basic heating during the winter) and reasonable property maintenance costs.

Housing Allowance – Residential	Amount
Buildings and/or Contents Insurance	Evidenced actual cost (divided by number of occupants)
Community Alarm	Evidenced actual cost
Council Tax	Evidenced actual cost (divided by number of occupants)
Garage Rent	Evidenced actual cost (divided by number of occupants)
Ground Rent	Evidenced actual cost (divided by number of occupants)
Life insurance payments/ Funeral Payment Plans	Evidenced where it would be economically detrimental to cash in before death
Mortgage Payment	Evidenced actual cost (divided by people named on mortgage)
Rent	Evidenced actual cost (divided by people named on tenancy)
Water/Gas/Plumbing Insurance	Evidenced actual cost (divided by number of occupants)
Water meter	Evidenced actual cost (divided by number of occupants)
Water rates	Evidenced actual cost (divided by number of occupants)
Gas/Electric Standing Charge	Evidenced actual cost (divided by number of occupants)

20. Appendix B

Standard Rates for Financially Assessed Services

Type Of Service	Charge
Maximum Charge for Non-Residential Services	£837.00
Day Care Attendance	£73.50
Contracted Fee for Residential Care	£689.00
Contracted Fee for Residential Emi Care	£718.00
Contracted Fee for Nursing Care	£754.00
Contracted Fee for Nursing Emi Care	£837.00
Contracted Fee for LA Care home	£722.47

Flat Rate Charges	Charge
Blue Car Badge	£10.00 per badge
Community Alarm (Rothercare)	£4.50 per week
Transport to Day Care	£6.43 per return journey
Meals at Day Care	Cost dependent on day centre

Capital Limits	Charge

Capital assets under £14,250	Capital will not be included
Capital assets between £14,250 and £23,250	£1.00 for every part or complete £250 over £14,250 will be included
Capital assets over £23,250	Full cost of your service will be charged

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Appendix 3

PART A - Initial Equality Screening Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

Further information is available in the Equality Screening and Analysis Guidance – see page 9.

1. Title	
Title: Adult Care Charging Policy	
Directorate: Adult Care, Housing & Public Health	**Service area:** Adult Care and Integration
Lead person: Gioia Morrison	**Contact:** gioia.morrison@rotherham.gov.uk
Is this a: [x] **Strategy / Policy** [ ] **Service / Function** [ ] **Other** **If other, please specify**	

2. Please provide a brief description of what you are screening
Cabinet approved in May 2025 for a consultation on two areas which would form part of the new Adult Care Charging Policy. This would bring together the charging structure for Residential and Non-Residential settings into one policy. The consultation also consulted on two specific proposals: 1. The removal of the maximum charge for non-residential care, while maintaining the minimum charge of £1, for people who fund their own care. 2. The introduction of an administrative charge for organising care for people who

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fund their own care.

The Cabinet report outlines the outcomes of the consultation, recommends specific areas for inclusion within the new consolidated charging policy and seeks approval from Cabinet to implement the new policy approach from April 2026.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc.

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community? *(Be mindful that this is not just about numbers. A potential to affect a small number of people in a significant way is as important)*	X	
Could the proposal affect service users? *(Be mindful that this is not just about numbers. A potential to affect a small number of people in a significant way is as important)*	X	
Has there been or is there likely to be an impact on an individual or group with protected characteristics? *(Consider potential discrimination, harassment or victimisation of individuals with protected characteristics)*	X	
Have there been or likely to be any public concerns regarding the proposal? *(It is important that the Council is transparent and consultation is carried out with members of the public to help mitigate future challenge)*	X	
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom? *(If the answer is yes you may wish to seek advice from commissioning or procurement)*		X
Could the proposal affect the Council's workforce or employment practices? *(If the answer is yes you may wish to seek advice from your HR business partner)*		X

If you have answered no to all the questions above, please explain the reason

Appendix 3

If you have answered **no** to all the questions above please complete **sections 5 and 6.**

If you have answered **yes** to any of the above please complete **section 4.**

4. Considering the impact on equality and diversity
If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made**.** Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation. Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).
• **How have you considered equality and diversity?** People who are currently affected by the potential proposals were identified prior to the consultation taking place. The changes are most likely to affect those people who are financially well off and who are in receipt of non-residential care and support. Only changes are proposed to those who are self-funding their own care and support or who have declined a financial assessment.
• **Key findings** Many people who have taken part in the consultation have given feedback on what they feel, in some cases this was positive but in other cases it was negative. For Proposal 1 'Removal of the maximum weekly charge', a total of 97 responses were received. The majority of respondents opposed the change, with 49% strongly disagreeing and 31% disagreeing. A smaller proportion supported the proposal, with 11% agreeing and only 2% strongly agreeing. Additionally, 7% were unsure about the proposal. Responses to the proposal to remove the maximum weekly charge for non-residential care highlighted strong opposition and several recurring concerns. Many participants felt the change would undermine fairness and equity, arguing it penalises those who have worked hard, saved, and planned for their future, while rewarding those who have not. There was a strong sense that this approach would discourage saving, as people questioned why they should plan for old age if they are penalised later. Financial concerns were prominent, with respondents warning of hardship and affordability issues. People feared that removing the cap would make care unaffordable, deplete savings rapidly, and force individuals into reliance on benefits. Some suggested that a cap should remain but be adjusted annually for inflation or replaced with a sliding scale to ensure fairness.

Other themes included service quality and value, with some questioning whether the current level of care justifies higher charges. Respondents also raised the impact on vulnerable groups, noting that those with extensive care needs or disabilities would be disproportionately affected. There was also distrust of council motives, with comments suggesting the change is driven by revenue generation rather than fairness and calls for greater transparency in how charges are calculated.

Overall, the feedback reflects strong resistance to removing the cap, with suggestions for alternative approaches that balance financial sustainability with fairness and protection for those most in need.

For Proposal 2 ‘Introducing an annual fee for self-funders where the Council facilitates care packages’, there were 97 responses. The majority of respondents opposed the proposal, with 56% strongly disagreeing and 26% disagreeing, indicating significant resistance to the introduction of this charge. Only a small proportion supported the change, with 14% agreeing and 2% strongly agreeing, while 2% were unsure. Overall, feedback shows strong opposition to adding an administrative fee for self-funders.

Feedback on the proposal to introduce an annual administrative charge for arranging care for self-funders revealed strong opposition and recurring concerns. Many respondents felt the charge was unfair and discriminatory, arguing that it penalises people who have worked hard, saved, and already pay the full cost of their care. There was a strong perception that this would discourage saving for later life, as individuals questioned why they should plan responsibly if they are penalised for doing so.

Financial concerns were widespread, with respondents highlighting that self-funders already face high and rising care costs, and an additional £350 annual fee would create further hardship. Some noted that recent care cost increases have already placed significant strain on budgets, and adding this fee could push people below the savings threshold, making them reliant on public funding.

Several respondents questioned the value and justification of the fee, asking what administrative tasks it covers and why the amount was set at £350. Many felt the service provided by the Council was limited or poor, making the charge seem unjustifiable. Suggestions included replacing the annual fee with a one-off payment when care is first arranged or charging only when packages are revised.

Other themes included impact on vulnerable groups, with concerns that older adults and those unfamiliar with care systems would be disproportionately affected. There was also distrust of council motives, with comments suggesting the proposal is a revenue-generating measure rather than a fair cost recovery. Some respondents argued that arranging care should remain a core council responsibility, funded through existing council tax contributions.
Overall, the feedback indicates strong resistance to the proposal, with calls for greater transparency, fairness, and alternative approaches such as one-off charges or means-tested fees.

The consultation did not ask the user to tell us if they are already in receipt of non-residential care and support or if they are self-funding in terms of their care and support.

- **Actions**

All people who would be directly affected by proposed changes have been contacted make them aware of the potential changes and to give them the opportunity to take part in the consultation and give their comments.

Next steps are to present the findings to Cabinet along with the proposed Adult Care Charging Policy.

A Part B Form will be produced to reflect the outcome of the consultation.

Date to scope and plan your Equality Analysis:	20/10/2025
Date to complete your Equality Analysis:	22/10/2025
Lead person for your Equality Analysis (Include name and job title):	gioia.morrison@rotherham.gov.uk

5. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening:

Name	Job title	Date
Kirsty-Louise Littlewood	Assistant Director, Adult Care and Integration	04/11/2025
Caroline Hine	Change Lead, Adult Care	04/11/2025

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date screening completed	04/11/2025
Report title and date	Adult Care Charging Policy
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	07/11/2025

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PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title	
Equality Analysis title: Adult Care Charging Policy	
Date of Equality Analysis (EA): 20/10/2025	
Directorate: Adult Care, Housing & Public Health	**Service area:** Adult Care & Integration
Lead Manager: Kirsty-Louise Littlewood kirsty-louise.littlewood@rotherham.gov.uk	**Contact number:** 07766 368 458
Is this a: [X] **Strategy / Policy** [ ] **Service / Function** [ ] **Other** **If other, please specify**	

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance		
Name	**Organisation**	**Role (eg service user, managers, service specialist)**
Gioia Morrison	Rotherham Council	Head of Finance
Caroline Hine	Rotherham Council	Change Lead
Faye Prosser	Rotherham Council	Project Development Officer

3. What is already known? - see page 10 of Equality Screening and Analysis Guidance

Aim/Scope (who the Policy/Service affects and intended outcomes if known)
This may include a group/s identified by a protected characteristic, others groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

The aim is to incorporate the residential charging framework and non-residential charging policy into one Adult Care Charging Policy at the same time there will be some updates and changes to the non-residential charging policy. These changes were highlighted in the consultation.

What equality information is available? (Include any engagement undertaken)

There are people who would be affected by any change in the non-residential elements of the policy, these could include multiple protected characteristics but the main one would be disability.

Engagement was taken in the form of a 90-day consultation. This was available online and also in paper formats. Of the 97 respondents to the consultation 61 completed the equalities questions.

People in receipt of services who would be affected by any change in policy were contacted directly, by post, with a copy of the consultation and a reply paid envelope for return.

Are there any gaps in the information that you are aware of?

No

What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

The responses to the consultation have been monitored across the board, with the equalities screening questions being included in the consultation paper. These were not always answered as they were not mandatory.

If the new policy is accepted by Cabinet it will come into force from 1st April 2026. Monitoring of people on service by the type of payment method can be done at intervals throughout the year, to ascertain what impact the policy has had on people in receipt of services and how their care is paid for.	
Engagement undertaken with customers. (date and group(s) consulted and key findings)	90-day consultation (24th July 2025 – 16th October 2025) online and paper copies of the consultation available to complete. Four drop-in sessions held at key venues across the Borough (Maltby, Aston, Rawmarsh and Riverside House) to accommodate North, South and Central areas. Presented to RASCAL Co-Production Board who shared with their respective communities and groups for a spider web approach, 3rd October 2025.
Engagement undertaken with staff (date and group(s)consulted and key findings)	No specific engagement undertaken with staff.

4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)
How does the Policy/Service meet the needs of different communities and groups? (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance) When the Adult Care Charging Policy is introduced it will bring together both the Residential and Non-Residential elements of charging into one key document. This will allow all readers, both public and staff, to understand the policy. The policy will affect many different people who could span multiple protected characteristics. However it is most likely to affect those with disability. It will affect those who have decided not to have a financial assessment or those who are financially well off, as they will be asked to pay more for their care each week.
Does your Policy/Service present any problems or barriers to communities or Groups?

No
Does the Service/Policy provide any positive impact/s including improvements or remove barriers? No
What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another) Those who are financially well-off will have to pay more for their care, this group of people may be unhappy with these changes. It may be that some communities are more supportive of these proposals than others are. It will not affect those who are on lower incomes or who do not fund their own care.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

5. Summary of findings and Equality Analysis Action Plan

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

Title of analysis: Adult Care Charging Policy
Directorate and service area: Adult Care, Housing & Public Health / Adult Care & Integration
Lead Manager: Kirsty-Louise Littlewood, Assistant Director, Adult Care & Integration
Summary of findings:
The consultation results show a strong opposition to the proposals to change the Non-Residential Charging elements, to be incorporated into the new Adult Care Charging Policy. Comments have shown that some in receipt of non-residential services and who are self-funding their care, oppose to any changes which mean they would have to pay more for their care in the future. Other comments have indicated that this change to policy is fair and people who can pay should pay.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Monitor the amount of people in receipt of service by payment type, at intervals throughout the year, to compare to previous levels.	**Disability**	**04/27**

***A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups**

6. Governance, ownership and approval		
Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.		
Name	**Job title**	**Date**
Ian Spicer	Director of Adult Care, Housing & Public Health	
Cllr Baker-Rogers	Cabinet member for Adult Care	

7. Publishing	
The Equality Analysis will act as evidence that due regard to equality and diversity has been given. If this Equality Analysis relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report. A copy should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.	
Date Equality Analysis completed	04/11/2025
Report title and date	Adult Care Charging Policy
Date report sent for publication	
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	

Will the decision/proposal impact…	Impact	If an impact or potential impacts are identified:			
		Describe impacts or potential impacts on emissions from the Council and its contractors.	Describe impact or potential impacts on emissions across the Borough as a whole.	Describe any measures to mitigate emission impacts	Outline any monitoring of emission impacts that will be carried out
Emissions from non-domestic buildings?	None				
Emissions from transport?	None				
Emissions from waste, or the quantity of waste itself?	None				
Emissions from housing and domestic buildings?	None				
Emissions from construction and/or development?	None				
Carbon capture (e.g. through trees)?	None				

Identify any emissions impacts associated with this decision which have not been covered by the above fields:

Emissions from the consultation were minimal. All consultation events were planned in strategic areas where people could access via foot, public transport or by car. Events were also planned to coincide with other events at the venue, to capture footfall as people arrived or departed.

Documentation was kept to a minimum to avoid waste and the consultation was promoted online in the first instance to avoid the use of paper where possible.
No further consultation events will be taking place following the publication of the Cabinet report.

Will the proposal affect Council services' resilience to climate change, or the capacity of people living in the Borough to adapt to climate change?

None identified.

Provide a summary of all impacts and mitigation/monitoring measures:

This report provides an update on previous consultation activities and provides recommendations relating to its outcome in the form of changes to the fees for the delivery of this service. This financial change is unlikely to have any significant carbon emissions associated. The impacts of the consultation are summarised in the above section.

Supporting information:	
Climate Impact Assessment Author	Caroline Hine Change Lead Service Improvement and Governance Adult Care, Housing and Public Health
Please outline any research, data or information used to complete this Climate Impact Assessment.	Council Plan 2025-30
If quantities of emissions are relevant to and have been used in this form please identify which conversion factors have been used to quantify impacts.	*N/A*
Validation	Tracking Reference: CIA554 Louise Preston Climate Change Manager

Rotherham Metropolitan Borough Council

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 15 December 2025

Report Title
Housing First Recommissioning

Is this a Key Decision and has it been included on the Forward Plan?
Yes

Strategic Director Approving Submission of the Report
Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)
Lisa Elliott, Strategic Commissioning Manager
01709 334480 or Lisa.Elliott@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary

This report sets out recommendations for the future commissioning of Housing First provision in Rotherham. Housing First is a non-statutory, established approach to supporting residents to move away from long term homelessness. It provides intensive support where the provider also sources suitable accommodation for the client. It is reserved for the most complex and disengaged people within the homeless population, complementing the Council's offer to alleviate and prevent homelessness. Housing First has been delivered in Rotherham since 2018 by South Yorkshire Housing Association (SYHA) following a direct award.

Recommendations

That Cabinet:

1. Approves the recommissioning and procurement of Housing First for a five-year contract term on a 3 year plus up to 2-year basis.

2. Notes the intention through the recommission to align more closely to the principles of Housing First, recognising that this is key to driving sustainable change and securing long-term impact for residents.

List of Appendices Included

Appendix 1 South Yorkshire Housing Association, Housing First Impact Reports
Appendix 2 Part A – Initial Equality Screening Assessment
Appendix 3 Part B – Equality Analysis Form
Appendix 4 Carbon Impact Assessment

Background Papers

Cabinet on 16 October 2017

Housing First fidelity assurance framework | Homeless Link

Consideration by any other Council Committee, Scrutiny or Advisory Panel
No

Council Approval Required
No

Exempt from the Press and Public
No

Housing First Recommissioning

1. Background

1.1 Housing First is an established approach to successfully reducing long-term homelessness for the most complex and disengaged people within the homeless population. People accessing the service are not required to meet specific conditions beyond a willingness to maintain a tenancy, as they would be with more traditional approaches. Support services are offered but are not mandatory, allowing individuals to choose when and how they engage with them. Support is individualised to meet the specific needs of each person, empowering them to take control of their lives. According to research published by Homeless Link in November 2024, Housing First reduces anti-social and offending behaviours. 84% of participants were involved in ASB or offending at entry, dropping to 45% by the end of year three.

1.2 Housing First, as a model, was first introduced to the UK in 2010, with various projects being developed across the Country by local authorities and charitable organisations. The Housing First England approach has been developed over this time by the charities and local authorities involved, alongside Homeless Link, which is the national membership charity for organisations working directly with people who are homeless or at risk of homelessness in England.

1.3 Between 2018 and 2023, three major pilot programmes were conducted in Greater Manchester, Liverpool City Region, and the West Midlands, funded by the Ministry of Housing, Communities and Local Government (MHCLG). The October 2024 Cost Benefit Analysis (CBA) report by MHCLG evaluated the financial impact of the Housing First pilots. It found the average annual cost per person supported was £7,737 with estimated annual benefits per person of £15,880.

1.4 Housing First in Rotherham was approved as a pilot project by Cabinet on 16 October 2017 (Background Papers Agenda item 11. Rotherham Side by Side - Housing Related Support Review Pages 124 - 160) and has been operational for over 6 years. This followed a recommendation that a pathway be created for people with complex needs based on a Housing First model to support 20 – 30 clients.

1.5 Housing First supports Priority 3 of Rotherham's Housing Strategy 2025-2030: Supporting our residents to live independently, including through prevention of homelessness.

The priority aims are:

- We will work with partners to help our most vulnerable residents live independently.
- We will provide a range of housing to suit the needs of individual households.
- We will end rough sleeping in Rotherham and work to prevent our residents from becoming homeless.

1.6 It also supports Priority 5 of the Council's Homelessness Prevention and Rough Sleeper Strategy (2023-2026) 'Support People with Complex Needs'.

1.7 The current contract is delivered by South Yorkshire Housing Association (SYHA) which subcontracts part of the service to Target Housing Ltd, with a total capacity for 35 service users, following an increase of 10 units from 25 units in 2021. This contract ends on the 31 May 2026.

1.8 Currently South Yorkshire Housing Association provide 29 units of accommodation with the remaining 6 properties provided either by private landlords (x3), RMBC housing stock (x1) or Registered Social landlords (x2). SYHA deliver the accompanying support for 20 service users and Target Housing Ltd. provide support for 15 service users. The support is service user led, with small caseloads (5-7 per support worker) so that people can receive more intensive support.

1.9 There are seven core principles to the Housing First England model and evidence suggests that the closer a project aligns to the principles, the more effective Housing First can be in achieving outcomes for people accessing the service (see background paper above). The core principles are:

1. People have a right to a home.
2. Flexible support is provided for as long as it is needed.
3. The provision of housing and support should be separated.
4. Individuals should be given choice and control.
5. An active engagement approach is used.
6. The service is based on people's strengths, goals, and aspirations.
7. A harm reduction approach is used.

1.10 A review undertaken by the Council's Strategic Commissioning team, within the Adult Care, Housing and Public Health Directorate, using the Homeless Link review tool (June 2025) concluded that the support offered in Rotherham is aligned with most of the core Housing First principles, offering flexible support to service users that is strength-based, incorporating an active engagement and harm reduction approach. However, the model is not aligned fully with principle 3 because the support is often being provided by the same organisation as the landlord.

1.11 **Successful outputs and outcomes**

The review undertaken by Strategic Commissioning found that 75% of people currently accessing Housing First in Rotherham are identified as 'stable with lower risk of future return to homelessness' or 'moving towards stability with elevated support'. The remaining 25% of service users have been identified as having an 'elevated/imminent risk of returning to homelessness'. This is in line with other Housing First projects across

England and demonstrates the positive impact Housing First can have on sustaining a tenancy.

1.12 Housing First in Rotherham measures wellbeing using the Warwick-Edinburgh Mental Wellbeing scale. Between 2022–2025, service users exiting Housing First reported an average increased level in wellbeing by 7.4% from the baseline at intervention start. National averages vary between 5% and 12%. Service users also recorded a decreased level of environmental chaos by 15.7% on average when applied to the CHAOS scale (Confusion, Hubbub, and Order Scale).

1.13 SYHA also evidenced that Housing First customers' use of unplanned and crisis services (A&E, police, mental health crisis teams, and the fire service) had reduced by 19.5%, in a SYHA Housing First Impact Report published in November 2022 (Appendix 1).

1.14 In November 2021 and 2022, South Yorkshire Housing Association published Impact Reports on Housing First. (Appendix 1). Some of the customer feedback was as follows:

"I can't believe how quickly I have changed and taken control of my life, my health, my wellbeing and my money – The service and your support is massive to me."

"My new house means so much to me. It is like being given a second chance to prove to everyone, family, friends and my workers who I really am. I look forward to making new friends in the community, positive ones."

"I can't describe how happy I am with the support I get. I have a nice little flat and my own space. I've had so many chances, but no one has let me show how I can change. I feel at peace and feel excited that I will be here forever, so thank you."

"I see my keyworker nearly every day, and she helps me get my methadone, so I don't have it stopped. She is always a phone call away and we work well. First person I have trusted since forever."

"I cannot stress enough how much I would recommend Housing First to everyone. For me, it is so different than any other service, I have had loads of support services in the past. I love the way the support can be there as long as you want or need it."

2. Key Issues

2.1 Complexity of need

The Council has seen an increase in complexity of need (those with two or more vulnerabilities) of people residing in Council tenancies and making a homelessness application. Complex cases include mental health support, substance misuse, domestic abuse (DA), hoarding, safeguarding and anti-social behaviour (ASB). Between November 2022 and November 2023, the

Council's locality-based teams dealt with 220 safeguarding cases (approx. 6 per Area Housing Officer). Council Area Housing Officers dealt with 70 ASB cases per 1,000 properties during 2023/24 compared to the national average of 35.

Housing First currently offers a solution for a small number of people with complex and chaotic lifestyles, who would otherwise be seeking re-housing through the Council, because, unlike more traditional models, Housing First does not require people to complete a substance misuse treatment programme or become 'tenancy ready' before securing a permanent home. It therefore brings a structured support system alleviating pressures in the Council's Area Housing function.

2.2 **Demand**

The Council is undertaking a review of its Homelessness Prevention and Rough Sleeper Strategy (2023-2026), and Housing First plays a key role in preventing recurrence of homelessness and supporting people with complex needs.

2.3 Data analysed as part of this review shows a year-on-year increase of people making a homelessness application in Rotherham.

2.4 Data also shows an increase in the number of households presenting as homeless having multiple support needs. This indicates that more households require tailored support and housing solutions to ensure accommodation is not only suitable but also sustainable. These local trends reflect and, in some cases, exceed national patterns, highlighting the growing complexity of homelessness and the need for responsive, person-centred approaches.

2.5 Stakeholder engagement across Housing and Homelessness and Adult Care shows that demand for Housing First remains high, given the high proportions of people presenting as homeless, with complex needs and high chaos index scores.

2.6 Housing First is an available pathway for people with complex and high needs who are verified rough sleepers or at high risk of rough sleeping. In 2024 (full year), of the placements made by the Council into emergency accommodation (e.g. hotel or bed and breakfast), 29% were for people recorded as having high level needs and 16.7% were for people who were rough sleepers.

2.7 In 2024 (full year) there were 36 placements made into the Rough Sleeper Accommodation Hub, known locally as the Rough Sleeper Hostel. Housing First is one of the move-on options from this short-term (up to 6 weeks) accommodation and support service providing a pathway to longer term sustainable tenancies with an intensive level of support. This is aimed to prevent recurrence of homelessness and rough sleeping.

2.8 There are currently 32 people accessing the service (of an available 35 units), all are at different stages in their support journeys. Not recommissioning Housing First would result in a need for an alternative housing solution to be found for customers with complex needs. As commissioned supported accommodation is operating at over 95% capacity, not recommissioning would place further strain on the system and would be likely to result in these and future customers requiring temporary housing with limited support, prolonging their time as homeless.

2.9 **Costs**

The total current annual contract value is £229,189 (for 35 people this is equivalent to £6,548 per person, per annum). These costs have not increased since 2018 and for the financial year 2023/24 the lead provider, reported making a significant deficit which would suggest these costings are no longer viable.

2.10 Cost analysis undertaken has shown that an increase in budget will be required to make the service financially attractive/viable to the market. Providers that are member organisations on the Council's Flexible Purchasing System (FPS) for Housing Related Support have also indicated that the costs to run the service are dependent on the size of the project (number of units), as larger projects can achieve economies of scale in non-staff related costs.

2.11 Benchmarking has shown that it is difficult to determine a cost per unit as it is dependent on usage and service model and therefore fluctuates. However, Housing First project costs on average are between £7,000 and £9,000 per person, per annum.

2.12 The uplift to the contract value will be included when the tender is advertised and will bring the service in line with other Housing First programmes. This will be more attractive to the market when undertaking the procurement and will allow for the provider to source properties outside of their existing portfolio as it would be less reliant on rental income to supplement the income of the project. This would allow the alignment with principle 3, having a separate housing provider and support provider.

2.13 **Contract Capacity**

As Housing First has proved a successful solution for some of the most complex people experiencing homelessness, it is recommended that this service continues. Due to the principle of the service offering a longer-term housing option, compared with more traditional models, a longer-term contract would be most suited to the project. The current service has delivered approximately 90% occupancy (based on the last full year figures for 2024/25). This means that of the 35 units commissioned, around 32 are being delivered at any one time. The slight undercapacity allows for the contractor to make changes and repairs to the property as required. The tender process will require a minimum of 30 units but providers may be able to provide more with the increase in budget.

2.14 **Alignment with the principles and continuous improvement**

Research conducted by Homeless Link on the approach shows that the effectiveness of services is linked to how closely they adhere to the set of key principles underpinning delivery, see background paper above.

2.15 The separation of the provider for the housing and support elements is a core principle of the Housing First model. The Rotherham model is not fully aligned with principle 3 because in many cases the support is being provided by the same organisation as the landlord. Providers report that this creates a conflict of interest when housing management issues occur, which can lead to a breakdown in relationships and support with the client.

2.16 The commencement of legal action from the provider to evict tenants who breach their tenancy agreements, detrimentally impacts the working relationship with the key worker, and can result in failed tenancies, abandoned properties and service users no longer engaging in support.

2.17 Separating the landlord from the support provider will adhere to the evidence base as support relationships can remain in place regardless of tenancy issues and would allow support to continue should the person leave their tenancy. In the re-commissioned service, support providers will be required to offer assistance in sourcing a suitable tenancy that could become a long-term solution. The proposed model will focus on identifying suitably sized and located properties for each customer moving away from allocated housing stock. The successful provider will need to demonstrate their ability to do this and manage any risk. This early engagement and support to find the most suitable property will also ensure greater choice and control to individuals (and aligning closer to the Housing First principles).

3. Options considered and recommended proposal

3.1 Option 1: Re-commission with an increased budget (recommended option)

Re-commissioning the service with an increased budget will allow the Council to maintain the provision (originally directly awarded following negotiation in 2018). It would also give the Council the flexibility to separate the support element from the landlord. The commissioned Housing First provider will secure a suitable landlord and property for the individual, then deliver flexible support to help them sustain their tenancy and address personal needs -while housing and support remain separate.

The estimated cost per person, per annum is between £6,516 and £8,688, dependent on number of units of support supplied; benchmarking has shown this to be in line with other Housing First projects.

A revised Service Specification for this provision will be co-designed with the market and will include people’s lived experience of homelessness. It

will incorporate good practice gained through providers' experience and learning from recent delivery with an increased focus on personal outcomes, and the seven core principles of Housing First. Tools such as the Warwick-Edinburgh outcomes star and the CHAOS index will be used to capture evidence of personal outcome attainment.

Long term commitment of 5 years (3 years, plus 2 years in any combination) would ensure stability of the project given that the model offers a long-term solution for people accessing the service.

3.2 **Option 2: Re-commission with existing budget (not recommended)**

Retain the same characteristics of the current provision without an increase in costs and re-procure the service. There is continued demand for the service, however, the current provider has submitted cost data that shows a significant loss on the contract. This is largely due to staff costs and maintenance costs for the properties. It is anticipated that, at the current contract value, the market may only be able to offer a reduced level of provision. This reflects ongoing financial pressures and evolving service delivery costs, which may impact the scope and quality of services available within the existing budget. This would not be recommended to meet the existing demand. This would also not allow for any developments in the model to achieve better fidelity and outcomes.

3.3 **Option 3: De-commission the provision (not recommended)**

This would require a formal notification to the lead provider (recommended at 6 months) of the decision to decommission the contract following contract expiry on the 31 May 2026. No future placements would be made during this period. De-commissioning the provision would detract from the key element of Housing First that no time limits are put on the offer of support. This decision also does not support Rotherham's Housing Strategy 2025-2030 Priority 3: Supporting our residents to live independently, including through prevention of homelessness.

With the limited options for people with complex needs, it is unlikely all the current service users would be moved on successfully by the end of the contract term.

De-commissioning the provision would lead to a significant gap in provision for a complex cohort of people, impacting on other services.

4. Consultation on proposal

4.1 All providers who are member organisations of the Council's Housing Related Support Flexible Purchasing System were invited to a market engagement event to ask for their views on the Housing First model. Four of the seven qualified providers attended and fed back that:

- The most important factor in successfully delivering Housing First is a multi-agency approach from start to end.

- Average caseloads of seven for support staff in the community have seen most success as it allows a persistent approach. The support should start early and remain with the person regardless of their tenancy. Sourcing properties is always the biggest barrier to fully aligning with the Housing First principles.
- The size of the service is important, especially if delivered by a single provider: making the service too large could dilute the service.

4.2 The Council is currently reviewing the Homelessness Prevention and Rough Sleeper Strategy. As part of this work consultation was undertaken with people who have lived experience of Homelessness, along with a wider public consultation. Feedback has included the importance of appropriate support to help individuals sustain tenancies. It highlighted that increasing access to specialist supported accommodation such as Housing First or similar models would offer greater stability for people with complex needs. This, in turn, would enhance their ability to maintain accommodation and engage in key areas of support. The most commonly cited factors affecting tenancy sustainability were mental health and substance misuse, due to their significant and often interrelated impact.

5. Timetable and Accountability for Implementing this Decision

5.1 Subject to Cabinet approval of the recommendations set out in this report, the procurement process will proceed with the tender being advertised in January 2026, with the intention for the contract to commence in June 2026. This will be led by the Strategic Commissioning Manager and Senior Procurement Category Manager.

6. Financial and Procurement Advice and Implications

6.1 There is currently an annual budget for Housing First of £229,189. The recommended proposal is expected to increase this to approximately £260,649, a rise of £31,460 but will be dependent on the outcome of the procurement process. Funding for this increase has been identified from within the Adult's Strategic Commissioning Service.

6.2 The re-procurement of the Housing First Service must be undertaken in compliance with relevant procurement legislation. The Council has an existing Housing Related Support: Flexible Purchasing System procured in compliance with the Public Contracts Regulations 2015 and the Council's own Financial and Procurement Procedure Rules, which will be explored as an appropriate use for this procurement activity.

7. Legal Advice and Implications

7.1 The Housing First Service Contract has been discussed with Legal Services in order to ensure compliance.

7.2 There are no further legal implications raised by this report.

8. Human Resources Advice and Implications

8.1 There are no Human Resources implications associated with this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 There are no implications for children or young people as this is an adult service.

9.2 The nature of Housing First means that it is accessed by vulnerable adults. The current provider contributes to the Council's Vulnerable Adult Pathway, adopting a multi-agency approach to supporting and safeguarding vulnerable adults. Going forward the new service model will build on this, adopting a multi-agency approach. Once the service has been tendered and a new contract awarded, there may be a need for the vulnerable adults who are currently in Housing First to move to a new provider. This may also mean moving tenancies and support provider dependent upon the successful provider and any negotiations around properties with the current landlords. This process will be overseen by Strategic Commissioning and Homelessness Teams to ensure any moves are not detrimental to the vulnerable adults and supports choice and control.

10. Equalities and Human Rights Advice and Implications

10.1 An Equality Analysis has been conducted in line with the Council's procedures (Appendix 2 and Appendix 3). There are no further Equalities and Human Rights implications identified outside of the Equality Analysis documentation.

11. Implications for CO2 Emissions and Climate Change

11.1 There are no anticipated implications for CO2 Emissions and Climate Change as detailed in the Carbon Impact Assessment (Appendix 4).

12. Implications for Partners

12.1 Engagement with providers from the Housing Related Support Flexible Purchasing Scheme (FPS) co-production approach will be taken into account, in the development of the specification and the service following the initial Market Engagement event held on 24 September 2025, the feedback from which has been included in this report.

13. Risks and Mitigation

13.1 The financial envelope, including the enhanced budget may not be attractive to the market. Although this has been mitigated as much as possible the market has been consulted and benchmarking has been undertaken, changes in costs and legislation will contribute to a provider's decision to tender for a project. There is the potential of a lack of bids from the market. Further co-production with the market will be undertaken to produce an achievable offer. This may result in a lower offer of units.

13.2 Incumbent provider/s may choose not to tender for the new Housing First contract or may be unsuccessful and consequently may have alternative intentions for the properties currently in use. This would mean that customers transferring to the new provision may have a change in both support provider and property, which potentially may be detrimental to their progress in the short term. Mitigations will include establishing the incumbent providers' intentions early via market engagement including potential future use of properties occupied by Housing First customers. Sourcing suitable properties may result in a delay to the project start. This will be mitigated by ongoing contract management with the incumbent provider.

14. Accountable Officers

Ian Spicer, Strategic Director, Adult Care, Housing and Public Health

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	27/11/25
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	25/11/25
Assistant Director of Legal Services (Monitoring Officer)	Phil Horsfield	24/11/25

Report Author: *Lisa Elliott, Strategic Commissioning Manager*
01709 334480 or Lisa.Elliott@rotherham.gov.uk

This report is published on the Council's website.

Rotherham Housing First

Delivered by South Yorkshire Housing Association in partnership with Target Housing

Commissioned by Rotherham Metropolitan Borough Council (RMBC)



November 2022

Introduction

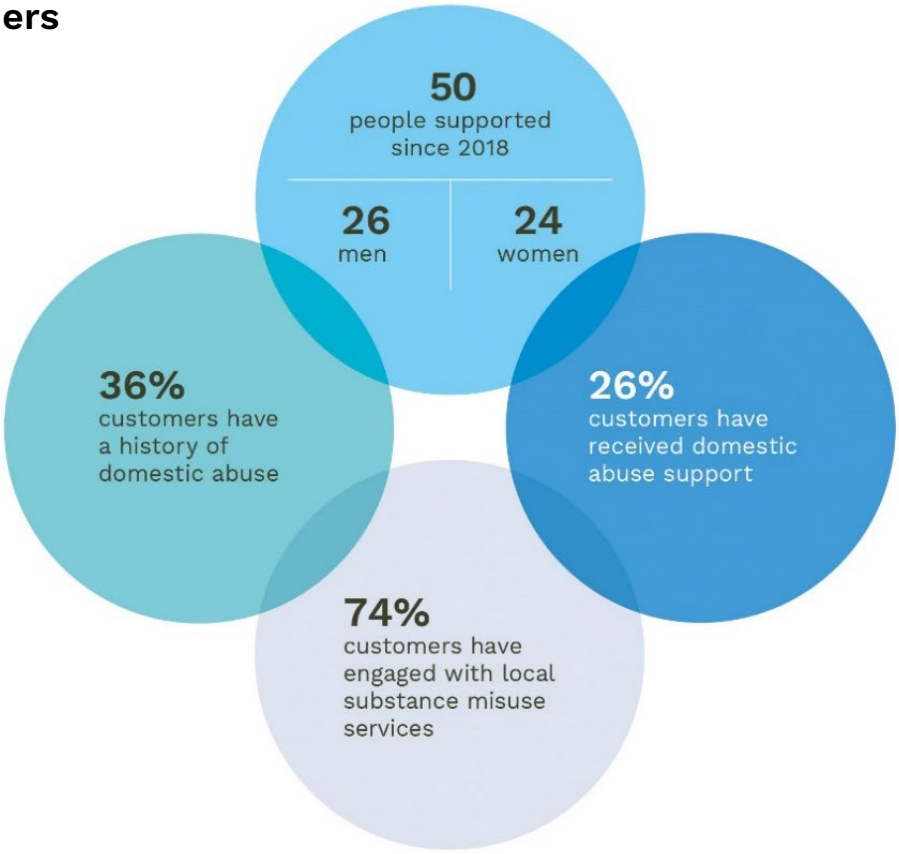
The Housing First model is proven to end homelessness, and works on the belief that housing is a basic human right. Housing First offers people who are experiencing homelessness, and that have multiple and complex needs, a home for life. The home isn't conditional on the person accessing further support, but they should desire to have a tenancy. Multiple and complex needs may include experience of domestic violence, entrenched street homelessness, and/or mental health needs. The model works by offering people a home, first – this acts as a stable foundation for recovery and to rebuild their lives. Housing First customers are supported to settle in their home, and to make choices about how they'd like to build on their strengths and meet their goals. Our customers do not have to access further support to be able to stay in their home, but flexible and personalised support is offered for as long as it is needed.

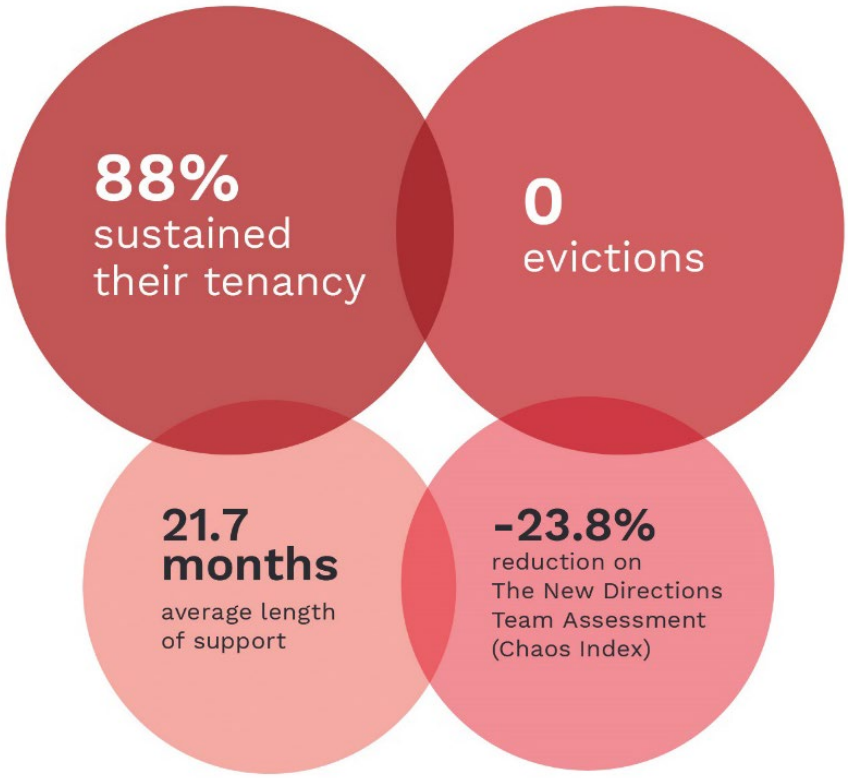
This impact report shares more about how we capture our customers' achievements and progress, and how we use this data to ensure they can access holistic and personalised support. Our data also shows the effectiveness of high-fidelity Housing First services, and how Rotherham Housing First helps customers to settle in their home and to meet their goals.

Housing First principles

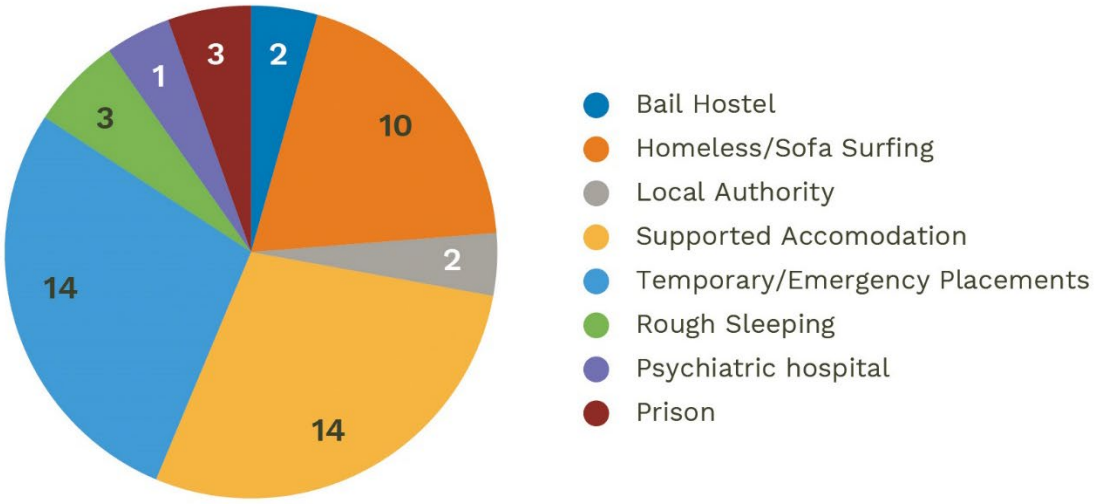


Our customers





Our customers' living arrangements at the time of referral to Housing First



There is a strong economic case for a national roll out of Housing First.

For every £1 invested in Housing First, there are savings of £1.24 through reduced use in other services.

Source: Home for All: The case for scaling up Housing First in England, Crisis.



In the 2015 Hard Edges report, the costs of rough sleeping to the public purse were calculated to be between £14,300 and £21,200 – which is three to four times the cost to public services than the average adult.

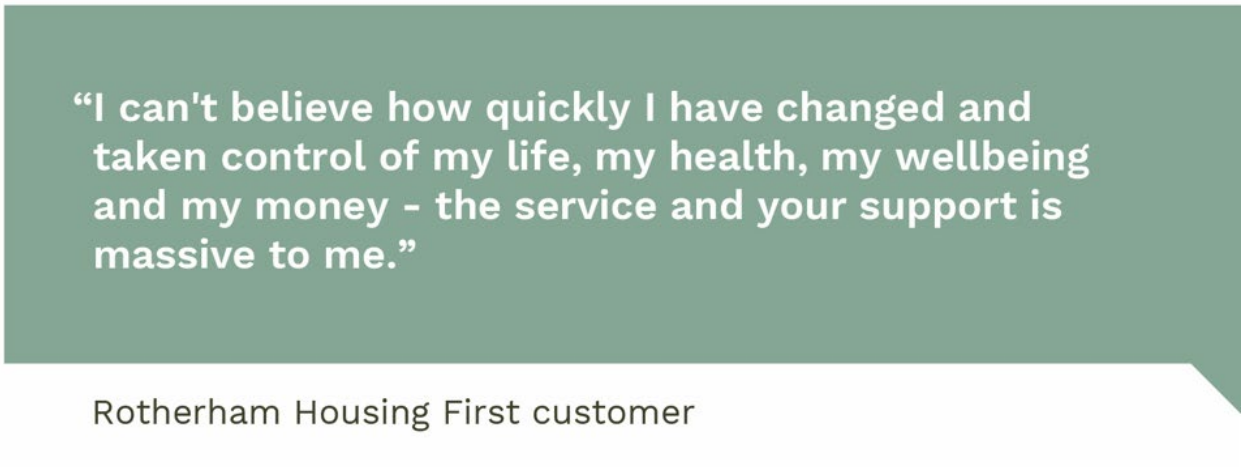
In 2018/9, local authorities in England spent £1.1 billion on temporary accommodation, which is a 78% increase over the last five years.

Source: Temporary accommodation and the cost of homelessness in England, Shelter.

Celebrating success – big and small

The people we support in our Housing First service have experienced multiple disadvantages – this may include adverse childhood experiences (ACEs), mental health complications, physical and emotional abuse, addiction and/or homelessness. We use the quantitative New Directions Team Assessment (sometimes known as 'The Chaos Index') to help us to measure our customers' progress, and to help in our support planning.

In this report, we'll share the impact that Housing First has made to our customers' scores on both the **New Directions Team Assessment** and the shortened **Warwick-Edinburgh Wellbeing Scales**. We also recognise that **small changes** are significant markers of progress. We believe that these achievements should be captured, and so we will also share the stories of success that our customers and support staff have celebrated.





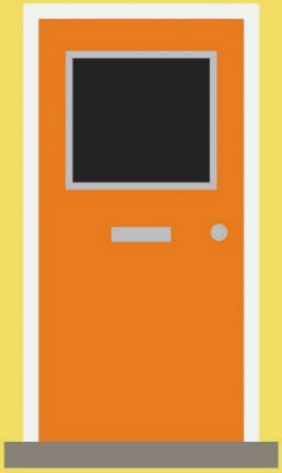
A Rotherham Housing First customer's feedback after going shopping and for lunch with their Target Housing support worker.

Elastic tolerance

L’s story

L came to Housing First after being evicted several times. L’s history included high levels of anti-social behaviour (ASB) from high-risk and high-harm domestic abuse and offending. Our priority was to build a trusting relationship with L, and to liaise closely with Domestic Violence services to support with safety planning and stability.

Due to L’s offending and ASB, our service had regular contact with South Yorkshire Police to share intelligence and manage risk. We recognised the importance of L having accommodation to maintain her safety and wellbeing, and so we built up a strong case for an injunction to help manage visitors to L’s property. The problems with neighbours continued, so we developed a plan with Rotherham MBC to offer L a new tenancy while continuing to receive support from Housing First.



Initially, this solution was met with some resistance, but we persisted. L has now been in her home for over a year with regular, flexible support from her Housing First keyworker. To support the move to a new home, we also offered L specialist support from a trauma resilience service. Importantly, this also helped other services understand L's behaviour through a trauma-informed lens. We will continue to support L until she is ready to transition away from the Housing First service.

Managing ASB is part and parcel of delivering Housing First services - many of our customers will have had previous tenancies that failed due to ASB. ASB is often the result of exploitation against a customer – this could include cuckooing, domestic abuse, offending, and gang-related activity. We are

committed to supporting people with challenging ASB, and we use a range of tools and techniques to do this.

Our work is underpinned by our strong partnerships with other agencies and services – particularly, Neighbourhood Police, Environmental Health, Adult Social Care and Community Safety. Our Housing First team lead on Multi-Disciplinary Team meetings (MDTs) and attend tasking meetings and community multi-agency risk assessment conferences (MARACs). Our housing management approach aligns with Psychologically Informed Environments (PIE) to ensure that the action we take is trauma-informed, and **considers 'why' something is happening and not just 'what' is happening**.



We aim to balance accountability with flexibility, and empower our teams to use **elastic tolerance** when working with customers. This often allows us to use the least restrictive option - for example, using injunctions to restrict visitors, rather than applying sanctions against the customer themselves.

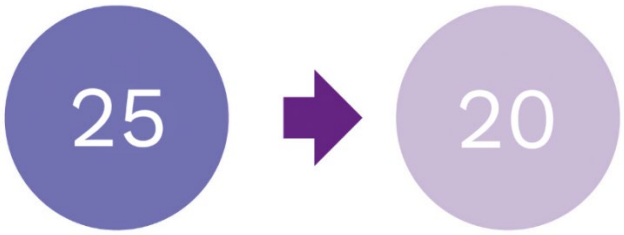
New Directions Team Assessment (the Chaos Index)

We use the quantitative New Directions Team Assessment, otherwise known as the Chaos Index. This assessment is widely known in commissioning and embedded amongst Housing First services across the UK. It was developed by South West London and St George's Mental Health NHS Trust, and focusses on the behaviours of an individual across 10 areas, including engagement, anxiety, substance misuse, self-harm, risk, and housing. The assessment asks individuals to score against statements - for example, '0: I rarely miss appointments and actively engage' to '4: I don't engage or attend appointments.' There is a maximum total score of 48 available.

Our teams also use the New Directions Team Assessment as a measurement tool to reflect progress and to help our support planning. The full assessment is completed at the start of placement, and then repeated six months later - the data below shows our customers' scores on this framework.

We have seen a **reduction in scores from 25 to 20** from people's first to latest assessment, indicating that our customers experience greater stability and security in their first six months of Housing First.

New Directions Team Assessment scores



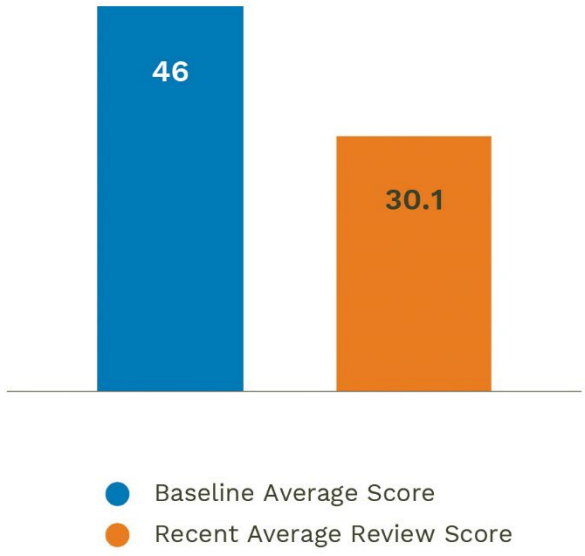
Health and wellbeing

When a customer moves into their Housing First home, we work with them to co-produce a support plan. For many of our customers, one of the first steps is registering with health services, such as a GP and dentist. Our keyworkers

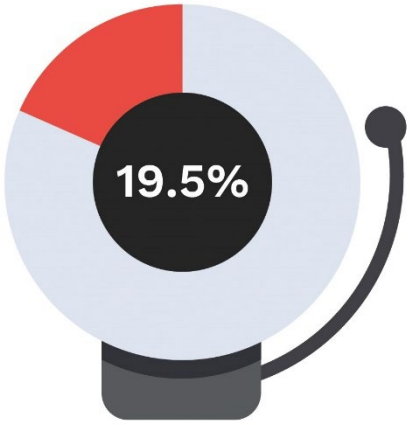
support our customers to access healthcare and aim to ensure that their needs and wants are listened to and met.

We work with our customers to develop short term goals around healthcare to ensure sustainable and consistent treatment planning, with a focus on continuity of care. People with a history of homelessness and complex needs have limited access to Primary Health Care, which results in poor health and lower life expectancy. Our customers may have also experienced discrimination, and barriers to access healthcare services, because of factors including their previous behaviour and lack of engagement with recovery services. We ask our customers to 'indicate on a scale of 1-100 (0 being worst imaginable health state) how good or bad your own health is today, in your opinion?'. We also ask our customers about their levels of pain, mobility, and their mental health and wellbeing.

All our Housing First customers told us that they have challenges around their health. Our data shows that our customers have reported a **16.1 improvement** at the review stage, which indicates improved health outcomes following their move to Housing First.



We ask customers how much they have used services such as A&E, police, mental health crisis teams, and the fire service. We understand that people with a significant history of homelessness have increased levels of unplanned care and involvement with these public services - this is both detrimental to the customer, and to the limited resources of public services. Our data shows that **our customers' use of unplanned and crisis services has reduced by 19.5%.**



All of our customers have told us that they have challenges with addiction and using substances - we understand some people that have experienced complex trauma will have challenges around addiction and accessing treatment, and that using substances can be a coping mechanism. We ensure that a trauma-informed approach is taken when supporting customers to manage addiction, and create a flexible and non-judgmental approach to recovery. Our review score shows **a 5.4% reduction in our customers' use of substances and/or alcohol.**

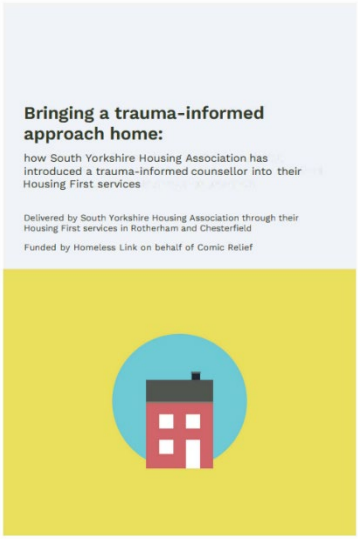
We use the shortened version of the **Warwick-Edinburgh Wellbeing Scales** to measure our customers' wellbeing. We ask our customers to rate statements including 'I'm feeling optimistic about the future' and 'I've been feeling close to others'. The data incorporates all customers that are currently accessing the service. We are pleased to see that the review follow-up score shows **an improvement of 10.1%.**



“Thank you ever so much for all your help, support and guidance that you are so willingly and happy to provide me.”

- Rotherham Housing First customer

Health and Wellbeing Coach



In 2020, we delivered a pilot programme to embed a Trauma-Informed Counsellor into our Housing First services. The impact of that service can be found in **our report**.

We have built on our experience of this role, and listened to feedback from employees and customers, and used our learning to introduce a new Health and Wellbeing Coach across our homeless services - including Housing First. The Health and Wellbeing Coach is a specialist role that supports customers who have co-occurring mental health conditions and drug and alcohol use issues. They co-locate with local drug and alcohol services, and advocate for the people on the Housing First service to get the best support they can. We're early in this work, but our hope is that the Health and Wellbeing Coach will strengthen the pathway to support people to get the treatment that they need.

"Thank you to the Health and Wellbeing Coach for supporting G with his substance misuse. She was non-judgmental, and assisted him with engaging with CGL (substance misuse service) and ensuring his methadone script was correct for his need. This helped G manage and lower his substance use - benefiting him financially and helping him to feel safe and secure in his home.

The partnership between myself - as G's keyworker - and the Health and Wellbeing Coach has been greatly received by G, and has allowed me the time to focus on his bills and housing concerns. G says this has made him feel **'really supported, organised and in a better place to move forward with his life in his own time'**."

- Housing First keyworker

High Fidelity Housing First

We work with our partners to deliver high-fidelity Housing First. We are committed to this because we understand that the effectiveness of the service is linked to how closely we adhere to the key principles which underpin delivery.

This year, we are undertaking a self-assessment of our Housing First services and we will commission an external provider to evaluate our fidelity against the Housing First principles in 2023.Through our self-assessment to date we have identified the following examples of how we are delivering high fidelity Housing First:

- Low caseloads: The capacity of the service does not exceed seven individuals to each full-time keyworker.
- Support is provided at a time and a place agreed by the individual
- If people are hospitalised or in prison the team will continue to have contact with them and work proactively to sustain their tenancy. People on longer prison terms will be supported to re-access the service on their release.
- In Housing First, the resident holds the tenancy and any decision they make about their support does not affect their housing.
- Individuals have choice over when, where and how they are supported, and the focus of the activities that they undertake with their keyworker.
- Keyworkers are persistent, assertive and consistent in their approach. They try new and creative ways of building and sustaining relationships.
- Keyworkers are aware of harm reduction and relapse prevention techniques and use them in support.

Supporting A to return home

Customer A recently served a prison sentence meaning they would have a long period of time before returning to the community. Their keyworker contacted the prison and arranged a video call with the customer. During the appointment they agreed a plan for A's release including when and where they will meet. They also organised outstanding repair work at the customer's home, and the keyworker sourced a phone for A to help with contact and agreeing which services they may need support with accessing. This proactive approach allowed A to have some choice with their release, and reassurance that their Housing First support would remain in place.

The next 12 months

We are committed to working as a partnership to continuously improve our approach to Housing First, and to meet the high expectations of the Housing First fidelity scale for all of our customers. Over the next 12 months we aim to improve our offer to customers in the following ways:

1. Undertake a review of affordability of Housing First for customers who are exiting the service, including reviewing our pipeline of properties of two-bed accommodation.
2. Deliver a small pilot providing a £200 personalised budget to our customers, and evaluate impact.
3. Embed reflective practice sessions into Housing First service and explore viability of ongoing clinical supervision for frontline keyworkers.
4. Explore how we can engage and work with people with lived experience across our Housing First services.

A painting by a Housing First customer to decorate their new home, created using art materials provided by the service.



If you'd like to find out more about Rotherham Housing First, please get in touch.

Vic Stirling
South Yorkshire Housing Association
v.stirling@syha.co.uk
www.syha.co.uk

Jamie Prescott
Target Housing
www.targethousing.co.uk

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APPENDIX 2

PART A - Initial Equality Screening Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

Further information is available in the Equality Screening and Analysis Guidance – see page 9.

1. Title	
Title: Recommissioning Housing First 2026-2031	
Directorate: Adult Care, Housing and Public Health	**Service area:** Strategic Commissioning
Lead person: Matt McMullen	**Contact:** Matthew.McMullen@rotherham.gov.uk
Is this a: ☐ **Strategy / Policy** ☐ **Service / Function** ☒ **Other** **If other, please specify**	

2. Please provide a brief description of what you are screening
The proposed re-commissioning and re-procurement of the Housing First service contract that concludes in May 2026. Housing First is a non-statutory, established approach to long term homelessness. It is reserved for the most complex and disengaged people within the homeless population and works alongside the Council's offer to alleviate and prevent homelessness.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc.

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community?		X
Could the proposal affect service users?	X	
Has there been or is there likely to be an impact on an individual or group with protected characteristics?		X
Have there been or likely to be any public concerns regarding the proposal?		X
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?	X	
Could the proposal affect the Council's workforce or employment practices?		X

If you have answered no to all the questions above, please explain the reason

If you have answered **no** to all the questions above please complete **sections 5 and 6.**
If you have answered **yes** to any of the above please complete **section 4.**

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made**.**

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).

- **How have you considered equality and diversity?**

Data is collected relating to the profile of people using the services, including protected characteristics. There will be no change to the collection and analysis of this data.

All providers will undergo a tender exercise. Equality and Diversity will be included in the Quality section of the tender process. Providers will be monitored and held to account for the duration of the contract.

As the proposals do not recommend any reduction in the level of service provision, there should be no impact to customers in accessing the service. The procurement exercise (including co-production) will aim to ensure the services are reaching those most in need of the service and equity will be incorporated into service and access design.

It cannot be known prior to the procurement whether the same provider/s will be successful in securing the new Housing First contract. Should there be any need to move people to a new service provider, then a full transition will be planned, and customers needs will be fully met. This may include the requirement to move to new properties.

The new proposed Housing First service will retain the existing pathway and will continue to provide an inclusive service, as with the current model. However, this will be monitored along with quarterly monitoring data which will allow commissioners to ensure changes to service provision are positively supporting people with protected characteristics.

- **Key findings**

A snapshot of people using the services under the current contract terms (between April 2022 and March 2025) has been compared with data taken in April 2022 This provides a baseline of need and will support future monitoring of equality data.

This data has shown that:

Ethnicity – The differences between the two timescales highlights minimal change with White British service users being the predominant group 96.6% in 2022 and 89.4% data recorded between 2022-2025. This data will be collected and regularly monitored.

Gender – Housing First continues to hold an elevated level of females accessing the service retaining a base level of 66% between to two-time frames.

Sexuality – There is a slight variation whereby 90% of service users identified as heterosexual in 2022 compared to 68.4% to data recorded between 2022-2025. A higher percentage of people identified as bisexual, gay or lesbian.

Disability – There was a slight increase in service users with disabilities recorded between 2022-2025 compared to 2022. An increase from 63% to 73.6%.

Religion/Faith – a lower proportion of people accessing Housing First services stated they followed a Religion/Faith in 2022 with 96.6% holding no faith compared to 83% between 2022-2025.

Age – The average age of service users has remained close between the two periods, 38.5 in 2022 and 40.3 between 2022-2025 which is in line with regional trends. (National average is 42 years old).

Marital status - The average across both time periods is 98.3% of those accessing Housing First being single with little change between the two periods.

Gender reassignment - There are no recorded entries of service users having gender reassignment or in the process.

Pregnancy and maternity - There are no recorded entries of service users being pregnant.

The above findings should continue to be monitored to build an ongoing picture of people accessing the services. This can then be benchmarked against data for the Rotherham population and data of people accessing homeless services to ensure services reflect need.

It should be noted that there is small number of people accessing the service at any time (35 units).

- **Actions**

- Ensure the voices of people who use the service are captured in the design of the new service specification.
- Include accessibility in quality standards.
- Include EDI assessment as part of tender process.
- Continue to measure EDI data for services.

Date to scope and plan your Equality Analysis:	October 2025
Date to complete your Equality Analysis:	October 2025
Lead person for your Equality Analysis (Include name and job title):	Matt McMullen Commissioning Officer

5. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening:

Name	Job title	Date
Scott Matthewman	Assistant Director, Strategic Commissioning	20 October 2025

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report. A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.	
Date screening completed	25.09.25
Report title and date	Recommissioning Housing First 2026-2031
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	25/09/25

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APPENDIX 3

PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title	
Equality Analysis title: Recommissioning Housing First 2026-2031	
Date of Equality Analysis (EA): September 2025	
Directorate: Adult Care, Housing and Public Health	**Service area: Strategic Commissioning**
Lead Manager: **Lisa Elliott**	**Contact number:** **01709 334480**
Is this a: ☐ **Strategy / Policy** ☐ **Service / Function** ☒ **Other** **If other, please specify** **Pathway development and procurement**	

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance		
Name	**Organisation**	**Role (eg service user, managers, service specialist)**
Lisa Elliott	RMBC	Strategic Commissioning Manager
Matthew McMullen	RMBC	Commissioning Officer
Kim Firth	RMBC	Operational Manager – Homeless Services

3. What is already known? - see page 10 of Equality Screening and Analysis Guidance

Aim/Scope (who the Policy/Service affects and intended outcomes if known)
This may include a group/s identified by a protected characteristic, other groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

This report sets out the recommendations for the future of Housing First Services. Housing First is a non-statutory, established approach to long term homelessness for the most complex and disengaged people within the homeless population that compliments the Councils offer to alleviate and prevent homelessness.

Housing First is currently in place in Rotherham and has been since 2017 and the re-procurement does not propose any reduction to the current level of service offer. The intended outcome of the re-procurement exercise is to continue the Housing First Service as the current levels.

What equality information is available? (Include any engagement undertaken)

Housing Related Support services (including Housing First) provide equality data for all people exiting the service. This can then be cross referenced with positive outcomes and fed into contract management. A snapshot of people using the services under the current contract terms (between April 2022 and March 2025) has been compared with data taken in April 2022. This provides a baseline of need and will support future monitoring of equality data.

This data has been analysed and will form a baseline for equality monitoring as the new service specification develops.

Ethnicity – The differences between the two timescales highlights minimal change with White British service users being the predominant group 96.6% in 2022 and 89.4% data recorded between 2022-2025. This data will be collected and regularly monitored.

Gender – Housing First continues to hold an elevated level of females accessing the service retaining a base level of 66% between the two-time frames.

Sexuality – There is a slight variation whereby 90% of service users identified as heterosexual in 2022 compared to 68.4% between 2022-2025. A higher percentage of people identified as bisexual, gay or lesbian.

Disability – There was a slight increase in service users with disabilities recorded between 2022-2025 compared to 2022. An increase from 63% to 73.6%.

Religion/Faith – a lower proportion of people accessing Housing First services stated they followed a Religion/Faith in 2022 with 96.6% holding no faith compared to 83% between 2022-2025.

Age – The average age of service users has remained close between the two periods 38.5 in 2022 and 40.3 between 2022-2025 which is in line with regional trends. (National average is 42 years old).

Marital status - The average across both time periods is 98.3% of those accessing Housing First being single with little change between the two periods.

Gender reassignment - There are no recorded entries of service users having gender reassignment or in the process.

Pregnancy and maternity - There are no recorded entries of service users being pregnant.

The above findings should continue to be monitored to build an ongoing picture of people accessing the services, this can then be benchmarked against data for the Rotherham population and data of people accessing homeless services to ensure services reflect need.

It should be noted that there is small number of people accessing the service at any time (35 units).

Are there any gaps in the information that you are aware of?

All areas identified under the Equality Act 2010 protected characteristics: Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups are captured under the current Housing First contract via quarterly monitoring reports that are submitted to the Commissioning Team capturing EA data on all exiting service users. The data will be cross referenced with diversity data of homeless applicants to ensure service delivery is mirroring need.

What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

As part of the contract management process quarterly monitoring reports collect equality data of people exiting the services. This can be cross referenced with outcomes. This data, along with the snapshot data will be used as a baseline to monitor service delivery as part of the re-commissioned service. This will allow the Council to identify any areas where groups are underrepresented and work alongside providers to address this through the contract management process.

Engagement undertaken with customers. (date and	The re-procurement of Housing First will not impact customers using the service and levels of provision will

group(s) consulted and key findings)	remain. Customer voice will be used in the new service specifications that will cover the provision. Equality and Diversity data will be collected for all customers involved in the co-production of the service specification to ensure representation across people with protected characteristics. Customers are also feeding into the wider refresh of the Homelessness Prevention and Rough Sleeper Strategy. Officers will utilise any findings from this consultation in shaping the service.
Engagement undertaken with staff (date and group(s)consulted and key findings)	This relates to externally commissioned services. As part of the cyclical nature of the commissioning process, providers have had the opportunity to feedback throughout the lifetime of their existing contracts. Contract management data has been reviewed along with feedback from the contract management process to inform the future direction of the commissioned services. Officers from the Adults Commissioning Team manage the contracts and process. In addition to this, market engagement has taken place with providers and service specification that will be developed will be co-produced with the market.

4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)
How does the Policy/Service meet the needs of different communities and groups? (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance) The current data will be used as a baseline to continue to monitor equality of access to service and service delivery. There is no anticipated change or impact to different communities or groups and the services will continue to reach out to people in need of Housing First Support. All providers bidding for the re-procured service will be required to demonstrate their commitment to Equality and Diversity as part of the quality element of the tender, including understanding and meeting the needs of those with protected characteristics. This will also be included in contract management and quality monitoring processes.
Does your Policy/Service present any problems or barriers to communities or Groups? It is anticipated that this will help to remove barriers to communities seeking support as Housing First seeks to offer unconditional support. Accessibility to the service itself will be addressed through contract management.

Does the Service/Policy provide any positive impact/s including improvements or remove barriers? Yes. The service offers unconditional support to people and is user led by design. The re-procurement will give the opportunity for more people to access the support provided via Housing First. The underpinning service specification will be co-produced with experts in the community, i.e. people who use the services and providers that deliver the services and will ensure services support a personalised approach to Housing First, which promotes equity in service delivery.
What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another) There are no perceived impacts on community relations from the proposals. Placements on Housing First are generally single adults (occasionally this may include couples or small families) allocation of properties will be at the discretion of the housing provider/s and tenants will be subject to the same leaseholder requirements and responsibilities as any other tenant in the borough.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

5. Summary of findings and Equality Analysis Action Plan

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

Title of analysis: Recommissioning Housing First 2026-2031
Directorate and service area: Adult Care, Housing and Public Health – Strategic Commissioning
Lead Manager: Lisa Elliott
Summary of findings:
The proposals are to re-commission the Housing First Support contract, which will be procured using the Housing Related Support Flexible Purchasing System. There will be no change to the numbers of units but will give the opportunity to revise and refresh the specification to align better with the Housing First Principles, capturing the voice and experience of people who have experienced homelessness and the partner providers. The premise will be to deliver a commissioned Housing First scheme that achieves lasting benefits for service users. Housing First is currently in place and the new pathway does not propose any reduction to the current level of service offer. The procurement process will involve standards and questions around Equality and Diversity, and this will also be built into future contract monitoring. The contract management process will use the baseline data along with any other diversity data available, such as that of the homeless team, to assess delivery against and identify any improvement areas for the commissioned providers. Minimal variations in diversity data of people accessing services were found in the Equality Screening and Analysis. This will continue to be monitored to ascertain whether service accessibility within certain communities should be addressed.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Co-production of service specification with customers to include those with protected characteristics	**All**	January 2026
Equality and Diversity standards agreed and embedded into service specification and quality standards, including accessible services	**All**	January 2026
Equality and Diversity question to feature in procurement	**All**	January 2026
Equality and Diversity data built into contract monitoring process and assessed against need and baseline, including measures to cross reference diversity data with customer outcomes and data collected by homeless services	**All**	June 2026
Quality Standards developed to include Equality Analysis and review of Equality Policy	**All**	June 2026

***A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups**

6. Governance, ownership and approval		
Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.		
Name	**Job title**	**Date**
Scott Matthewman	Assistant Director, Strategic Commissioning	20 October 2025

7. Publishing	
The Equality Analysis will act as evidence that due regard to equality and diversity has been given. If this Equality Analysis relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report. A copy should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.	
Date Equality Analysis completed	September 2025
Report title and date	**Recommissioning Housing First 2026-2031**
Date report sent for publication	
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	25/09/2025

Will the decision/proposal impact…	Impact	If an impact or potential impacts are identified:			
		Describe impacts or potential impacts on emissions from the Council and its contractors.	Describe impact or potential impacts on emissions across the Borough as a whole.	Describe any measures to mitigate emission impacts	Outline any monitoring of emission impacts that will be carried out
Emissions from non-domestic buildings?	None				
Emissions from transport?	None	At least 3 home visits weekly to residents or support to attend appointments are essential to the support aspect of the contract.	The impacts will not increase from the existing provision.	As part of the tender process providers will need to clarify their commitment to carbon emissions and how providers would achieve this.	This will be monitored in their social value commitments and annual data performance returns.
Emissions from waste, or the quantity of waste itself?	None				
Emissions from housing and domestic buildings?	None				
Emissions from construction and/or development?	None				
Carbon capture (e.g. through trees)?	None				
Identify any emissions impacts associated with this decision which have not been covered by the above fields: N/A					

Will the proposal affect Council services' resilience to climate change, or the capacity of people living in the Borough to adapt to climate change? People experiencing homelessness are recognised as an at-risk group in Government guidance on hot weather and health: working to prevent homelessness through targeted housing related support could mitigate some vulnerability to climate change impacts in Rotherham.

Provide a summary of all impacts and mitigation/monitoring measures: This is a recommendation to Cabinet on the recommissioning of Housing First. There are no identified carbon impacts as there are no proposed changes to the level of service; providers tendering for the contract may offer to deliver support using alternative, low-carbon modes of travel such as public transport, active travel or electric vehicles, where possible. Housing related support works to protect some of the most vulnerable people in Rotherham from harms which include heightened exposure to climate change impacts.

Supporting information:	
Climate Impact Assessment Author	Lisa Elliott Strategic Commissioning Manager Commissioning Adult Care, Housing and Public Health
Please outline any research, data or information used to complete this Climate Impact Assessment.	UK Health Security Agency. 2024. *Supporting vulnerable people before and during hot weather: people experiencing homelessness and sleeping rough.* [Online]. [Accessed 3 October 2025]. Available from: https://www.gov.uk/guidance/supporting-vulnerable-people-before-and-during-hot-weather-people-experiencing-homelessness-and-sleeping-rough#why-people-experiencing-homelessness-are-at-risk-in-hot-weather
If quantities of emissions are relevant to and have been used in this form please identify which conversion factors have been used to quantify impacts.	
Validation	Tracking Reference: CIA 536 Arthur King Principal Climate Change Officer

Rotherham Metropolitan Borough Council

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 15 December 2025

Report Title
Housing Repairs and Maintenance

Is this a Key Decision and has it been included on the Forward Plan?
No, but it has been included on the Forward Plan

Strategic Director Approving Submission of the Report
Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)
Erin Woods, Housing Property Services Improvement Manager
Erin.woods@rotherham.gov.uk

Lynsey Stephenson, Head of Housing Property Services
Lynsey.stephenson@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary

This report fulfils a commitment made as part of the Cabinet item on the Repairs and Maintenance Policy in November 2024, to provide an update in 2025 on the continued work to scope the future delivery model for repairs and maintenance services in Rotherham.

The Council's housing repairs and maintenance service, contracted out since 2010, continues to deliver strong performance and value for money. The current contracts with Mears and Equans have been extended to March 2027, allowing time to assess future delivery options while keeping tenant needs central to decision-making.

This report outlines the work undertaken in 2025 to evaluate long-term delivery models, including an options appraisal and performance review. The findings support maintaining current arrangements while exploring future possibilities, ensuring continuity and alignment with strategic goals. The intention therefore is to extend the contracts to 2030 as permitted within the existing contractual agreements. A further Cabinet report on options for arrangements post 2030 will come back in the spring of 2027, allowing 3 years to implement Cabinet's preferred option.

Recommendations

That Cabinet:

1. Note the outcome of the review work undertaken to date.

2. Note the intention to complete a viability study on future models of delivery and report back to Cabinet in Spring 2027, for a decision post 2030.

3. Approves the extension of the Repairs and Maintenance contracts to 2030.

4. Delegate authority to the Assistant Director of Housing to undertake a 12-week public consultation on the outcomes of the feasibility study.

List of Appendices Included

Appendix 1- Part A - Initial Equality Screening Assessment
Appendix 2- Climate Impact Assessment

Background Papers

https://www.rotherham.gov.uk/downloads/file/4202/repairs-and-maintenance-policy-2024

Consideration by any other Council Committee, Scrutiny or Advisory Panel
No

Council Approval Required
No

Exempt from the Press and Public
No

Housing Repairs and Maintenance

1. Background

1.1 The delivery of housing repairs, maintenance, and investment works was outsourced in April 2010 following Cabinet approval in June 2009. This decision was taken in response to significant financial deficits and aimed to improve value for money, strengthen governance, and establish more robust contractual arrangements.

1.2 Most of the services are delivered through two long term strategic partnership contracts with Equans and Mears. The works are split broadly 50:50 by value, though the workstreams allocated to each contract vary. There are smaller specialist contracts in place for damp, mould and lift works.

1.3 Following an evaluation of the contract performance and a constructive discussion with service delivery partners Mears and Equans, it was agreed to extend the existing contracts until 31st March 2027. This extension provides the Council with additional time to thoroughly assess future delivery options, ensuring that tenant needs and service quality remain central to any future decisions. It is noted that the current contractual arrangements allow for further extension up to 31st March 2030 subject to satisfactory performance.

1.4 In November 2024, Cabinet approved the Housing Repairs and Maintenance Policy, which included a commitment to return with a further update on the future of the service in 2025. This report outlines the work undertaken throughout 2025 to explore and evaluate long-term delivery models for the housing repairs and maintenance service.

2. Key Issues

2.1 The existing contracts were successfully negotiated with Mears and Equans to provide continuation of service delivery until March 2027. This was a strategic agreement to allow the Council time to fully consider its medium and long-term options, with further continuation of service until 2030 should the Council wish.

Options Appraisal

2.2 In early 2025, Housing Property Services commissioned Lumensol, a multi-disciplinary consultancy specialising in social housing repairs and maintenance, to complete an Options Appraisal on the current repairs, maintenance and investment delivery model to assess its ability to meet service users' and the Council's needs in both the medium (2027-2030) and long term (2030+).

2.3 The Options Appraisal reviewed the service delivery model against available performance metrics, assessed delivery priorities, market conditions, economic influences, the strategic and organisational context, corporate objectives, value for money and quality and compared it to the varying

alternative delivery models in both the medium term (up to 2030) and longer term.

2.4 It concluded that the current partnerships with Equans and Mears work well in all available cost and quality metrics, perform more positively than most contracts and services in the current market that they have assessed, and should be extended to full term. The Options Appraisal also recommended several improvements to support investment planning, service delivery, value for money and assurance. These include considering the future of the capital investment programme and its delivery, the delivery of the caretaking service and modernising the repairs and maintenance service through improved performance, assurance and governance mechanisms. It also explored options for the longer-term delivery of the repairs and maintenance service. These will continue to be investigated in more detail, with updates provided as more information is available.

Current Service Performance

2.5 The current contracts are delivering high levels of tenant satisfaction and performance. In quarter 1 of 2025/26, the percentage of 4-hour responsive repairs attended within timescale was at 99.92%, above the minimum level of accepted performance of 98%. Similarly, the percentage of non-urgent responsive repairs completed within timescales in quarter 1 of 2025/26 was at 99.63%, above the minimum level of accepted performance of 94%.

2.6 In 2024/25, all property-related satisfaction measures were either sustained or improved. Satisfaction with well-maintained homes rose marginally to 77.7%, and satisfaction with home safety remained high at 81.0%, reflecting only a slight decrease of 0.1 percentage points. More significantly, satisfaction with the overall repairs service increased from 74.1% to 78.6%, and satisfaction with the time taken to complete the most recent repair rose from 72.1% to 77.6%.

2.7 The mid-year position for 2025/26 shows a slight decline in satisfaction with home maintenance, falling by 0.8 percentage points to 76.9%. However, satisfaction with home safety improved to 81.5%, and both repairs-related measures continued to rise: satisfaction with the overall repairs service reached 78.9%, and satisfaction with the time taken to complete repairs increased to 79.5%. Compared to the 2023/24 baseline, these represent gains of 4.8 and 7.4 percentage points, respectively, highlighting sustained improvement in service delivery.

2.8 Housemark is a leading data and insight company serving the UK housing sector which benchmarks data against other housing providers. Their data from a 2024 benchmarking exercise confirms Rotherham not only have strong performance but also have an overall cost profile which is comparatively lean, with the average cost per unit being 30% lower than that of its bespoke peers and the sector average.

Options Appraisal Recommendations

2.9 Lumensol produced a series of recommendations in the medium term (2027-2030) and long term (2030+).

2.10 In summary, Lumensol were largely complimentary of the Council's repairs and maintenance service. The demonstrated strong performance, high tenant satisfaction across key service areas, and comparatively low cost suggests that the Council's current outsourced model offers a favourable balance between value for money and service quality.

2.11 Awaab's Law was implemented in October 2025 which places new legal duties for social landlords to respond swiftly and effectively to health hazards in tenants' homes — particularly damp and mould, with further hazards being introduced in 2026 and 2027. The implementation of any new delivery model in the medium term could impact the Council's performance and preparation for the legislative changes above, therefore it is imperative that the next steps are considered carefully and with wider reforms of the Housing Service in mind.

2.12 Lumensol recommended that the existing contracts and delivery model are retained and maximised until 2030, and during this period the Council is committed to embarking on a period of service transformation to further enhance the delivery offer whilst investigating and deciding upon the long-term offer. This includes service modernisation, improving available performance information and repairs data.

2.13 Lumensol produced options for long term delivery models which compare all viable delivery options (insourced, outsourced and a hybrid model) against the delivery priorities of the Council.

Delivery Model 2027-2030

2.14 The current model demonstrates strong performance, marked by operational stability and value for money. The model consistently delivers high-quality outcomes, with contracts structured to provide a favourable balance between cost and service quality.

2.15 A transition to an alternative delivery model prior to 2030 would require significant investment, and extensive change management which carries a high risk of performance disruption. Maintaining the current approach ensures continuity and supports the strategic goals of the directorate.

2.16 This stability aligns with the council's plan to develop a 5-year capital investment programme following completion of 100% stock condition surveys, enabling effective planning and delivery without the added complexity of structural change. It also allows time to strengthen internal capacity, ensuring readiness for future service evolution.

2.17 In the context of increasing service pressures, including compliance with Awaab's Law and the upcoming Regulator of Social Housing (RSH)

Inspection, the current model supports the council's ability to respond effectively while maintaining tenant trust and satisfaction.

2.18 Additionally, the current arrangements provides a buffer against market volatility, helping to mitigate risks associated with workforce availability, inflationary pressures, and supply chain disruption.

Delivery Options 2030+

2.19 To ensure alignment with governance arrangements and enable a smooth transition beyond the current delivery model, the service will require a formal decision on proposed delivery options for the post-2030 period by 31st March 2027. This timeline is critical as it allows sufficient lead-in for business development, procurement, strategic planning, and any preparatory work required to support future service delivery. Early clarity will also help mitigate risks associated with procurement delays, market uncertainty, and operational disruption, ensuring that the council remains well-positioned to maintain service continuity and quality for tenants.

2.20 The Council is considering whether there may be merit in exploring alternative or complementary service delivery options to enhance the current outsourced model. One such option could involve assessing the feasibility of introducing an internal delivery mechanism for selected service areas. This would require careful consideration of potential impacts on performance, cost, and operational resilience. The service will begin work to further explore future delivery models. This will support the service to understand and prepare for delivery options post 2030, providing a high-level overview of potential structures, financial and resource requirements, implementation considerations, and an assessment of the associated opportunities and risks. The evaluation of an alternative delivery model will require external specialist consultancy advice due to the size, magnitude and complexities of implementing an alternative delivery model.

2.21 The Council has recently commenced a comprehensive programme of stock condition surveys across its housing portfolio. As these surveys are in the early stages, there is currently insufficient data to provide a fully informed view of future capital investment needs. Extending the current contractual arrangements through to 2030 will allow time for the completion of these surveys and the collection of robust, representative data. This approach will ensure that future capital programme requirements are based on a thorough understanding of the condition of the housing stock, enabling more effective planning and investment decisions post-2030.

Tenant Engagement

2.22 Staff, tenant, and member engagement activities taken place in late 2024 and early 2025 have highlighted a mix of strengths and areas for improvement in the housing repairs and maintenance service. While many aspects of the service are valued, feedback consistently pointed to opportunities to enhance communication, responsiveness, and clarity across processes. Suggestions focused on improving user experience, streamlining

reporting and follow-up, and ensuring services are inclusive and adaptable to tenant needs. These insights will help inform future service planning and delivery.

2.23 Tenant engagement and consultation will be a core part of the future landscaping of the repairs and maintenance service, included in key decision-making processes. Subject to approval, the service proposes to undertake a 12-week consultation period to provide tenants and other key stakeholders with the opportunity to contribute to the development of the potential future delivery model, following the conclusion of the viability study.

3. Options considered and recommended proposal

3.1 Option One: That Cabinet notes the outcome of the work undertaken by Lumensol and approves the extension of the contracts to 2030 which will provide time to complete a viability study which further explores the feasibility of alternative service delivery models. A further update on this work will be presented to Cabinet in spring of 2027. Following the conclusion of the viability study, Cabinet is asked to delegate authority to the Assistant Director of Housing to approve the commencement of a 12-week public consultation, providing tenants and other key stakeholders with the opportunity to contribute to the development of the potential future delivery model. This approach ensures that future decisions are informed by robust evidence and meaningful stakeholder engagement, supporting the delivery of an efficient, high-quality, and value-for-money service post-2030. **This is the recommended option.**

3.2 Option Two: That Cabinet does not approve the viability study and continues with the existing outsourced service model without further exploration of alternatives or stakeholder engagement. **This is not recommended.**

4. Consultation on proposal

4.1 In 2025, an engagement exercise was carried out with staff, tenants, and council members to gather feedback on Rotherham's repairs and maintenance service. The findings demonstrate that the service is built on strong foundations, with particular strengths in emergency response, safety compliance, helpful and proactive operatives, flexible appointments, and positive tenant experiences, all underpinned by a clear commitment to engagement and continuous improvement. While some challenges remain, overall feedback is encouraging, highlighting a service that is responsive and valued by its users, and well positioned to make further improvements that will enhance satisfaction and outcomes for tenants, staff, and the wider community.

4.2 Subject to approval tenants will be offered opportunities to participate in engagement activities as part of the service's future planning process, particularly when delivery options beyond 2030 are being considered. This will help ensure tenant views inform decision-making and support the development of a responsive and inclusive service model.

5. Timetable and Accountability for Implementing this Decision

5.1 The service will initiate negotiations to extend the current contracts through to their full term in 2030, ensuring continuity of delivery while future options are considered.

5.2 Additionally, should Cabinet endorse the development of an alternative delivery model, preparatory work will commence to support its procurement and evaluation.

6. Financial and Procurement Advice and Implications

6.1 For the financial year 2025/26, there is a revenue budget of £27.7m and a capital budget of £37.2m in place to deliver the Council's housing repairs, maintenance and investment services across various contracts.

6.2 Any changes to how the service delivers and operates may change the cost profiles. The budgets are reviewed during the HRA Business Planning and budget setting process. Future requirements will be considered, and appropriate budgets set in place based on priority and affordability.

6.3 The intention to extend until 2030 is within the scope of the procurement undertaken to award the contracts and is therefore compliant with procurement legislation (Public Contracts Regulations 2015 as the legislation that these arrangements were procured under).

6.4 Financial resource is required to complete the viability study whether this is undertaken by a specialist external consultant or via internal resources. This is a significant piece of work that cannot be contained within existing resource. This is being considered in the update of the HRA Business plan and budgets for 2026/27. Any costs incurred in 2025/26 will be funded by current underspends on the HRA.

6.5 If there is a need to engage external consultants to support the viability study as described in this report, this must be procured in compliance with relevant procurement legislation (Procurement Act 2023 or the Public Contracts Regulations 2015 dependent on the route to market) as well as the Council's own Financial and Procurement Procedure Rules.

6.6 The outcome of the viability study will determine future procurement implications.

7. Legal Advice and Implications

7.1 The Council provides its housing stock pursuant to Part II of the Housing Act 1985. The Council has obligations both implied by statute and set out within tenancy agreements to maintain its stock in a reasonable state of repair and amongst other duties in respect of the provision of housing, under the Landlord and Tenant Act 1985, a property must be fit for human habitation and free from health and safety hazards. Local authorities (as landlords) must also keep the structure and exterior of dwellings in good repair and

maintain installations for water, gas, electricity, sanitation, heating, and hot water.

7.2 The contractual arrangements set out in the body of the report describe how the Council undertakes the repairs and maintenance necessary for its housing stock. These arrangements allow for extension of the contract until 2030 as referred to in the Recommendations. Further, undertaking a viability study as recommended, will inform the Council's future decision making as to the most appropriate arrangements to implement, post 2030.

7.3 The official title of Awaab's Law referred to above, is the Hazards in Social Housing (Prescribed Requirements) (England) Regulations 2025, made under the Social Housing (Regulation) Act 2023. Pursuant to these Regulations Local authorities (as social landlords) have statutory duties to respond quickly and effectively to serious housing hazards — such as damp, mould, and emergency risks. Contractual arrangements are in place with the two providers referred to above to ensure that the Council complies with the new duties set out in Awaab's Law.

7.4 If the Council fails to comply with Awaab's Law, not only could they face tenant dis-satisfaction and reputational damage, but also legal sanctions including significant fines and restrictions on letting properties.

8. Human Resources Advice and Implications

8.1 At present, there are no human resources implications, however any change to delivery models from 2030 onwards will have an impact on staff who are working for the contractors and TUPE arrangements may apply.

8.2 Recruitment to key roles within the Housing Property Service has been difficult due to salary disparities within the private sector and housing associations.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The Council will ensure that all decisions regarding the future delivery of the repairs and maintenance service consider the diverse needs of tenants and residents.

10. Equalities and Human Rights Advice and Implications

10.1 The Council supports equality of access for all its tenants, especially those who are at most risk due to their/their household members' needs, those who have difficulties managing their property, and those who struggle to sustain a tenancy. The Council recognises that some groups with protected characteristics are more likely to fall into one of these categories.

10.2 Where appropriate the Council will adapt working practices to ensure tenants do not face additional barriers when accessing services. This includes providing information to tenants in Braille, large print, audio, or alternative languages.

10.3 The Council will record and monitor data to gain insight on satisfaction levels and service outcomes for tenants with protected characteristics and use this information to help improve services.

10.4 An Initial Equality Screening Assessment has been completed and attached as Appendix 1.

11. Implications for CO2 Emissions and Climate Change

11.1 The future delivery model for housing repairs and maintenance, as outlined in the Cabinet Report, carries significant implications for CO_2 emissions and climate change. The report recognises that any change to the delivery model will directly influence the Council's ability to manage and reduce its carbon footprint.

12. Implications for Partners

12.1 Any changes to delivery models will have a significant impact on current contracting partners. The extension of contracts with Mears and Equans provides stability and continuity, but partners must also be prepared for potential changes post-2030.

13. Risks and Mitigation

13.1 Risks associated with changes to the delivery model for repairs and maintenance include potential disruption to service continuity, increased operational costs, and challenges in maintaining current levels of tenant satisfaction and performance. Transitioning to a new model, such as a Direct Labour Organisation (DLO) or a hybrid approach, would require significant investment and extensive change management, which could introduce uncertainty for both the Council and its contracting partners. There is also a risk that performance could decline during the transition period, impacting the Council's ability to meet legislative requirements, such as those introduced by Awaab's Law, and to respond effectively to regulatory inspections.

13.2 To mitigate these risks, the intention to maintain the current model until 2030 will provide a stable environment for the Council and its partners which will allow time for comprehensive evaluation and strategic planning. Early engagement with partners, clear communication, and robust procurement processes will be essential to ensure a smooth transition should a new delivery model be adopted. The Council also plans to strengthen internal capacity and embark on service transformation work during the extension period, which will help to manage risks associated with market volatility, workforce availability, and supply chain disruption, ensuring that service quality and tenant trust are maintained throughout any future changes.

14. Accountable Officers

Sarah Clyde, Assistant Director of Housing

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	27/11/25
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	25/11/25
Assistant Director of Legal Services (Monitoring Officer)	Phil Horsfield	24/11/25

Report Author:

Erin Woods, Housing Property Services Improvement Manager
Erin.woods@rotherham.gov.uk

Lynsey Stephenson, Head of Housing Property Services
Lynsey.stephenson@rotherham.gov.uk

This report is published on the Council's website.

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Appendix 1

PART A - Initial Equality Screening Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

Further information is available in the Equality Screening and Analysis Guidance – see page 9.

1. Title	
Title: Housing Repairs and Maintenance	
Directorate: Adult Care, Housing & Public Health	**Service area:** Housing Property Services
Lead person: Erin Woods, Housing Property Services Improvement Manager	**Contact:** erin.woods@rotherham.gov.uk
Is this a: [ ] **Strategy / Policy** [X] **Service / Function** [ ] **Other** **If other, please specify**	

2. Please provide a brief description of what you are screening
The Council's housing repairs and maintenance service, outsourced since 2010, continues to deliver strong performance and value for money. Following discussions with delivery partners Mears and Equans, contracts have been extended to March 2027, allowing time to assess future delivery options while keeping tenant needs central to decision-making. The report provides an update to Cabinet on all of the work undertaken in 2025 to assess future delivery options for the service. The report also advises of the intention

to commence with a viability study to consider alternative delivery models. The report highlights that a consultation will be needed when the viability study has taken place. A Part B Equality Impact Assessment will be completed when this takes place. No changes are being made to the current service controls at this time.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc.

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community?		X
Could the proposal affect service users?		X
Has there been or is there likely to be an impact on an individual or group with protected characteristics?		X
Have there been or likely to be any public concerns regarding the proposal?		X
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?	X	
Could the proposal affect the Council's workforce or employment practices?		X

If you have answered no to all the questions above, please explain the reason

If you have answered **no** to all the questions above please complete **sections 5 and 6.**

If you have answered **yes** to any of the above please complete **section 4.**

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made**.**

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).

• **How have you considered equality and diversity?** At this stage, the service is only asking for a decision around the procurement of a specialist to provide detailed advice on the requirements, feasibility and costs associated with alternative delivery models post 2030. This means that there is no direct impact on equality and diversity at this stage, however there will need to be a full consideration to equality and diversity when decisions on the future of repairs and maintenance service are being made.
• **Key findings**- At this point in this work, there are no direct implications deriving from the report. The delivery update has no impact on equality and diversity.
• **Actions**- The service is committed to completing a Part B Equality Analysis when making decisions on the future delivery of the service.

Date to scope and plan your Equality Analysis:	See above
Date to complete your Equality Analysis:	See above
Lead person for your Equality Analysis	Not Applicable

5. Governance, ownership and approval		
Please state here who has approved the actions and outcomes of the screening:		
Name	**Job title**	**Date**
Lynsey Stephenson	Head of Housing Property Services	15.10.25

6. Publishing
This screening document will act as evidence that due regard to equality and diversity has been given. If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report. A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date screening completed	14.10.2025
Report title and date	Housing Repairs and Maintenance
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	Report Date- 15th December 2025
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	14.10.2025

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Will the decision/proposal impact…	Impact	If an impact or potential impacts are identified:			
		Describe impacts or potential impacts on emissions from the Council and its contractors.	Describe impact or potential impacts on emissions across the Borough as a whole.	Describe any measures to mitigate emission impacts	Outline any monitoring of emission impacts that will be carried out
Emissions from non-domestic buildings?	None				
Emissions from transport?	None				
Emissions from waste, or the quantity of waste itself?	None				
Emissions from housing and domestic buildings?	None				
Emissions from construction and/or development?	None				
Carbon capture (e.g. through trees)?	None				

Identify any emissions impacts associated with this decision which have not been covered by the above fields: Not applicable.

Will the proposal affect Council services' resilience to climate change, or the capacity of people living in the Borough to adapt to climate change? Not applicable.

Provide a summary of all impacts and mitigation/monitoring measures: Although the future of the repairs and maintenance service may be closely associated with the energy performance of the Council's housing stock, or its tenants' resilience to the effects of climate change, these factors will not be directly affected by the decision to undertake a viability study.

Supporting information:	
Climate Impact Assessment Author	Erin Woods Housing Property Services Improvement Manager Housing Property Services Adult Care, Housing and Public Health
Please outline any research, data or information used to complete this Climate Impact Assessment.	Not Applicable.
If quantities of emissions are relevant to and have been used in this form please identify which conversion factors have been used to quantify impacts.	Not Applicable.
Validation	Tracking Reference: CIA 544 Arthur King Principal Climate Change Officer

Rotherham Metropolitan Borough Council

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 15 December 2025

Report Title
Library Strategy

Is this a Key Decision and has it been included on the Forward Plan?
Yes

Strategic Director Approving Submission of the Report
Andrew Bramidge – Strategic Director of Regeneration and Environment

Report Author(s)
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Ward(s) Affected
Borough-Wide

Report Summary

This report provides a review of performance against the 2021–2026 Library Strategy and its associated objectives and performance targets. It establishes that the majority of actions and objectives set out within the Strategy have been achieved, contributing to the Council's wider ambitions for thriving neighbourhoods, cultural engagement, health and wellbeing, and improved digital access.

The report seeks approval to undertake a public consultation on a new Library Strategy for the period 2027–2032 and a future service delivery model for the Libraries and Neighbourhood Hubs Service. The consultation will ensure that the new Strategy remains relevant, continues to meet community needs, and aligns with the Council's priorities and national library frameworks, and also meets the statutory service requirements.

Recommendations

That Cabinet:

1. Note the review of performance against the 2021–2026 Library Strategy, including key achievements and challenges identified during the Strategy period.

2. Approve the undertaking of a period of consultation with the public, partners, stakeholders and interested parties on the development of a new Library Strategy for the period 2027–2032 and a future service delivery model for the Libraries and Neighbourhood Hubs Service.

3. Agree that a further report be brought to Cabinet following the consultation to present a draft Library Strategy 2027–2032, which will identify potential service improvements and efficiencies.

4. Authorise the Assistant Director of Culture, Sport and Tourism to notify the Department for Digital, Culture, Media and Sport (DCMS) of the intention to consult on the Library Strategy and any potential changes to service provision.

List of Appendices Included:
Appendix 1 – Library Strategy 2021 - 2026
Appendix 2 – Service Offer
Appendix 3 – Library Strategy Performance Against Objectives and Targets
Appendix 4 – Part A – Initial Equality Screening Assessment
Appendix 5 – Part B – Equality Analysis Form
Appendix 6 – Climate Impact Assessment

Background Papers
None

Consideration by any other Council Committee, Scrutiny or Advisory Panel
None

Council Approval Required
No

Exempt from the Press and Public
No

Library Strategy

1 Background

1.1 Purpose of the Report

1.1.1 The purpose of this report is to:

- Review performance against the 2021–2026 Library Strategy.
- Summarise key achievements and challenges.
- Seek approval to undertake a borough-wide public consultation to inform the development of a new Library Strategy for 2027–2032 and a future service delivery model for Libraries and Neighbourhood Hubs.

1.2 Statutory Duty and Local Responsibility

1.2.1 Under the Public Libraries and Museums Act 1964, the Council has a statutory duty to provide “a comprehensive and efficient” public library service for all persons desiring to make use of it. While national standards for library provision no longer exist, each library authority is responsible for determining how services are delivered in response to local needs, priorities, and available resources. Library services are now shaped by local policy frameworks and delivered through a range of models, including physical libraries, digital access, and community partnerships. It is therefore essential that decision-making is clear and transparent, supported by robust governance, that service planning is based on an assessment of need, demographic data, and community engagement and that delivery aligns with an approved Library Strategy, ensuring consistency with corporate priorities. The Council must continue to meet its statutory obligations while adapting to changing patterns of use, and financial constraints. This approach ensures that the library service remains sustainable, inclusive, and responsive to the needs and expectations of Rotherham residents.

1.2.2 Authorities considering making changes to the provision of their library services are advised to notify the Department for Digital, Culture, Media and Sport (DCMS).

1.3 The Current Service Overview

1.3.1 Rotherham’s Library Service operates 15 libraries, including one community-managed site at Brinsworth, which is run by volunteers through the Parish Council. Libraries provide free access to books, e-books, and other loan materials, as well as public computers and internet facilities. To support digital inclusion, an ‘assisted digital’ offer helps customers access Council and partner services if they are unable to self-serve, with support provided by trained staff. Libraries also deliver a

varied programme of activities for children, young people, adults, and families, promoting literacy, learning, and wellbeing. The Service Offer by site can be found in Appendix 2.

1.3.2 The service also provides vehicle-based outreach for older residents who cannot easily visit a library, a Schools' Loan Service offering resources to support reading and the wider curriculum, and a digital library provision enabling users to join online and access e-books and other resources remotely.

1.3.3 The service currently operates with a net budget of £3 million and an establishment of 78.5 full-time equivalent staff.

1.4 The Current Strategy

1.4.1 The current Library Strategy was developed following a comprehensive analysis of local need and significant public consultation. It was approved by Cabinet in October 2020 and adopted by Council in November 2020, providing the framework for modernising library services across the Borough. It set out an ambitious plan to improve library buildings and facilities, strengthen community partnerships, increase digital inclusion, and deliver cultural and learning opportunities for residents.

1.4.2 The Strategy aligns with key Council priorities, including the Thriving Neighbourhoods Strategy, Cultural Strategy, Economic Growth Strategy, Customer Access Strategy, Digital Strategy and Health and Wellbeing Strategy, as well as national priorities through the Libraries Connected Universal Offers which focus on Reading, Culture and Creativity, Information and Digital and Health and Wellbeing.

1.5 Performance Review

1.5.1 This report demonstrates that the majority of actions and objectives within the 2021–2026 Strategy have been achieved, contributing significantly to the Council's ambitions for thriving neighbourhoods, cultural engagement, health and wellbeing, and digital inclusion.

1.6 Proposed Next Steps

1.6.1 Approval is sought to undertake a borough-wide public consultation to inform the development of a new Library Strategy for 2027–2032 and a future service delivery model for Libraries and Neighbourhood Hubs. This consultation will ensure that the next Strategy reflects community priorities, addresses areas of underperformance, and continues to align with statutory obligations and Council objectives. It will also provide an opportunity to consider how libraries can best support thriving neighbourhoods, digital inclusion, cultural engagement, and health and wellbeing in a sustainable way.

2 Key Issues

2.1 Review of the 2021–2026 Library Strategy

2.1.1 The Library Strategy 2021–2026 provided a clear and ambitious framework for transforming library services across the Borough, built around seven key objectives:

- **Creative and Cultural Enrichment** – Position libraries as vibrant cultural hubs through events, partnerships, and community-led activities.
- **Increasing Reading and Literacy** – Inspire reading for pleasure and lifelong learning through campaigns, challenges, and targeted support.
- **Improved Digital Access and Literacy** – Bridge the digital divide with upgraded technology, makerspaces, and digital inclusion initiatives.
- **Helping Everyone Achieve Their Full Potential** – Support education, skills, and employability through learning programmes and business support.
- **Healthier and Happier Lives** – Promote wellbeing through inclusive spaces, health partnerships, and creative health initiatives.
- **Greater Prosperity** – Contribute to economic growth through investment in modern facilities and regeneration projects.
- **Stronger, More Resilient Communities** – Strengthen community cohesion through partnerships, co-location, and outreach.

2.1.2 **Progress against Strategic Outcomes:**

1. Creative and Cultural Enrichment

- Libraries evolved into cultural hubs with events like Fun Palaces (expanded from 3 in 2019 to 17 in 2025, attracting 800+ attendees annually).
- Participated in borough-wide cultural programmes (e.g. Children's Capital of Culture).
- Introduced reading gardens, pop-up exhibitions, and creative partnerships such as Flux Rotherham.
- Increased community-led activities and outreach to underrepresented groups (e.g., BAME, disabled residents, Ukrainian community).

"It was fantastic! It brought together members of the community who don't usually get the opportunity to get together. I spent time with people of all ages and I think one or two re-discovered their passions because they

had the chance to try out some activities that they hadn't done for a while. Today, I really felt that I had something to offer my community, and that it was valued by those who participated"

Fun Palace Participant

2. Increasing Reading and Literacy

- Reading for pleasure among young people increased by 156% (target exceeded).
- Expanded Summer Reading Challenge (1,025 finishers) and launched new reading groups.
- Strengthened school engagement through class visits and pop-up libraries.
- Introduced targeted literacy support for early years children from families where English is an Additional Language (EAL).
- Book borrowing remains below target (5.7% vs 8.8% national average).

"*It was a great event to celebrate the achievements of our children"*

Parent, Summer Reading Challenge event at Magna

3. Improved Digital Access and Literacy

- Upgraded ICT infrastructure, installed Open+ technology, and introduced Makerspaces . A Makerspace is a collaborative area where people can learn, create and share using tools and technology such as 3D printers, VR, coding kits, and digital equipment supporting creativity, STEAM learning (Science, Technology, Engineering, Arts and Mathematics) and digital inclusion.
- Supported the Council's commitment to reduce digital exclusion by distributing 1,234 SIM cards and 50 tablets to vulnerable residents.
- Digital membership and e-resource use grew significantly.
- Recognised nationally for strong digital inclusion work (Good Things Foundation study).

"The doctor told me to join this group and it is the best thing I have ever done…The library is a good place to keep warm, to meet other people and you can bring kids because they've got a nice area for them to read and do activities. The staff are really helpful and I am going to come on a course to learn how to use computers."

Participant, Maltby Library and Neighbourhood Hub

4. Helping Everyone Achieve Their Full Potential

- Delivered coding clubs, homework support, and employability programmes.
- Supported entrepreneurs via Business & Intellectual Property Centre (BIPC).
- Partnered with Pathways to Employment and Source Skills Academy for job clubs and confidence-building workshops.

"The customer and myself went to the Library who supported us with scanning the 5 page document. At this point she also signed him up for a

Library card. Customer Service skills were superb, the customer's first language was not English, so afforded him the time and gave clear, concise information/advice. Contributed to the customer having an excellent customer experience, not only that, I had a great experience, where a fellow RMBC staff member demonstrated the customer service skills we love to see."

RMBC Officer

5. Healthier and Happier Lives

- Created autism-friendly spaces in multiple libraries.
- Hosted mental health exhibitions and wellbeing events.
- Provided warm spaces during the cost-of-living crisis and supported Covid testing during the pandemic.
- Introduced health-focused groups (e.g., Menopause Cafés, Shared Reading).

"The Menopause Café is such a supportive environment—I felt heard and learned so much from others going through similar experiences it really does make it easier knowing you are not suffering alone"

Mowbray Gardens Library participant

6. Greater Prosperity

- Began construction of the new Central Library (opening Autumn 2026) as part of the Town Centre Masterplan.
- Strengthened partnerships with employment services and delivered job clubs and digital skills sessions.

"The job clubs at the library have been a huge help—I've learned how to improve my CV and feel more confident applying for roles"

Job Club participant

7. Stronger, More Resilient Communities

- Invested more than £1.5m in refurbishments and £540,000 in IT upgrades.
- Rolled out Open+ at Mowbray Gardens and planned for Brinsworth in December 2025.
- Co-located libraries with other services (e.g., Early Help at Kiveton Park).
- Increased community engagement through events and partnerships with Parish Councils.
- Volunteering hours declined following the Covid-19 pandemic, despite ongoing recruitment efforts.

"Swinton's refurbishment of the old customer services building into a new library have made such a difference—the space feels modern, comfortable, and welcoming and the reading garden is a wonderful addition"

Library Member, Swinton

"*Thank you for letting me volunteer here, everyone I have worked with are all so welcoming and kind and you make our community better"*

Volunteer

2.3 Performance Targets

2.3.1 The 2021–2026 Library Strategy established a set of measurable targets to ensure progress could be tracked and evaluated throughout the five-year period. These targets were designed to reflect the service's priorities and demonstrate the value and impact of libraries across Rotherham. Progress was monitored via monthly dashboards in collaboration with the Performance and Improvement Team.

2.3.2 The table below summarises progress against each target:

Target	Status
Increase the Number of People Who Borrow Books by 10%	Target not on track
Increase the number of library visitors by 10%	Target not on track
Increase reading for pleasure among young people (ages 0–25) by 25%	Target met
Increase the number and range of activities and groups by 10%	Target met
Increase the number of people using IT facilities by 10%	Target met
Increase Self-Service Take-Up by 20%	Target met
Increase the Number of Volunteering Hours by 50%	Target not on track
Maintain customer satisfaction above 95%	Target met
Trial technology which will allow customers to access libraries without staff being present in order to increase opening hours	Target met
Be able to evidence the impact and value that libraries bring to communities through case studies and testimonials	Target met

2.3.3 Seven out of ten targets have been met. Appendix 3 - Library Strategy Performance Against Objectives and Targets provides further detail, outlining performance to date against the key objectives and targets as set out in the Strategy.

2.4 Local Context and Future Strategy – Libraries as Neighbourhood Hubs

"A library in the middle of a community is a cross between an emergency exit, a life-raft and a festival. They are cathedrals of the mind; hospitals of the soul; theme parks of the imagination."

Caitlin Moran, Writer and Broadcaster

2.4.1 The 2021 – 2026 Strategy envisioned libraries as neighbourhood hubs, worthy of investment to cement their role as community living-rooms, where residents can connect, share experiences and learn – both individually and together. The increase in visits to neighbourhood libraries and the wide range of services and activities delivered through libraries, as set out in Appendix 3, suggests that residents recognise libraries as trusted local spaces. In a fast-changing world, they can both

help people keep up, find joy and escape, be safe spaces for healthy debate, build connections, forge friendships, and develop a sense of belonging.

2.4.2 Rotherham Libraries and Neighbourhood Hubs support a range of Council priorities. Libraries strengthen the Thriving Neighbourhoods Strategy by creating inclusive spaces for community activity. They support the delivery of the Customer Access Strategy, promoting a digital-first approach by enabling residents to self-serve online while offering assisted digital support for those who need help. Libraries also play a key role in delivering the Digital Strategy, helping bridge the digital divide and improve skills.

2.4.3 As places for reading, writing, theatre, music, art, making, and entertainment, libraries contribute to the Cultural Strategy (2019–2026), which will be refreshed for 2027–2034, by helping to widen access to cultural opportunities and experiences. They have a key role to play in Creative Health – utilising creative and cultural engagement to improve people's mental health and wellbeing, reduce social isolation and supporting the Five Ways to Wellbeing – which underpins so much of Rotherham's Health and Wellbeing Strategy. Furthermore, they assist Adult Social Care and Housing by providing trusted, community-based spaces that promote independence and inclusion.

2.4.4 Through reading materials, IT and a range of courses and classes, libraries are equipped to support education in its broadest sense, aligning with priorities for children and young people embedded in the Council Plan, offering opportunities for informal and intergenerational learning. Schools' visits and the Schools Loan Service support students to learn at every key stage, across the whole curriculum, underpinned by literacy honed through reading for pleasure. The co-location of the youth centre and Kiveton Library has enabled closer working between Library Services and Early Help.

2.4.5 By helping individuals develop skills and become job-ready, libraries are already supporting delivery of the new Economic Growth Plan – Forging Ahead (2025–2030) and further partnership-working with Pathways to Work and Employment Solutions will increase libraries impact in this critical area.

2.4.6 As neighbourhood hubs, libraries also host a range of activities in collaboration with other services, the voluntary sector and other public sector agencies, such as the Department for Work and Pensions, South Yorkshire Housing Association, Citizens Advice and RNN (Rotherham College). These include courses and classes, help with benefits, advice sessions and consultation events, including Ward Member surgeries.

2.4.7 Whilst much has been achieved in libraries' role as neighbourhood hubs, there is still much to be done. This is particularly in relation to how staff work with residents, empowering residents to have a voice in decision-making beyond the development of the Library Strategy itself and working

with residents to build on their strengths and find solutions to local problems. Volunteering is one way of achieving this, but more needs to be done here. Libraries' engagement in the delivery of the Children's Capital of Culture programme, has helped to build co-production skills with library staff, and further training will ensure that more library staff are confident in working in this way.

"Bad libraries build collections, good libraries build services, great libraries build communities"
R. David Lankes, Professor of Librarianship, University of Texas

2.4.8 Following consultation, Cabinet and Council will be asked to consider and approve a refreshed Library Strategy. To ensure the Strategy places communities at the heart of decision-making, it is essential to undertake a comprehensive review of current provision and re-assess local need. This process will identify opportunities to enhance or amend the core service offer and ensure alignment with changing expectations of service users and non-users, the evolving nature of reading and information delivery, Rotherham's demographic profile, and the financial context within which the service operates. A robust needs assessment will form the foundation of this review, providing evidence to inform future priorities. It will highlight gaps in provision, barriers to access, and areas of underperformance, ensuring that the next Strategy is built on clear data and community insight.

2.4.9 In an era of misinformation and rapid change, libraries remain trusted sources of knowledge, helping communities to develop skills and confidence. By working with partners and stakeholders across Rotherham, and ensuring that residents are at the heart of service planning, delivery and evaluation, the Council can ensure that libraries and neighbourhood hubs are vital to the development of neighbourhoods as thriving places where people can achieve a good quality of life, feel safe and be proud of where they live.

3. Options considered and recommended proposal

3.1 Three options were considered in relation to the development of the new Library Strategy for 2027–2032.

3.1.1 **Option 1: Undertake a Public Consultation**
This option involves engaging with residents, staff and stakeholders to inform the development of the new Strategy and future service delivery model. It ensures the Strategy reflects community needs, supports continuous improvement, and aligns with Council priorities and national frameworks. In addition to the consultation, this approach will also draw on internal data, performance reviews and officer expertise to provide a robust evidence base for decision-making. This is the recommended option.

3.1.2 **Option 2: Develop the Strategy Internally Without Consultation**
This approach would rely solely on internal data, performance reviews, and officer expertise to shape the new Strategy. While it may be more

time-efficient, it risks overlooking community priorities and missing opportunities for co-design and innovation. It may also reduce public buy-in and limit the Strategy's effectiveness.

3.1.3 **Option 3: Do Nothing**
This option would mean keeping the current Library Strategy without making any updates or revisions. While this approach avoids the resource and time commitment of developing a new Strategy, it risks the service becoming outdated and misaligned with evolving community needs, Council priorities, and national frameworks.

4 Consultation on proposal

4.1 The purpose of the consultation is to gather views from residents, stakeholders, and partners to ensure the refreshed Library Strategy reflects community priorities, addresses areas of underperformance, and supports continuous improvement. It will also explore opportunities to modernise the service offer, including technology, co-location, and enhanced digital access.

4.2 The scope of the consultation will include understanding barriers to library use and book borrowing. It will explore how libraries can promote reading for pleasure, support literacy development, and engage underrepresented groups.

4.2.1 An example of this ambition is the National Year of Reading 2026, a landmark initiative led by the Department for Digital, Culture, Media and Sport (DCMS) under the banner *Stories That Connect Us*. Rotherham Libraries will deliver a borough-wide programme celebrating storytelling in all its forms, aiming to embed reading into everyday life and create a lasting legacy.

4.3 A range of engagement methods will be used, including online and face-to-face surveys, focus groups, targeted events, and outreach through library sites and community networks. There will be a particular focus on engaging underrepresented groups such as young people, men, BAME communities, and people who self-identify as disabled. Evidence from the Department for Digital, Culture, Media and Sport (DCMS) shows that people from lower socio-economic backgrounds are significantly less likely to use libraries compared to more affluent groups, often due to barriers such as lack of awareness, digital exclusion and competing life pressures (*DCSM/Ipsos, What Works to Engage Library Non-Users, 2025*). The service will also be targeting this group as part of the engagement approach to ensure the Strategy addresses inequality and improves access for all.

4.4 The consultation will be aligned with Rotherham Council's corporate strategies and national frameworks, including the Libraries Connected Universal Offers. In line with the Council's strengths-based approach, it will focus on building upon the assets, skills, and aspirations within

communities to co-create a library service that reflects local priorities and empowers residents.

4.5 Feedback will be sought across the following areas:

- **Vision and Priorities** – The overall vision for the libraries and neighbourhood hubs service and key priorities for the next five years.
- **Service Areas and Community Needs** – Which aspects of the service are most important, including reading and literacy, digital access, health and wellbeing, cultural activities, learning opportunities, and community support.
- **Current Usage and Access** – How people currently use libraries, what services they value most, and what changes would encourage greater use.
- **Future Service Options** – Potential developments such as technology enhancements, co-location with other services, volunteering opportunities, and alternative service models.
- **Role in the Community** – Perspectives on libraries as community hubs and suggestions for additional services or activities.
- **Equality and Inclusion** – Ensuring the service meets the needs of all residents and identifying barriers to access or participation.
- **Digital and Outreach Services** – Opinions on online library services, schools loan service, home library service, and how these could be improved.
- **Demographic Information** – Collecting data to understand the reach and impact of the service across different groups.

4.6 In addition, the Strategy will consider the following priority areas:

- Widening access and inclusion, addressing barriers for under-represented groups and expanding outreach.
- Promoting literacy and reading for pleasure, improving book borrowing and circulation.
- Supporting skills, lifelong learning, and economic growth, including employability and digital literacy.
- Enhancing libraries as community hubs, supporting social connection, cultural engagement, and volunteering.

4.7 The consultation will use a combination of structured and open-ended questions to capture both quantitative and qualitative feedback. This input

will directly inform the draft vision, strategic priorities, and service model for the new Library Strategy.

4.8 The Assistant Director of Culture, Sport and Tourism will formally notify the Department for Digital, Culture, Media and Sport (DCMS) of the intention to consult and the potential for future changes to service provision, in accordance with statutory expectations.

4.9 Following the consultation, a further report will be brought to Cabinet presenting the draft Library Strategy 2027–2032, identifying potential service improvements, community priorities, and opportunities for greater efficiency and impact.

5 Timetable and Accountability for Implementing this Decision

5.1 The Service recognises the importance of engaging with communities at the earliest stage in shaping the future library Strategy. Early engagement will ensure that decisions are informed by local priorities and evidence, supporting the development of a modern, effective library offer that meets statutory obligations and community expectations.

5.1.1 The key milestone dates for the development of the Library Strategy and the final service delivery model are outlined below:

- **January 2026 – DCMS Notification & Consultation Planning** Notify DCMS of intention to consult; develop consultation plan; begin internal planning for assessment of need.

- **February – July 2026 – Public Consultation (Phase 1)** Launch borough-wide consultation; engage stakeholders including staff and Trade Unions; promote widely; gather insights on service satisfaction, emerging needs, modernisation, opening hours, self-access, volunteering, co-location, and aspirations for the new Town Centre Library; complete assessment of need.

- **August – October 2026 – Analysis and Draft Strategy Development** Analyse consultation feedback and assessment findings; draft new Library Strategy; test and refine draft with stakeholders; notify DCMS of potential changes to service delivery.

- **October 2026 – Launch of New Town Centre Library** Open flagship library; showcase modern facilities; promote draft Strategy and future vision.

- **November 2026 – Cabinet Report (Phase 2 Engagement Approval)** Present draft Library Strategy and proposed service delivery model to Cabinet; seek approval for second-phase engagement.

- **November 2026 – January 2027 – Public Consultation (Phase 2)** - Conduct second-phase engagement on draft Strategy and final

service offer; analyse feedback; update equality impact assessment.

- **November 2026 – January 2027 -** Budget implications to be considered as part of the annual budget setting process.

- **February 2027 –** Produce engagement analysis report; finalise Library Strategy, revised service offer, and associated budget implications; staff and Trade Union engagement on revised service structure.

- **March 2027 –** Request Cabinet approval of the Library Strategy and final service offer.

- **April 2027 -** Request Full Council approval of the Library Strategy and final service offer.

6 Financial and Procurement Advice and Implications

6.1 The current approved net revenue budget for the Library Service is £3 million. It is anticipated that the majority of the consultation activity will be delivered by staff within the Culture, Sport and Tourism Service and primarily communicated through digital channels, with any minor ancillary costs (such as printing) absorbed within existing approved revenue budgets. Where meetings are required, these will be held in Council-owned buildings wherever possible to avoid additional expenditure.

6.1.1 Any budgetary implications, capital and revenue, that arise through the consultation process and the development of the new Strategy, will be considered as part of the Council's annual budget setting process.

6.2 There are no direct procurement implications arising from the recommendations detailed in this report. If there is a need to procure goods, works or services from third party suppliers to support the consultation process, these must be procured in compliance with the relevant procurement legislation (Public Contracts Regulations 2015 or the Procurement Act 2023 subject to the route to market undertaken) as well as the Council's own Financial and Procurement Procedure Rules.

7 Legal Advice and Implications

7.1 Under the Public Libraries and Museums Act 1964, the Council has a statutory duty to provide a *"comprehensive and efficient library service for all persons desiring to make use thereof."* In fulfilling this duty, the Council must ensure access to a sufficient range and quality of books, printed materials, and other resources, and encourage both adults and children to make full use of the service, including providing advice and bibliographical information. A failure to comply with this statutory duty could lead to a complaint being made to the Secretary of State for Culture, Media and Sport.

7.2 The Council must also comply with the Equality Act 2010:

- Section 149 – Public Sector Equality Duty is in force and requires the Council to have due regard to eliminating discrimination, advancing equality of opportunity, and fostering good relations between people who share protected characteristics and those who do not.

- Protected characteristics include age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership.

- This duty involves removing or minimising disadvantages for those with protected characteristics, meeting the different needs of those with protected characteristics, encouraging participation in public life where it is disproportionately low, tackling prejudice and promoting understanding.

7.3 The consultation proposed within this report recommends utilising several methods to engage residents and will specifically seek views from under-represented groups. This would assist the Council in demonstrating compliance with its Public Sector Equality Duty and also inform the most appropriate ways to meet its statutory obligations under the Public Libraries and Museums Act 1964.

8 Human Resources Advice and Implications

8.1 There are no direct human resources implications arising from the recommendations contained in this report.

Should any Human Resources matters arise from any future proposals resulting from the consultation, the Council will follow due processes.

9 Implications for Children and Young People and Vulnerable Adults

9.1 The proposed consultation and development of a new Library Strategy for 2027–2032 will have direct implications for children, young people, and vulnerable adults. Libraries and Neighbourhood Hubs play a vital role in supporting early years development, literacy, digital inclusion, and social connection for these groups.

9.2 The current Strategy places a strong focus on children and families within its core offer, committing to increase activities for children and families, promote reading and literacy for all ages, and support cultural engagement through partnerships such as the Cultural Partnership Board.

9.3 The consultation will seek to understand how services can better meet the needs of children and young people, particularly in relation to reading

for pleasure, homework support, and safe, inclusive spaces for learning and creativity. It will also explore how libraries can strengthen their role in safeguarding and supporting vulnerable adults, including those experiencing isolation, mental health challenges, or digital exclusion.

9.4 This work aligns with the Council Plan 2025–2030 and the Children and Young People's Partnership priorities, which aim to ensure children and young people are healthy, safe from harm, ready to learn for life, and prepared for the world of work. Libraries contribute to these outcomes by providing safe spaces, early literacy programmes, homework support, and cultural enrichment.

9.5 The consultation and future proposals will also build on the legacy of Rotherham's Children's Capital of Culture 2025 festival year, which placed children and young people at the heart of cultural decision-making. This legacy includes commitments to sustain creative learning opportunities, co-created activities, and cultural engagement beyond 2025, ensuring libraries remain key venues for creativity, skills development, and inclusive participation.

9.6 Future delivery models could include activities co-created with children and young people, as well as co-located and co-delivered services to enhance accessibility and engagement.

10 Equalities and Human Rights Advice and Implications

10.1 An equality analysis will be undertaken on any proposals. Initial screening is at Appendix 4 – Part A, and a full Equality Analysis Form is at Appendix 5 – Part B.

10.2 The Libraries and Neighbourhood Hubs Strategy aims to provide a comprehensive and efficient service for all, addressing protected characteristics under the Equality Act 2010 and carers, as well as socio-economic factors. Libraries offer safe, accessible spaces, free digital access, and inclusive resources in line with national Universal Offers and the Future Libraries Project.

10.3 The consultation will seek views from under-represented groups to inform a revised Equality Action Plan, ensuring barriers are addressed and services remain inclusive and equitable.

11 Implications for CO2 Emissions and Climate Change

11.1 An initial assessment is provided in Appendix 6. The proposed consultation and new Library Strategy (2027–2032) is expected to have minimal impact on carbon emissions. Potential effects include:

- **Buildings:** Longer opening hours for some libraries; mitigated by heating and lighting only when needed and monitoring usage.

- **Transport:** Minor increase in staff and visitor travel; mitigated by local delivery, active travel promotion, and car sharing.

- **Waste:** Small-scale events may generate limited waste; mitigated by using recyclable materials and avoiding single-use plastics.

11.2 Libraries also support climate resilience by offering safe spaces during extreme weather, integrating health and wellbeing services, and creating green spaces. Recent refurbishments and co-location improve energy efficiency, while digital services reduce paper use and staff travel. Overall, impacts are minimal, with mitigation and monitoring measures in place.

12 Implications for Partners

12.1 Targeted consultation will take place with a range of Council services, alongside engagement with Asset Management, to identify opportunities for co-location of services within library buildings and to explore ways to further develop the local library offer. This approach will ensure that libraries are integrated into the wider neighbourhood hub model, creating efficiencies, improving access to services, and strengthening partnerships across health, education, culture, and customer access.

13 Risks and Mitigation

13.1 To ensure robust decision-making, proposals for consultation must consider statutory obligations, resource availability, and the needs of all communities, including vulnerable groups. The following risks and mitigations have been identified:

Risk	Mitigation
Failure to meet statutory duty under the Public Libraries and Museums Act 1964	Extensive engagement before implementing the final Library Strategy and service offer. DCMS kept informed throughout.
Reputational damage	Full public consultation on the proposed Strategy and service model.
Low response rate or limited engagement in consultation	Use multiple channels (online, in-person, social media, community events). Targeted outreach to underrepresented groups. Accessible formats and clear messaging.
Misinterpretation or misinformation about proposals	Publish clear, consistent information. Provide dedicated contact points. Monitor social media.

Accessibility barriers for vulnerable groups	Offer alternative formats (easy-read, large print, translations). Provide assisted digital support. Engage community partners to reach those with limited digital access.
Delays in consultation process impacting Strategy timeline	Develop detailed project plan with contingency time. Assign clear responsibilities and monitor progress regularly.

14 Accountable Officers

Polly Hamilton, Assistant Director of Culture, Sport and Tourism
Zoe Oxley, Head of Operations and Business Transformation

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	26/11/25
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ROTHERHAM'S LIBRARY STRATEGY

2021-26

www.rotherham.gov.uk/libraries

Rotherham Metropolitan Borough Council

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WELCOME TO OUR LIBRARY STRATEGY 2021–2026

Welcome to our new Library Strategy 2021 – 2026

We are pleased to present our new Library Strategy. We have spent the last 18 months talking and listening to over 1500 people to understand what matters most to local people about their libraries. We have learned what libraries should be focusing on over the next few years and what we need to do to improve residents' experience of using our libraries.

We have also learned that libraries are a vital part of our neighbourhoods and that they have the power to change the lives of those who use them. We heard that our libraries and neighbourhood hubs have helped people into work, strengthened local community networks, inspired people to read and provided a wealth of free activities for children and families. During the COVID-19 lockdown, 579 new people joined our libraries. There were 904 new online users, over 15,000 engagements with online library activities and a Facebook and Twitter reach of over 400,000.

We have learned that over 99% of customers love our libraries – and we need more people in Rotherham to enjoy their benefits.

To make this happen, residents can expect to see:

- Improvements to library buildings, to make them more accessible and to create a warmer welcome
- More help to get people reading and to enjoy free books and reading materials
- Better ICT provision to enable more people to get online
- More advice and support services being delivered through libraries – bringing the Council and voluntary sector partners even closer to communities, helping people help themselves
- More activities for children, families and vulnerable people – right on your doorstep

We will spend the next five years working to put our new Strategy into practice. We hope you will join us – either online or at a library near you.



Councillor Allen
Cabinet Member for Cleaner,
Greener Communities

**"Stories are the secret reservoir of values:
change the stories individuals and nations live by and tell themselves,
and you change the individuals and nations."**

BEN OKRI

EXECUTIVE SUMMARY

Rotherham Metropolitan Borough Council has a statutory duty under the Public Libraries and Museums Act (1964) to provide a comprehensive and efficient library service for people who want to use it.

In this Strategy we present a vision and framework for our Libraries service over the next five years, which we believe will meet the needs of people in Rotherham.

There are 15 libraries across the borough. Currently 98% of Rotherham residents are able to access a library within 2 miles of their home.

As part of a commitment to widening access, the library service provides vehicle-based services, mainly to older people who might otherwise be unable to get to a library, and a Schools' Loan Service, which offers resources to support reading, literacy and the wider curriculum in schools.

There is also a digital library provision, which enables people to access the service online. Users can join the library, along with enjoying online activities and events.

In order to produce a strategy to meet the future needs of the community the service has:

- ✔ carried out consultation with the public, members of library staff and partners
- ✔ examined usage, performance and demand for the service
- ✔ assessed the Service's contribution to corporate outcomes and priorities
- ✔ taken into account key national, regional and local strategies
- ✔ benchmarked the service against other local authorities: taking account of innovation, good practice and lessons learned
- ✔ reviewed available resources, including staff, buildings and stock

What will the strategy achieve?

For our communities:

- ✔ more people will enjoy the benefits of reading
- ✔ more people will get active and creative, taking part in library activities and groups as a way to stay healthy and well
- ✔ more people will have the opportunity to volunteer and become employment ready
- ✔ more people will feel part of their community and feel happier and less isolated as a result.
- ✔ more people see libraries as essential community and cultural hubs, a first point of contact for Council services

For our service:

- ✔ there will be increased financial sustainability, ensuring that libraries have a bright future at the heart of our town and neighbourhoods
- ✔ our staff and volunteers will be proud to work for us
- ✔ other organisations will want to be our partners because of our great reputation
- ✔ our buildings will be better equipped and more welcoming



BACKGROUND AND CONTEXT

The way that people use their library is changing, and with it, their expectations and demands of their library service.

Nationally, traditional usage of libraries is generally on the decline, however, more recently Rotherham saw an increase in both the numbers of people who borrowed books and in those who visited libraries across the borough.

Our offer of digital resources is also showing a positive increase in usage as a result of Covid-19 lockdown. In recent years, we had an increase of over 70 percent in total e-resource downloads which is reflective of the national trend of moving towards digital services, as more and more people have access to technology and the internet.

Not only are attitudes to technology changing, but also the needs of the people of Rotherham. With more children coming from lower-income families and increasing social isolation and loneliness across all ages, our library service must play a vital role in reaching out to every single person in the Borough regardless of age, gender or social and economic background.

The library service needs to offer something for everyone, whether this is a space for quiet study or reading, or exciting activities, events and groups which bring people together.

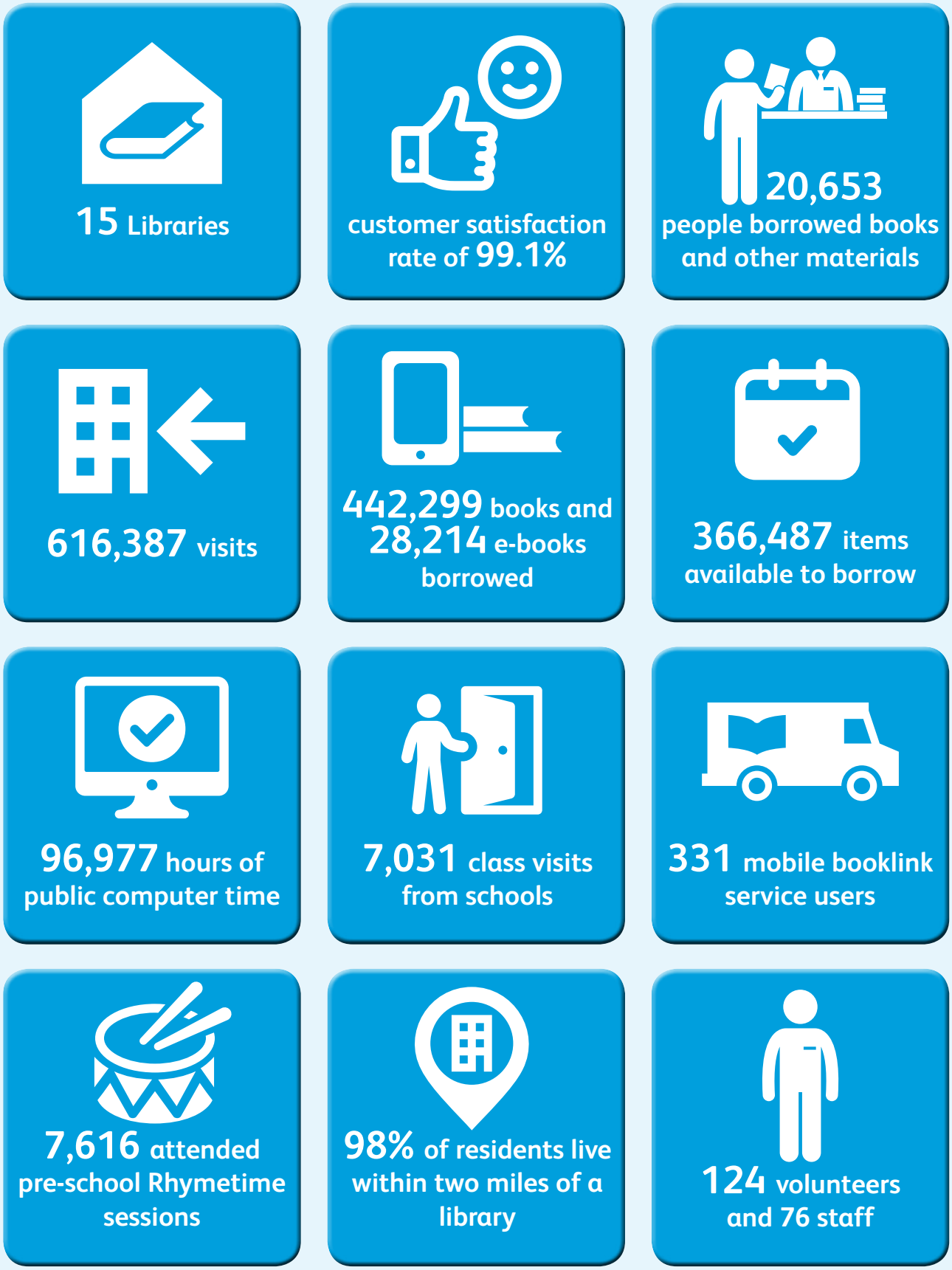
This strategy identifies improvements needed in order to tackle the challenge of providing more modern and sustainable services in the face of increasingly complex demands.

Locally, there are clear opportunities for this library strategy to provide a framework for cross- council work in the following areas:

- ✔ Rotherham's School Improvement Service (RoSIS), by improving reading and literacy attainment levels for children
- ✔ Thriving Neighbourhoods Strategy, by giving opportunities for people to come together, to get involved in their local neighbourhood and to participate in interesting, enjoyable and creative events and activities
- ✔ Cultural Strategy, by offering a programme of cultural and artistic activities and events that provides everyone with the opportunity to enjoy some form of creative experience
- ✔ Economic Growth Plan, by supporting individuals to become job-ready
- ✔ Delivery of the Building Stronger Communities action plan, by providing opportunities for neighbourhood engagement and a visible, well-used and vibrant community hub
- ✔ Children and Young People's Plan, by providing opportunities for informal and intergenerational learning in a safe, attractive space
- ✔ Health and Wellbeing Strategy, by reducing social isolation and maintaining good mental health, using the Five Ways to Wellbeing as a framework for activities
- ✔ Supporting Adult Social Care and Housing in providing safe, trusted community-based places for service users and increasing opportunities for independent living
- ✔ Supporting the Customer Access Strategy through providing free Wi-Fi and digital assistance, so that customers who need help feel supported and able to access the services they need



Figure 1: Key facts about Rotherham Library Services



READING PICTURES, SEEING STORIES

"Reading Pictures, Seeing Stories", a regional visual literacy project funded by the Arts Council, was delivered in autumn 2018 at Wath library. It focussed on the power of illustrations in books with Michael Morpurgo's book "War Horse" as the theme in commemoration of the end of the Great War. Library staff delivered the Arts Award to school-children and Wath Central Junior School created an exciting exhibition in the Library.

Children's author and illustrator Liz Million led workshops to inspire children in their own art work on the Great War theme.

Over 300 children were involved, and the exhibition in Wath Library was visited by nearly 100 people. One visitor commented: "What a fantastic exhibition. You can clearly see a lot of hard work has been undertaken by the children of Wath Central to create such a thought-provoking display. Well done to all!"



LEGO CLUBS

Thurcroft Library started a regular Lego Club for families in spring 2018 and it proved so popular that clubs were quickly extended to all our libraries. Library staff encourage children to use their imagination in creating and sharing stories using their models and to work together on projects.

The sessions are suitable for young people with all levels of ability and the overall response is excellent, particularly with children who have special educational needs and disabilities.

Some of those attending, children and their parents/carers, have shared what they think about the Lego clubs:

"All of my friends come now to the Library, we had never been until the Lego club started!"

"It's a great way to do something free as a family, we love it"

"I forgot how much I loved Lego, now my son and I can enjoy it together like I did with my father when I was younger"



"Libraries allow children to ask questions about the world and find the answers. And the wonderful thing is that once a child learns to use a library, the doors to learning are always open."

LAURA BUS

Figure 2: Services and facilities delivered by Rotherham Libraries



WE LISTENED - WHAT DID YOU TELL US?

Over the last 18 months, Rotherham Council has undertaken consultation about our libraries in two phases. We have heard from over 1500 members of the public, stakeholders and partners to find out what people think of Rotherham libraries. People have told us what is most important to them and what their priorities are for library services in the future. A summary of the consultation findings is available as a supporting document to this strategy.

Top four public priorities



Key points from the consultation were as follows:

- **Books and reading** are the top priority for both adults and children, including audiobooks and e-books.
- Libraries are seen as a great **benefit to children**, with many users seeking a wider range of facilities and services catering to children and families.
- For **children and young people**, a wide range of modern and appealing books is a priority. They also want a more vibrant environment, with more activities, events and clubs available.
- People approve of recruiting **more volunteers** in their local library service, though paid **staff are viewed as skilled and knowledgeable**, and crucial to the service.
- People value having an **easily accessible** local library, close to home or easy to get to on public transport. Those who do not use libraries report that they would be encouraged to use them if they were in more convenient locations.
- People want libraries to be the social hub of the community, and consider it important that library buildings are **modern, clean and welcoming** with improved convenient opening hours.
- Library users agree that **technology**, should be used to enhance what is offered by the library, and to reduce costs and offer greater choice.
- People agree that **moving or sharing buildings** with organisations can help to increase usage and make libraries more sustainable in the community.
- Those who do not use libraries feel that they do not offer any services or facilities that they want to use. Many **people buy their own books and access information online** at home.

Since the new Library Strategy has been out for final consultation in 2020, there has been the opportunity to consider further feedback in light of learning from the lockdown period due to COVID-19 pandemic. It should be noted that the way in which the library service delivers its offer moving forward will be different to the way it was prior to lockdown, particularly in relation to its online offer and how services are delivered through physical library sites. The service has had to reconsider the implications of reinstating a full service and must adapt in order to protect staff and the community.

OUR VISION

Libraries are a friendly and welcoming gateway to a world of reading, information, learning and creative activities, at the heart of our neighbourhoods. We seek to build on the strong community spirit that exists throughout the borough, to create access to a wide range of services and to place libraries at the heart of community life. Our libraries and neighbourhood hubs are modern, relevant and innovative facilities that meet the needs of people from all sections of the community.

OUR MISSION

Our mission is to utilise our libraries to help people to help themselves, to be better informed, and to get active and creative, more often.



OUR STRATEGY

Over the next few pages we set out how we will make our vision real for local people...



CORE OFFER

Our Libraries

- Located in the heart of Rotherham's communities, our libraries will be recognised as neighbourhood hubs that are welcoming and safe and places to access information along with recreational, cultural and learning activity.
- Our library buildings will bring together Council services and partners in order for people to access a range of services at a local level.
- Our Libraries will carry an up-to-date and wide selection of books and reading material, including e-books, e-magazines, spoken word and large print.
- Our libraries will be easily accessible and offering ease of access for people with disabilities. They will be well used, with up-to-date facilities and be responsive to changing requirements, using available technology and resources effectively.

Our People

- We will provide a level of service which is enjoyed and valued by those who visit the library, so they want to come again and tell others about their experience.
- We will engage with library users and partners in meaningful ways, automating processes where possible to release time for genuine co-working with community groups, voluntary organisations and internal departments to deliver more efficient and better services.
- Our staff are our most valued resource: we will invest in their knowledge and skills and give them opportunity to develop and apply their expertise with regular reviews of training needs, a programme of workforce development and specialist development where appropriate.
- Volunteers play a vital role in supporting and enhancing Rotherham libraries and will continue to do so in the future. The service recognises the added value that volunteers bring by offering their time, skills, experience and commitment. We will ensure our volunteers feel valued and get something worthwhile from the time they give us. In order to do this, we will continue to work closely with Voluntary Action Rotherham to ensure their interests and skills are well matched to our opportunities and that they are fully trained and properly supported by our paid staff.

Our Activities

- **Reading:** this is key to taking advantage of opportunities in life, so we will inspire Rotherham's children, young people and their families to enjoy reading, enabling them to improve their quality of life and realise their full potential.
- **I.T.:** we will encourage and support people to help themselves wherever possible, equipping them with the knowledge and means to get online using up-to-date I.T. equipment, and access information and services independently.
- **Activities:** we will provide a wide range of activities, events, groups, clubs and courses to inspire and enable people to get more active and creative, more often.
- **Learning and Information:** we will provide support, advice and resources to enable people to learn, develop skills and enjoy healthy lifestyles.
- **Community:** we will be genuine neighbourhood hubs, bringing people and services together and encouraging people to build the support networks and partnerships they need to thrive.

NATIONAL PRIORITIES – LOCAL IMPACT

National Priorities for Libraries

Library services across the country are delivered in different ways as services are shaped by local policy, customer need and available resources.

Libraries Connected (a membership organisation advocating for the power of libraries, representing heads of library services in England, Wales and N. Ireland) has developed a package of Universal Offers which helps to underpin national and local priorities, providing a framework for future service developments around the key areas of:

- ✔ Reading
- ✔ Digital and Information
- ✔ Culture and Creativity
- ✔ Health and Wellbeing

Each of these key areas are underpinned by the Children's Promise which aims to ensure that Children are involved in decisions about the services that affect them as well as being offered opportunities to volunteer and the Six Steps Promise ensuring that the library service supports people with vision impairments.

Also, the Libraries Taskforce 2016 report "Libraries Deliver: Ambition for Public Libraries in England 2016-2021", presents a vision of excellence including **seven key outcomes** which our Library Strategy supports.

"Libraries store the energy that fuels the imagination. They open up windows to the world and inspire us to explore and achieve, and contribute to improving our quality of life. Libraries change lives for the better."

SIDNEY SHELDON



OUR ACTIONS

The seven outcomes presented in Libraries Deliver 2016-2021 by the Libraries Taskforce are incorporated within our goals as a Library Service and also have a broader application in the priorities presented in the Rotherham Council Plan. This strategy aligns closely to the Rotherham Cultural Strategy in order to support its key goal to enable everyone to get active, get creative and get outdoors, more often. Our Action plan follows the seven key themes of the Libraries Deliver report:

1. Cultural and creative enrichment

- ✔ We will offer a programme of cultural and artistic activities and events that provides everyone with the opportunity to enjoy some form of cultural experience. This will be supported through our partners, such as the Arts Council and Rotherham Open Arts Renaissance.
- ✔ We will seek funding to extend our cultural offer and engage with a wider range of interests, in particular supporting the local and regional cultural sector.
- ✔ We will seek to bring art, dance, music and theatre into the library space, with particular emphasis on bringing stories to life.
- ✔ We will improve our communication about library activities, especially those which are free and low cost.

Case Study:

FUN PALACES

Fun Palaces is an ongoing campaign celebrating culture at the heart of community, using arts, science, craft, tech, digital, heritage and sports activities as a catalyst for community engagement. 2019 saw the third year of Fun Palaces in Rotherham Libraries with successful events over the first weekend in October at the Central Library in Riverside House, Wath and Maltby libraries.



Since the first year Rotherham took part in this national initiative, interest and enthusiasm has grown with a steady year-on-year increase in those taking part and visiting the events. Everyone who attended said they would recommend the events to others; they generated a sense of community and pride in where they lived, as well as a positive mood-boosting benefit.

Activities have been wide-ranging, with community groups and individuals coming to share their skills and pastimes with great enthusiasm. Indian dancing, Morris dancing, music and singing, papercraft, book-folding, painting, stamp-collecting and much more. One little girl who had made a paper flower returned to show her friend how to do it. This is what Fun Palaces are all about, learning something new and passing it on!

In April 2019 the central Fun Palaces team announced National Lottery funding which will support the work of the Fun Palaces campaign over the next 5 years. As a part of this, Rotherham Council will be included in the expanded programme with a Rotherham Fun Palaces Ambassador to help create and lead local cultural and community activities.

2. Increased reading and literacy

- ✔ We will encourage and support everyone, especially children and young people, to develop a life-long love of reading; for example, through continuing our partnership work with places where children go and organisations which work with them, such as schools and Grimm & co.
- ✔ We will offer a wide range of reading items, including e-books, large print, audio-books, newspapers and magazines, to support the personal literacy development of individual readers.
- ✔ We will continue to develop readers' groups, including online, themed and targeted groups.
- ✔ We will participate in national and regional reading events that encourage participation, especially among children, such as the Summer Reading Challenge.

Case Study:

SHARED READING

Rotherham Libraries partnered with Sheffield and Doncaster in the 'Shared Reading' project, led by 'The Reader' and funded by Arts Council England.

Reading groups met to improve connection and wellbeing, especially among people feeling isolated or vulnerable, through sharing thoughts, memories and stories inspired by reading aloud. Several volunteers became Reader Leaders to run groups themselves and the project is expanding from the initial six groups to new locations in the Borough.

Some of the people attending groups have shared how it benefits them with the following comments:

"It's a way of making new friends"

"It welcomes people from all walks of life and also provides a good cuppa and nice biscuits!"

"It encourages people not to be afraid to read out aloud"



3. Improved digital access and literacy

- ✔ We will continue to offer free Wi-Fi access in all our library buildings and we will offer customers the facility to print from their own devices.
- ✔ We will provide up-to-date computer equipment for people to use free of charge.
- ✔ Through trained staff, volunteers and partners we will support people getting online and using I.T. with confidence.
- ✔ We will encourage digital literacy among children through developing such things as makerspaces and code clubs.

Case Study:

INVESTING IN DIGITAL

People who are 'digitally literate' are more likely to experience good employment, better health and make savings in household costs. There are still too many people in Rotherham who are digitally-excluded. The reach of libraries within Rotherham means that our library staff and partners are uniquely placed to help people get online, particularly in areas of deprivation. Library staff are there to support and upskill people to become independent users of the internet. This helps people to access services more easily, to learn, and to interact with others.

In recognising the importance of supporting Digital inclusion, £405k from the Council's Capital Programme has been invested in order to upgrade the public I.T. provision which includes new public access PCs across all libraries. Free Wi-Fi across all libraries will continue and the delivery of activities such as code clubs and provision of makerspaces will increase.



4. Helping Everyone Achieve their Full Potential

- ✔ We will continue to offer a wide-ranging stock of materials for loan or reference in various formats, both traditional and digital.
- ✔ We will ensure library staff are trained to support customers to make the best use of the full range of library resources, along with encouraging the take up sector specific qualifications.
- ✔ We will increase the number of new apprenticeships available within the service.
- ✔ We will support children with homework, students with their studies and adults with access to online information in relation to such things as jobs and benefits.
- ✔ Supported by Voluntary Action Rotherham, we will offer a range of volunteering opportunities to individuals and community groups in supporting delivery of the library service.

Case Study:

VOLUNTEERING TO SUPPORT THE LIBRARY SERVICE

Laura was appointed as a Library Volunteer at Riverside House. Having done her own family tree, she was enthusiastic to help other people by starting a weekly family history group. With the support and help of Library staff, she produced flyers and distributed these to local businesses in the town centre. The group started with just a couple of members but grew as word spread and it now sees up to eight people on a regular basis and meets twice a week in the Library.



Following this, Laura then helped with an event for The Big Read, when the author Mari Hannah came to Riverside Library to run a book group as part of Harrogate International Festivals Programme. During the summer she helped to promote volunteering at the annual Volunteers Walk organised by Voluntary Action Rotherham and then in autumn worked at Rotherham College during Freshers Week, promoting both volunteering and library services' public consultation.

As part of the annual Fun Palace event in October, Laura introduced adults and children to playing the ukulele and it was so popular that she is starting a ukulele group once a month in the central Library at Riverside.

After applying for a post as a library assistant, she has been successfully appointed and will now be working across the borough in all fifteen libraries - a good news story both for Laura and the library service.

Laura says: "Volunteering with the library has opened up so many opportunities for me. Not only has it led to a paid job with the library, but I've also had the chance to start a ukulele group and a family history group which will be great experience to further my career. I have managed to work my volunteering around my studies as well."

Over the next 5 years, Rotherham libraries will create volunteering opportunities for more people, adding value to our services and helping people develop their skills andconfidence.

5. Healthier and Happier Lives

- ✔ We will promote reading for pleasure as a positive benefit to health and mental well-being.
- ✔ We will host events, activities and groups whose purpose is to encourage and support a healthier, happier lifestyle.
- ✔ We will provide and support the use of information on physical health and mental well-being, through our own resources and in partnership with others.
- ✔ We will actively seek to reduce social isolation and loneliness through the organisation of reading groups and activities in which people can come together.
- ✔ We will offer a service to those who are potentially lonely and vulnerable through our Booklink and Home Library Services.
- ✔ Libraries will support the Council, suppliers and communities to address the climate change emergency.

Case Study:

LIVE WELL

This project worked with local communities and partners to improve the general health and mental wellbeing of local people.

"Cuppa and a Chat" sessions took place in three Libraries, where around 60 local people and school children chatted about how the ways we communicate have changed. Further events were delivered in partnership with local organisations including "Get Healthy Rotherham" and "Places for People" at five libraries. Topics covered included healthy eating and weight management, relaxation and stress management, exercise and fitness.

Yoga taster sessions were delivered in four libraries, and the response was excellent: *"Yoga was fantastic! Would love to see this being put on regularly". "Would be nice to have more Yoga weekly, or some other form or exercise." "Excellent, really good"*

More books to support healthy living, mental health and well-being have been added to library stock and a "Dark Den" has been provided at Kiveton Park Library to offer a quiet, calm place for children who may be on the autistic spectrum and overwhelmed by the noise and bustle in the library.



6. Greater Prosperity

- ✔ We will offer work clubs in conjunction with partners.
- ✔ We will offer assisted digital support and beginners I.T. sessions to support people getting online and becoming confident computer users.
- ✔ We will work with partners to offer space for Information, Advice and Guidance particularly for those seeking or offering employment and training.
- ✔ Build a new library in Rotherham Town Centre, helping to revitalise the town and supporting the retail and hospitality sectors.

Case Study:

A NEW LIBRARY FOR ROTHERHAM TOWN CENTRE

Over the next five years, the Council will work with partners and the community to create a new community hub.

The hub will be a landmark feature for the community: a bright, welcoming, aspirational hub, aimed at encouraging people to explore the environment and what it has to offer to Library members. It will offer a state-of-the-art book display, digital technology and dynamic social space in which to meet and learn.

Funding has been sought for this ambitious £5.7m project through the Future High Street Fund scheme.



> **“The only thing that you absolutely have to know is the location of the library”**
>
> ALBERT EINSTEIN

7. Stronger More Resilient Communities

- ✔ Our libraries will function as friendly and welcoming community hubs, freely accessible to all. This will include reviewing: if buildings are in the right location; if they can be co-located with other services/partners; if the buildings require refurbishing/ modernising; if the service can host wider cultural and heritage activity.
- ✔ Work with appropriate partners and the community to create a new community hub in the town centre in order to increase engagement and increase footfall. The hub will be a landmark feature for the community: a bright, welcoming, aspirational hub, aimed at encouraging people to explore the environment and what it has to offer to Library members.
- ✔ Where partners express an interest in running a community library, a feasibility study will be undertaken. In cases where there is support from the local community and a sound business case to do so, the Council would look to transition the management of the service over to the community. A comprehensive support package from the Council would be put in place.
- ✔ Our staff and volunteers will be trained to provide excellent customer service to all those who wish to use our services.
- ✔ We will review our opening hours in line with customer and staff feedback and statistical information, and engage with local community groups and seek to implement automated solutions, in order to keep libraries open for more people, for more of the time.
- ✔ We will host a wide range of diverse events and activities that build community identity and cohesion.
- ✔ We will work with local people to shape our future services, extending ownership, responsibility and pride.

Case Study:

COMMUNITY INVOLVEMENT IN LIBRARY SERVICES

In 2018, Brinsworth Parish Council was successful in obtaining Big Lottery Funding in order to build a new Brinsworth Resource Centre. In 2019, Brinsworth Parish Council approached the Council to improve library services within the community, specifically with a view to replacing the old 'portacabin' which had housed the library for over 20 years. The pavilion building, next door to the new Resource Centre, was extended in 2020 to accommodate a library that forms part of the new Brinsworth Community Hub.

Placing the library within the hub creates opportunities for daily informal and formal interactions which strengthen community cohesion. In 2021 the library will be managed by Brinsworth Community Trust (of which the Parish Council is the sole trustee). The library will continue to form part of the Council's statutory provision and the Council will continue to provide support services - including supply and maintenance of stock, access to the Library Management System, and specialist library staff support including the training of volunteers.

The scheme enables increased community involvement in local library services, enabling the community to shape its service to meet local needs. This contributes to achieving a number of strategic priorities, notably, the Thriving Neighbourhoods Strategy 2018 - 2025.



MONITORING OUR IMPACT

Rotherham Libraries and Neighbourhood Hubs will provide quarterly updates on our progress and publish an Annual Report. We have set targets as follows:

By 2026 we will:

- ✔ Increase the numbers of people who borrow books by 10 percent
- ✔ Increase the number of visits by 10 percent
- ✔ Increase reading for pleasure amongst young people by 25 percent
- ✔ Increase the number and range of activities and groups by 10 percent
- ✔ Increase the number of people using I.T. facilities by 10 percent
- ✔ Increase self-service take up such as online renewals and online requests by 20 percent
- ✔ Increase the number of volunteering hours by 50 percent
- ✔ Maintain our levels of customer satisfaction above 95 percent
- ✔ Trial technology which will allow customers to access libraries without staff being present in order to increase opening hours
- ✔ Be able to evidence the impact and value that libraries bring to communities through case studies and testimonials



“A library in the middle of a community is a cross between an emergency exit, a life-raft and a festival. They are cathedrals of the mind; hospitals of the soul; theme parks of the imagination. On a cold rainy island, they are the only sheltered public spaces where you are not a consumer, but a citizen instead.”

CAITLIN MORAN

Appendix 2 – Libraries Service Offer

Introduction

This document provides an overview of activities and services delivered across library sites, mapped against the Libraries Connected Universal Offers and the Local Offer. The purpose of this table is to demonstrate how our library programmes align with national priorities, while also providing local initiatives that reflect the needs and interests of local communities.

Universal Offer Definitions

- **Reading**: Encouraging reading for pleasure and learning through a wide range of programmes, events, and collections.
- **Digital**: Promoting digital inclusion and skills development by providing access to technology and digital training.
- **Health & Wellbeing**: Supporting physical and mental wellbeing through resources, activities, and community partnerships.
- **Culture & Creativity**: Enabling creative expression and cultural engagement through events, exhibitions, and participatory opportunities.
- **Information & Learning**: Facilitating lifelong learning and access to trusted information through courses, advice, and support services.

Wath Library Service Offer

Offer Type	Offer Name	Activities / Services
Universal	Reading	Rhymetime sessions Toddle Time sessions Reading challenges Reading Well collection Empathy collection School visits After school reading clubs
	Digital	Learn My Way ICT support sessions Basic IT classes Free Wi-Fi access Wi-Fi printing Makerspace STEAM activities Public computers with scanner National Databank

		Photocopying and printing services
	Health & Wellbeing	Action on Hearing Loss monthly drop-in Warm Welcome space Chess club Yoga group
	Culture & Creativity	Art exhibitions (schools & local artists) Makerspace adult and children sessions Holiday activities Seasonal events LEGO sessions
	Information & Learning	RNN community courses Open Arms advice session Tutor sessions Homework Club Employment support – Working Win
Local Offer	Community Engagement	Participation in town centre events (May Festival, Christmas Lights) Litter picking equipment for loan
	Social & Hobby Groups	Toddler groups hiring meeting space
	Practical Services	Councillor surgeries Meeting room

Aston Library Service Offer

Offer Type	Offer Name	Activities / Services
Universal	Reading	Rhymetime sessions Storytime sessions Reading Well collections School visits Chatterbooks sessions
	Digital	Learn My Way ICT support sessions Wi-Fi printing Free Wi-Fi access Coding Club

		Public computers with scanner National Databank Photocopying and printing services
	Health & Wellbeing	Breastfeeding support Wellbeing sessions Wellbeing Craft Group Hearing aid support Warm Welcome space Public Living Room (Camerados movement) Knit and Natter group Adult games group
	Culture & Creativity	Craft sessions Art displays Creative workshops Holiday activities Seasonal events LEGO sessions Adult craft group
	Information & Learning	Employment supporting (Working Win, SYHA and DWP) RNN community courses Homework Club
Local Offer	Community Engagement	Community events Litter picking equipment for loan
	Practical Services	Councillor surgeries Blue Car Badge appointments Housing Benefit/Council Tax Reduction/Council Tax appointments Self-serve kiosk

Dinnington Library Service Offer

Offer Type	Offer Name	Activities / Services
Universal	Reading	Rhymetime sessions Reading challenges School visits Readers Groups
	Digital	Learn My Way ICT support sessions Free Wi-Fi access Wi-Fi printing Public computers with scanner

Appendix 2 – Libraries Service Offer

		National Databank Photocopying and printing services
	Health & Wellbeing	Hearing Aid Clinic Baby & Toddler Time Wellbeing groups Healthwatch sessions Warm Welcome space Knit and Natter group Board games group
	Culture & Creativity	Children's craft sessions Community craft group Teen craft group RNN community courses Holiday activities Seasonal events LEGO sessions
	Information & Learning	Open Arms sessions Work coaches Homework Club
Local Offer	Community Engagement	Local events Litter picking equipment for loan
	Social & Hobby Groups	Toddler groups
	Practical Services	Councillor surgeries Blue Car Badge appointments Housing Benefit/Council Tax Reduction/Council Tax appointments Self-serve kiosk

Greasbrough Library Service Offer

Offer Type	Offer Name	Activities / Services
Universal	Reading	Rhymetime sessions Mini Melodies School visits
	Digital	Learn My Way ICT support sessions Free Wi-Fi access Wi-Fi printing Public computers with scanner National databank Photocopying and printing services

Appendix 2 – Libraries Service Offer

	Health & Wellbeing	Weigh and play baby clinic Breastfeeding support RNID hearing aid support Warm welcome space
	Culture & Creativity	Family activities with Flux Craft sessions Holiday activities Seasonal events LEGO sessions RNN community courses
	Information & Learning	Open Arms sessions Employment support – Working Win & DWP Homework Club
Local Offer	Community Engagement	Litter picking equipment for loan
	Social & Hobby Groups	Genealogy group
	Practical Services	Councillor surgeries Meeting room hire

Kimberworth Library Service Offer

Offer Type	Offer Name	Activities / Services
Universal	Reading	Rhymetime sessions Mini Melodies Homework Club School visits Story Stop
	Digital	Learn My Way ICT support sessions Wi-Fi printing Free Wi-Fi access Public computers with scanner National Databank Photocopying and printing services
	Health & Wellbeing	Sit & Natter group Knit and natter group Planned Health Advice Clinic Future health partnerships Warm welcome space Cultural event puzzles

Appendix 2 – Libraries Service Offer

	Culture & Creativity	Creative displays Cultural-themed children's activities Holiday activities Seasonal events
	Information & Learning	Homework Club
Local Offer	Community Engagement	South Yorkshire Police surgeries Hosting tenants/residents associations Litter picking equipment for loan
	Practical Services	Councillor surgeries

Kiveton Park Library Service Offer

Offer Type	Offer Name	Activities / Services
Universal	Reading	Rhymetime sessions Reading Well collections School visits
	Digital	Learn My Way ICT support sessions Wi-Fi printing Free Wi-Fi access Public computers with scanner National Databank Photocopying and printing services
	Health & Wellbeing	Warm Welcome space Holiday activities Seasonal events SEND Safe Space Knit and Natter group
	Culture & Creativity	Creative displays Creative activities Craft sessions LEGO sessions Holiday activities Seasonal events
	Information & Learning	Children's Makerspace STEM sessions Displays Homework Club

Appendix 2 – Libraries Service Offer

Local Offer	Community Engagement	Hosting tenants/residents associations Litter picking equipment loan
	Practical Services	Councillor surgeries Meeting room hire

Maltby Library Service Offer

Offer Type	Offer Name	Activities / Services
Universal	Reading	Rhymetime sessions Reading Well collections School visits Readers group Mini Melodies
	Digital	Learn My Way ICT support sessions Free Wi-Fi access Wi-Fi printing Public computers with scanner National Databank Photocopying and printing services
	Health & Wellbeing	Community Youth groups Open arms – Citizen Advice Bureau Employment support - Working win/ Employment solutions Warm welcome space SEND safe space Knit & Natter group Board games
	Culture & Creativity	Creative displays Creative activities Craft sessions LEGO sessions Holiday activities Seasonal events RNN community courses Mindfulness colouring Sewing group
	Information & Learning	Displays

Appendix 2 – Libraries Service Offer

		Homework Club
Local Offer	Community Engagement	Litter picking equipment for loan
	Social & Hobby Groups	B:Friends
	Practical Services	Councillor surgeries Meeting room hire Blue Car Badge appointments Housing Benefit/Council Tax Reduction/Council Tax appointments Self-service kiosk

Mowbray Garden's Library Service Offer

Offer Type	Offer Name	Activities / Services
Universal	Reading	Rhymetime sessions Reading Well collections School visits Play readers group Book group Readers group Mini melodies Story Stop
	Digital	Learn My Way ICT support sessions ICT drop in support sessions Free Wi-Fi access Wi-Fi printing Public computers with scanner Open+ (library open without staff being present) National Databank Photocopying and printing services
	Health & Wellbeing	Asian women's group Asian men's group Family gardening group Community pantry Buddies social group – neuro diverse adults Warm welcome space B:friend's group

Appendix 2 – Libraries Service Offer

		Employment support with Working Win Knitting and crochet group Knit and Natter group
	Culture & Creativity	Creative displays Creative activities Craft sessions Creative writing sessions Holiday activities Seasonal events LEGO sessions Poetry writing Art classes and sewing lessons and textile art sessions in 2025/26 RNN activity sessions
	Information & Learning	Displays English lessons Maths lessons Open Arms sessions Citizens Advice Bureau sessions British Sign Language Homework club Age UK sessions
Local Offer	Community Engagement	Litter picking equipment for loan
	Social & Hobby Groups	Rotherham Anglo-Polish Society Toddler groups
	Practical Services	Councillor surgeries Meeting room hire Self-service kiosk

Rawmarsh Library Service Offer

Offer Type	Offer Name	Activities / Services
Universal	Reading	Rhymetime sessions Readers group Reading Well collections School visits Themed book displays Shared reading group Book clubs

Appendix 2 – Libraries Service Offer

	Digital	Learn My Way ICT support sessions Wi-Fi printing Free Wi-Fi access Public computers with scanner National Databank Photocopying and printing services
	Health & Wellbeing	Age UK sessions Mental health social groups to reduce isolation Warm welcome space Knit and Natter group SEND safe space Knit and Natter group
	Culture & Creativity	Creative/Cultural displays Creative activities Craft sessions Holiday activities Seasonal events LEGO sessions RNN community courses
	Information & Learning	Displays Employment support sessions – Working Win Homework Club
Local Offer	Community Engagement	Community group meetings Local event hosting Litter picking equipment for loan
	Social & Hobby Groups	Toddler groups
	Practical Services	Councillor surgeries Meeting room hire Blue Car Badge appointments Housing Benefit/Council Tax Reduction/Council Tax appointments Self-serve kiosk

Appendix 2 – Libraries Service Offer

Riverside Library Service Offer

Offer Type	Offer Name	Activities / Services
Universal	Reading	Rhymetime sessions Reading Well collections School visits Story stop Storytime sessions Readers groups Shared Reading group VIP reading group
	Digital	Learn My Way ICT support sessions Free Wi-Fi access Wi-Fi printing Public computers with scanner National Databank Hublets Photocopying and printing services
	Health & Wellbeing	Health information displays Warm welcome space Public Living Room (Camerados movement) Menopause cafe Mindful Mondays Board games group Knit and Natter group Sit and natter group Jigsaw group Death café
	Culture & Creativity	Creative displays Creative activities Craft sessions Art exhibitions Cultural displays – Creative writing sessions Hive writers – Teens Rotherham Writers group Holiday activities Seasonal events LEGO sessions Steinway – music recitals

		Mini music makers Brickin' Brilliant adult LEGO club. Daft crafts
	Information & Learning	Children's Makerspace - STEM sessions Information displays Employment Solutions partnership working National Careers service ad-hoc RNN ICT drop in sessions Tenancy Support drop in sessions Homework Club Rotherfed sessions ESOL group Conversation Spanish group
Local Offer	Community Engagement	Refugee support Community group meetings Litter picking equipment for loan
	Social & Hobby Groups	Toddler groups Dungeons & Dragons
	Practical Services	Gallery hire Self-service kiosks

Swinton Library Service Offer

Offer Type	Offer Name	Activities / Services
Universal	Reading	Rhymetime sessions Readers group School visits Mini Melodies Reading well collection Empathy collection
	Digital	Learn My Way ICT support sessions Wi-Fi printing Free Wi-Fi access Public computers with scanner National Databank

		Photocopying and printing services
	Health & Wellbeing	Health information displays Warm welcome space
	Culture & Creativity	Creative/Cultural displays Creative activities Craft sessions RNN community courses Crime Writing - Workshop Creative Writing Sessions Holiday activities Seasonal events LEGO sessions Crochet club Knit and Natter group Friendship Group
	Information & Learning	Information displays Homework Club
Local Offer	Community Engagement	Community group meetings Litter picking equipment for loan
	Social & Hobby Groups	Toddler groups
	Practical Services	Meeting room hire Councillor surgeries Blue Car Badge appointments Housing Benefit/Council Tax Reduction/Council Tax appointments Self-serve kiosk

Thorpe Hesley Library Service Offer

Offer Type	Offer Name	Activities / Services
Universal	Reading	Rhymetime sessions Story stop Storytime sessions Readers groups

Appendix 2 – Libraries Service Offer

	Digital	Learn My Way ICT support sessions Wi-Fi printing Free Wi-Fi access Public computers with scanner National Databank Photocopying and printing services
	Health & Wellbeing	Health information displays Warm welcome space Knit and Natter group Coffee, chat and reminisce group
	Culture & Creativity	Creative/Cultural displays Creative activities Craft sessions Holiday activities Seasonal events LEGO sessions
	Information & Learning	Information displays Homework Club
Local Offer	Community Engagement	Litter picking equipment for loan
	Social & Hobby Groups	Toddler groups

Thurcroft Library Service Offer

Offer Type	Offer Name	Activities / Services
Universal	Reading	Rhymetime sessions School visits Readers group
	Digital	Learn My Way ICT support sessions Wi-Fi printing Free Wi-Fi access Public computers with scanner National Databank Photocopying and printing services Code club Bee-bots club

Appendix 2 – Libraries Service Offer

	Health & Wellbeing	Health information displays Warm welcome space Coffee morning
	Culture & Creativity	Creative/Cultural displays Creative activities Craft sessions Holiday activities Seasonal events
	Information & Learning	Homework Club Family History club
Local Offer	Community Engagement	Community group meetings Litter picking equipment for loan
	Practical Services	Councillor surgeries

Wickersley Library Service Offer

Offer Type	Offer Name	Activities / Services
Universal	Reading	Rhymetime sessions Reading well collection Empathy collection School visits Storytime sessions Readers groups Mini Melodies
	Digital	Learn My Way ICT support sessions Wi-Fi printing Free Wi-Fi access Public computers with scanner RNN – beginners IT weekly sessions National Databank Photocopying and printing services
	Health & Wellbeing	Health information displays Jigsaw/games club Warm welcome space

Appendix 2 – Libraries Service Offer

		Employment support – Working Win Knit and Natter group
	Culture & Creativity	Creative/Cultural displays Creative activities Craft sessions RNN community courses Rotherham Creative activities LEGO sessions Holiday activities Seasonal events
	Information & Learning	Information displays Homework Club
Local Offer	Community Engagement	Community group meetings Stay & Play Litter picking equipment for loan
	Social & Hobby Groups	Toddler groups Cubs Scouts Local Nurseries Beavers Brownies Rainbow Club
	Practical Services	Meeting room hire Councillor surgeries Self-serve kiosk

Brinsworth Library Service Offer

Offer Type	Offer Name	Activities / Services
Universal	Reading	Rhymetime Storytime School visits Childminder visits
	Digital	Learn My Way ICT support sessions Free Wi-Fi access Wi-Fi printing Public computers with scanner

Appendix 2 – Libraries Service Offer

		Photocopying and printing services Adult games group Knit and Natter group
	Health & Wellbeing	Warm Welcome space Employment support sessions – Working Win
	Culture & Creativity	Craft sessions Adult craft group Art displays Sewing Club LEGO sessions Jigsaw Club
	Information & Learning	Homework Club
Local Offer	Community Engagement	Community events Litter picking equipment for loan
	Social & Hubby Groups	Senior Social Club
	Practical Services	Self-serve kiosk

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APPENDIX 3 – REVIEW OF PERFORMANCE AGAINST OBJECTIVES AND TARGETS – ROTHERHAM LIBRARY STRATEGY 2021 – 2026

1. Objectives

Creative and Cultural Enrichment

Library usage across Rotherham continues to grow in areas that support creativity, culture, and community engagement. Libraries are evolving into vibrant cultural hubs, with increased participation in reading, activities, and digital services.

A diverse programme of events has been delivered across Rotherham libraries and community venues, including Fun Palaces, pop-up libraries, author visits, and creative workshops. Fun Palaces, part of a national programme, support creative health and volunteering by enabling communities to design and deliver their own cultural activities, helping build confidence and resilience through hands-on participation. With support from the National Lottery, the appointment of a Rotherham Fun Palace Ambassador has helped expand the initiative from three Fun Palaces in 2019 to 17 in 2025, now attracting around 800 attendees annually.

Events take place not only in libraries but also in spaces such as Rotherham Minster and Greasbrough Park, with activities led by local residents. These community-led groups continue year-round, fostering connection, skill-sharing, and a sense of ownership.

Libraries have also contributed to the Children's Capital of Culture (CCOC) initiative, co-creating events with schools and partners, and participating in borough-wide programmes like Roots Festival. Outdoor engagement has grown through reading gardens at Swinton, Mowbray Gardens, and Thurcroft, and creative events in parks and green spaces.

Collaborations with Heritage Services have enabled the delivery of pop-up exhibitions**,** innovative "mini museum" concepts, and reflective events such as the Hope Fields memory trees within libraries which was part of the wider Hope Fields Thrybergh Country Park project. Each library featured a white wooden tree, inviting visitors to write heartfelt messages in memory of loved ones lost during the pandemic.

Each ward has a Community Host Organisation who will support their ward's Heritage Producer. Libraries are working with CCOC to become the community hosts, working with the Heritage producer to connect with groups to deliver activities. Libraries support them with devising, planning and delivering their end-of-project outcomes.

Libraries work closely with Neighbourhood Co-ordinators to deliver joint events, including VE Day celebrations, Christmas light switch-ons, May Day events and circus-themed community events.

Targeted outreach has successfully engaged underrepresented groups including men, BAME communities, disabled residents, and young adults through partnerships with Voluntary Action Rotherham, YAWR, and events such as the Ferham Festival.

In addition, a Ukrainian community group has been established at the Central Library, further extending engagement efforts.

While these initiatives have made meaningful progress, it is acknowledged that more work is needed to ensure broader and sustained inclusion across all communities.

Creative partnerships, such as with Flux Rotherham, have supported inclusive, arts-based projects. Since 2022, libraries have joined Flux pop-ups across the borough, from large-scale events like WOW Festival and Roots Carnival to smaller, targeted activities. These have promoted library services, delivered themed storytimes, and showcased Makerspaces.

Libraries also collaborate with Parish Councils. For example:

- Wickersley Library co-delivers annual events like the Summer Reading Challenge celebration and Christmas fair, with over 200 attendees at the recent summer fair.
- Thurcroft Library, co-located with the Parish Hall since 2023 works with the Parish Council on events, including winter fairs and Christmas activities.

Increasing Reading and Literacy

Rotherham Libraries continue to inspire residents to read for pleasure through a vibrant annual programme of events and activities that support literacy and lifelong learning. As a key partner in the Rotherham Loves Reading campaign and the Take 10 initiative, libraries encourage residents to read for ten minutes a day to boost wellbeing and mental health. This is supported by free activities for children, book clubs, themed reading packs for early years, and tailored reading support—all backed by Public Health.

The Summer Reading Challenge has grown year-on-year, with 1,025 finishers this year and an annual celebration event. Other activities supporting reading have included story walks, author visits, and the expansion of reading groups across the borough, including new sessions in Rawmarsh, Greasbrough, and Wickersley, catering to all ages and interests.

Libraries have strengthened engagement with schools through increased class visits, pop-up libraries, and curriculum-linked resources. Focused support is provided for under-fives, early years, and children with English as an Additional Language (EAL), including ESOL reading sessions. Partnerships with schools, nurseries, and literacy charities have deepened, especially during the pandemic and recovery period.

Innovative initiatives such as BookTrust Storytime have engaged disadvantaged families and encouraged regular story sharing. A Home Educators' Book Group, launched during lockdown, now meets in person and continues to attract families not previously engaged with library services.

Rotherham's book borrowing performance remains below target at 5.7%. National data from the Chartered Institute of Public Finance and Accountancy (CIPFA) shows a 24% rise in book issues per 1,000 people in 2022/23, indicating some post-pandemic recovery. However, only 8.8% of the UK population are active borrowers,

down from 18.1% in 2011/12, pointing to a long-term national decline in traditional library use. Rotherham's lower-than-average borrowing rate highlights a local challenge within this broader context.

In response, Rotherham Libraries are reviewing local literacy data to better understand how child and adult literacy levels may be influencing engagement. National research from the National Literacy Trust shows that low literacy is closely linked to reduced library engagement, particularly in areas facing economic disadvantage. For example, children in high-priority areas reported higher reading enjoyment when supported by targeted literacy programmes, even as national enjoyment levels declined.
Source: The Impact of Our Work in Communities – National Literacy Trust

This insight will inform targeted outreach and programming in the next strategy period, ensuring library services are responsive to local needs and aligned with broader efforts to improve literacy, wellbeing, and access to cultural resources.

Improved Digital Access and Literacy

Rotherham Libraries have made significant progress in enhancing digital access and inclusion. Investment in ICT infrastructure has delivered upgraded public access PCs, new self-service kiosks, and improved signage and printing facilities. Open+ technology at Mowbray Gardens and Brinsworth offer extended access during unstaffed hours, making library services more flexible and accessible.

Digital innovation is thriving, with code clubs, makerspaces, and staff-led inclusion sessions supporting older residents and those less confident with technology. Makerspaces at Wath and Kiveton Park offer hands-on experiences with 3D printing, pottery wheels, and VR headsets, supported by staff trained through the University of Sheffield and STEM Ambassadors. Hublet tablet devices, self-service tablets designed for public use, are being trialled at the Central Library, offering flexible access to digital resources and services.

Pop-up digital sessions have been delivered across the borough, including regular Makerspace activities at some sites. Free internet access, assisted digital support, and training delivered in partnership with local organisations have helped more residents get online and build digital confidence.

Rotherham is also tackling data poverty head-on. National Databank SIMs are available at 14 library sites, providing essential connectivity to communities in need. Since the launch in May 2023, the service has issued over 1234 SIMs, helping bridge the digital divide. Additionally, 50 tablets were distributed to vulnerable residents, including refugees, through funding from the Good Things Foundation. This project was part of Rotherham's place-based Digital Inclusion Programme.

Digital membership has grown significantly, with over 135,000 e-resources accessed and 3,823 new members joining during the pandemic. Libraries continue to offer eBooks, eMagazines, and eNewspapers, supported by targeted marketing to ensure residents can make the most of these resources.

Rotherham's digital offer compares favourably with other UK library authorities. According to the Good Things Foundation's 2023 Digital Inclusion in Libraries report, Rotherham was one of just twelve services selected for in-depth study due to its strong digital inclusion work. Rotherham stands out for its integrated approach combining infrastructure, outreach, and creative programming. This includes advanced technologies like VR, 3D printing, and tablet lending, alongside targeted support for those most at risk of digital exclusion.

This shows Rotherham's commitment to tackling digital inequality, promoting innovation, and ensuring that library services remain inclusive, modern, and responsive to community needs.

Helping Everyone Achieve Their Full Potential

Rotherham Libraries continue to support learning, skills development, and personal growth for residents of all ages. Regular study support, homework clubs, and coding workshops are delivered across multiple sites, helping children and young people build confidence and digital skills. The Business and Intellectual Property Centre (BIPC) at Riverside Library provides access to specialist databases and resources for entrepreneurs and small businesses.

Partnerships with organisations such as the Source Skills Academy have enabled employability and confidence-building courses within libraries. Libraries also offer apprenticeships, volunteering roles, and work experience opportunities. A recent example includes a successful funding award to host a CCOC trainee to work alongside library staff and partners to consult with children and co-design creative projects delivered across library sites and pop-up events throughout the borough.

Libraries are increasingly supporting adult skills and employability through targeted partnerships. In addition to work which was done with the Source Skills Academy, the service is now aligning with the Council's Pathways to Employment programme. This includes hosting job clubs, confidence-building workshops, and digital literacy sessions at Riverside, Dinnington, and Maltby libraries. These initiatives are particularly focused on supporting young people aged 16–25 and adults facing barriers to employment, helping them build essential skills and prepare for future opportunities.

To ensure high-quality support, library staff have undertaken e-learning to strengthen their knowledge of library resources and digital services. This includes completing Libraries Connected modules such as Key Digital Skills and Media and Information Literacy, enabling staff to better assist customers with online services and build digital confidence.

Healthier and Happier Lives

Rotherham Libraries continue to play a vital role in supporting public health and wellbeing across the borough, delivering a wide range of initiatives that promote healthier lifestyles, reduce isolation, and improve mental wellbeing.

Libraries have expanded their collections to include more resources on healthy living, mental health, and wellbeing. Autism-friendly spaces have been created at

Kiveton Park, Aston, Maltby and Rawmarsh, featuring sensory equipment to support children and families, working in partnership with the SEND team and Children Centres. Reading gardens at Swinton, Mowbray Gardens, and Thurcroft offer calming outdoor spaces for reflection, relaxation, and community engagement.

A Mental Health Exhibition was held at Riverside's gallery space, curated by the Fun Palace Ambassador in partnership with Mind and Crossroads Care. The exhibition featured poetry, paintings, digital art, and 3D pieces created by individuals with lived experience of mental health challenges. It not only showcased the incredible talent within Rotherham but also helped reduce stigma and spark important conversations.

Libraries have hosted a variety of health-themed displays and wellbeing events while also providing warm, safe spaces during the cost-of-living crisis. During the pandemic, library staff supported the Covid testing centre at Riverside House and distributed home testing kits through the LFT Community Collect scheme.

Targeted outreach has helped address health inequalities. Working with partners such as Get Healthy Rotherham, libraries have delivered events focused on healthy eating, stress management, and physical activity.

A growing number of health and wellbeing groups have been introduced, including Menopause Cafés, Musically Minded and Shared Reading sessions.

Volunteering opportunities, friendship groups, and "Cuppa and a Chat" sessions have helped reduce loneliness, alongside inclusive reading groups for underrepresented communities.

Libraries continue to promote reading for pleasure as a powerful tool for mental wellbeing. In partnership with Public Health and NHS teams, libraries based in Joint Service Centres at Aston, Maltby, and Rawmarsh are reaching those who benefit most.

The Booklink and Home Library Service remain essential in supporting vulnerable and isolated residents. They also work with care homes and social care providers to deliver targeted programmes that reduce social isolation.

Senior Library Officers are represented on the Rotherham Creative Health Board, which aims to embed arts and culture into public health delivery. The focus is on improving wellbeing through creative interventions, such as poetry, music, and visual arts, particularly for people experiencing isolation, mental health challenges, or long-term conditions. Libraries are working with NHS neighbourhood teams to develop targeted Creative Health activities that are inclusive and accessible, especially for residents who may not engage with traditional health services.

Greater Prosperity

Work has now started on the new Central Library, part of the wider Rotherham Markets redevelopment, with opening planned for Autumn 2026. The new library will offer a modern, accessible space with a café, meeting rooms, gallery, and maker's space bringing together culture, learning, and community in the heart of the town

centre. This investment supports the Town Centre Masterplan and aims to boost wellbeing, footfall, and local pride.

Libraries have strengthened partnerships with employment services, working collaboratively with Job Centre Plus, RNN Group, Pathways, and Rotherham United Community Sports Trust (RUCST) to deliver job clubs, training sessions, and support for job seekers. ICT classes and assisted digital support continue to bridge the digital divide, equipping residents with essential skills for work and everyday life.

Stronger, More Resilient Communities

Over £1 million has been invested in refurbishing library buildings, with improvements to décor, furniture, signage, and digital screens. Most sites now feature drink facilities along with public toilets. An additional £540,000 has funded IT upgrades, including new public access PCs and self-service kiosks. Open + technology is now offered at Mowbray Gardens and is planned to go-live at Brinsworth in December this year.

Libraries are becoming increasingly integrated into their communities:

- Kiveton Park Library was redesigned and co-located with Youth Services, creating a flexible, multi-purpose space that includes a community kitchen. Early Help services now use the building when the library is closed, delivering groups such as “Age 0 to Walkers” and baby weigh-ins, as well as booking the meeting room during the week and running half-term and summer activities.
- Thurcroft Library relocated to the Gordon Bennett Memorial Hall, increasing footfall and strengthening partnerships with the Parish Council and local groups.
- Swinton Library moved into the former customer service centre as part of the town centre redevelopment. This new, improved redevelopment offers a café within the vicinity, meeting spaces, and greater public visibility.
- The new Brinsworth Library is a strong example of how libraries are evolving to become more embedded within their local communities. Officially opened to the public on 2nd March 2020, the library was constructed with funding from Section 106 contributions, matched by RMBC capital investment. From April 2021, the library transitioned to a community-managed model, led by a Parish Council Library Supervisor and supported by a team of local volunteers. RMBC continues to provide core resources including books, IT equipment, training, and ongoing support. This Library has seen a 10% increase in footfall, reflecting strong community engagement and the success of the partnership model.

All 15 libraries continue to support community group activity, democratic engagement, and partnership delivery. Staff work closely with Neighbourhood Co-ordinators to align services with ward priorities and strengthen local relationships.

Adopting a ‘Libraries First’ approach, Rotherham Libraries have become true community hubs. Residents can now access a range of advice services, youth services, public health initiatives, employment support, assisted digital support for those who are unable to self-serve and creative activities. Pop-up advice sessions,

community meetings, and co-located services, such as Early Help at Kiveton Park, have further embedded libraries into the fabric of local life.

Targeted outreach has successfully engaged non-users and underrepresented groups, including residents with protected characteristics. Libraries continue to collaborate with Citizens Advice to provide welfare and money advice, deliver health and wellbeing programmes like “Get Healthy Rotherham,” host job clubs, and partner with cultural organisations, museums, and artists to enrich the borough’s cultural life.

2. Performance Targets

The 2021–2026 Library Strategy established a set of measurable targets to ensure progress could be tracked and evaluated throughout the five-year period. These targets were designed to reflect the service’s priorities and demonstrate the value and impact of libraries across Rotherham.

Library services in Rotherham were significantly impacted by the COVID-19 pandemic, with face-to-face provision suspended and staff redeployed to support essential community functions. The most affected site was Riverside Library, which closed in March 2020 and remained unavailable for public use until Monday 19th July 2021. During this time, the building was repurposed as a foodbank and a Lateral Flow Testing Centre, limiting access to core library services. Staff were also allocated to support these operations, contributing to reduced performance across key engagement metrics.

The baseline year for performance measurement was 2018/19, as reported in the strategy. The following summary outlines progress against targets as of the end of 2024/25, in line with the “Monitoring Our Impact” framework.

🔴 Increase the Number of People Who Borrow Books by 10%

Target: Increase the number of active borrowers (including physical books and ebooks, e-audiobooks and e-magazines) by 10% from the 2021/22 baseline of 20,653, aiming for 22,718 by the end of 2025/26.

Performance 2024/25:

- Active Borrowers: 16658
- Progress: The service is not on track to meet its target.
- Shortfall: A deficit of 6060 borrowers compared to the target.

Key Challenge:
The underperformance is primarily driven by the Central Library, which continues to struggle with user recovery following extended closure and disruption.

- Active Borrowers: 15,792
- Progress: The service is not on track to meet its target.
- Shortfall: A deficit of 6,926 borrowers compared to the target.

Key Challenge:
The underperformance is primarily driven by the Central Library, which continues to struggle with user recovery following extended closure and disruption.

Benchmarking & Context:

- Rotherham Active Borrower Rate (2024/25): 5.7%
- National Average: 8.8%
- Neighbouring Authorities:
  - Barnsley: 10.3%
  - Doncaster: 5.9%

While national borrower rates have declined over the past decade, Rotherham's comparatively lower engagement levels highlight the need for targeted intervention. The opening of the new Central Library presents a timely and exciting opportunity to re-engage the community, strengthen outreach, and improve performance through focused and innovative strategies

🔴 Increase the number of library visitors by 10%

Target: Increase total library visitor numbers by 10% from the baseline of 616,387, aiming for 678,026 by the end of 2025/26.

Performance 2024/25:

- Total Visits: 395,297
  - Community Libraries: 348,961
  - Central Library: 46,296

Community Libraries are on track, showing strong performance with a 24% increase in footfall between 2022/23 and 2024/25. This growth is largely driven by the capital investment programme, which has enhanced facilities and engagement across local sites.

In contrast, the Central Library is significantly underperforming, with visits down 74% from its baseline of 176,996. This decline is primarily due to:

- A 17-month closure during the Covid-19 pandemic.
- A slower return of key customer groups.

As a result, the Central Library is not on target to contribute effectively toward the overall visitor goal. However, the planned relocation is expected to drive a substantial recovery in footfall and help realign performance.

 Increase reading for pleasure among young people (ages 0–25) by 25%
Target met: Engagement with young people reading for pleasure has reached the target.

The target was to increase engagement by 25% from a baseline of 3,248. By the end of 2024/25, engagement had risen to 8,367, representing a 156% increase. This

significant growth reflects the success of targeted programmes, outreach initiatives, and improved access to reading opportunities across the borough.

 Increase the number and range of activities and groups by 10%

Target met: The service aimed to increase the number and diversity of activities and groups by 10% from the baseline of 1,609, targeting 1,770 by the end of 2025/26.

Current Performance (2024/25):

Activities and Groups Delivered: 2,786
Increase from Baseline: +73.2%

The target has been significantly exceeded, with a 73.2% increase in the number and range of activities and groups compared to the baseline. This reflects strong community engagement, effective outreach, and the success of programming across library services. The growth demonstrates the service's ability to respond to local needs and interests, and positions Rotherham's libraries as vibrant, inclusive spaces for learning, creativity, and connection.

 Increase the number of people using IT facilities by 10%

Target met: The service aimed to increase IT facility usage by 10% from the baseline of 76,489, targeting 84,138 by the end of 2025/26.

Performance 2024/25:

- Usage: 91,097
- Increase from Baseline: +19%

The target has been successfully exceeded, with a 19% increase in IT facility usage compared to the baseline. This reflects strong engagement with digital services and the effectiveness of library sites in meeting the evolving needs of users. The growth highlights the value of accessible technology in supporting learning, job-seeking, and digital inclusion across Rotherham's communities.

 Increase self-service take up such as online renewals and online requests by 20%

Target: Increase self-service transactions (e.g. self-service, Wi-Fi printing, online renewals and online requests) by 20% from the baseline of 261,219, aiming for 313,463 by the end of 2025/26.

Performance 2024/25:

Usage: 332,458

Increase from Baseline: 27.27%

The target has been achieved, and this improvement is attributed to the implementation of new technologies, such as Wi-Fi printing, which have enhanced accessibility and convenience for users.

🔴 Increase the Number of Volunteering Hours by 50%

Target: Increase volunteering hours by 50% from the 2021/22 baseline of 3,207, aiming for 4,811 by the end of 2025/26.

Performance 2024/25:

- Volunteering Hours: 2,221
- Change from Baseline: −30.75%

Volunteering hours have declined by 30.75% compared to the baseline, indicating that the service is not currently on track to meet its target. A significant contributing factor is the loss of volunteer capacity following the COVID-19 pandemic, with many individuals not returning to their roles. This has had a lasting impact on service delivery and community involvement.

To address this, a refreshed recruitment campaign will be delivered along with stronger recognition and support for volunteers.

 Maintain customer satisfaction above 95%
Target met: Customer satisfaction levels have exceeded 95%, with an overall customer satisfaction of 98.66% for 2024/25.

 Trial technology which will allow customers to access libraries without staff being present in order to increase opening hour

Target on track: The Open+ system has been successfully implemented at Mowbray Gardens Library, enabling customers to access the library independently during extended hours. The rollout at Brinsworth Library is progressing well and remains on track for completion by December 2025

 Be able to evidence the impact and value that libraries bring to communities through case studies and testimonials
Target met: A series of case studies have been provided throughout the Library Strategy**,** clearly demonstrating the impact libraries have on individuals and communities. These examples highlight real-life outcomes across areas such as literacy, wellbeing, digital inclusion, and community cohesion.

Appendix 4

PART A - Initial Equality Screening Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

Further information is available in the Equality Screening and Analysis Guidance – see page 9.

1. Title	
Title: Library Strategy	
Directorate: Regeneration and Environment	**Service area: Libraries and Neighbourhood Hubs**
Lead person: Zoe Oxley	**Contact: 01709 334283**
Is this a: [X] **Strategy / Policy** [ ] **Service / Function** [ ] **Other** **If other, please specify**	

2. Please provide a brief description of what you are screening
The screening document supports the Cabinet report "Review of the 2021 - 2026 Library Strategy and proposal to undertake consultation for the 2027-2032 library strategy/future service delivery model". The report will be presented to Cabinet in December 2025. Its purpose is to review performance against the 2021–2026 Library Strategy, summarise key achievements and challenges, and seek approval to undertake a public consultation on the development of a new Library Strategy for 2027–2032 and a future service delivery model for Libraries and Neighbourhood Hubs. The previous Rotherham Library Strategy 2021–2026 provided the framework for the

delivery and development of library services across the Borough. The strategy set out an ambitious plan to modernise library buildings, strengthen community partnerships, increase digital inclusion, and provide cultural and learning opportunities for residents. It supported the Council's key strategies including the Thriving Neighbourhoods Strategy, Cultural Strategy, Economic Growth Strategy, Customer Access Strategy, and Health and Wellbeing Strategy, as well as national priorities through the Libraries Connected Universal Offers.

The service envisages that a refreshed and modernised strategy for 2027 to 2032 will deliver a fresh approach to how services are delivered over the next 5 years and ensure that every corner of the borough has to opportunity to have their say about how we do this, to guarantee that no community is left behind and those who are the hardest to reach are included.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc.

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community?	x	
Could the proposal affect service users?	x	
Has there been or is there likely to be an impact on an individual or group with protected characteristics?		x
Have there been or likely to be any public concerns regarding the proposal?	x	
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?	x	
Could the proposal affect the Council's workforce or employment practices?		x

If you have answered no to all the questions above, please explain the reason

N/A

If you have answered **no** to all the questions above please complete **sections 5 and 6.**

If you have answered **yes** to any of the above please complete **section 4.**

Appendix 4

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made**.**

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).

- **How have you considered equality and diversity?**

An Equality Analysis has been produced and the appropriate approvals received. During the production of the new Library Strategy, a wide range of organisations and individuals will be included, and this will be reflected in the Equalities Impact Analysis. The library strategy consultation for the 2027-2032 will draw from a variety of sources with representation of people with protected characteristics. In addition, many of the organisations involved work directly with people from a cross section of the community so will represent their views.

- **Key findings**

The Service seeks to ensure that an action plan is developed and maintained as the service evolves, to address areas for improvement, and where we need to widen access and make the customer base more diverse. This will link into the wider strategic agenda of the Council. As well as having an exceptionally high rate of customer satisfaction, currently the Service is engaging well with the following key areas, including those with protected characteristics: Females borough wide, White British people, those who do not declare themselves as disabled and the following age groups: 4-11, 26-40, 41-65 and 65 and over. Further work is required in order to engage better with the following; Males of all ages, borough wide, BAME, Disabled People, Ages 0-3, 12-17 and 18-25.

The Service will create an action plan as part of the EIA to address these. It will be maintained as the recommendations evolve and highlight where we may need to widen access and involve other partner organisations. The delivery of the action plan will have a positive impact on many local groups and improve engagement across the under represented areas.

- **Actions**

A robust action plan is to be developed to address the areas where following analysis, the service is falling short in terms of regular engagement. It is envisaged that the Service will work with the wider Council and community and voluntary partners to focus on this utilising cross cutting agendas including the Thriving neighbourhoods strategy, Cultural Strategy, Health and Wellbeing agenda, Building Stronger Communities vision and the Creative Health Programme.

Appendix 4

Date to scope and plan your Equality Analysis:	December 2025 onwards
Date to complete your Equality Analysis:	TBC
Lead person for your Equality Analysis (Include name and job title):	Gina Szumski, Operational Manager

5. Governance, ownership and approval		
Please state here who has approved the actions and outcomes of the screening:		
Name	**Job title**	**Date**
Polly Hamilton	Assistant Director, Culture Sport & Tourism	28/10/25

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date screening completed	24/10/25
Report title and date	Review of the 2021 - 2026 Library Strategy and proposal to undertake consultation for the 2027- 2032 library strategy/future service delivery model 15/12/25
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	15/12/25
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	28/10/25

Appendix 5

PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title	
Equality Analysis title: Library Strategy 2027-2032	
Date of Equality Analysis (EA): 10th Sept 2025	
Directorate: **Regeneration and Environment**	**Service area:** **Libraries and Neighbourhood Hubs**
Lead Manager: **Zoe Oxley**	**Contact number:** **01709 334283**
Is this a: [x] **Strategy / Policy** [ ] **Service / Function** [ ] **Other** **If other, please specify**	

Appendix 5

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance		
Name	**Organisation**	**Role (eg service user, managers, service specialist)**
Zoe Oxley	RMBC	Head of Operations and Business Transformation
Gina Szumski	RMBC	Operational Manager
Rowena Woods	RMBC	Service Manager

3. What is already known? - see page 10 of Equality Screening and Analysis Guidance

Aim/Scope (who the Policy/Service affects and intended outcomes if known)
This may include a group/s identified by a protected characteristic, others groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

The current Rotherham Library Strategy (2021–2026) has provided a solid foundation for the delivery and development of library services across the Borough. However, the landscape of public service usage has evolved significantly in recent years, influenced by both external environmental factors and shifting expectations among service users. The COVID-19 pandemic, in particular, acted as a catalyst for change, reshaping how individuals engage with public spaces and digital services.

As we look ahead to the development of the 2027–2032 Library Strategy, it is essential to ensure that our approach remains responsive, inclusive, and equitable. The revised strategy will reflect the Council's commitment to meeting its statutory duty under the Public Libraries and Museums Act 1964 to provide a "comprehensive and efficient" library service. This duty must be fulfilled not only in terms of access and provision but also in ensuring that services are equally accessible and beneficial to all members of the public, regardless of age, background, ability, or socio-economic status.

<u>Embedding Equality and Inclusion</u>

The new strategy will place a stronger emphasis on equality, diversity, and inclusion by:

- Actively engaging underrepresented groups, including those from minority ethnic backgrounds, disabled individuals, older adults, and young people, to understand and respond to their specific needs.
- Ensuring that library spaces are welcoming, safe, and culturally sensitive, with staff trained in inclusive practices and customer service.
- Expanding digital access and literacy support, particularly for those who face barriers to technology, such as low-income households or older residents.
- Promoting community-led programming that reflects the diverse voices and interests of Rotherham's population.

Enhancing Service User Outcomes

Libraries are more than repositories of books—they are community anchors that support lifelong learning, wellbeing, and social connection. The strategy will aim to improve service user outcomes by:

- Measuring impact through user feedback, engagement data, and community outcomes, rather than just usage statistics.
- Supporting educational attainment and employability through targeted resources, workshops, and partnerships with local organisations.
- Facilitating health and wellbeing initiatives, such as reading for mental health, social prescribing, and safe spaces for community interaction.
- Encouraging active citizenship and civic engagement by providing access to information, democratic participation, and volunteering opportunities.

Responding to Financial Pressures with Innovation

While financial constraints continue to affect the Council's budget, the library service has adapted by embracing innovative solutions that maintain accessibility and inclusivity for all residents. Initiatives such as the introduction of Open+ technology have extended access to libraries beyond traditional staffed hours, ensuring that people with varying schedules can still benefit from library services. Enhanced digital resources, including e-books and online learning platforms, provide flexible options for those unable to visit in person, helping to reduce barriers for individuals with mobility challenges or caring responsibilities. In addition, libraries are increasingly used as community hubs, offering safe, welcoming spaces for local groups and organisations to deliver activities that support social inclusion and wellbeing. These approaches help ensure that, despite financial pressures, the service continues to promote equality of opportunity and meet the diverse needs of Rotherham's communities.

The £1.4 million capital investment approved in 2021 enabled significant improvements across the 14 neighbourhood sites, including enhanced ICT infrastructure and modernised interior design. These upgrades have not only improved the physical environment but have also supported inclusive service delivery, such as the creation of flexible spaces for community use and digital engagement.

The relocation and refurbishment of facilities at Thurcroft and Swinton demonstrate the Council's commitment to maintaining high-quality, accessible services in areas of need, ensuring that no community is left behind.

Libraries are for everyone and the service is committed to ensuring that Rotherham libraries are inclusive and engaging with all sectors of the community, including people with protected characteristics. The priority is to ensure that all residents are able to enjoy the benefits of Rotherham's Libraries and Neighbourhood Hubs. More groups and partner organisations are using the local community library as a valuable local base for their activities.

The priorities of the service are aligned to the wider Culture, Sport and Tourism (CST) service and as such, Libraries contribute to the cultural strategy outcomes, whereby a programme of

cultural and artistic activities and events will be delivered to provide everyone with the opportunity to enjoy some form of creative experience.

Diversity and equality go hand in hand with the arts and culture, as they encourage individuals from every background and ability to realise their true potential therefore contributing to citizens artistic and cultural talent. The Council believes that libraries are a critical link between Rotherham communities and the wider cultural agenda. The location of libraries within the heart of communities affords the ideal platform to develop this piece of work.

Libraries occupy a position of trust within local communities, with a customer base which strongly values local proximity and the diverse offer which is available. The thriving neighbourhood strategy works hand in hand with a library service offer within a neighbourhood setting which allows the service to tailor community activities with the demographic of each specific community where it is located.

In addition, Libraries play an important role in supporting health and wellbeing. For vulnerable and inactive people, libraries can assist to re-motivate individuals to go outside and walk to their local library, giving purpose to their 'daily exercise'. Reading has been proven to be beneficial to mental health, and libraries have been developing work in this field, recognising that, particularly for people with low-level mental health issues (depression and anxiety), libraries offer a source of solace, respite and self-help. For this latter group, safe engagement with the physical world is an important part of reducing social isolation.

In considering how the service can better exercise the Public Sector Equality Duty it is important to consider this in relation to staff, customers, the complete library offer and the library buildings. The way in which libraries can incorporate this is as follows;

Staff: We seek to make staff and volunteers broadly representative of the community we serve. This may involve changes to current processes, and the way in which staff are recruited will be reviewed to make it more inclusive of those with protected characteristics. All staff will be encouraged to act as allies and advocates, supporting equality as a core principle of our service.

Customers: The Council's Customer Access Strategy sets out how we will meet customer needs and demands by using resources effectively and making services accessible to all, regardless of circumstances. It explains how we will strengthen customer relationships, improve experiences, and increase satisfaction by working closely with customers to understand and respond to their needs. Libraries will seek to engage people who are currently non-users, particularly those with protected characteristics. The service has identified under-representation among males, young adults, and individuals from Black, Asian, and Minority Ethnic (BAME) communities and will seek to address this over the lifetime of the strategy. In addition, the service recognises the importance of engaging other groups who may face barriers, including disabled individuals, older adults, young people, low-income households, people with mobility challenges or caring responsibilities, and those experiencing mental health issues or social isolation. This commitment is reinforced by the Council's Digital Strategy, which focuses on improving customer experience through inclusive digital services and ensuring that libraries remain accessible to all, including those at risk of digital exclusion. Together, these strategies aim to remove barriers, promote equality of opportunity, and deliver a library service that reflects the diversity of Rotherham's communities.

The Offer: Libraries will ensure that the book stock, resources and activity programmes are inclusive and diverse, and that we include books written by people with protected characteristics. It is important that books and other resources are available in diverse formats to address sensory impairments or language barriers. It is also important to focus efforts on underrepresented groups within the service to understand their needs and embrace their requirements to ensure libraries are attractive to everyone. Libraries will work over the new five-year strategy to ensure that artists, partners and organisations that we collaborate with are diverse and committed to widening and diversifying engagement. Targeted events, projects and activities will be co-designed in collaboration with the very people we are seeking to work with.

Library Buildings: Library buildings will continue to play a vital role in delivering an inclusive and accessible service. The new strategy will focus on ensuring spaces are safe, welcoming, and physically accessible for all users, including those with disabilities, older adults, families, and individuals with caring responsibilities. Recent capital investment has supported improvements such as modernised interiors, enhanced ICT infrastructure, and flexible spaces for community use and digital engagement. These upgrades help create environments that promote equality, cultural participation, and social connection within local communities.

Libraries will use their position within neighbourhoods to deliver activities that empower communities, including events such as Fun Palaces, which encourage people to create with, by, and for themselves. The service will help develop local networks by linking individuals and organisations, encouraging staff and partners to co-create with local people, and supporting grassroots groups to showcase their value. Working in tandem with Fun Palaces and other arts organisations, libraries will shine a light on existing creative skills and activities, connecting people and organisations to collaborate for positive change. Libraries will also work with other Council services and community and voluntary sector partners to harness local strengths and assets, including individuals' abilities, ensuring that Rotherham libraries remain central to community life.

What equality information is available? (Include any engagement undertaken)

The service holds data on existing library users from the Library Management System covering 2021/2022 to 2024/2025. This data is collated monthly for all sites and enables comparison against the overall Rotherham population to assess representation of people with protected characteristics. Combined with insights from the local needs assessment and consultation, this analysis will help identify gaps and under-represented groups, informing targeted actions within the new Library Strategy to improve equality of access and engagement.

Key trends identified from current data (2024/25):

- **Age:**
  The 41–65 age group accounts for 24.15% of registered users and 15.77% of active borrowers, making it the largest registered segment. However, children aged 4–11 represent 18.03% of registered users but dominate active borrowing at 39.15%, indicating strong engagement among younger users.
- **Gender:**
  Female users make up 56.21% of registered users and 58.87% of active borrowers, while males represent 37.99% registered and 33.03% active, highlighting a gender imbalance in usage.

- **Ethnicity:**
  White British users remain the largest group at 60.05% registered and 60.3% active. Representation among Asian British (4.66%), Black British (1.97%), and other ethnic groups is significantly lower. Notably, 28.28% of active users declined to state ethnicity, limiting understanding of diversity.
- **Disability:**
  Only 3.44% of registered users and 3.24% of active borrowers self-declare as disabled, while 39.4% declined to answer, creating a substantial gap in understanding and potential underrepresentation.

Are there any gaps in the information that you are aware of?

Analysis shows under-representation among BAME individuals, young people aged 12–25, males, and those who self-declare as disabled. While libraries engage well with females, children aged 4–11, and older adults (65+), further work is needed to widen access and diversify the customer base.

Current data provides insight into age, sex, disability, and ethnicity. However, there are areas where our understanding is more limited, including:

- Gender reassignment
- Sexual orientation
- Faith
- Civil partnerships and marriage
- Pregnancy and maternity
- Certain socio-economic factors (e.g., parents, carers, looked-after children, unemployed individuals, people on low incomes, ex-offenders, victims of domestic abuse, and those experiencing homelessness)

The new strategy will seek to improve awareness of these groups through engagement and partnership working, ensuring that future service planning considers the needs of all communities.

As part of the new Library Strategy, Rotherham Libraries will develop and deliver a robust action plan to increase understanding of these issues and address under-representation in both service usage and workforce diversity. This will include working with other Council departments (e.g., Children's Services, Adult Social Care) and voluntary sector partners to strengthen engagement and align with wider strategic priorities.

Planned Engagement and Needs Assessment

To inform the development of the new Library Strategy and service delivery model for Libraries and Neighbourhood Hubs, a comprehensive programme of engagement, analysis, and local needs assessment will be undertaken:

- **February – July 2026 – Public Consultation (Phase 1):**
  Borough-wide consultation to gather insights on how residents use library services and what matters most to them for the future. This phase will explore satisfaction levels, emerging needs, modernisation priorities, opening hours, self-access options, volunteering opportunities, co-location possibilities, and aspirations for the new Town

Centre Library. Engagement will include current users, non-users, staff, Trade Unions, and other stakeholders, ensuring diverse voices are heard. A local needs assessment will also be carried out during this phase to identify gaps in provision and ensure the strategy reflects community priorities.

- **August – October 2026 – Analysis and Draft Strategy Development:** Analyse consultation feedback and local needs assessment findings to draft the new Library Strategy. Test and refine the draft with stakeholders and notify the Department for Culture, Media and Sport (DCMS) of any potential changes to service delivery.
- **November 2026 – Cabinet Report (Phase 2 Engagement Approval):** Present the draft Library Strategy and proposed service delivery model to Cabinet for approval to proceed to a second phase of engagement.
- **November 2026 – February 2027 – Public Consultation (Phase 2):** Conduct a second phase of engagement on the draft strategy and proposed final service offer. Analyse feedback and update the Equality Impact Assessment accordingly.
- **March 2027 – Finalisation:** Produce an engagement analysis report, finalise the Library Strategy, revised service offer, and associated budget implications. Continue engagement with staff and Trade Unions on the revised service structure.

What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

Following the launch of the previous Library Strategy, an Equalities Impact Assessment (EIA) Action Plan was implemented to monitor engagement with groups identified as least engaged, including men, disabled people, young people, and individuals from Black, Asian, and Minority Ethnic (BAME) communities.

This approach will continue and be strengthened under the revised Library Strategy 2027–2032. Monitoring will include refreshed community engagement and targeted actions to reach groups who may be less visible or more at risk of exclusion.

To ensure the impact of the new strategy is assessed effectively, existing quarterly monitoring arrangements will be enhanced. Current reporting against corporate Key Performance Indicators (KPIs) will be broken down by protected characteristics to provide a clearer picture of equality outcomes.

Additional analysis will be undertaken to identify trends and gaps in representation. The EIA Action Plan will be integrated into the wider Library Strategy Action Plan, with progress reviewed regularly throughout the lifetime of the strategy.

The service will work closely with the Council's Performance Team to ensure robust monitoring and reporting, enabling timely interventions where inequalities are identified.

Engagement undertaken with customers. (date and group(s) consulted and key findings)	Formal engagement has not yet taken place, this is scheduled to begin in February 2026

Engagement undertaken with staff (date and group(s)consulted and key findings)	Formal engagement has not yet taken place, this is scheduled to begin in February 2026.

4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)

How do you think the Policy/Service meets the needs of different communities and groups? Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity. Rotherham also includes Carers as a specific group. Other areas to note are Financial Inclusion, Fuel Poverty, and other social economic factors. This list is not exhaustive.

The Libraries and Neighbourhood Hubs Strategy is intended to fulfil the statutory requirement to provide a "comprehensive and efficient library service" for all who want to use it. It presents the following as vital to our service offer:

- **Libraries Connected nationally accepted Universal Offers**: Culture & Creativity, Health and Wellbeing, Information & Digital and Reading,

- **Future Libraries Project** (CILIP & Arts Council England, 2024)
  This initiative includes two key components:
  - Come Rain or Shine: Preparing Public Libraries for the Future in an Age of Uncertainty – a strategic foresight report exploring challenges and opportunities for libraries up to 2040.
  - Future Libraries Toolkit – a practical framework for libraries to assess their community context and plan resilient, adaptive services.

  The project builds on the original *Envisioning the Library of the Future* priorities and updates them with a futures literacy approach. Key themes include:
  - Strategic resilience and adaptability
  - Community engagement and co-production
  - Digital transformation and horizon scanning
  - Skills development and leadership capacity

The Service provides a hub at the heart of the local community and for those areas without access to a local building, there is a mobile and home delivery service.

The stock policy aims to provide a broad range of material in a variety of formats: material in print (hardback and paperbacks, newspapers and magazines) audio visual and electronic formats. The service may focus on particular needs and demands when setting annual priorities, so it is therefore possible to find the same title in ordinary print, large print, spoken word, downloadable spoken word and e- book.

Overall 9% of residents in Rotherham Borough describe themselves as from a non-white UK population. 2.2% of the population in Rotherham, 2,562 people, report that they cannot speak English well or at all. The library service ensures that materials in a variety of community languages are available, particularly within the catchment areas of the Central library at Riverside and Mowbray Gardens library and access to online content is free of charge.

Every library offers free Wi-Fi access to the internet and all libraries have computers available free of charge to library members.

The service has invested in online resources including a wide selection of e-books, e-magazines and downloadable spoken word titles. The service participates in a co-operative partnership with a number of other library authorities which has significantly increased the number of e-book titles available to our borrowers at no extra cost to the service.

Protected characteristics and the impact of the Library Strategy

1. Age

Libraries offer materials in multiple formats (e.g. large print, spoken word), which supports older adults and those with age-related impairments. Youth engagement involves the inclusion of Culture & Creativity and Reading offers which can support early literacy and creative development for children and young people.

2. Disability

The availability of large print, spoken word, downloadable formats, and home delivery services directly supports individuals with visual impairments, mobility challenges, or other disabilities. Digital Inclusion is evidenced by offering free Wi-Fi and computer access to help bridge the digital divide for disabled users who may lack access at home.

3. Race and Ethnicity

Language Support is delivered by the provision of materials in community languages and targeted support in areas like Riverside and Mowbray Gardens helps address the needs of non-English speakers (2.2% of the population). Cultural representation is considered across all areas of service delivery. The stock policy and Universal Offers can be tailored to reflect diverse cultural backgrounds, promoting inclusion.

4. Religion or Belief

While not explicitly addressed, inclusive stock policies will ensure representation of various religious texts and culturally relevant materials.

5. Sex, Sexual Orientation, Gender Reassignment

While not directly referenced, the strategy's emphasis on co-production and community engagement offers opportunities to include LGBTQ+ voices and ensure safe, welcoming spaces. Digital and Reading offers will be curated to include diverse gender identities and sexual orientations, promoting visibility and understanding.

6. Pregnancy and Maternity

Home delivery and mobile services can benefit new parents or those with limited mobility due to pregnancy. Rotherham Libraries deliver family-oriented programming, hosting early years activities weekly, which align with health and wellbeing goals.

7. Marriage and Civil Partnership

No direct mention, but inclusive programming and resources will support relationship wellbeing and family life.

Strategic Strengths

- Resilience and Adaptability: The Future Libraries Toolkit encourages libraries to respond to evolving community needs, which is essential for equity.
- Community Engagement: Co-production ensures that services are shaped by diverse voices, including those with protected characteristics.
- Digital Transformation: Expanding online resources supports accessibility and inclusion, especially for those facing barriers to physical access.

Recommendations

- Equality Monitoring: Collect and analyse usage data by protected characteristics to identify gaps and improve targeting.
- Inclusive Co-Production: Ensure engagement activities actively include underrepresented groups.
- Staff Training: Continue developing staff awareness of equality, diversity, and inclusion to support respectful and informed service delivery.

This section will be reviewed once engagement has been undertaken and proposals are developed.

Does your Policy/Service present any problems or barriers to communities or Groups?

As highlighted above, the groups identified through the equality analysis highlights areas where Rotherham libraries can improve in terms of engagement with these sectors of protected characteristics. Whilst there may be obvious barriers of engagement such as accessibility to buildings which will be covered as part of the consultation and engagement, it is important for the Library service moving forward to acknowledge these priority areas and embark upon a revised EIA action plan to address these, which will include working with voluntary organisations, community groups, charities and public health. Through this approach we will be able to ensure that we are directly targeting those that are unrepresented within Rotherham libraries. By setting out a revised EIA action plan it will allow us to identify any problems or barriers these groups face which prevents being an active user of Rotherham libraries.

Does the Service/Policy provide any positive impact/s including improvements or remove barriers?

These are yet to be determined, there needs to be more work on ensuring the service offer is appropriate and accessible for minorities within the overall population but the core service offer ensures all sectors are addressed. This will be done as an ongoing piece of work as the new Strategy is drafted to ensure that the service offer within each community promotes community cohesion and has a positive impact on the lives of those accessing the service.

Appendix 5

As part of the library strategy Rotherham libraries will seek to:

- Commit to widening access that the library service provides such as vehicle-based services, mainly to older people who might otherwise be unable to get to a library.
- Adapt the service to the changes of technology to meet the needs of the people of Rotherham including those with protected characteristics.
- Focus on children from lower-income families and increase social isolation and loneliness across all ages.
- Play a vital role in reaching out to all areas of the community in the Borough regardless of age, gender or social and economic background.
- Support in reducing social isolation and maintaining good mental health, using the Five Ways to Wellbeing as a framework for activities, working closely in line with the Rotherham Health and Wellbeing Strategy (2025-2030), which focuses on improving children's and young people's lives, promoting good physical and mental health for all residents, and reducing the impact of negative environmental factors and also supporting Adult Social Care and Housing in providing safe, trusted community-based places for service users and increasing opportunities for independent living
- Libraries will be easily accessible, offering ease of access for people with disabilities. They will be well used, with up-to-date facilities and be responsive to changing local needs, using technology and resources effectively and supporting communities to access this
- Encourage applications from those with protected characteristics for volunteer roles, apprenticeships and library posts.

What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another)

Rotherham libraries and Neighbourhood Hubs will undertake a thorough analysis of community consultation and engagement results which will enable the service to implement solutions with the resources available. The consultation will allow the service to refresh the EIA action plan and detail the steps we will take in order to improve engagement with those sectors highlighted following the report. The service is keen to work closely with other areas within the Council to ensure that community relations are at the forefront of the service offer moving forward, and as such, we will endeavour to cross cut with other service strategies.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

5. Summary of findings and Equality Analysis Action Plan

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

Title of analysis: Library Strategy renewal 2027-2032
Directorate and service area: Culture, Sport and Tourism – Libraries and Neighbourhood Hubs
Lead Manager: Zoe Oxley
Summary of findings:
Current data shows strong engagement among children aged 4–11 and females, but under-representation among males, young people aged 12–25, disabled individuals, and Black, Asian, and Minority Ethnic (BAME) communities. Significant gaps remain in understanding other protected characteristics, including sexual orientation, gender reassignment, faith, pregnancy and maternity, and socio-economic factors such as carers, low-income households, and those experiencing homelessness. The new strategy will embed equality and inclusion by: • Actively engaging underrepresented groups through consultation and co-production. • Ensuring library spaces are safe, welcoming, and physically accessible. • Expanding digital access and literacy support to reduce barriers for those at risk of digital exclusion. • Delivering diverse stock and programming that reflects the voices and interests of all communities. Monitoring arrangements will be strengthened by breaking down performance data by protected characteristics and integrating the EIA Action Plan into the wider Library Strategy Action Plan. Engagement phases in 2026–2027, combined with a local needs assessment, will inform targeted actions to address gaps and improve representation.

The strategy aims to:

- Widen access and diversify the customer base.
- Support health and wellbeing, education, and employability.
- Promote cultural participation and community cohesion.
- Ensure resilience and adaptability through innovation and partnership working.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Public Consultation to be completed	**A, D, S, GR, RE, RoB, SO, PM, CPM, C and O**	**February 2026 – February 2026**
Library strategy renewed	**A, D, S, GR, RE, RoB, SO, PM, CPM, C and O.**	**April 2027**
Local Risk Assessment to be completed	**A, D, S, GR, RE, RoB, SO, PM, CPM, C and O**	**July 2026**

***A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups**

6. Governance, ownership and approval		
Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.		
Name	**Job title**	**Date**
Polly Hamilton	Assistant Director – Culture, Sport and Tourism	29/10/25

7. Publishing	
The Equality Analysis will act as evidence that due regard to equality and diversity has been given. If this Equality Analysis relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report. A copy should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.	
Date Equality Analysis completed	28/10/25
Report title and date	Review of the 2021 - 2026 Library Strategy and proposal to undertake consultation for the 2027- 2032 library strategy/future service delivery model. 15/12/25
Date report sent for publication	
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	28/10/25

Appendix 6 Climate Impact Assessment, Library Strategy

Will the decision/proposal impact…	Impact	If an impact or potential impacts are identified:			
		Describe impacts or potential impacts on emissions from the Council and its contractors.	Describe impact or potential impacts on emissions across the Borough as a whole.	Describe any measures to mitigate emission impacts	Outline any monitoring of emission impacts that will be carried out
Emissions from non-domestic buildings?	Unknown	Additional activities within library buildings have the potential to generate the requirement to open facilities for longer hours	The impact will be minimal as many of the buildings utilised already host other activities and are open to the public up to 7 days a week, however, there may be circumstances where increasing the opening hours is required ad hoc	Extra care to be taken to ensure buildings are only heated and lit for the times specifically required for delivery of services and additional activities/events.	Monitor timings heating and lighting is utilised.
Emissions from transport?	Unknown	Additional activities and events delivered within communities have the potential to generate increased traffic from those wishing to attend. Staffing numbers may also increase at specific times to support delivery so travel may increase.	The impact will be minimal as we only envisage a small number of additional vehicles per week would be used to attend increased activities or events	Deliver activities within a local area only. Promote active travel measures such as cycling and walking to activities and car sharing where there is a requirement to drive to the session.	Potential to monitor the number of cars used to transport staff where additional cover is needed. Also to monitor the method of transport service users adopt such as walking, cycling or public transport.
Emissions from waste, or the quantity of waste itself?	None	Additional activities and events delivered within communities have the potential to generate increased waste where crafting items and refreshments are used.	The impact will be minimal as we do not host large scale events and those that are delivered as additional will be attended by small/average numbers.	Use recyclable materials where possible and avoid single use plastics across all areas of service delivery.	Potential to monitor the materials used to deliver activities and events and the materials used where refreshments are made available.

Emissions from housing and domestic buildings?	None	N/A	N/A	N/A	N/A
Emissions from construction and/or development?	None	N/A	N/A	N/A	N/A
Carbon capture (e.g. through trees)?	None	N/A	N/A	N/A	N/A

Identify any emissions impacts associated with this decision which have not been covered by the above fields:

It is envisaged that the Library Strategy renewal will have little to no impact on carbon emissions for the Council and the town. There are some measures identified that will potentially mitigate against increased emissions, but this is difficult to quantify with only minimal monitoring measures in place.

Additional activities and events within Libraries across the borough have the potential to generate the requirement to open facilities for longer hours- Ensure utilised buildings (if appropriate) are heated and lit for the appropriate times of the activities.

Additional activities also have the potential to generate increased traffic from those wishing to attend and additional staffing if needed - Encouragement of participants to travel to activities by active travel methods. There will be minimal climate impact.

Will the proposal affect Council services' resilience to climate change, or the capacity of people living in the Borough to adapt to climate change?

The strategy supports climate adaptation through community-focused initiatives that build resilience, which includes the following:

- Libraries offer warm or cool, safe spaces during crises (e.g., cost-of-living, pandemic, heatwaves, cold winters), which is vital during extreme weather events or energy shortages.
- Integration with health and wellbeing services helps vulnerable populations adapt to changing social and environmental conditions.
- Creation of green spaces and sensory gardens improving community and environmental resilience.
- Autism-friendly spaces and sensory equipment support diverse needs, while flexible building use (e.g., community kitchens, meeting rooms) enhances adaptability.
- Increased volunteering and community-led events foster local ownership and social cohesion—key elements of climate resilience.
- Training in digital and financial literacy equips residents with tools to navigate climate-related challenges, such as accessing online services or managing energy costs.

Provide a summary of all impacts and mitigation/monitoring measures:

1. Carbon Emissions and Environmental Sustainability

While the briefing does not explicitly quantify carbon emissions reductions, several initiatives contribute to lowering environmental impact and promoting sustainable practices:

- **Refurbishment and Co-location of Libraries:**
  - Over £1 million invested in refurbishing library buildings, improving energy efficiency through modern décor, furniture, and digital infrastructure.
  - Co-location with other services (e.g., Youth Services, Early Help) reduces the need for multiple buildings, potentially lowering the Council's carbon footprint.
- **Digital Access and Inclusion:**
  - Expansion of Open+ technology and self-service kiosks reduces the need for staff travel and physical resources.
  - Growth in digital membership and use of e-resources (eBooks, eMagazines) reduces paper consumption and physical borrowing, contributing to lower emissions.
- **Outdoor Engagement and Green Spaces:**
  - Creation of reading gardens and use of parks and green spaces for events promotes nature-based engagement and supports mental wellbeing.

- These initiatives align with climate adaptation goals by encouraging use of outdoor spaces and fostering community resilience.

2. Climate Change Adaptation and Community Resilience

The strategy supports climate adaptation through community-focused initiatives that build resilience:

- **Libraries as Community Hubs:**
  - Libraries offer warm, safe spaces during crises (e.g., cost-of-living, pandemic), which is vital during extreme weather events or energy shortages.
  - Integration with health and wellbeing services helps vulnerable populations adapt to changing social and environmental conditions.
  - Creation of green spaces and sensory gardens improving community resilience as detailed above.
- **Inclusive and Accessible Infrastructure:**
  - Autism-friendly spaces and sensory equipment support diverse needs, while flexible building use (e.g., community kitchens, meeting rooms) enhances adaptability.
- **Volunteering and Outreach:**
  - Increased volunteering and community-led events foster local ownership and social cohesion—key elements of climate resilience.
- **Digital Literacy and Skills Development:**
  - Training in digital and financial literacy equips residents with tools to navigate climate-related challenges, such as accessing online services or managing energy costs.

Forward-Looking Considerations

The proposed 2027–2032 Library Strategy consultation will explore:

- Modernisation and Investment Priorities: Including potential for expanded self-access technology, which could further reduce operational emissions.
- Libraries as Flagship Cultural and Learning Hubs: With the new Town Centre Library potentially serving as a model for sustainable design and community engagement.
- Widening Access and Inclusion: Ensuring that climate adaptation efforts reach underrepresented groups.

Supporting information:	
Climate Impact Assessment Author	Gina Szumski Operational Manager Libraries and Neighbourhood Hubs Regeneration and Environment

Please outline any research, data or information used to complete this Climate Impact Assessment.	*Not applicable*
If quantities of emissions are relevant to and have been used in this form please identify which conversion factors have been used to quantify impacts.	*Not applicable*
Validation	Tracking Reference: CIA533 Louise Preston Climate Change Manager

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Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 15 December 2025

Report Title
Rotherham Employment and Skills Strategy

Is this a Key Decision and has it been included on the Forward Plan?
Yes

Strategic Director Approving Submission of the Report
Andrew Bramidge, Strategic Director of Regeneration and Environment

Report Author(s)
Name, Simeon Leach
simeon.leach@rotherham.gov.uk

Ward(s) Affected
Borough-wide

Report Summary

The current Rotherham Employment and Skills Strategy was adopted in 2019. Since the adoption of the Strategy the social, economic and policy contexts have changed significantly, including changes in the work, health and skills landscape following the pandemic, changes in Government policy, and the development of a new South Yorkshire Skills Strategy.

Reflecting these changes, a proposed new Employment and Skills Strategy, covering the period 2026-31, has been produced for the Rotherham Together Partnership.

The new Strategy will contribute to the delivery of the South Yorkshire Skills Strategy but also identifies the key challenges and priorities that are specific to Rotherham and proposes a new focus for the co-ordination of activity in Rotherham.

Recommendations

That Cabinet:

1. Endorses the formal adoption of the Rotherham Employment and Skills Strategy 2026-31.

2. Notes that the Rotherham Employment and Skills Board is tasked with overseeing the delivery and monitoring of the Strategy and with reporting on progress to Cabinet and the Rotherham Together Partnership (RTP) on an annual basis.

List of Appendices Included

Appendix 1 Draft Rotherham Employment and Skills Strategy 2026-31
Appendix 2 Part A – Initial Equality Screening Assessment
Appendix 3 Part B – Equality Analysis Form
Appendix 4 Carbon Impact Assessment

Background Papers

Rotherham Employment and Skills Strategy 2019-25

South Yorkshire Skills Strategy 2024

Get Britain Working White Paper, November 2024

Data dashboard

Consideration by any other Council Committee, Scrutiny or Advisory Panel
None

Council Approval Required
No

Exempt from the Press and Public
No

Rotherham Employment and Skills Strategy

1. Background

1.1 Rotherham's current Employment and Skills Strategy is for the period 2019-25. The social, economic and policy contexts have changed significantly during that period. The post-pandemic period saw changes in hybrid working, increased awareness of mental health, and rising levels of economic inactivity. Technological changes such as artificial intelligence and increasing automation, together with demographic shifts and global instability, have driven changes in the wider economy and in the outlook for employment and skills.

1.2 In response, the Government has proposed national policy initiatives including Skills England, the Get Britain Working White Paper, and the Modern Industrial Strategy. Regionally, the South Yorkshire Mayoral Combined Authority (SYMCA) has developed a new Skills Strategy, along with the Pathways to Work programme which the Council is supporting and implementing to change the employment support system so that it better supports people back into work.

1.3 To respond to these changes, this report proposes a new Employment and Skills Strategy for Rotherham covering the period 2026-31 (included at Appendix 1). This work is underpinned by a detailed data analysis setting out the current baseline for employment and skills in Rotherham.

2. Key Issues

Development of the Employment and Skills Strategy 2026-31

2.1 The Strategy is founded on the production of a new Data Dashboard which provides key metrics for Rotherham. Based on the data and evidence, an analysis was produced describing the implications for Rotherham and that in turn informs the case for intervention.

2.2 A review of policies, strategies and documents for Employment and Skills was undertaken to inform the development of the Strategy. In particular, the Strategy aims to align with the objectives and funding coming through the South Yorkshire Mayoral Combined Authority (SYMCA) and therefore the new Strategy demonstrates how Rotherham will contribute to the delivery of the stated missions in the South Yorkshire Skills Strategy.

2.3 The Rotherham Employment and Skills Strategy contains three Missions which respond to the local priorities emerging from the analysis and reflect Rotherham's particular opportunities and challenges. There are key roles to be played by a range of partners to address these missions, particularly for employers who have a central role to play not only as the beneficiaries of a skilled workforce but as active investors in the development of their employees.

Mission 1 – Supporting people into work
Rotherham partners will work together to create more opportunities for good work and support more residents to participate in the labour market, so people can prosper and realise their potential. This mission focuses on addressing disparities in the labour market to ensure that residents in all communities have the opportunities and support they need to progress *toward*s work, *into* work and remain *within* work.

Mission 2 – Improving core skills for employment
Together, Rotherham supports residents to access lifelong learning opportunities and advance within their chosen careers through equipping them with the knowledge and skills they need to enter and progress in work. This mission seeks to ensure that everyone can access the education, training and competencies they need to prosper and grow.

Mission 3 – Delivering a workforce for sustainable economic growth
In partnership, Rotherham is committed to developing, attracting and retaining a skilled workforce to create a thriving, inclusive economy, enabling Rotherham's employers to effectively compete and grow. This mission seeks to ensure that Rotherham's workforce has the skills they need to respond to the needs of a changing economy and seize opportunities as they arise, whilst also responding to the needs of businesses.

2.4 For each Mission, the Strategy highlights a range of existing and planned activities (including those relating to employment support which the Pathways to Work approach will bring together as a single system) to ensure that these continue to deliver for Rotherham residents and businesses. These include:

- The Economic Inactivity Trailblazer and the Health Growth Accelerator
- Adult Skills Fund
- Employment Solutions, Ambition and Advance
- Workwell, Working Win and Connect to Work
- South Yorkshire Mayoral Combined Authority (SYMCA) Apprenticeship Hub Skills Bank funding to support employers with the cost of training their workforce

2.5 There has been a partnership approach to the development of the Strategy. The employment and skills landscape is very much cross-sector and the Council works, as a member of the Rotherham Together Partnership with a wide range of partners in a very complex system – schools and colleges, employers and businesses, Department for Work and Pensions (DWP), the voluntary sector and private sector providers. Further details of the engagement with partners is included in section 4 of this report.

2.6 Recognising the cross-cutting nature of interventions, the Strategy groups these together under three themes to describe a joined-up approach to delivery that ensures that each theme contributes to multiple missions, creating synergy and amplifying impact:

- Capacity Building and Coordination – laying the foundations for effective delivery through joined-up provision and employer engagement by strengthening systems, partnerships and processes.

- Developing Interventions and Strategy – focuses on designing targeted, evidence-based solutions informed by research and stakeholder insight.

- Delivering Bespoke Solutions –translates groundwork into tailored, high impact responses to local challenges and opportunities.

2.7 Interventions cover a broad range of activities but for each theme a priority action for Rotherham has been identified:

1. **Joined up and tailored provision for 16-24 year olds:** A programme of tailored provision for 16–24-year-olds targeting those most at risk of worklessness.

2. **A workforce investment plan for Rotherham:** Work with employers to produce workforce development plans, delivering sufficient numbers of suitably skilled and qualified staff and for them to provide quality, sustainable employment, with progression opportunities.

3. **A Work Ready Placement Programme:** Provide sector specific training to individuals and support placements directly with employers who have identified hard-to-fill vacancies

3. Options considered and recommended proposal

3.1 Do not endorse the proposed Strategy - . As a major partner in the Rotherham Together Partnership, the Council's endorsement is critical to the credibility and delivery of the strategy. The Council has taken a leading role within the Rotherham Together Partnership in consulting with a wide range of partners and facilitating a collaborative approach to assessing data, evidence and labour market trends, and to developing the strategy. A decision not to endorse it could undermine the shared commitment to its implementation and weaken the Council's leadership role in shaping the borough's future workforce. **This is not recommended.**

3.2 Endorsing the proposed Employment and Skills Strategy (2026–2031) would provide an up-to-date, evidence-based framework to guide collective action on employment and skills across Rotherham that links to the South Yorkshire Strategy and the main policies of the Get Britain Working White Paper. The strategy has been developed through a robust process, including detailed analysis of current and projected labour market data, and engagement with partners. It reflects shared priorities and sets out a clear direction for collaborative delivery. As a key partner in the Rotherham Together Partnership, the Council's endorsement would demonstrate leadership and commitment, helping to secure buy-in from other stakeholders and ensuring the strategy has the credibility and momentum needed for successful implementation. **This is the recommended option.**

4. Consultation on proposal

4.1 A wide range of Stakeholders have been consulted during the development of the Strategy. These were through a number of workshops and through face-to-face meetings with certain major stakeholders, including:

- Members of the Rotherham Together Partnership
- Business Growth Board – including SYMCA, DWP and training providers including Rotherham and North Notts College (RNN)
- Employment and Skills Board
- Humanitarian and Community Group
- Voluntary and Community Sector through Voluntary Action Rotherham (VAR) and also consulting individual organisations
- Chamber of Commerce
- Residents through a number of workshops

5. Timetable and Accountability for Implementing this Decision

5.1 Responsibility for implementation of the Strategy, and monitoring of its impact, sits with the Employment and Skills Board of the Rotherham Together Partnership (RTP), with support from officers from Rotherham Council's Rotherham Investment Development Office (RiDO).

6. Financial and Procurement Advice and Implications

6.1 The cost of producing the Strategy is £25k. As part of the £3m SYMCA Feasibility Fund revenue grant allocation, an indicative £30k has been given to cover this cost, however an Officer Decision will need to be approved in order to allocate this formally, as per the grant's delegation.

6.2 The resource implications of the actions contained within the strategy have been categorised into low, medium and high value based on financial ranges; high value being greater than £500,000. Further work is needed to understand whether these estimates are accurate, whether there will be any costs attributable to the Council and how these will be funded. The implementation of any actions within the Strategy will be carried out within existing budgets, or they may be actions by other organisations at no cost to RMBC. Approval of this Strategy does not provide approval to spend on anything not already approved and budgeted for.

6.3 There are no direct procurement implications arising from the recommendations detailed in this report.

7. Legal Advice and Implications

7.1 There is no statutory duty to produce an Employment and Skills strategy however to do so means that the Council is able to fulfil the requirements of the Get Britain Working White paper and other related policies as set out in the report and appended Policy. Further, the adoption of such a Strategy and the content of that Strategy is consistent with the Council's duties under the Skills and Post-16 Education Act 2022, such as providing data and insight into local employment market needs and skills gaps.

7.2 Other than the above, there are no direct legal implications arising from the adoption of the Strategy. Each project and workstream referred to within the Strategy will need appropriate legal considerations to be taken into account at the time of the relevant decision-making and implementation.

8. Human Resources Advice and Implications

8.1 There are no direct Human Resources implications arising from the recommendations detailed in this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The Strategy will focus on assisting young people in accessing both training and employment. NEETs have been identified as a major priority, especially those at risk of falling into long term worklessness and the proposed activity will have a major beneficial impact on this group.

10. Equalities and Human Rights Advice and Implications

10.1 Both an Initial Equality Screening Assessment and a Full Equality Analysis have been completed and are attached as Appendices 2 and 3.

11. Implications for CO2 Emissions and Climate Change

11.1 A Carbon Impact Assessment has been completed and is attached as Appendix 4. Direct carbon impact is expected to be moderate due to increased building energy use and transport emissions associated with a growing economy. Impact is primarily indirect as a result of increasing levels of economic activity and as a result delivering broader economic growth. Managing and mitigating the carbon impact of growth is outside the scope of this Strategy and will be reliant on wider policies and measures in place.

12. Implications for Partners

12.1 It is expected that a wide range of partners will be involved in the delivery of the Strategy. These include:

Employers - have a central role to play — not only as beneficiaries of a skilled workforce, but as active investors in the development of their employees. Their commitment to upskilling, training, and creating inclusive opportunities is essential to achieving the strategy's ambitions

Rotherham and North Notts College (RNN) – main training provider and recipient of Adult Skills Fund grant funding from SYMCA.

Voluntary Action Rotherham – the need for learning to be delivered in our communities, has been identified as essential, especially within the more deprived neighbourhoods.

SYMCA – oversee majority of the funding programmes, which will support delivery of the Strategy.

Barnsley and Rotherham Chamber of Commerce – essential that the Strategy meets the requirements of local businesses with regard to the numbers, skills and work readiness of their potential workforces.

12.2 These partners are all members of the Employment and Skills Board, which will have responsibility for overseeing delivery of the Strategy.

13. Risks and Mitigation

13.1 That there is insufficient funding to support the activity needed to deliver the Strategy.

Mitigation: Work closely with SYMCA and other local authorities to access and maximise all available funding.

13.2 That the Strategy does not identify all relevant risks and priorities.

Mitigation: There has been wide consultation on producing the Strategy. Its impact will be monitored on a 6-monthly basis and a review of the strategy will be undertaken every 2 years.

14. Accountable Officers

Simeon Leach, Economic Strategy and Partnerships Manager

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	28/11/25
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	25/11/25
Assistant Director of Legal Services (Monitoring Officer)	Phil Horsfield	25/11/25

Report Author: *Simeon Leach, Economic Strategy and Partnerships Manager*
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This report is published on the Council's website.

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ROTHERHAM TOGETHER PARTNERSHIP

Rotherham Employment and Skills Strategy 2026-2031









www.rotherhamtogetherpartnership.org.uk

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Foreword

Foreword



I am proud to introduce the Rotherham Employment and Skills Strategy 2026-2031, a bold and forward-looking strategy that places our residents and businesses at the heart of a thriving, inclusive local economy.

This strategy is more than a document; it is a shared commitment to ensuring that every resident in Rotherham has the opportunity to develop the skills they need to succeed and to access good, meaningful work. It reflects our ambition to build a resilient workforce, support lifelong learning, and create a place where businesses can grow and invest with confidence.

We know that the world of work is changing rapidly. From the rise of digital technologies and green industries to the challenges of economic inactivity and health inequalities, Rotherham faces both opportunities and obstacles. This strategy responds to those realities with clarity and purpose. It sets out three missions that will guide our work: enabling more residents to progress into good work, investing in knowledge and skills, and securing a diverse and skilled workforce.

Crucially, this strategy has been shaped by the voices of our community; residents, employers, educators, and voluntary/community sector partners. It builds on the strengths of our borough, including our proud industrial heritage, our growing innovation district, and our vibrant communities. It also recognises the need for targeted, person-centred support to ensure no one is left behind.

Delivering this strategy will require strong partnerships, sustained investment and a shared determination to make a difference. I am confident that, together, we can realise the vision of a Rotherham where everyone has the opportunity to flourish.

Let us now move forward with purpose and unity to turn this vision into reality.

Claire McGeough
Chair of Rotherham Together Partnership, Employment and Skills Board
Head of Employability and Project Search, Rotherham Opportunities College

Introduction

Background and Approach

Rotherham's new Employment and Skills Strategy 2026-2031 sets out an ambitious vision for how employment and skills will help residents to prosper and businesses to succeed. The strategy provides a clear framework for partnership activity to improve employment and skills in Rotherham over the next five years.

The launch of the strategy coincides with a significant national focus on getting more people into good employment and increasing skills within the workforce. Funding and responsibility for the delivery of support are increasingly being devolved to local places which best understand the needs of their residents and employers.

It also aligns with Rotherham's place-based approach to creating an inclusive and thriving economy, which recognises the importance of investing in communities and strengthening place-based assets to create lasting economic and social impact. The new Employment and Skills Strategy has an important role to play in providing Rotherham's residents with an economy that delivers a better standard of living for all, a healthier life and a cohesive society.

Development of the Employment and Skills Strategy

This is a strategy co-designed with residents, employers, education and skills providers and organisations who support residents to move into and remain in employment, particularly the voluntary and community sector (VCS) organisations who support those residents in greatest need.

The strategy is based on a shared understanding of Rotherham's current employment and skills strengths and challenges and recognises the progress which has been made through the combined efforts of Rotherham partners and the delivery of a range of successful programmes, such as Supported Internships for young people with Education Health & Care Plans. The evidence which underpins the vision, missions and interventions set out in the strategy is summarised in this document and can be found in full here: https://rotherhamemploymentandskills.co.uk/

The strategy was shaped through consultations with key stakeholders, a workshop attended by members of the Employment and Skills Board and Business Growth Board, and inputs provided via a range of other groups and partnerships.

The Strategic Context



Since the publication of Rotherham's Employment and Skills Strategy 2019-2025, the employment and skills landscape has undergone significant change. The pandemic, the rise of hybrid working, the increase in economic inactivity due to ill health and a new government with a focus on accelerating economic growth have all reshaped the context in which Rotherham's employment and skills priorities and challenges must be addressed.

The introduction of Skills England bringing together key partners to meet the skills needs for the next decade, the publication of the Get Britain Working White Paper to reform employment, health and skills support to tackle economic inactivity and support people into good work, and the development of a Modern Industrial Strategy to provide certainty and stability to encourage business investment in the high growth sectors that will drive the UK economy, all highlight the national focus being placed on employment and skills.

There is an increased commitment to supporting those currently not in work to find and maintain employment, especially those who are currently out of work because of ill health – recognising the role of good employment both in driving growth and in supporting improved health and wellbeing. As of September 2024, 44,100 residents are economically inactive in Rotherham, with 16,100 of these being inactive due to long-term sickness. This represents an increase of 5,700 in the economically inactive population, including 3,700 more due to long-term sickness, compared to two years earlier. The national changes to encourage more people back into the labour market will help to address local labour market challenges and barriers to work in Rotherham.

The Modern Industrial Strategy outlines eight growth sectors which have been identified as key drivers for boosting the UK economy and providing good employment, including advanced manufacturing and clean energy, where Rotherham has both existing and emerging strengths including the borough's strategic position at the heart of the Advanced Manufacturing Innovation District (AMID) and the South Yorkshire Investment Zone.

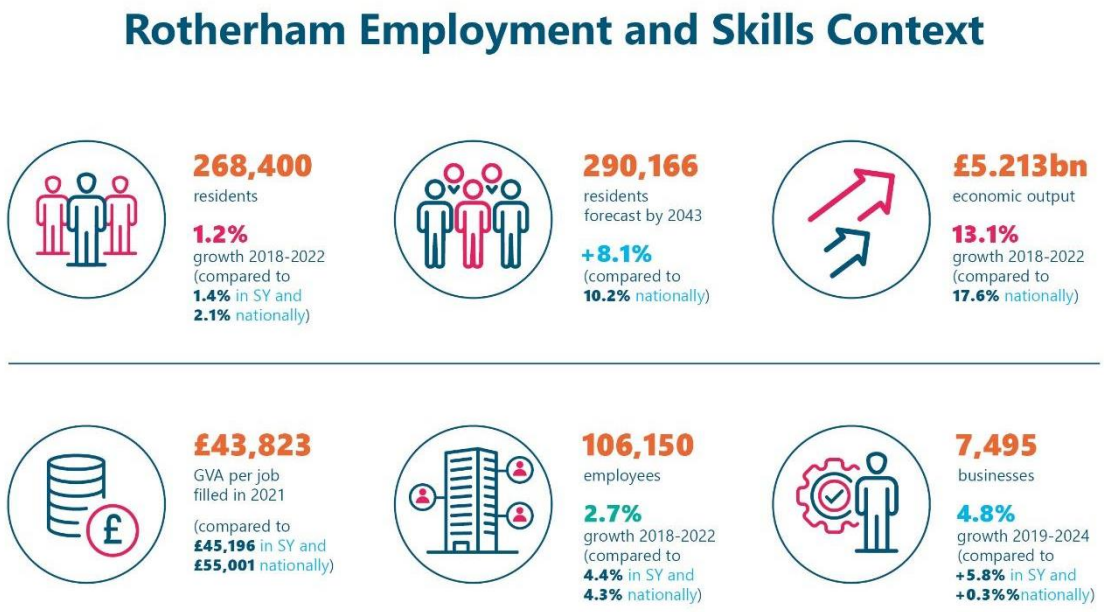
At a sub-regional level, South Yorkshire's Plan for Good Growth outlines the importance of ensuring that the region has a strong pipeline of talent to take up secure, high paid jobs and encourage greater investment. South Yorkshire's Skills Strategy provides the framework within which Rotherham's Employment and Skills Strategy will be delivered and prioritises moving those far from the labour market into or ready for work, raising attainment of core knowledge and skills, and increasing the supply of a high-skilled workforce. The Rotherham Employment and Skills Strategy will inform, and be informed by, the local Get Britain Working Plan for South Yorkshire.

Local Landscape and Drivers of Change

Socio-Economic Context

Like many industrial towns, Rotherham has undergone significant economic changes over the past 50 years. The decline of traditional industries such as steel, coal, and manufacturing led to a loss of employment opportunities and economic output, and contributed to a rise in long-term economic inactivity, lower incomes and poorer health outcomes.

However, Rotherham's economy has since recovered, diversified, and grown. Rotherham is strategically located in South Yorkshire and plays a leading role in the growth of the region as a key player in the Don Valley Growth Corridor. The town has successfully attracted significant investment and is now home to global players like Rolls-Royce, McLaren and the UK Atomic Energy Authority. Key assets driving this growth include the Advanced Manufacturing Innovation District (AMID) located within the borough.



Today, Rotherham is home to 268,400 residents (19.2% of the South Yorkshire regional population). Population growth has been slow, with only 1.2% growth between 2018-2022 relative to 5.9% nationally over the same period. The working age population is slightly under-represented at 61.2% of the total population, compared to 62.9% nationally. Attracting and retaining working age residents will provide a talent pool to fuel economic growth. Significant population growth is forecast in Rotherham, with 290,166 residents projected by 2043, an increase of 8.1% from the current position.

There are 106,150 employees in employment in Rotherham, with 74.1% being Rotherham residents. Employment has grown 2.7% over the past five years. This growth in employment opportunities is positive but lags behind the national rate of growth over the same period (4.3%), and the employment rate – at 69.5% - is considerably below the Government's long-term target of 80%. Large employment sectors in Rotherham include health, manufacturing, retail, business administration and support services, education, and construction.

[1] Estimated using origin-destination data from the Census 2021.

Employment opportunities in Rotherham are forecast to grow by 3% by 2033 (+3,645 jobs). Aligning skills with those sectors and occupations projected to grow will help to align need and opportunity.

There are 7,495 businesses in Rotherham and this number has grown by 4.8% since 2019. Business base density is low at 286 businesses per 10,000 residents, relative to 422 in England. Growing and diversifying the business base and securing investment will support growth and employment opportunities in the borough.

Drivers of Change

The labour market in Rotherham is evolving, with new sectors emerging, and drivers and disruptors at play, changing the shape of skill requirements and new ways of working. These drivers include:

- Technological change including AI and automation. Technological change is transforming job roles and skill requirements. The demand for digital skills is increasing across all sectors and occupations and contributing to job displacement in those areas most exposed to the effects of automation. Digital exclusion is an increased risk to those lacking digital skills and access to digital tools.
- Changing work practices. Remote work, flexible work hours and hybrid working; growth in the 'gig economy' providing flexibility but more precarious conditions; reskilling and upskilling to meet changing market demands; and longer working lives require new, equitable and inclusive working practices to support access to talent.
- Net Zero agenda. The Net Zero agenda is driving the demand for green skills and new ways of working. Whilst new opportunities and markets are being created, there is a need to support a just transition in those industries that are more carbon intensive to mitigate the potential loss of jobs as the economy becomes greener.
- Demographic change. This includes an ageing population with many residents/workers moving into retirement, contributing to a tightening labour pool. In Rotherham, 20% of the population is aged 65 and over, a figure expected to rise to 23% in 2043. Additionally, 13% of the working age population is already economically inactive due to retirement, the highest proportion among comparator areas. Encouraging people to remain in work for longer requires inclusive and accessible work practices and improved support for people facing barriers.
- Pandemic recovery. Continued support for those affected by physical and mental health conditions, and young people whose education was disrupted.
- Global instability and political change. Changes in migration impact on the availability of talent, and changes to trade policy influence investment decisions, supply chain development, and the provision of employment opportunities.
- Social Value refers to the positive impact that a business has on its community. Rotherham's Social Value Policy states that suppliers must seek to raise living standards, support young people to find employment, strengthen the VCSE sector, showcase environmental sustainability and provide equal opportunities to people from disadvantaged communities.

Major capital investments

Demand for employment and skills in Rotherham will be shaped by the investments being made in Rotherham's economy, place and communities. Major investments within the strategically important Don Valley Corridor will drive employment and skills needs in future years, including:

- Continued development of **AMID.** This will build on the success of the **Advanced Manufacturing Park (AMP)** which is already home to leading global manufacturers including Boeing, McLaren, and Rolls-Royce, as well as further development of the **Templeborough corridor** which is a focus for industrial economic growth in Rotherham. AMID harnesses the world-leading research expertise within South Yorkshire's Universities and research organisations to attract inward investment, accelerate innovation and create high-value employment and training opportunities. It is a key part of **South Yorkshire's Investment Zone** which is expected to deliver 8,000 new jobs and attract £1.2bn in private investment by the end of the decade.
- Further regeneration of **Rotherham town centre,** building on the success of the Forge Island leisure scheme and continuing the diversification away from retail. Strengthening the cultural and creative offer, including building on the opportunities created through Rotherham's role as the **Children's Capital of Culture 2025 (CCoC)** which is expected to bring approximately £14m of investment into the borough, will create new employment opportunities. Further town centre residential investment will also create jobs in the construction sector.
- Major housing development at **Bassingthorpe**, as well as the development of business space and a new local centre and community services, will create significant opportunities within the construction sector, as well as jobs in the businesses that occupy the new commercial space.
- The **Rotherham Gateway** scheme will provide space for new jobs and businesses, create a new living quarter offering high quality canal-side living, and will transform Rotherham's rail connectivity as well as strengthening the local tram / train network. The plans include the development of a new Innovation Campus alongside the mainline station, providing space for increased employment in in high-quality jobs and giving Rotherham a new offer for inward investors and expanding local businesses.

Strategic Framework

The strategic framework sets out the shared, long-term vision for employment and skills in Rotherham and the missions through which this will be achieved. It provides clarity for all partners around Rotherham's employment and skills priorities, ensuring resources and capacity are allocated where they can have the greatest impact.

Our Vision

The Rotherham Employment and Skills Strategy vision for 2026-2031 is:

Rotherham has a thriving and inclusive economy, where residents and businesses are nurtured, inspired and empowered to flourish, prosper and progress to realise their potential.

Our Missions

The Rotherham Employment and Skills Strategy Missions closely align with the South Yorkshire Skills Strategy Missions, whilst reflecting Rotherham's particular opportunities and challenges.

Mission 1 – Supporting people into work

Rotherham partners will work together to create more opportunities for good work and support more residents to participate in the labour market, so people can prosper and realise their potential. This mission focuses on addressing disparities in the labour market to ensure that residents in all communities have the opportunities and support they need to progress *toward*s work, *into* work and remain *within* work.

Mission 2 –Improving core skills for employment

Together, Rotherham supports residents to access lifelong learning opportunities and advance within their chosen careers through equipping them with the knowledge and skills they need to enter and progress in work. This mission seeks to ensure that everyone can access the education, training and competencies they need to prosper and grow.

Mission 3 – Delivering a workforce for sustainable economic growth

In partnership, Rotherham is committed to developing, attracting and retaining a skilled workforce to create a thriving, inclusive economy, enabling Rotherham's employers to effectively compete and grow. This mission seeks to ensure that Rotherham's workforce has the skills they need to respond to the needs of a changing economy and seize opportunities as they arise, whilst also responding to the needs of business.

Mission 1: Supporting People into Work

Rotherham partners will work together to create more opportunities for good work and support more residents to participate in the labour market, to prosper and realise their potential.

The Case for Change



A whole-system approach is needed to support Rotherham's residents to participate in the labour market, engaging with partners across government, health, education, and employers. Economic inactivity is a major policy priority, driven by concerns over both labour shortages in key sectors and rising numbers of people unable to work. This issue is highly complex, involving diverse groups with varied and overlapping barriers to work. The data tells us that:

- Unemployment (4.2%) and economic inactivity (27%) in Rotherham is higher than comparator areas[2].
- Key contributors towards rising inactivity include long-term sickness (35%). Higher rates of inactivity are found amongst women, residents aged 50-64, and ethnic minorities.
- Barriers to work are numerous, including health (21% of Rotherham's population has a disability) and employment rates for disabled people are low (44%); skills (11% of the working age population have no qualifications); and transport (homeworking rates in Rotherham are low and over a third of commuters travel more than 10km to work, with long commutes posing a barrier to accessing job opportunities, particularly for those with transport challenges).
- 19% of children aged under 16 in Rotherham are living in absolute poverty and Rotherham performs poorly on childhood conditions for social mobility.

[2] Comparator areas include the South Yorkshire average, and a Statistical Neighbours average based on Dudley, Telford and Wrekin, Wakefield, Kirklees, Calderdale, Rotherham, Doncaster, Barnsley, St. Helens, Wigan, Tameside, Rochdale, Bury, Bolton, Gateshead and Darlington.

- There are 313 young people not in education, employment or training (NEET), accounting for 5% of the 16–17-year-old population—above all comparator areas. This has increased from 3% in 2019 (195 young people), when Rotherham performed relatively well—below comparator areas and in line with the national average. Males are more likely to be NEET than females.
- Employers in Rotherham report difficulties in filling vacancies, with 58% of vacancies identified as hard to fill, below comparator areas but slightly above the national average (57%). Causes include a low number of applicants generally, not enough people interested in the role, poor terms and conditions, and low number of applicants with the required skills.
- 35% of LSOAs in Rotherham fall within the 10% most deprived areas in England, with high levels of deprivation in the domains of employment (43%), education, skills and training (39%) and income (35%). There is a close relationship between areas with high levels of ill-health, deprivation, and economic inactivity.

This evidence highlights the need for person-centred, tailored, and integrated support to help Rotherham's residents to progress into positive destinations such as education, training and employment. Demand side interventions, working with employers to facilitate the provision of quality opportunities to enable residents to access 'good work' that is fairly rewarded and supports progression and work satisfaction, are required in tandem. Actions are required that will encourage economic activity, provide quality employment opportunities and improve life chances.

Building on Existing and Planned Activity

The Rotherham partners work closely together to support people who are disadvantaged in the labour market and have had success in increasing access to employment for people with SEND (special educational needs and disabilities), adapting provision for young people who are NEET and integrating support for those who have health issues which limit their participation in the labour market. Significant additional investment is being made in this area through the Economic Inactivity Trailblazer (£10m allocation in year one) and the Health and Growth Accelerator (£8m investment in year one). This will provide a dedicated new service working with residents and employers to support people with health conditions and other barriers towards work and will be underpinned by a new "triage" system to make it quicker and easier to connect people to employment, health, and skills support.

This mission will build on existing and planned Pathways to Work activity in Rotherham supporting residents to progress towards and into work, including:

- RMBC's Employment Solutions team provide support for people who are unemployed through the Elevate programme, also providing support to economically inactive residents through the Pathways to Work Economic Inactivity Trailblazer, in collaboration with the VCS, focusing particularly on those residents who are socially excluded or experience barriers accessing employment or training. Employment Solutions provides support tailored to individual needs including employment and training support, and access to education, work experience and volunteering opportunities. Over 300 people have participated since 2020, with 66% going into work or training.

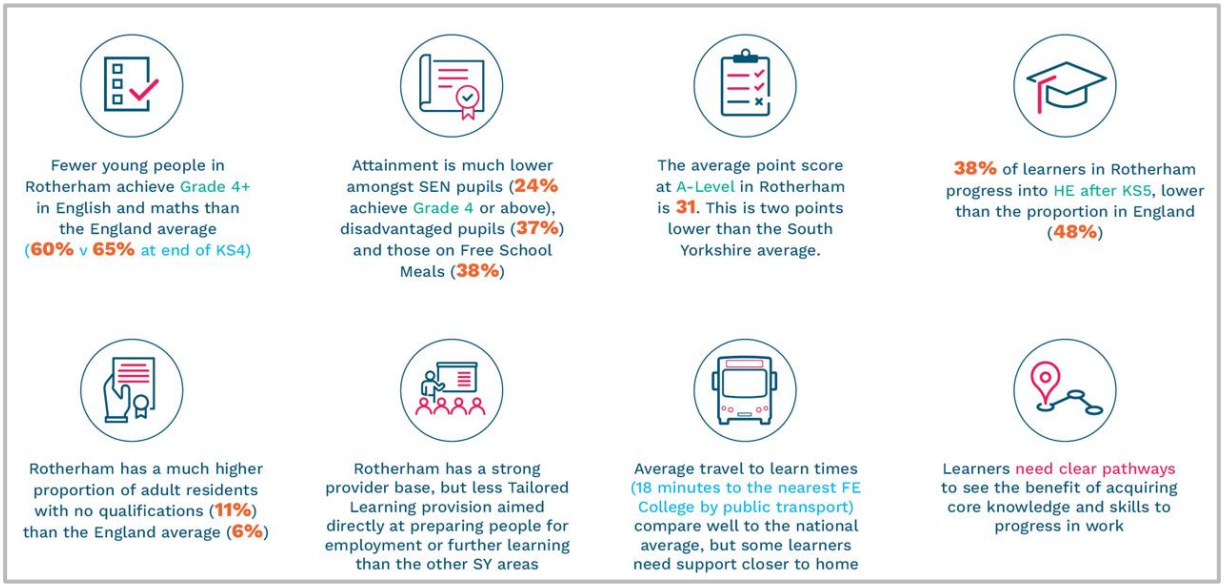
- Alongside this, the Connect to Work programme commenced in 2025. This follows on from Working Win, which supported 6,500 people across South Yorkshire. The DWP-funded programme will support those who are furthest away from the job market, requiring more intensive support due to specific more complex barriers, such as long-term ill health or a disability. Delivery will follow both the Supported Employment Quality Framework and Individual Placement Support Models. This programme is expected to support 620 people in Rotherham to find suitable employment over five years.
- Support focused on young people who are struggling in the labour market. This includes the Ambition project which supports young people to access employment, education or training, with half of these participants moving into the labour market. A traineeship programme linked to the Children's Capital of Culture, Creative Skills, provides young people with the opportunity to gain valuable, paid work experience in Rotherham resulting in increased employability and interpersonal skills. Seventy percent of economically inactive young people who engaged during the first cohort of delivery entered employment or training following the end of their traineeship. There is also tailored support for young people leaving care in Rotherham, including access to a Personal Advisor and a personalised Pathway Plan highlighting goals, plans and support needs.
- There are many community-based projects and programmes providing support. Open Arms Rotherham enables those both in and out of the labour market to access provision regarding a variety of challenges including digital inclusion and job search support. It is expected that 400 people will engage in 1-2-1 support over the coming year and a further 2,200 residents will engage in at least one support session.

Existing projects and programmes have supported many Rotherham residents to take steps towards employment and connect employers to those facing disadvantage in the labour market. However, the additional investment which will be forthcoming through Pathways to Work is recognition of the continuing challenges which need to be addressed.

Mission 2: Improving core skills for employment

In Rotherham, we will support residents to access lifelong learning opportunities and advance within their chosen careers through equipping them with the knowledge and skills they need to enter and progress in work. Investing in knowledge and skills will support social mobility, productivity and wellbeing.

The Case for Change



Rotherham has a growing economy with major investment and regeneration activity underway, and planned, that will deliver opportunities which Rotherham's residents and businesses can access. To achieve this, we must align the current and future demand for skills with the supply of skills to support community wealth building and inclusive growth. The data tells us that:

- Education attainment in English and Maths (and more broadly at GCSE and A-Level) is low relative to the England average, and this can limit progression options.
- SEND pupil numbers are increasing in Rotherham and SEN pupils are less likely to attain grades 4+ in English and Maths GCSE, and more likely to be NEET compared to non-SEN pupils. Indicating a need to raise attainment at KS4 and KS5, including targeted support for disadvantaged and SEND pupils, to provide a platform for progression.
- 91% of KS4 leavers progress to sustained education, employment or apprenticeship destinations, broadly in line with the national average (93%). However, this decreases as the 16-18 cohort move through KS5, and the gap with comparator areas widens.
- The proportion of pupils leaving 16 to 18 education and progressing to higher education stands at 30%, eight percentage points below the England average. While Rotherham students are slightly more likely to take up apprenticeships (8%) than the national average (7%), overall progression to advanced qualifications—higher education or higher/degree-level apprenticeships—remains 8 percentage points below the national average.
- 11% of adults have no qualifications, significantly above the national average (6%).

- 36% of working age residents hold a Level 4+ qualification, but this is significantly below the national average (47%).
- Rotherham has a strong intermediate skills base, with 44% of working age residents holding L2 and L3 qualifications.

Brokering an effective relationship between the demand for skills and the supply of skills requires a responsive skills system that can equip residents with the knowledge and skills they need to succeed.

Raising awareness of further learning and employment options, alongside providing exposure to work through experience and encounters, can support progression to positive destinations. Research suggests that young people who have four or more employer encounters before leaving school are 86% less likely to become NEET[3]. Rotherham has a breadth of quality further education provision and a growing higher education offer. There is also a community-based learning offer that learners are accessing to build confidence, improve health and wellbeing and support children's learning. This provision provides a foundation upon which to build.

Actions are required that will provide pathways to positive destinations, secure basic and core skills, and deliver a responsive skills system which meets the needs of learners and employers and enable Rotherham to effectively compete and grow an inclusive economy.

Building on Existing and Planned Activity

Rotherham has many good quality FE and skills providers who deliver a range of education, skills and training programmes at all qualification levels to young people and adults across the borough. Existing and planned activity underway in Rotherham supporting residents to acquire knowledge and skills will be built upon, including:

- Core 16-19 and Further Education provision – Rotherham is home to a range of further education and independent training providers that support both adults and young people to obtain new qualifications, designed in conjunction with local employers and providing a range of accredited qualifications to enable young people to get on in work or progress to higher education. Effort is being made to diversify provision to ensure that it caters to more diverse needs and continues to respond to demand. Over 13,500 Rotherham residents aged 19+ were enrolled on education and training (including community learning) in 2023/24.
- Adult Skills Fund – The Adult Skills Fund provides opportunities for adults to upskill and reskill, and from 2024/25, the primary aim of which is to support learners into employment and to progress to further learning. In Rotherham, a high proportion of tailored learning has focussed on engaging and / or building confidence, equipping people to support children's learning and health and wellbeing. In comparison to other parts of South Yorkshire, a relatively small proportion is focussed on improving essential skills or work-specific learning. Over £5m of Adult Skills Fund is available in Rotherham in 2025/26.
- A new Core Skills programme will build on the success of Multiply – a national programme which sought to increase the number of adults achieving a maths qualification, enabling them to move towards the labour market or progress in their career. 85% of Rotherham residents participating in the final year of Multiply support progressed to a longer course. The new Core Skills programme delivers community-based courses in areas of high economic inactivity, focussing on the essential skills needed for work, including Maths, English and digital competency.

[3] Work visits result in fewer young 'Neets' - BBC News

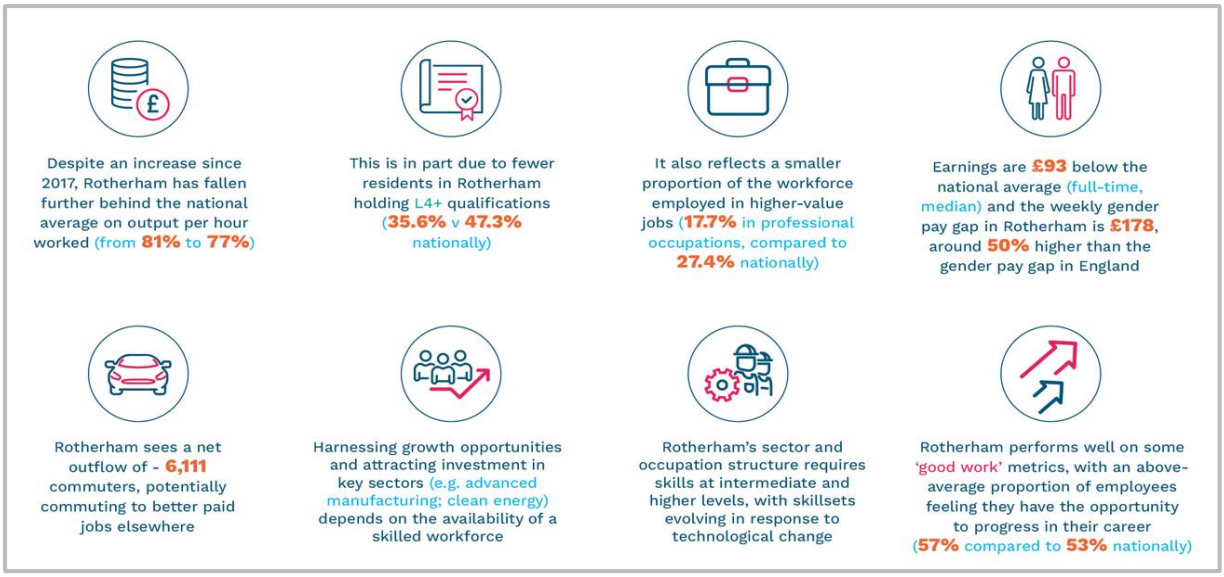
- Rotherham MBC also delivers the Advance programme which supports employees to upskill and gain new qualifications, allowing them to progress in their career or enter into a new role.

Whilst this existing provision equips many Rotherham residents with the skills and qualifications they need to succeed in work, the data highlights that there are still significant skills gaps compared to the national average, and there is an opportunity to more closely align education, skills and training provision with the needs of employers to allow a seamless transition from education into work.

Mission 3: Delivering a workforce for sustainable economic growth

Rotherham needs to develop, attract and retain a skilled workforce to create a thriving inclusive economy and enable Rotherham's employers to effectively compete and grow.

The Case for Change



Rotherham has a diverse and innovative economy, providing a significant contribution to growth for the regional and national economies, driven by sectoral strengths and major investment providing opportunities for future growth. Securing the benefits of this investment depends on Rotherham's ability to attract and retain a higher skilled workforce to the area, and strengthening the skills and employment offer available to residents and workers. The data tells us that:

- Rotherham has experienced sluggish growth in the working age population (+1% in the last five years) and the proportion of residents of working age is below average at 61%, compared to 63% nationally.
- There is an ageing workforce, which is contributing to the number of working people experiencing limiting health conditions. Encouraging people to work longer within supportive work environments can help to reduce the number of people leaving the workforce.
- Rotherham has a lower proportion of KS4 pupils becoming graduates relative to the national median (24% compared to 30%) but graduates who grew up in Rotherham are more likely to return to Rotherham, with 64% of graduates still living there after achieving their qualifications, well above the national median (55%).
- Rotherham has a below average proportion of workers in highly skilled occupations (39%) compared to 55% in England. In contrast, elementary and skilled trade occupations are over-represented relative to comparators. While some manual and skilled trades may be more resilient to automation than certain mid-level administrative and clerical roles, lower-skilled occupations involving routine, predictable tasks tend to be more easily automated. This underlines the need to support reskilling and upskilling to provide resilience to disruptors of change.

- Rotherham has a productivity gap, with output (GVA) per job filled below average (20% below England). Productivity levels have increased over the past five years (3%) but at a slower rate than the national growth rate (5%).
- Rotherham has an entrepreneurial and innovative economy; however, businesses need to be supported to survive, grow and diversify to open up opportunities for employment and drive the retention and attraction of talent.
- Employment is increasing in Rotherham, with a 3% uplift in employment over the past five years, in line with comparable areas. Health, manufacturing and retail are key employment sectors in Rotherham, with growing and specialised sectors including transport and storage, construction and motor trades. Rotherham provides a valuable contribution to regional sector strengths in technology, green energy, health, advanced manufacturing and creative industries.
- Major investments such as the AMID are expected to create 2,000 jobs and represents a major growth opportunity.

Developing targeted employment and skills interventions focused on the growth opportunities ahead of Rotherham will support inclusive economic growth. Actions are required that help to attract, retain and develop the talent pool needed to support and grow new and existing businesses and fuel economic growth; to realise the potential of the workforce by equipping them with the skills needed for current and future roles; and to ensure that growth opportunities are aligned with local talent to support an inclusive and sustainable economy.

Building on Existing and Planned Activity

Existing and planned activity underway in Rotherham supporting the workforce will be built upon, including:

- Apprenticeships are a key mechanism for developing a skilled workforce in Rotherham, with 1,225 starts and 580 achievements in 2022/23. South Yorkshire's Apprenticeship Hub is supporting partners in Rotherham to widen access to apprenticeships amongst both residents and employers, by providing information, advice and guidance to apprentices, parents and employers, and helping smaller employers access apprenticeship levy funds to support their training activity.
- Since opening in 2018, University Centre Rotherham has worked closely with large employers such as the NHS, AESSEAL and Premier Foods to offer higher level qualifications and degrees. The University Centre has supported people into medium and high skilled work and scores above the national average on metrics such as teaching support, wellbeing and assessments.
- Employers can access support to upskill their workforce through the South Yorkshire Skills Bank. The Skills Bank provides funding to employers to support them to invest in training for their workforce. Over 5,000 learners have been supported since 2016, with the aim being to increase productivity in the sub-region.
- Rotherham's strategic growth locations such as the Don Valley Corridor, and the strategy for inward investment will generate demand for workers at all skills levels, but with a concentration on higher-level and technical skills. Securing the investment required to bring forward Rotherham's growth ambitions requires investment in talent retention and skills development, particularly in advanced manufacturing, clean energy and defence.

Realising the Missions

The Employment and Skills Strategy is underpinned by the three interconnected missions, detailed above, that collectively aim to improve employment outcomes, enhance workforce capabilities, and drive economic growth.

There are multiple activities and interventions already underway, and planned, in Rotherham that will contribute to realising our missions. These interventions have been grouped under three overarching themes to describe a structured and coherent approach to delivery. This thematic grouping ensures that actions are logically connected, mutually reinforcing, and collectively address systemic challenges. Each theme represents a critical layer of the strategy:

The interventions are grouped into three themes:

• Capacity Building and Coordination – laying the foundations for effective delivery through joined-up provision and employer engagement by strengthening systems, partnerships and processes.

• Developing Interventions and Strategy – focuses on designing targeted, evidence-based solutions informed by research and stakeholder insight.

• Delivering Bespoke Solutions –translates groundwork into tailored, high impact responses to local challenges and opportunities.

By structuring interventions in this way, the strategy recognises the complementarity, and cross cutting nature, of interventions and ensures that each theme contributes to multiple missions, creating synergy and amplifying impact.

Monitoring Progress and Impact

Key Performance Indicators (KPIs) have been identified for the Strategy, one under each mission. The KPIs and outcomes align closely with both Rotherham's Employment and Skills Strategy missions and the wider, regional Skills Strategy. Progress will be monitored against the following indicators:

Mission	Indicators
Supporting people into work	*Overarching KPI*: Increase the employment rate of working age residents *Outcomes:* • Reduce the number of 16–18-year-old and 18–24-year-old residents categorised as NEET. • Reduce the number of residents economically inactive due to long-term sickness. • Narrow the disability employment gap. • Increase the number of individuals with SEND engaging with education and employment support interventions. • Increase the median weekly wage in Rotherham for both males and females. • Increase the number of Disability Confident employers in Rotherham.

	• Increase the number of businesses offering work placements to Rotherham residents
Improving core skills for employment	*Overarching KPI*: Increase the proportion of residents holding qualifications at Level 2+ and Level 3+ *Outcomes:* • Increase the proportion of young people achieving Level 2 and Level 3 qualifications by age 19. • Increase the number of young people engaging with Careers Education Information Advice and Guidance (CEIAG). • Increase engagement with digital skills support provision, especially within neighbourhoods that experience the highest levels of digital poverty. • Increase the number of intermediate and advanced apprenticeships offered in Rotherham, providing opportunities for progression. • Increase the number of residents receiving job-related training in the past 13 weeks. • Narrow the gap with the national average with regard to the number of residents with no qualifications.
Deliver a workforce for sustainable economic growth	*Overarching KPI:* Increase the number of employers who are able to recruit skilled workers they need in Rotherham *Outcomes:* • Increase the percentage of the working-age population holding qualifications at Level 3+ and Level 4+. • Increase the number of apprenticeships, higher-level apprenticeships and apprenticeships within growth sectors offered within Rotherham. • Increase the number of employers collaborating with local providers to develop courses and shape provision. • Reduce the proportion of employers facing skills mismatches. • Increase median earnings in Rotherham

Rotherham MBC will be responsible for the overall monitoring of progress made against each of the actions, missions, outcomes and KPIs, using data publicly available and supplied by partners and businesses. Regular monitoring of progress will be reported through the RTP's Boards, and an annual progress report will track where KPIs are being met and identify any areas where additional focus is required. The Implementation Plan will be revised annually in response to emerging priorities and focus areas.

The interventions are summarised below alongside identification of key actions. The actions were tested, refined and prioritised through two stakeholder workshops. A priority action has been identified under each intervention theme to highlight areas of additional focus and attention. Each action contributes to one or more of the three missions as illustrated by a short summary table.

The organisations that will be best placed to deliver each action are identified. A proposed lead partner is identified, but collaboration is key, with multiple partners having a valuable role to play in delivering the actions. Timescale has been categorised into short (2026/2027) and medium (2027/2028). Longer-term actions (beyond 2028) are not in the scope of this Implementation Plan. Similarly, the resource implication for each action has been categorised as low (under £100,000), medium (between £100,000 and £499,000) or high (above £500,000).

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Intervention Theme One – Capacity Building and Coordination

These actions will support capacity building and coordination of employment and skills activity in Rotherham, laying the foundations for delivery.

Priority Action: (1.1) Joined Up and Tailored Provision for 16–24 Year Olds

This action will map current provision influencing employability and skills for 16–24-year-olds to inform an effective triage and guidance service across initiatives in Rotherham. It will facilitate personalised approaches to match young people to opportunities and requires close employer engagement and demand stimulation to provide opportunities.

Action	**Alignment with provision**	**Lead/Partners**	**Timescale**	**Resource Implication**	**Outputs *(contribution to outcomes shown at end of this section)***
1.1: Priority Action: Joined Up and Tailored Provision for 16–24-year-olds Map current provision of employability and skills for 16–24-year-olds to inform an effective triage and guidance service across the various initiatives and provision in Rotherham Deliver a programme of personalised, tailored support for 16-24 year olds, focussing specifically on those young people who are NEET and identified as being at risk of falling into long-term worklessness..	Ambition Children's Capital of Culture Creative Skills Rotherham Leaving Care Local Offer The Really NEET Project Pathways to Work	Rotherham MBC (PtW, Ambition) Education providers Jobcentre Plus South Yorkshire Careers Hub Children and Young People's Partnership Board	Short	Medium/High	Searchable provision directory / database Identification of gaps in support Improved referral and keyworkers support mechanisms for Rotherham's 16-24 year olds Development and launch of personalised and tailored support for young people in the borough (including employer engagement), building on past successful approaches.
1.2: Coordinated and Accessible Careers Education	RMBC Employment Solutions	South Yorkshire Careers Hub	Short	Low	Strategy to enhance current CEIAG approach agreed.

Action	Alignment with provision	Lead/Partners	Timescale	Resource Implication	Outputs *(contribution to outcomes shown at end of this section)*
Ensure a clear coordinated and accessible Careers Education Information Advice and Guidance (CEIAG) offer is in place to support residents of all ages and at any point within their career. Showcase the breadth of career opportunities and pathways within Rotherham, to support progression, attraction and retention of talent. Develop a best in class careers workforce in Rotherham, by offering training and CPD to careers leads to the appropriate standard	South Yorkshire Skills Bank Post-16 provision Rotherham University Centre	Education providers Training providers Jobcentre Plus			Careers advisors / employment and skills advisors upskilled. Sector-focused case studies produced highlighting opportunities to develop a career in key sectors in Rotherham. An increase in the number of Rotherham residents aged 16-64 accessing careers advice.
1.3: Identifying and Responding to Employer Skill Needs and encouraging 'Good Work'. Establish an "HR Director Network" of the largest employers in Rotherham to support identification of employer needs, gather their views on workforce challenges/gaps, and showcase good practice in employer engagement and delivery Coordinate and centralise the approach to employer engagement across Rotherham to support effectiveness and reach and minimise duplication.	South Yorkshire LSIP South Yorkshire Skills Bank Access to Work Pathways to Work: Economic Inactivity Trailblazer / Health and Growth Accelerator/ Connect to Work	Chamber of Commerce Business Growth Board Employment and Skills Board Rotherham MBC Training providers	Short	Low	HR Director Network established. Coordinated approach to employer engagement established. Employers engaged in discussions and activities related to 'good work'.

Action	Alignment with provision	Lead/Partners	Timescale	Resource Implication	Outputs *(contribution to outcomes shown at end of this section)*
Promote 'good' work principles to employers to make them aware of the benefits of supportive and inclusive work environments, in recruiting and retaining staff. This could include raising awareness of schemes like Access to Work and Disability Confident. Encourage more supportive and inclusive work environments, including the provision of volunteering and supported internships					
1.4: Utilise the potential of the Voluntary Community and Social Enterprise (VCSE) sector. Build capacity and capabilities of the VCSE sector to engage and support target groups, though delivery of new and existing activity within their communities. Build on the VCSE sector's key role in delivering support and activity within communities, across a wide range of issues and challenges.	Open Arms Rotherham Core Skills/Multiply Pathways to Work; Economic Inactivity Trailblazer/Connect to Work Access to Work	VCSE sector Rotherham MBC South Yorkshire Mayoral Combined Authority	Medium	High	Number of VCSE organisations involved in delivering employment and skills support within local communities Identification of increased opportunities to deliver employment and skills support through VCSE organisations, including funding mechanisms.

Capacity building and coordination actions – contribution to KPIs and outcomes		1.1: Joined up and tailored provision for 16-24 year olds	1.2: Coordinated and Accessible Careers Education	1.3: Identifying / Responding to Employer Skill Needs and encouraging 'Good Work'	1.4: Utilise the potential of the VCSE sector
Mission 1	Increase employment rate of working age residents	✓✓	✓✓✓	✓✓	✓✓
	Reduce 16—24-year-old NEET number	✓✓✓	✓✓	✓✓	✓✓
	Reduce economic inactivity due to long-term sickness	✓	✓	✓✓	✓✓
	Narrow disability employment gap with UK figure	✓	✓	✓✓	✓✓
	Increase number of individuals with SEND accessing support	✓✓	✓✓	✓	✓✓
	Narrow gap with UK figure for the median wage in Rotherham (males/females)		✓	✓	
	Increase the number of Disability Confident employers	✓		✓✓	
	Increase number of businesses offering work placements to Rotherham residents	✓		✓✓	
Mission 2	Increase proportion of residents holding qualifications at Level 2+ and Level 3+	✓✓✓	✓✓	✓	✓✓
	Increase proportion of young people achieving L2 and L3 by age 19	✓✓✓	✓✓✓		✓
	Increase number of young people engaging with CEIAG	✓✓✓	✓✓✓		✓✓
	Increase digital skills engagement, especially in areas experiencing digital poverty	✓	✓		✓✓✓
	Increase number of intermediate / advanced apprenticeships	✓✓		✓✓	
	Increase the number of residents receiving job-related training	✓		✓✓	
	Narrow gap with the national average for % of residents with no qualifications	✓✓			
Mission 3	Increase number of employers able to recruit the skilled workers they need	✓	✓✓	✓✓✓	
	Increase % of working-age population holding qualifications at L3+ and L4+	✓✓			
	Increase number of apprenticeships (inc. higher-level and in growth sectors)			✓✓	
	Increase employer collaboration with local providers to develop courses / shape provision			✓✓	✓✓
	Reduce proportion of employers facing skills mismatches		✓✓	✓✓	
	Increase median earnings		✓✓	✓	

Intervention Theme Two – Developing Interventions and Strategy

These actions will inform the development of employment and skills interventions and strategy to ensure they are effectively targeted to respond to identified need and opportunity.

Priority Action: (2.4) Develop a borough wide workforce investment plan.

This action focuses on identifying employer demand for sufficient numbers of suitably skilled and qualified staff and supporting employers to provide quality and sustainable employment opportunities, which offer the chance of progression.

Action	**Alignment with provision**	**Lead/Partners**	**Timescale**	**Resource Implication**	**Outputs *(contribution to outcomes shown at end of this section)***
2.1: Articulating the Employability and Skills Offer to Learners and Employers. Map the current picture of employability and post-16 skills provision support in Rotherham to support coordination, simplification and minimise duplication and to support understanding of the current skills offer to provide a strategic overview of gaps. Review the RMBC Employment Solutions Service and wider RMBC employment and skills activity to ensure it aligns with local/regional policy, responds to identified need and opportunity and can provide a sustainable offer Drawing on mapping and review insight (action 1.2), develop resources to	Pathways to Work: RMBC Employment Solutions South Yorkshire Skills Bank South Yorkshire Apprenticeship Hub Advance South Yorkshire Skills Platform	Rotherham MBC Employment and Skills Board South Yorkshire Combined Authority Training providers Education providers	Medium	Medium	Searchable provision directory / database (via South Yorkshire Skills Platform) Agreement of any proposed changes to RMBC employment and skills support to deliver strategic missions. Development of new Rotherham-focussed resources to articulate the employability and skills offer.

Action	Alignment with provision	Lead/Partners	Timescale	Resource Implication	Outputs *(contribution to outcomes shown at end of this section)*
support CEIAG, promote the employability and skills offer, help learners and employers to engage with the skills system and support effective case making for investment in skills provision to meet diverse learner and employer requirements. Provide a local response through the South Yorkshire Skills Platform					
2.2: Deep Dive Research into Economic Inactivity in Rotherham. Generate a deeper understanding of economic inactivity in Rotherham, the reasons behind why people are economically inactive, and to provide recommendations to tackle the issue. This will require quantitative and qualitative research, including surveys, interviews and focus groups to secure insight on the inactive cohort, their situation and their needs. The research will identify the economic cost of inactivity to Rotherham to support understanding of the case for intervention. Groups at risk of economic exclusion will be identified alongside the support mechanisms in place to mitigate this.	Pathways to Work: Economic Inactivity Trailblazer/Connect to Work Access to Work	Rotherham MBC Jobcentre Plus	Short	Low	Shared understanding of key causes of economic inactivity Clear recommendations for re-shaping support to address barriers identified Production of resources that highlight different pathways to work including apprenticeships, self-employment and internships.

Action	Alignment with provision	Lead/Partners	Timescale	Resource Implication	Outputs *(contribution to outcomes shown at end of this section)*
Priorities and recommendations will be developed to enable partners to trial, shape and implement new and improved approaches to tackling economic inactivity. It will also inform how partners can convey the benefits and expectations of work to those at risk of economic exclusion, including raising awareness of the different options available to progress into work, including self-employment, apprenticeships, internships, volunteering etc					
2.3: Develop targeted, person-centred interventions for young people at risk of becoming Not in Education Employment or Training (NEET) This includes appropriate triaging and guidance; engaging schools, employers and parents/guardians; addressing barriers to work through 1-1 coaching and personalised support; and matching young people to opportunities for work and training.	Talent Match The Really NEET Project Rotherham Leaving Care Local Offer Young Futures Hubs/Youth Access Children's Capital of Culture Creative Skills	Education providers VCFSE sector Children and Young People's Partnership Board Rotherham MBC	Medium	Medium	New interventions developed. Number of 16–24-year-old residents at risk of NEET supported. Number of school / employers / parents and guardians engaged.

Action	Alignment with provision	Lead/Partners	Timescale	Resource Implication	Outputs *(contribution to outcomes shown at end of this section)*
2.4: Priority Action: Develop a borough wide workforce investment plan. Work with employers to produce a borough wide workforce development plan, which delivers sufficient numbers of suitably skilled and qualified staff, and which supports employers to provide quality and sustainable employment, with progression opportunities • Identify the major investment opportunities and priority sectors for economic growth in the Rotherham economy • Coordinate contributions from employers, intermediaries, investors and providers aligned to these opportunities and sectors, to identify common and specific skill requirements required now and in the future. • Articulate the scale of opportunity and need in Rotherham to support the investment in skills infrastructure to meet current and future demand • Showcase the breadth of career opportunities in Rotherham presented by major investments and priority sectors to attract and retain talent.	University Centre Rotherham South Yorkshire Apprenticeship Hub South Yorkshire Skills Bank South Yorkshire Investment Zone Templebrough Corridor Rotherham Gateway	Rotherham MBC Business Growth Board Chambers of Commerce	Short	Low	Employers and intermediaries engaged in workforce skills discussions and planning. Series of tailored employment and skills plans produced, for specific investment areas / sectors in Rotherham. Gaps in skills provision identified and approach agreed to making case for further investment where required. Content / materials produced and disseminated to showcase career opportunities (link to action 1.2).

Action	Alignment with provision	Lead/Partners	Timescale	Resource Implication	Outputs *(contribution to outcomes shown at end of this section)*
• Develop recommendations to align demand and supply of skills to meet current and future workforce requirements to realise this investment and growth potential.					

	Developing interventions and strategy actions – contribution to KPIs and outcomes	2.1 Articulating the Employability and Skills Offer to Learners and Employers	2.2: Deep Dive Research re. Economic Inactivity in Rotherham	2.3: Develop targeted, person-centred interventions for young people at risk of becoming NEET	2.4: Develop a borough wide workforce investment plan
Mission 1	Increase employment rate of working age residents	✓✓	✓✓	✓✓	✓✓
	Reduce 16–18 and 18–24-year-old NEETs	✓	✓✓	✓✓✓	
	Reduce economic inactivity due to LT sickness	✓	✓✓✓	✓	
	Narrow disability employment gap	✓	✓✓	✓✓	
	Increase individuals with SEND engaging with support	✓	✓✓	✓✓	
	Increase median wage in Rotherham (males/females)	✓			✓✓
	Increase the number of Disability Confident employers	✓		✓✓	
	Increase number of businesses offering work placements to Rotherham residents	✓		✓✓	✓✓✓
Mission 2	Increase proportion of residents holding qualifications at Level 2+ and Level 3+	✓✓		✓	✓✓
	Increase proportion of young people achieving L2 and L3 by age 19	✓✓		✓✓	
	Increase number of young people engaging with CEIAG	✓✓		✓✓	
	Increase digital skills engagement, especially in areas experiencing digital poverty	✓			
	Increase number of intermediate / advanced apprenticeships	✓✓			✓✓
	Increase the number of residents receiving job-related training	✓✓			✓✓
	Narrow gap with the national average for % of residents with no qualifications	✓✓		✓	✓
Mission 3	Increase number of employers able to recruit the skilled workers they need	✓✓		✓✓	✓✓✓
	Increase % of working-age population holding qualifications at L3+ and L4+	✓		✓	✓✓
	Increase number of apprenticeships (inc. higher-level and in growth sectors)	✓✓		✓	✓✓
	Increase employer collaboration with local providers to develop courses / shape provision	✓✓	✓		✓✓
	Reduce proportion of employers facing skills mismatches	✓✓✓		✓	✓✓✓
	Increase median earnings	✓			✓✓

Intervention Theme Three – Delivering Bespoke Solutions

The groundwork laid in the preceding intervention themes will enable the development of bespoke, Rotherham-focussed solutions to meet identified needs.

Priority Action: (3.1) Work Ready Placement Programme.

Design and deliver employer led short, sharp sector specific training courses linked directly to work placements to support out-of-work people secure employment in industries where there are high numbers of vacancies, and for key cohorts facing specific barriers, such as NEETs.

Action	**Alignment with provision**	**Lead/Partners**	**Timescale**	**Resource Implication**	**Outputs *(contribution to outcomes shown at end of this section)***
3:1: Priority Action: Work Ready Placement Programme Design and deliver employer led short, sharp sector specific training courses linked directly to work placements to support out-of-work people secure employment in industries where there are high numbers of vacancies, and for key cohorts facing specific barriers, such as NEETs. Intensive sector-based training "Bootcamps" to improve work readiness and confidence Sector-specific training to address skills gaps in key industries;	Pathways to Work: • Economic Inactivity Trailblazer • Elevate Connect to Work • SYMCA Skills Bootcamps	RMBC VAR Local training delivery partners Chamber of Commerce: Employers	Short	Medium	Reduce the number of 16–18-year-old and 18–24-year-old residents categorised as NEET. Reduce the number of residents economically inactive due to long-term sickness. Narrow the disability employment gap. Increase the number of businesses offering work placements to Rotherham residents Increase the number of residents receiving job-related training in the past 13 weeks

Action	Alignment with provision	Lead/Partners	Timescale	Resource Implication	Outputs *(contribution to outcomes shown at end of this section)*
Local delivery ensuring accessibility and relevance Salary subsidy/funded placements scheme to support alternative recruitment processes, incentivise employer engagement and provide real-world of work experience with local small to medium employers Employer-led design to ensure alignment with job market needs.					Increase the number of employers collaborating with local providers to develop courses and shape provision. Reduce the proportion of employers facing skills mismatches.
3.2: Increase employer engagement in schools and colleges. Increased investment in career provision to facilitate joined-up provision for 16-24-year-olds and to help schools and colleges meet the Gatsby Benchmarks. Highlight realistic opportunities and positive role models and expand the internships and multiple encounters offer to provide a breadth of career inspiration across sectors, raise ambition and aspiration to those at transition points (Years 9-13).	Careers Hub Children's Capital of Culture Creative Skills South Yorkshire Apprenticeship Hub Rotherham Leaving Care Local Offer	Education providers Employers South Yorkshire Careers Hub South Yorkshire Apprenticeship Hub	Medium	High	Increase in the number of employer encounters taking place in schools. Increased number of under 18s engaging in at least one day of workplace visits or work experience. Development of school-focussed materials that provide up to date information regarding how to navigate the labour market, including information regarding CVs,

Action	Alignment with provision	Lead/Partners	Timescale	Resource Implication	Outputs *(contribution to outcomes shown at end of this section)*
					interviews and employer expectations (link to action 1.2 and 2.4).
3.3: Develop extra-curricular and enrichment activity for children and young people. Provide a more strategic approach to nurturing children and young people to realise their potential by equipping them with the skills, aptitude, expectations and knowledge they need to progress into positive destinations. This could also include raising awareness of the benefits of work and changing the perception of employment, especially for those at risk of disengaging with the labour market. Deliver an enhanced enrichment offer to support the development of essential skills in young people to help prepare them for work through securing investment and support from anchor institutions, employers and providers	Children's Capital of Culture Creative Skills 16-19 provision South Yorkshire Apprenticeship Hub South Yorkshire Careers Hub Rotherham Family Hubs and Giving Your Child the Best Start in Life	VCFSE Education providers Rotherham MBC South Yorkshire Careers Hub South Yorkshire Apprenticeship Hub	Medium	Medium	Coherent and curated extra-curricular offer made available to Rotherham's young people. Increase in the number of young people participating in extra-curricular activities.
3.4: Tailor Community Learning Opportunities to Identified Need including Digital Upskilling Continue to offer learning opportunities that support upskilling and workforce participation. Aimed towards adults with lower-level qualifications and through	Multiply/Core Skills Adult Skills Fund Open Arms Rotherham	VCFSE Rotherham MBC Training providers	Short	Medium	Re-focussed community learning programme linked to employment and core skills for work.

Action	Alignment with provision	Lead/Partners	Timescale	Resource Implication	Outputs *(contribution to outcomes shown at end of this section)*
promoting the importance of basic and core skills provision to residents. Provision of digital confidence and skills training to support workforce participation, targeted on neighbourhoods and cohorts with high levels of digital exclusions. Provision of support that will enable residents to access digital resources, such as technology loans and hardware to support those experiencing digital poverty and exclusion.					Digital skills and inclusion programme developed and rolled out. Number of residents benefiting from community learning and digital upskilling.
3.5: Develop employment and skills plans for regeneration areas. Develop area-based employment and skills plans to provide local hyper-local delivery of engagement activities, tailored community learning and employment support. Linking with businesses to identify their workforce needs and provide local employment. Secure social value contributions from major investment to support local workforce development Coordinate the strategic planning of interventions and major investments with enabling infrastructure providers to mitigate barriers to work. This includes transport and childcare.	Inward Investment Strategy South Yorkshire Investment Zone Rotherham Gateway development The Rotherham Town Centre Masterplan outlines the new leisure, domestic and business opportunities in and around Forge Island, identifying a number of opportunities for growth and	Rotherham MBC VCSE Employers Business Growth Board RNN Infrastructure providers	Short	High	Employment and skills plans developed in partnership with employers and communities. Funding invested in resident upskilling and employment support. Number of residents benefitting from work experience, placements and internship opportunities. Number of residents supported to overcome wider barriers to employment e.g. childcare and transport barriers.

Action	Alignment with provision	Lead/Partners	Timescale	Resource Implication	Outputs *(contribution to outcomes shown at end of this section)*
	regeneration. Building on this Masterplan and developing similar pieces that highlight the benefits of other developments in Rotherham would increase the attractiveness of the area.				
3.6: Support employers to identify and horizon scan their current and future skill needs and provide supportive workplace environments. Undertake skills needs diagnostic assessments and developing workforce development plans for SMEs Simplify and extend the current offer to ensure employers are supported with advice and guidance to develop their workforce and facilitate access to skills provision. This includes championing apprenticeships and supporting employers to access the apprenticeship levy. Provide advice and support to employers to offer supportive, inclusive and accessible workplaces, including occupational health	Advance Rotherham South Yorkshire Growth Hub South Yorkshire Apprenticeship Hub Through the LSIP, Chamber of Commerce and Growth Hub, businesses are supported to share their skills gaps and access upskilling opportunities for their workforce.	Training providers Rotherham MBC South Yorkshire Mayoral Combined Authority Business Growth Board	Long	Medium	Number of employers engaged in future skills needs discussions and planning. Number of employers implementing new approaches to create a supportive workplace. Number of employers introducing apprenticeships / increasing number of apprenticeships offered, including within the key growth sectors in Rotherham.

Action	Alignment with provision	Lead/Partners	Timescale	Resource Implication	Outputs *(contribution to outcomes shown at end of this section)*
support provision for SMEs, inclusive recruitment practice advice					

Developing bespoke solutions actions – contribution to KPIs and outcomes		3.1: Work ready Placement Programme	3.2: Increase employer engagement in schools and colleges	3.3: Develop extracurricular and enrichment activity for children & young people	3.4: Tailor community learning opportunities to identified need including digital upskilliing	3.5: Develop employment and skills plans for regeneration areas	3.6: Support employers to identify and horizon scan their current and future skills needs and provide supportive workplace environments
Mission 1	Increase employment rate of working age residents	✓✓✓	✓	✓	✓✓	✓✓✓	✓✓
	Reduce 16–18 and 18–24-year-old NEETs	✓✓✓	✓✓	✓			
	Reduce economic inactivity due to LT sickness	✓✓			✓✓	✓	
	Narrow disability employment gap	✓✓			✓✓		
	Increase individuals with SEND engaging with support	✓	✓	✓✓	✓		
	Increase median wage in Rotherham (males/females)	✓✓✓				✓✓	✓
	Increase the number of Disability Confident employers					✓	✓✓
	Increase number of businesses offering work placements to Rotherham residents	✓	✓✓	✓		✓✓	✓
Mission 2	Increase proportion of residents holding qualifications at Level 2+ and Level 3+	✓	✓✓✓	✓	✓	✓✓	✓
	Increase proportion of young people achieving L2 and L3 by age 19	✓	✓✓✓	✓✓			
	Increase number of young people engaging with CEIAG	✓✓	✓✓✓	✓✓✓			
	Increase digital skills engagement, especially in areas experiencing digital poverty			✓	✓✓✓	✓✓	
	Increase number of intermediate / advanced apprenticeships	✓✓					✓✓
	Increase the number of residents receiving job-related training	✓✓			✓✓		✓✓
	Narrow gap with the national average for % of residents with no qualifications			✓	✓✓		✓
Mission 3	Increase number of employers able to recruit the skilled workers they need	✓✓✓	✓✓	✓	✓✓	✓✓	✓✓✓
	Increase % of working-age population holding qualifications at L3+ and L4+	✓	✓	✓			✓✓
	Increase number of apprenticeships (inc. higher-level and in growth sectors)	✓✓	✓				✓✓
	Increase employer/local provider collaboration to develop courses/shape provision	✓	✓✓✓	✓✓	✓✓		✓✓
	Reduce proportion of employers facing skills mismatches	✓✓✓	✓		✓✓		✓✓✓

Developing bespoke solutions actions – contribution to KPIs and outcomes		3.1: Work ready Placement Programme	3.2: Increase employer engagement in schools and colleges	3.3: Develop extracurricular and enrichment activity for children & young people	3.4: Tailor community learning opportunities to identified need including digital upskilliing	3.5: Develop employment and skills plans for regeneration areas	3.6: Support employers to identify and horizon scan their current and future skills needs and provide supportive workplace environments
	Increase median earnings	✓✓			✓✓		✓✓

Delivering the Employment and Skills Strategy

Partnership and Governance

The Employment and Skills Strategy is part of the framework of projects and initiatives that benefit local people and places provided by the Rotherham Together Partnership (RTP). The RTP brings together a range of partners, including Council, NHS, College, Chamber of Commerce and the private and voluntary sector to oversee progress towards the shared priorities set out in the Rotherham Plan. There are a number of thematic partnerships with RTP, all seeking to improve the quality of life for residents in Rotherham.

Overall governance for, and oversight of, the Strategy will sit with the Employment and Skills Board of the Partnership, with annual updates on the progress and impact of the Strategy being reported to the RTP Chief Executive Officer's Group.

Strategy Delivery

Delivering the Strategy will require the support and engagement of a wide range of partners and stakeholders, including the VCSE sector, education and skills providers, the Council, South Yorkshire MCA, DWP, and employers and residents of Rotherham.

Rotherham MBC will play a key role as convener, responsible for bringing together the most appropriate partners and bodies needed to address an issue or deliver an activity. The Council will play an active role in connecting employment and skills activity to wider initiatives being delivered in Rotherham such as through the Place-Based Investment Strategy and Digital Inclusion Strategy. Rotherham MBC will also ensure that delivery aligns with regional initiatives such as the inactivity trailblazer and regional policies including the South Yorkshire Skills Strategy, LSIP and the Get Britain Working Plan.

With an increasing focus on health and employment, both in terms of stemming the flow into inactivity and supporting those who are inactive to find good work, the NHS will play a key role in identifying common barriers to work and working with employers to support employees living with a long-term health condition or disability. This could include the provision of occupational therapy, mental health support for those in receipt of a sick note and early intervention for those with at risk of leaving work due to a new diagnosis.

Employers will play an integral part in the delivery of the Strategy. Businesses drive demand for skills and create employment opportunities for local people – and it is their choices and constraints that determine the quality of the jobs on offer in Rotherham. Through the Strategy, employers will be encouraged and supported to enable them to work with young people, apprentices, hire and retain residents with a health condition and upskill their current employees. They will receive more education as to how adopting inclusive workplace practices could boost their productivity and support their workforce. Businesses will also be supported to form new connections with education providers, ensuring that young people can develop an idea of the workplace possibilities within Rotherham.

VCSE organisations will be supported to strengthen their current work within local communities and support community-based and hyper-local delivery of activities linked to the Employment and Skills Strategy, such as Core Skills. The VCSE sector is well-placed to tailor engagement approaches and marketing to the needs of their local community.

Education and skills providers will deliver activity at a range of levels to ensure that all of Rotherham's residents are able to access training and development that is appropriate to their aims and circumstances. This could include developing their core skills and work readiness offer, their higher-level apprenticeship offer and their in-work upskilling offer.

Rotherham MBC will ensure the Strategy and Missions are embedded into future policy and activity, continuing to facilitate positive collaboration between partners and across the wider region.

Appendix 2

PART A - Initial Equality Screening Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

Further information is available in the Equality Screening and Analysis Guidance – see page 9.

1. Title	
Title: Rotherham Employment and Skills strategy 2026-31	
Directorate: R&E	**Service area: RiDO**
Lead person: Simeon Leach	**Contact: Simeon.leach@rotherham.gov.uk**
Is this a:	
[X] **Strategy / Policy** [ ] **Service / Function** [ ] **Other**	
If other, please specify	

2. Please provide a brief description of what you are screening
A strategy to set out the framework for employment and skills development and delivery in Rotherham over the next 5 years. This will link closely to the SY Skills Strategy (published late 2024), whose 3 "missions" are: 1. Move those far from the labour market into work or ready for work 2. Raise attainment of core knowledge and skills 3. Increase the supply of a high-skilled workforce

Appendix 2

While also setting out local priorities and interventions specific to Rotherham, many of which will be focusing on those residents facing multiple barriers to accessing and retaining employment.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc.

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community? *(Be mindful that this is not just about numbers. A potential to affect a small number of people in a significant way is as important)*	x	
Could the proposal affect service users? *(Be mindful that this is not just about numbers. A potential to affect a small number of people in a significant way is as important)*	x	
Has there been or is there likely to be an impact on an individual or group with protected characteristics? *(Consider potential discrimination, harassment or victimisation of individuals with protected characteristics)*	x	
Have there been or likely to be any public concerns regarding the proposal? *(It is important that the Council is transparent, and consultation is carried out with members of the public to help mitigate future challenge)*	x	
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom? *(If the answer is yes you may wish to seek advice from commissioning or procurement)*	x	
Could the proposal affect the Council's workforce or employment practices? *(If the answer is yes you may wish to seek advice from your HR business partner)*	x	

If you have answered no to all the questions above, please explain the reason

If you have answered **no** to all the questions above please complete **sections 5 and 6.**

If you have answered **yes** to any of the above please complete **section 4.**

Appendix 2

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made**.**

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).

- **How have you considered equality and diversity?**

The Employment and Skills Strategy will aim to assist all residents of Rotherham in gaining the skills, qualifications and experience to enable them to access sustainable employment and to progress within their chosen career when they do.

Mission 1 from the South Yorkshire Strategy (Move those far from the labour market into work or ready for work) will focus specific support on that cohort of residents who are typically disadvantaged and caught in a cycle of low income, poor access to services, poor health and low aspiration.

The Strategy will target economically inactive residents across a range of sub-cohorts, including, those with disabilities and health conditions (who are significantly less likely to work), ethnic minority groups (who are over-represented among economically inactive people), young people who are not in employment, education or training (NEET), to include care leavers, carers and those from households experiencing inter-generational inactivity or unemployment.

Work with Rotherham employers will ensure that there is an available pool of local labour, able to support the sustainable growth of these businesses. The locality of the work will make it more accessible to those residents who do not own a vehicle and are dependent on public transport.

- **Key findings**

Around 1 in 4 individuals in the UK are not working. In Rotherham the number is 46,600 (ONS March 2024) which is nearer to 1 in 3 of the working age population.

The current system supporting people back into work is fragmented, making it complex and confusing for individuals and employers

Economically inactive people are concentrated in the borough's poorest communities and among minority groups

There is no one experience of 'economic inactivity'.

The term 'economic inactivity' simplifies the diversity of experiences and people, and the blurred lines between health, care and other barriers.

Appendix 2

The severity of the impacts of experiencing 'economic inactivity' is connected to individual's resource, situation, and support networks.

Employment has been shown to have a major impact on the mental and physical health of certain individuals.

- **Actions**

Identify potential support for disadvantaged and under-serviced residents to ensure that they have the skills, experience and confidence to start the journey towards employment and training. This will require personalised support to ensure that the very different number and types of barriers these individuals face can be tackled.

Activity must take a targeted hyper local approach, where possible using trusted VCS partners with lived experience to capture the needs of priority cohorts. One of the identified outcomes of the Pathways to Work model, being using to tackle entrenched economic inactivity, is to build up the activity of the Rotherham VCS to deliver this activity.

Explore opportunities to strengthen data and information flows to ensure resources are deployed in line with available evidence and support effective interventions through data sharing.

Date to scope and plan your Equality Analysis:	22nd April 2025
Date to complete your Equality Analysis:	12th May 2025
Lead person for your Equality Analysis (Include name and job title):	Simeon Leach Economic Strategy and Partnerships Manager

5. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening:

Name	Job title	Date
Simeon Leach	Economic Strategy and Partnerships Manager	
Tim O'Connell	Head of Economic Development	
Simon Moss	Assistant Director Planning, Regen and Transport	

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

Appendix 2

If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report. A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.	
Date screening completed	22nd April 2025
Report title and date	Rotherham Employment and Skills Strategy 2026-31 Cabinet 15 December 2025
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	15 December 2025
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	22nd April 2025

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Appendix 3

PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title	
Equality Analysis title: Rotherham Employment and Skills Strategy 2026-31	
Date of Equality Analysis (EA): 10 September 2025	
Directorate: Regeneration and Environment	**Service area: Planning Regeneration and Transport**
Lead Manager: Simeon Leach	**Contact number: 0794 990 1043** **Simeon.leach@rotherham.gov.uk**
Is this a:	
[X] **Strategy / Policy** [ ] **Service / Function** [ ] **Other**	
If other, please specify	

Appendix 3

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance		
Name	**Organisation**	**Role (eg service user, managers, service specialist)**
Simeon Leach	Rotherham MBC	Service Specialist
Tim O'Connell	Rotherham MBC	Manager
Simon Moss	Rotherham MBC	Assistant Director

3. What is already known? - see page 10 of Equality Screening and Analysis Guidance

Aim/Scope (who the Policy/Service affects and intended outcomes if known)
This may include a group/s identified by a protected characteristic, other groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

The Strategy will look to assist all Rotherham residents in identifying and obtaining the skills and qualification needed to move towards and access employment, and once in employment to remain their and progress their careers

There will be target groups that are prioritised for specific support, these include:

- people who are not in education or training who are aged 16-24 years old
- People with learning difficulties & disabilities
- people with Physical Disabilities
- people who are ex-offenders
- people who are refugees & asylum Seekers
- ethnic minority groups
- care leavers
- carers and single parents
- older people

As part of the work on the Strategy a dashboard has been produced providing baseline information. This can be accessed at the following link Rotherham Skills Data Dashboard

Data included comes under 3 headings:

- People and Society
- Education and Skills
- Economy

Each of these then has a number of sub-headings, which in the case of People and Society, includes:

- Deprivation
- Population by Characteristics
- Low income families
- Economic inactivity
- Social mobility

Appendix 3

Figures for all of the above a broken down to Ward level and will allow targeted delivery of the activity that comes out of the Strategy.

Regular reviews will be undertaken of the data, and additional data sourced to fill any identified gaps, including other characteristics.

Are there any gaps in the information that you are aware of?

We are unaware of any gaps in data at the current time, but if any gaps are identified the scope of the dashboard can be amended**.**

There are plans to establish triage and arrangements for tracking longitudinal data on employment outcomes as mentioned in the action list below.

What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

The Strategy has a range of key indicators that will be monitored on a regular basis, depending on when updates are available. These will be used to monitor progress and identify where to target activity to ensure that all groups within the borough receive, and benefit

Engagement undertaken with customers. (date and group(s) consulted and key findings)	The strategy has been consulted on with a wide range of stakeholders, all through the development stage (February – April). Mainly in boards and workshops but also some 1-2-1 meetings: • Rotherham Together Partnership • Business Growth Board • Employment and Skills Board • Humanitarian and Communities Group • Voluntary Action Rotherham and wider VCSE sector • Chamber of Commerce • Local Businesses • RNN There was support for the proposed Strategy and actions, with partners feeding back suggested input. The need for local delivery of activity and a focus on the need to identify the barriers to employment for different groups/characteristics, came across strongly.
Engagement undertaken with staff (date and group(s)consulted and key findings)	

4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)

How does the Policy/Service meet the needs of different communities and groups? (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance.)

Appendix 3

Age - the strategy includes targeted support for residents of all ages, including young people and older individuals, to enter and sustain employment. There will be an initial focus on young people aged 16-24

Disability – The strategy acknowledges the barriers disabled residents facing in accessing and retaining employment and will identify what support can be targeted to tackle this issue

Race/ethnicity – promotes tailored outreach, to groups with higher economic inactivity rate rates. And acknowledges the importance of delivering support to residents in the areas where they live.

Gender - recognising and tackling gender barriers, such as childcare responsibilities, which are affecting employment.

Carers - Specific support for those balancing caring duties and work readiness

Socio-economic Status - Addressing financial barriers such as the “benefit trap,” transport issues and low digital literacy

The implementation of the Strategy identifies a range of priorities and potential actions across the 3 themes, including all of the above. These will be looked at by Stakeholders, led by the Employment and Skills Board, and the detail of the delivery and how the impact can be monitored, will be agreed

Does your Policy/Service present any problems or barriers to communities or Groups?

Potential barrier - low engagement from some hard to reach groups due to trust issues or systemic barriers

Mitigation local outreach through trusted VCS partners and personalised trauma informed support

Potential barrier employer reluctance to hire individuals with complex needs

Mitigation employer incentives and in work support to facilitate sustained employment

Potential Barrier – individuals struggling on a return to work.

Mitigation – personalised support, will continue in the early part of a person’s employment, with support available as required after that period.

Does the Service/Policy provide any positive impact/s including improvements or remove barriers?

Yes by

- providing locally delivered skills training, employment support and jobs

Appendix 3

- enhancing employer engagement and awareness of the benefits that can be achieved by employed from protected characteristics
- improving referral pathways to health and social support services
- Offering flexible support projects to address individual needs

What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another)

The service is expected to

- improve social mobility and economic inclusion
- foster stronger collaboration between the council, businesses and community groups.
- reduce long term dependency on benefits improving overall economic resilience.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

5. Summary of findings and Equality Analysis Action Plan

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the T impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

Title of analysis: Rotherham Employment and Skills Strategy 2026-31
Directorate and service area: Regeneration and Environment, Rotherham Investment and Development Office
Lead Manager: Simeon Leach
Summary of findings:
The Strategy will look to assist all Rotherham residents in identifying and obtaining the skills and qualification needed to move towards and access employment, and once in employment to remain their and progress their careers. There are a wide range target groups that are prioritised for specific support. The strategy has been consulted on with a wide range of stakeholders, all through the development stage (February – April). Mainly in boards and workshops but also some 1-2-1 meetings. There was support for the proposed Strategy and actions, with partners feeding back suggested input. The need for local delivery of activity and a focus on the need to identify the barriers to employment for different groups/characteristics, came across strongly. Positive impacts of the Strategy will include: • providing locally delivered skills training, employment support and jobs • enhancing employer engagement and awareness of the benefits that can be achieved by employed from protected characteristics

- improving referral pathways to health and social support services
- Offering flexible support projects to address individual needs

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Start delivery of the Strategy	**all**	**11/25**
Identify and agree initial priority actions for first 2 years. These will include a focus on supporting young people (16-24) at risk of worklessness and provision of local based "Work and Skills Plans," focussing on those areas of greatest deprivation	**all**	**11/25**
Establish triage and arrangements for tracking longitudinal data on employment outcomes for programme participants.	**all**	**09/25**

***A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups**

6. Governance, ownership and approval		
Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.		
Name	**Job title**	**Date**
Simon Moss	Assistant Director Planning Regeneration and Transport.	19/11/2025
Cllr Williams	Cabinet member Jobs and the Economy	

7. Publishing	
The Equality Analysis will act as evidence that due regard to equality and diversity has been given. If this Equality Analysis relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report. A copy should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.	
Date Equality Analysis completed	19/09/25
Report title and date	Rotherham Employment and Skills Strategy 2026-31
Date report sent for publication	
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	11/09/25

Will the decision/proposal impact…	Impact	If an impact or potential impacts are identified:			
		Describe impacts or potential impacts on emissions from the Council and its contractors.	Describe impact or potential impacts on emissions across the Borough as a whole.	Describe any measures to mitigate emission impacts	Outline any monitoring of emission impacts that will be carried out
Emissions from non-domestic buildings?	Increase	Moderate impact from potential increased employment which could increase office-based activities and contribute to higher emissions.	An increase in rates of economic activity is likely to result in economic growth which has the potential to increase CO_2 emissions.	This will be in part mitigated by a focus on green jobs, identified as a sector with growth potential.	Monitoring will not take place as a specific part of delivery of the Strategy.
Emissions from transport?	Increase	Moderate impact from the expansion of employment which could increase staff travel and contribute to higher emissions	The Strategy will look to provide local jobs for people, but due to the nature of the combined economy across South Yorkshire, this will not always be the case. An increase in rates of economic activity will result in economic growth which is likely to generate more transport movements and thereby increase emissions. An increase in the production of goods and services locally may have a beneficial impact on local supply chains and help reduce the number	Scope to mitigate within the Strategy itself is relatively low. To mitigate negative impact, it will be necessary to work in tandem with a range of other policies to promote environmentally sustainable economic growth and the potential of job growth in the "Green Sector."	Monitoring will not take place as part of the work on the Strategy.

			of transport movements both in the production process and consumption.		
Emissions from waste, or the quantity of waste itself?	Increase		An increase in economic growth which has the potential to increase waste production	Scope to mitigate within the strategy is minimal. To mitigate negative impact, it will be necessary to work in tandem with a range of other policies to promote environmentally sustainable economic growth and encourage employers to adopt sustainable waste management practices	Monitoring will not take place as part of the work on the Strategy.
Emissions from housing and domestic buildings?	Increase		An increase in rates of economic activity is likely to result in economic growth. This has the potential to increase household incomes resulting in greater consumption which may have an impact on emissions.	Scope to mitigate within the Strategy is minimal. To mitigate negative impact, it will be necessary to work in tandem with a range of other policies to promote environmentally sustainable behaviours.	Monitoring will not take place as part of the work on the Strategy.
Emissions from construction and/or development?	Increase		An increase in rates of economic activity is likely to result in economic growth. This has the potential to increase construction and development in the Borough.	Scope to mitigate within the Strategy is minimal. Planning policy, development control and enforcement of Part L of the Building Regulations are best placed to	Monitoring will not take place as part of the work on the Strategy.

				mitigate the carbon impact of construction. A local labour supply with green skills in sustainable construction could mitigate the carbon impact of development.	
Carbon capture (e.g. through trees)?	None				

Identify any emissions impacts associated with this decision which have not been covered by the above fields:

None identified

Will the proposal affect Council services' resilience to climate change, or the capacity of people living in the Borough to adapt to climate change?

The climate in Rotherham is already changing, with visible impacts throughout the Borough. Hotter summers are increasing the risk of extreme temperatures such as those experienced in July 2022, as wetter winters and more intense rainfall are increasing the risk of floods such as those in 2007, 2019 and 2023. More information on climate change impacts in Rotherham is available from: https://www.reports.esriuk.com/view-report/b8eb3cee8f764147a2cfcd69cf36238f/E08000018

Delivery of the Strategy should include consideration of how economic inclusion may increase people's capacity to adapt to climate change.. For example, people with alcohol or drug dependence, people who work in jobs that require manual labour or extensive time outside and people experiencing homelessness are all target groups for the strategy and also identified as at-risk groups, in Government guidance on hot weather and health. Education and income are both proposed as determinants of 'adaptive capacity', in a recent study climate change vulnerability at the local-authority level (Mapping vulnerability to climate-related hazards to inform local authority action in adaptation: A feasibility study. Howkins et al., 2024).

Provide a summary of all impacts and mitigation/monitoring measures:

Direct carbon impact is expected to be moderate due to increased building energy use and transport emissions associated with staff and service users.

Impact is primarily indirect as a result of the programme increasing levels of economic activity and as a result delivering broader economic growth. Managing and mitigating the carbon impact of growth is outside the scope of this programme and will be reliant on wider policies and measures in place.

Supporting information:	
Climate Impact Assessment Author	Simeon Leach Economic Strategy and Partnerships Manager RiDO Regeneration and Environment
Please outline any research, data or information used to complete this Climate Impact Assessment.	N/A
If quantities of emissions are relevant to and have been used in this form please identify which conversion factors have been used to quantify impacts.	N/A
Validation	Tracking Reference: CIA 454 Arthur King Principal Climate Change Officer

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 15 December 2025

Report Title
Rotherham (SYMCA) Local Electric Vehicle Infrastructure (LEVI) Fund

Is this a Key Decision and has it been included on the Forward Plan?
Yes

Strategic Director Approving Submission of the Report
Judith Badger, Strategic Director of Finance and Customer Services

Report Author(s)
Louise Preston, Climate Change Manager
Louise.preston@rotherham.gov.uk
Andy Wilson, EV Infrastructure Officer
Andy.wilson2@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary

It is proposed that Rotherham Metropolitan Borough Council participate in the South Yorkshire Mayoral Combined Authority (SYMCA) Local Electric Vehicle Infrastructure (LEVI) Fund programme.

This initiative, supported by Government funding, aims to accelerate the deployment of public electric vehicle (EV) charging infrastructure in the South Yorkshire region. This will see the identification of Council land and property, both off street and on street, for the provision and installation of EV Chargers.

Based on a concession contract, the Scheme and fund will be procured and managed by SYMCA but the day-to-day management of the contractor/ concessionaire within Rotherham will be the responsibility of the Council to deliver, which includes review and identification of Council land and property with the contractor. It is expected that this Scheme will provide between 500 and 1,500 additional charge points throughout Rotherham subject to site suitability and other dependencies as outlined within this report.

This report therefore details the way in which the Council is expected to participate in this Scheme and proposes a governance approach to ensure both the Council's requirements and the individual needs of the Borough's varied wards are captured.

Recommendations

That Cabinet:

1. Approve the inclusion of the Rotherham Borough within the regional South Yorkshire Mayoral Combined Authority (SYMCA) Local Electric Vehicle Infrastructure (LEVI) funded programme and Rotherham Council's role in its procurement and delivery.

2. Delegate authority to the Assistant Director, Property and Facilities Services in consultation with the Cabinet Member for Transport, Jobs and the Local Economy and relevant ward members for the approval of any contracts or conditions (including for the use of Council land and property) as well as the delivery, monitoring and site approvals in relation to the SYMCA LEVI Fund.

List of Appendices Included

Appendix 1 LEVI Main Fund Equalities Screening Part A
Appendix 2 LEVI Main Fund Equalities Impact Assessment Part B
Appendix 3 Climate Impact Assessment

Background Papers
Rotherham Public Electric Vehicle Infrastructure Strategy - Cabinet, March 2024

Consideration by any other Council Committee, Scrutiny or Advisory Panel
None.

Council Approval Required
No

Exempt from the Press and Public
No

Rotherham (SYMCA) Local Electric Vehicle Infrastructure (LEVI) Fund

1. Background

1.1 In 2015, the Council began its work to install Public EV charging points across the Borough. Since then, the Council has installed 108 parking bays with charging infrastructure and continues to expand this infrastructure through its existing schemes and capital allocation. Transport for North have produced various future EV uptake scenarios indicating demand for residential charging in Rotherham will be between 1,038 and 1,665 devices in 2035 and between 1,208 and 1,954 devices in 2040.

1.2 In March 2024, Cabinet approved the Council's Public EV Infrastructure Strategy which set out the way in which the Council plans to deliver infrastructure across the Borough and the standards it commits to meet. The Strategy recognises that the delivery of EV charging infrastructure is not purely a Council endeavour and that the Council has a role in encouraging private investment and delivery of charge points, particularly where there is a commercial case for the infrastructure. A key commitment of this Strategy is that in order to meet expected demand by 2040, the majority of Rotherham residences should be within a ten-minute walk (approximately 800m) of a public charge point.

1.3 In 2023 SYMCA were allocated £8,915,000 Local EV Infrastructure (LEVI) capital funding to deliver a network of EV infrastructure across the region by entering into a concession arrangement with a Charge Point Operator (CPO) who will be responsible for investment, planning, installation and subsequent operation and management of the charge points.

1.4 The LEVI Fund is a Government initiative designed to:

- Accelerate the rollout of local EV charging infrastructure, especially for residents without off-street parking.
- Support local authorities with both capital funding (for infrastructure) and capability funding (to build internal expertise and capacity).

1.5 These aims clearly align with the Council's Strategy for delivery of public EV charging and the scheme could provide funds to deliver in the least commercially suitable locations, providing provision and equity in charge points across the Borough.

1.6 LEVI encourages collaboration with private sector Charge Point Operators (CPOs). The intention is to unlock investment, reduce public sector risk, and accelerate rollout. Authorities are expected to use concession contracts or similar models where the private sector designs, installs, operates, and maintains the infrastructure for a period of 15 years.

1.7 LEVI, and its supporting body, the Energy Savings Trust, have provided extensive guidance for this Scheme including in relation to the procurement process which the regional team have taken into account as part of their procurement strategy.

2. Key Issues

2.1 It is anticipated that the Rotherham Borough will receive approximately 20% (£1.6M) of the allocation in the provision of infrastructure (i.e. not monies given to the Council, but the value of works carried out by the Contractor and funded by SYMCA), subject to final agreement and SYMCA's retention. The allocation is designed to enable EV Infrastructure (EVI) installations, whilst supporting less commercially attractive locations ahead of demand. A procurement approach is being designed to attract a contractor/ concessionaire for 15 years to deliver the programme at no cost to the Council. The Contractor will also look to directly fund more commercially opportune areas, between 20% – 100% of the programme value, giving a total capital investment value of between £1.9M to £3.2M for the Rotherham Borough.

2.2 In addition to the capital investment expected into the Rotherham Borough, the Scheme also includes a concession fee (revenue) income which is expected to be paid to each Local Authority for delivery. The model for this is not fully defined but it is expected to be sufficient to cover costs associated with hosting the existing EV Infrastructure Officer to enable the delivery of this work and as such should be considered for this purpose.

2.3 The Scheme is expected to deliver a minimum of 500 charging devices at the lowest estimate of supplier contribution and up to 1,500 at the higher end, if the contractor/concessionaire is to self-invest in further capacity as the programme matures.

2.4 The lower estimate can comfortably meet the Council's Public EV Infrastructure Strategy 2040 target, that the majority of Rotherham residences should be within a ten-minute walk (approximately 800m) of a public charge point, provided an adequate geographic spread of locations can be identified. However, whilst this provides geographical coverage, this is unlikely to meet the full expected demand for residential charging as modelled by the Department for Transport unless the programme is sufficiently viable to lead to further private investment by the provider.

2.5 In order to participate in, and benefit from this Scheme, the Council will be required to enter into an Inter-Authority Agreement, or Memorandum of Understanding to ensure each party (or Authority) adheres to the requirements of the contract. An overview of these requirements and their implications is outlined in section 7.

2.6 The complicated nature of this Scheme will require robust governance, reporting, and project management. Whilst the day-to-day management of this programme will be managed via the existing EV Infrastructure Officer, there will be a need for internal approvals and governance to ensure the sites selected are in line with the Council's Public EVI Strategy and other policies.

2.7 As part of the procurement, bidders will be expected to provide a proposed plan for delivery, however the indicative project phasing and outputs expected are outlined below.

2.8 The aim is to establish broad working principles across a wide range of sites in the initial phase, whilst providing an acceptable level of geographic and Ward coverage and therefore visibility for the programme to promote interest and engagement. This will then lead to an accelerated programme to secure minimum provision across all Lower Super Output Areas (LSOA's – groups of between 400 and 1,200 households) and meet estimated demand across the borough in the main phase. The concession will then become self-managed by the contractor/concessionaire with little likelihood of further grant support required to finalise installations in the least commercial or feasibly difficult sites. Once grant funding is exhausted the concession will be self-reliant for expansion as demand for charging increases.

2.9 An initial one year and five-year plan, with annual refresh, will be provided by the contractor/concessionaire, allowing annual review of progress and expected outcomes. This will be reviewed by Rotherham Council and then agreed. The contractor/concessionaire will be responsible, in collaboration with the delivery Officer(s), for carrying out comprehensive stakeholder consultation and communication exercises. This will also provide an opportunity for councillor consultations to be undertaken. An update will be included as part of the Climate Emergency Annual Cabinet report, looking backwards at the success of delivery and also looking forwards to the future years' plan.

2.10 **Project Phasing and Outputs Expected**

The table below shows the level of funding from SYMCA, and the estimated number of charge points that will be delivered over the life of the programme (15 year). Years 10 to 15 will not be funded through SYMCA and the contractor will be expected to self fund.

Output description	**Estimated Number of Charge points**	**Value from LEVI Fund (£000s)**
Initial phase of charge point installations (more commercial sites) years 1 – 2. Mainly at contractor/concessionaire cost, 10% of grant support	200	160
Main phase of charge point installations (mixed commerciality sites) years 3 – 5. 80% of grant support.	1,000	1,280
Ongoing site opportunities years 5 -10 10% of grant support	200	160
Business as usual – contractor/concessionaire responds to increasing demand e.g., through expansion of existing sites	100	0
TOTAL	1,500	1,600

2.11 The Scheme is also subject to several dependencies. These include:

- Availability of grid capacity and timely engagement with Northern Powergrid.
- Adequate data and interpretation.
- Community consultation.
- Co-ordination and support with Planning and Highways.
- Availability and space for residential charging hubs and/or highway adaptations for feasibility of where a Highways Scheme includes parking.
- Successful procurement and concession outcome to avoid shortfall in delivery of sites.
- Suitable site proposals.

2.12 SYMCA intends to begin procurement, subject to all four Local Authority approvals, in late December 2025 or early January 2026.

2.13 The Council is increasingly receiving queries in relation to cross pavement solutions such as gulleys and other infrastructure. At present, cross pavement infrastructure is not permitted via the Highways Authority's existing policies and would require additional permissions and policy changes. Whilst Central Government have published guidance to Local Authorities on this matter, there are serious concerns remaining over managing risks associated with electrical safety and legal risk. Cross pavement solutions are therefore outside of the scope of this decision; however the regional working group is considering this and its numerous challenges and the procurement will be future proofed to enable the delivery of such infrastructure should this be subsequently approved. Where any changes occur, either at a national or local level, Cabinet will be advised and relevant approvals sought.

2.14 An annual review of progress will also be provided to Cabinet as part of the Climate Emergency Annual report.

3. Options considered and recommended proposal

3.1 Option 1: Do nothing.

3.1.1 To be inactive on this project would have regional implications for the continuation of the project: SYMCA require the Council to provide insight, oversight and approvals for site allocations as the project progresses and without this input the Rotherham Borough would not receive its allocated quota of sites. The project therefore requires governance to ensure appropriate delivery across the Borough. It is not anticipated that there will be any further funding opportunities for public EV Infrastructure. This would mean that the Council would either need to provide additional capital funds for delivery of its EV charging strategy or not meet resident demand for EV infrastructure by 2040.

3.1.2 The Council would also not be able to receive any income associated with the scheme.

3.1.3 This option is therefore not recommended.

3.2 **Option 2: Participate in the SYMCA LEVI Funded Scheme**

3.2.1 This is the recommended option. Participation in this scheme will allow the Council to meet its targets for EVI delivery and move towards the Department for Transport's expected demand requirements by 2040.

3.2.2 This scheme also reduces the maintenance burden of EV Infrastructure and allows the migration of the Council's stock to the contractor/concessionaire in the future if this is desirable. Following the initial set up phase, the management of the contract will be self-funding through the concession income and low maintenance.

3.2.3 A consistent and joined up approach across the region is desirable as it will reduce the need for multiple applications, accounts or payment methods to access the devices.

3.2.4 It is important that the Rotherham Borough's needs are taken into account throughout this extensive project. The sites selected are likely to be a range of existing Council car parks, destination chargers, hubs, and potential highway schemes, where the provision of parking forms part of that or a future scheme. It is proposed that the EVI Officer manages this project, and that authority is delegated to the Assistant Director of Property and Facilities Services in consultation with the Cabinet Member for Transport, Jobs and the Local Economy and relevant ward members to approve the use of these sites and Council land and property, detailed in the Recommendations Section. Ward member consultation will be particularly important as the project progresses, and the simpler car parking sites are covered. This will allow for consideration of the individual characteristics and housing profiles of each ward to be accounted for.

3.2.5 It is therefore recommended that Cabinet approve:

1. The inclusion of the Rotherham Borough within the regional South Yorkshire Mayoral Combined Authority (SYMCA) Local Electric Vehicle Infrastructure (LEVI) funded programme and Rotherham Council's role in its procurement and delivery.

2. Authority to the Assistant Director, Property and Facilities Services in consultation with the Cabinet Member for Transport, Jobs and the Local Economy and relevant ward members for the approval of any contracts or conditions (including for the use of Council land and property) as well as the delivery, monitoring and site approvals in relation to the SYMCA LEVI Fund.

4. Consultation on proposal

4.1 No public consultation has been undertaken specifically on this scheme, however where required and through the implementations at sites, consultation will take place. Relevant Cabinet Members will be consulted through the progress of the scheme and an annual update as part of the broader Net Zero report will be provided to Cabinet, looking backward and forward at the programme.

4.2 An on-going data gathering exercise has been used to inform the proposed locations of the existing programme of EVI provision and residents can continue to input into this online form as needed. This form can also be used to report issues or faults with the Council's existing devices.

4.3 Alongside the ongoing discussions around Highways, there will be further conversations internally in relation to the practical process for land release and car parking impacts.

4.4 Following procurement, it is proposed that a steering group is set up for governance of the Scheme's delivery. Consultation with ward councillors and affected residents will form part of the concession contract and will be undertaken by the contractor/concessionaire as a deliverable. The Council would be expected to support this work but would not directly lead this activity.

5. Timetable and Accountability for Implementing this Decision

5.1 An indicative time frame will be provided as part of the procurement submission by prospective contractors/concessionaires based on realistic timeframes and any expected dependencies. An outline is provided in section 2.8.

5.2 As SYMCA is the Lead Authority, the project will be subject to their internal timelines, and the above is therefore indicative only.

As part of a SYMCA Steering Group, with South Yorkshire Local Authority and SYMCA Membership, the Council will have accountability for timely delivery of its responsibilities including:

1. Communicating with the other Authorities.

2. Championing the Project within the Council and throughout the Borough.

3. Securing, as far as possible that any matter which is recommended to that Authority by SYMCA for decision shall be considered and determined expeditiously and having due regard to the benefits to each Authority of the joint implementation of the Project.

4. Ensuring that their Authority provides the support, of whatever kind, necessary to secure the effective achievement of the Project.

5. To approve sites and locations for charge points across Council and Highways locations as appropriate.

6. Effective communication with the contractor/concessionaire in stakeholder communication and scheme promotion.

7. To oversee, monitor, review and ensure quality installations in the Rotherham Borough.

8. To report internally to SYMCA and to LEVI progress and challenges associated with the implementation of the project.

Therefore, a joined-up approach in providing necessary approvals and permissions, in a timely manner is key.

6. Financial and Procurement Advice and Implications

6.1 The recommendation of this report is to enter into the South Yorkshire Mayoral Combined Authority's (SYMCA) Local Electric Vehicle Infrastructure (LEVI) funded programme. SYMCA was awarded £8.915m of capital funding of which the Council will benefit from approximately 20%. This is based on regional population and demand for Electric Vehicle Infrastructure (EVI). The Council will not directly receive the capital funding but will benefit from its outputs as detailed in 2.9.

6.2 As the programme develops over its 15-year lifespan, the Council will receive payment from the eventual operator of the infrastructure. The contractor/concessionaire will pay SYMCA a fixed amount each year which SYMCA will then distribute across all Local Authorities. This revenue income will be used to fund an EV officer employed by RMBC, as suggested by SYMCA. The amount that the Council will receive each year will be confirmed as part of the contractor/concessionaire procurement.

6.3 There are no direct procurement implications for the Council in relation to the recommendations detailed in this report. As set out in the body of the report and within the Legal implications below, SYMCA will act as the lead authority for this procurement ensuring compliance with the Procurement Act 2023. As the lead they will procure and manage the final Concession Agreement.

7. Legal Advice and Implications

7.1 As set out in the body of the report, a Concession Agreement is to be procured by SYMCA as lead authority, for an appropriate Charge Point Operator to undertake installation of LEVI funded EV infrastructure across South Yorkshire. The Council will be a party to the resulting Concession agreement. The procurement exercise is to be carried out by SYMCA in

compliance with the requirements of the Procurement Act 2023 and the requirements of and guidance from LEVI as the ultimate funder of the overall project.

7.2 As referred to above, an Inter Authority Agreement is to be completed by the Local Authorities and SYMCA and this will set out the relative obligations of the parties. Under this agreement SYMCA will be responsible for acting as lead authority and the management and operation of the Concession Agreement with the CPO. This will include receiving and managing the Government funding, distributing payment to the Charge Point Operator based on verified installations, receiving the revenue share payments from the Charge Point Operator and distributing those payments to the Local Authorities as agreed.

7.3 The Council's responsibilities under the IAA will include collaboration with SYMCA and the CPO to identify and approve selected sites for the EV charging infrastructure, verification of installation of Charging Points and confirmation of satisfactory completion to SYMCA and to put forward proposals for any further non-LEVI EV infrastructure to be included in the programme for consideration by the CPO.

7.4 Therefore, the Council will be required to feed into the project in terms of location and suitability of sites within the Borough. The consideration and decisions in relation to this issue are to be delegated to the Assistant Director of Property and Facilities Services as set out in Recommendation 2, with the governance structures in respect of this selection process as described in the body of the report. Further, due to the nature of the project, it is anticipated and intended that the installations made pursuant to the Concession Agreement will be on available Council land, hence the further approval requested in this regard in Recommendation 2.

8. Human Resources Advice and Implications

8.1 There are resource implications for taking part in this scheme. Although SYMCA will be responsible for dispensing funding, it is expected that the Council will be required to manage, monitor and arrange the relevant leases and wayleaves for undertaking the work on Council land. It is understood that the existing resource in the form of the EV Infrastructure Officer post will provide the majority of the project management for this work. However, it is expected that this will present a resource pressure for the Council, at least in the short term whilst the Council’s existing commitments are being delivered, and consideration is being given to an additional fixed term post of an EV Officer who will support the EV Infrastructure Officer.

8.2 The project requires cross-departmental collaboration, with support needed from HR, Finance, Legal, Highways, Housing, Equalities, and Transportation. This necessitates clear role definitions and coordinated planning to ensure sufficient capacity and expertise are available across all contributing teams.

9. Implications for Children and Young People and Vulnerable Adults

9.1 There are limited implications for children, young people and vulnerable adults as a result of this decision.

10. Equalities and Human Rights Advice and Implications

10.1 The Council has committed to delivering EV charging infrastructure with the BSI PAS 1899:2022 standard in mind. This is British standard that sets out the requirements and good practice for making public electric vehicle (EV) charging points accessible to everyone, including disabled and older people. This will be reflected in the procurement as it is recognised regionally that an equitable roll out of EV charging infrastructure is important. However, it should be noted that the varied sites likely to be involved in this scheme may mean that full adherence to this standard may not be technically feasible, though best endeavours will be required of any appointed contractor/concessionaire.

10.2 An Equalities Screening and Impact assessment are included within Appendix 1 and 2.

11. Implications for CO_2 Emissions and Climate Change

11.1 There will be scope 3 carbon emissions, the indirect greenhouse gas emissions that occur through the Council's supply chain, associated with the delivery of this scheme as a result of the construction, transportation, maintenance and management of the charge points throughout the lifetime of the contract. However, the reduction in emissions associated with the transition to low carbon passenger vehicles will be beneficial to the Borough's carbon emissions.

11.2 The scheme itself is designed to encourage the uptake of low carbon transport, in particular supporting those without driveways to transition to electric vehicles. As such this scheme directly supports the Council's net zero by 2040 targets and will positively impact the Borough's carbon emissions.

12. Implications for Partners

12.1 The improvement of the EVI network throughout the Borough may support the uptake and decarbonisation of partners' transportation.

12.2 There may also be beneficial resilience implications for partners, for example should partner infrastructure fail or be subject to power issues, availability of localised devices could ensure continued service provision.

13. Risks and Mitigation

13.1 The concession arrangement reduces the risks associated with vandalism and maintenance costs associated with management of the devices.

13.2 Resource pressures are likely to be intensive as the scheme is being set up. Procurement evaluation, site selection, legal management.

13.3 The Council will retain the following risks:

- Insolvency of contractor/concessionaire at some point in the 15 year programme which would require Council intervention to maintain provision.
- Poor performance of concession leading to adverse reaction and management challenges.
- Substantial changes in political and / or social attitudes to EV and climate change agendas could mean that the demand for EVI is not as expected. However, it should be noted that sales of EVs continue to rise nationally and locally.

13.4 Mitigation of the above risks will be included within the regional contract where feasible, though as in all contracts the risk of insolvency remains.

14. Accountable Officers

Kevin Fisher, Assistant Director, Property & Facilities Services.

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	26/11/25
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	25/11/25
Assistant Director of Legal Services (Monitoring Officer)	Phil Horsfield	24/11/25

Report Author: *Louise Preston, Climate Change Manager*
louise.preston@rotherham.gov.uk
Louise Preston, Climate Change Manager

This report is published on the Council's website.

PART A - Initial Equality Screening Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

Further information is available in the Equality Screening and Analysis Guidance – see page 9.

1. Title	
Title: Rotherham (SYMCA) Local Electric Vehicle Infrastructure (LEVI) Fund	
Directorate: Finance & Customer Services	**Service area:** Property & Facilities Services
Lead person: Andy Wilson	**Contact:** Andy.wilson2@rotherham.gov.uk
Is this a: ☐ **Strategy / Policy** ☒ **Service / Function** ☐ **Other** **If other, please specify**	

2. Please provide a brief description of what you are screening
The inclusion of the Rotherham Borough in the South Yorkshire Mayoral Combined Authority led Local Electric Vehicle (EV) Infrastructure fund project.

3. Relevance to equality and diversity
All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity. The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc.

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community? *(Be mindful that this is not just about numbers. A potential to affect a small number of people in a significant way is as important)*	X	
Could the proposal affect service users? *(Be mindful that this is not just about numbers. A potential to affect a small number of people in a significant way is as important)*	X	
Has there been or is there likely to be an impact on an individual or group with protected characteristics? *(Consider potential discrimination, harassment or victimisation of individuals with protected characteristics)*	x	
Have there been or likely to be any public concerns regarding the proposal? *(It is important that the Council is transparent and consultation is carried out with members of the public to help mitigate future challenge)*	X	
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom? *(If the answer is yes you may wish to seek advice from commissioning or procurement)*		X
Could the proposal affect the Council's workforce or employment practices? *(If the answer is yes you may wish to seek advice from your HR business partner)*		x

If you have answered no to all the questions above, please explain the reason
N/A

If you have answered **no** to all the questions above please complete **sections 5 and 6.**

If you have answered **yes** to any of the above please complete **section 4.**

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made**.**

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).
• **How have you considered equality and diversity?** Equality and diversity are considered in the planning of the implementation of the scheme. The Council has also made commitments with regards to PAS1899:2022 as part of its Public EV Infrastructure Strategy.
• **Key findings** EVs are increasingly available on the Motability scheme and the Council has received queries in relation to improvements in EV infrastructure for these groups. As the project relates to a public service it is important that Accessibility considerations are incorporated into the programme.
• **Actions** Ensure PAS1899:2022 requirements are included as part of the procurement exercise and manage with contractor as scheme progresses.

Date to scope and plan your Equality Analysis:	23/10/25
Date to complete your Equality Analysis:	23/10/25
Lead person for your Equality Analysis (Include name and job title):	Andy Wilson, EVI Officer

5. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening:

Name	Job title	Date
Louise Preston	Climate Change Manager	23/10/25
Kevin Fisher	AD, Property & Facilities Services	12/11/25

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date screening completed	23/10/25
Report title and date	Rotherham (SYMCA) Local Electric Vehicle Infrastructure (LEVI) Fund
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	Rotherham (SYMCA) Local Electric Vehicle Infrastructure (LEVI) Fund - 15th December 2025
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	05/11/25

PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title	
Equality Analysis title: Rotherham (SYMCA) Local Electric Vehicle Infrastructure (LEVI) Fund	
Date of Equality Analysis (EA): 23/10/25	
Directorate: Finance & Customer Services	**Service area:** Property & Facilities Services
Lead Manager: Andy Wilson	**Contact number:** 01709254804
Is this a: ☐ **Strategy / Policy** ☒ **Service / Function** ☐ **Other** **If other, please specify**	

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance		
Name	**Organisation**	**Role (eg service user, managers, service specialist)**
Andy Wilson	RMBC	EVI Officer
Steven Cope	RMBC	Energy & Environment Manager
Louise Preston	RMBC	Climate Change Manager

3. What is already known? - see page 10 of Equality Screening and Analysis Guidance
Aim/Scope (who the Policy/Service affects and intended outcomes if known) This may include a group/s identified by a protected characteristic, others groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.) The Council's Electric Vehicle (EV) charge points are publicly available and are therefore for all to use, including those with protected characteristics including gender, disability and pregnancy. EVs are very often the choice for those with disabilities as the Motability scheme promotes their use, being automatic as standard.
What equality information is available? (Include any engagement undertaken) The permanent online survey allows for information about the Accessibility of devices and any issues raised. There have been no specific issues raised with the Council's current portfolio of devices. Future consultation is planned and will form part of the concessionaires contract for delivery.
Are there any gaps in the information that you are aware of? It is not currently known which non-council sites have considered accessibility and what this means for the wider EV charging network of the Borough. As this project is in the concept stage it is also now currently known what accessibility provisions would be included within the final project plan.
What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics? Adherence to the PAS 1899:2022 standard will be monitored throughout the programme. The engagement and feedback received throughout the public consultations/engagement run as part of the concessionaire's contract will also be monitored to ensure feedback is incorporated into the delivery phase. It is not yet clear what form this will take but will form part of the project planning and will include input from local ward members to ensure local input is considered. A regional steering group will also be set up and be minuted for further escalation and discussion of this area.

The existing form will remain available for residents and communities to make comments if they prefer to comment outside of the formal consultation carried out by the contractor.	
Engagement undertaken with customers. (date and group(s) consulted and key findings)	As this is a SYMCA led project the Council has done no specific formal engagement at this stage with specific groups. However, stakeholder consultation by the delivery partner in collaboration with the Council will form part of the wider scheme following the onboarding of the concessionaire. The Council has also undertaken consultation activities at the Rotherham Show on the wider EV topic. The Council does have an existing data gathering form online which users can share their thoughts and requirements with the Council on the Council's operated EVI.
Engagement undertaken with staff (date and group(s)consulted and key findings)	Engagement has been undertaken through the Climate Change Project Board and Champions network, both containing varied officers from across Council sites. The Council has also undertaken a Lunch and Learn session internally which shared some of the expectations of the scheme and allowed for comments. A specific internal project board will be set up following approval of the scheme containing relevant officers from across services to form part of the mobilisation of this project. Staff through the abovementioned board will continue to be involved periodically across the Council.

4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)
How does the Policy/Service meet the needs of different communities and groups? (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance) All charging devices will be designed to comply with PAS 1899:2022 requiring graphic guides and / or a number of language options to select from. All installation sites will include 1 or a minimum of 10% of charging bays designed to PAS1899 where possible. It is not always possible to comply fully with the PAS1899 standard, especially when retro-fitting infrastructure at existing sites and on the highway. Rather than omit a site completely from the program, consideration will be given to using 'best endeavours' and or providing signage to alternative Accessible chargers.

Does your Policy/Service present any problems or barriers to communities or Groups? Elderly and less physically capable users may have difficulty manipulating charging cables and connectors. As the program is primarily delivering slow / fast chargers, this requires users to provide their own cables which they will be familiar with. EV charging uses a new type of infrastructure and payment methods including apps and RFID cards. Emphasis is placed on ease of use, including for new users and those digitally unfamiliar, through clear signage, instructions and 24/7 live customer helpline.
Does the Service/Policy provide any positive impact/s including improvements or remove barriers? There are positive impacts in that the Council's expansion of a network mandating PAS1899 principles will rebalance overall provision as the private sector has so far placed less emphasis on this, so make accessing chargers easier for all residents. The program will have accessibility and customer support built-in to the concession contract.
What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another) The scheme inherently benefits EV users or prospective EV users, particularly at its outset. This will become less of an issue an EV driving becomes more mainstream and as legislation reduces (and ultimately removes) the number of new ICE vehicles on the market. It is a requirement that the Council installs EV chargers across the Borough to provide a suitable network ahead of demand. There are a variety of opinions on the transition to EVs at present and perceptions may alter as technology and demand changes.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

5. Summary of findings and Equality Analysis Action Plan

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

Title of analysis: LEVI Main fund Equality Impact Analysis
Directorate and service area: Property & Facilities Services
Lead Manager: Andy Wilson
Summary of findings:
It is important that protected characteristics are considered as part of the installation of each site.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Inclusion of requirement to meet PAS1899:2022 in procurement specification.	**D**	**31/03/2026**
Review of compliance with PAS1899:2022 as ongoing part of contract.	**D**	**Ongoing**
Ensure regional steering group includes and escalates equalities issues.	**All**	**Ongoing following set up**
Existing form to remain open and signposted too for ad hoc resident communication	**All**	**Ongoing – already live**
Ensure consultation includes key groups and stakeholders including equalities considerations for delivery.	**All**	**TBC**

***A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups**

6. Governance, ownership and approval		
Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.		
Name	**Job title**	**Date**
Louise Preston	Climate Change Manager	23/10/25
Kevin Fisher	Assistant Director, Property & Facilities Services	12/11/25
Cllr Williams	Cabinet Member for Transport, Jobs & the Local Economy	13/11/25
Judith Badger	Strategic Director, Finance & Customer Services	14/11/25

7. Publishing	
The Equality Analysis will act as evidence that due regard to equality and diversity has been given. If this Equality Analysis relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report. A copy should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.	
Date Equality Analysis completed	04/11/25
Report title and date	Rotherham (SYMCA) Local Electric Vehicle Infrastructure (LEVI) Fund, 15th December 2025
Date report sent for publication	
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	05/11/25

Will the decision/proposal impact…	Impact	If an impact or potential impacts are identified:			
		Describe impacts or potential impacts on emissions from the Council and its contractors.	Describe impact or potential impacts on emissions across the Borough as a whole.	Describe any measures to mitigate emission impacts	Outline any monitoring of emission impacts that will be carried out
Emissions from non-domestic buildings?	None	N/A	N/A	N/A	N/A
Emissions from transport?	Decrease	There will be some increases in emissions as a result of delivery of the contract such as through site visits, monitoring and maintenance of equipment.	This scheme directly supports the transition from ICE vehicles to electric and will therefore act to reduce emissions due to the lower carbon intensity of electricity versus petrol or diesel. The ITT specifies the Charge Point Operator must use only green renewable energy for the chargepoint supplies certified as renewable through the redemption or purchase of Renewable Energy Guarantees of Origin (REGOs) as a minimum.	Contractor decarbonisation by 2040 will be included within the contract to align with the Borough's net zero targets.	Full monitoring and measurement will be included as part of the scheme and its ongoing management by the EVI Officer.
Emissions from waste, or the quantity of waste itself?	Unknown	There may be some additional waste produced as part of the installation process and ongoing management of the contract. This	Any waste produced as part of the contract will likely impact on the Borough's waste emissions.	Appropriate waste management will be expected of the contractor, including appropriate end of life device recycling.	It is not possible to confirm what monitoring of waste will be carried out at this stage.

		includes end of life devices. However, it is not possible to quantify the impacts at this stage.			
Emissions from housing and domestic buildings?	None	N/A	N/A	N/A	N/A
Emissions from construction and/or development?	Increase	There will likely be a short-term increase in emissions as a result of construction over the lifetime of the project.	There will likely be a short-term increase in emissions as a result of construction over the lifetime of the project.	Contractors will be asked to set out their organisations' positions on climate change/net-zero/sustainability and how this aligns with the policies and strategies of the consortium members and how they will ensure that the project contributes to their respective targets and ambitions.	Monitoring of contractor emissions will be included as part of the contract.
Carbon capture (e.g. through trees)?	None	N/A	N/A	N/A	N/A
Identify any emissions impacts associated with this decision which have not been covered by the above fields: *No further impacts identified.*					

Will the proposal affect Council services' resilience to climate change, or the capacity of people living in the Borough to adapt to climate change? This scheme boosts resilience by enabling a consistent approach to the transition of low carbon transport. The Government's current mandate is to prevent sale of new ICE vehicles by 2030, by which point there will be a need for a greater level of EV Infrastructure than the Borough currently has access to. There are also indirect benefits, as part of this transition to the health and wellbeing of residents. Reducing the number of ICE vehicles on the road will reduce pollution issues and reduce the incidence of respiratory ill health. Individuals suffering from

cardiovascular or respiratory conditions are at a greater risk of health complications as a result of excess heat and therefore this scheme will reduce residents' potential vulnerability to excess heat.

The Council will have control over the sites selected and the measures delivered and will avoid removing valuable trees and green space where it is of value to resilience.

Provide a summary of all impacts and mitigation/monitoring measures:

The scheme's construction element will increase emissions in the short term, however the long term benefits of enabling a transition to low carbon transport will substantially outweigh these emissions due to the reduced carbon intensity of electricity versus fossil fuel combustion.

Supporting information:	
Climate Impact Assessment Author	Andy Wilson EV Infrastructure Officer Climate Change Team, Property & Facilities Services Finance and Customer Services
Please outline any research, data or information used to complete this Climate Impact Assessment.	*N/A*
If quantities of emissions are relevant to and have been used in this form please identify which conversion factors have been used to quantify impacts.	*N/A*
Validation	Tracking Reference: CIA 557 Arthur King Principal Climate Change Officer

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