CABINET

Monday 16 March 2026
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 OBE
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 16 March 2026 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 11 - 28)

To receive the record of proceedings of the Cabinet meeting held on 9 February 2026.

5. Exclusion of the Press and Public

There are no exempt items to consider.

ADULT SOCIAL CARE AND HEALTH

6. Public Health Grants for 2026/27 (Pages 29 - 60)

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

Recommendations:

That Cabinet:

1. Note the changes in the Government's approach to the allocation of Public Health Grant;

2. Approve spending plans for Rotherham's Public Health Grant outlined in the Report;

3. Delegate authority to the Director of Public Health to recommission the Drug and Alcohol contract with the protected Drug and Alcohol budget;

4. Delegate authority to the Director of Public Health (within the protected stop smoking budgets in the public health grant) to commission services designed to enable the Council to make progress in achieving a smoke free generation in line with the plans from central government.

7. Scrutiny Review Recommendations - Access to Contraception (Pages 61 - 320)

Report from the Interim Director of Policy, Strategy and Engagement.

Recommendations:

That Cabinet:

1. Receives the recommendations listed below along with the wider ambitions as listed in Paragraph 2.12 of the report, as approved by Health Select Commission:

    a. Commissioning and Service Delivery

        i. That the relevant Council Services consider and review the feasibility of mobile outreach clinics or rotating sexual health outreach services where contraception, including LARC can be accessed in rural and underserved areas.

        ii. That the relevant Council Services and relevant partners consider Including sexual health services, specifically including contraceptive advice guidance and provision, in the new town centre health hub, ensuring flexible, reliable and discreet 'drop-in' access and reduced stigma.

b. Education, Public Awareness and Messaging

i. That the relevant Council Services work in collaboration with appropriate partners to strengthen and extend the reach of a borough-wide, sex-positive public health campaign promoting safe, consensual, and informed sexual activity that makes effective use of the contraceptive and sexual health services available in Rotherham. The Commission particularly advocates the use of modern messaging strategies that harness the power of local 'influencers' via social media platforms (e.g. TikTok, Snapchat, Instagram) wherever possible to reach younger demographics with engaging, accurate contraception and sexual health messaging that reaches them directly in places they naturally frequent and counteracts disinformation.

ii. That the relevant Council Services encourage schools to deliver consistent, comprehensive PSHE (Personal, Social, Health and Economic Education), including ongoing practical contraceptive education and awareness of confidentiality rights and works with them to improve parental engagement and understanding of the benefits of making informed contraceptive and sexual health choices.

c. Digital Access and Information

i. That the relevant Council Services work to improve Council public health websites to deliver youth-friendly information on contraception and sexual health services and providing/signposting to relevant sources of information, advice and guidance aimed at assisting that demographic to make informed choices.

ii. That the relevant Council Services work to develop a centralised digital resource or landing page consolidating sexual health information, service locations, and confidentiality guidance, with links to age group/demographic specific issues and information.

d. Youth Access and Confidentiality

i. That the relevant Council Services consider how, ideally in collaboration with relevant partners such as schools and NHS services, to raise awareness of Fraser guidelines and NHS app privacy settings to reassure young people about confidentiality when accessing contraception.

ii. That the relevant Council Services work with MESMAC

and other relevant youth services to expand outreach and ensure visibility and borough wide accessibility of services, particularly for LGBTQ+ and vulnerable groups.

e. Data, Monitoring and Strategic Alignment

i. That the relevant Council Services include the location of sexual health clinics, drop-in centres, and pharmacies providing emergency contraception on the Rotherham mapping system (where grit salt bin locations, planning applications etc. can be found), or create a standalone map resource to allow Rotherham residents to easily identify all locations in the borough where they can access contraception.

ii. That relevant Council Services review local data on terminations and teenage pregnancies to assess emerging trends, identify the root causes and facilitate the formulation and implementation of targeted interventions that address their drivers.

iii. That relevant Council Services ensure that the recommendations, observations and broad ambitions from this review are considered in the next commissioning cycle in 2027, and in the development/revision of the borough's sexual health strategy and action plan.

2. Formally considers its response and responds to the above recommendations by May 2026, in accordance with the Overview and Scrutiny Procedure Rules.

3. Agrees that following submission to Cabinet, those recommendations within the control and influence of external bodies, are shared with relevant health partners and commissioners for consideration and response.

DEPUTY LEADER & CHILDREN AND YOUNG PEOPLE

8. Families First Partnership Programme (Pages 321 - 354)

Report from the Executive Director of Children and Young People's Services.

Recommendations:

That Cabinet:

1. Note the progress made since the last update on 17 November 2025.

2. Note the Children's Social Care Prevention Grant spend since the last update on 17 November 2025.

9. Best Start Plan 2026-2029 (Pages 355 - 428)

Report from the Executive Director of Children and Young People's Services.

Recommendations:

That Cabinet:

1. Note the activity to date to improve early years outcomes and tackle inequalities.

2. Approve the Best Start Local Plan for implementation from April 2026.

10. South Yorkshire Regional Adoption Agency (Pages 429 - 444)

Report from the Executive Director of Children and Young People's Services.

Recommendation:

That Cabinet approve a further 5-year partnership arrangement with Barnsley, Doncaster, and Sheffield to deliver adoption services as part of a Regional Adoption Agency (OASY).

FINANCE & COMMUNITY SAFETY

11. Modern Slavery Transparency Statement - Annual Refresh (Pages 445 - 479)

Report from the Executive Director of Regeneration and Environment.

Recommendations:

That Cabinet:

1. Note the progress made to date.

2. Approve the Modern Slavery Transparency Statement 2026/27 and its publication on the Council's website.

HOUSING

12. Housing Capital Programme 2026/27 to 2029/30 (Pages 481 - 525)

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

Recommendations:

That Cabinet:

1. Approve the four-year outline Housing Revenue Account Capital Programme 2026/27 to 2029/30 with total planned investment of £312.6m broken down into the following areas of investment:

    - Improving homes and estates £198.6m
    - Aids and adaptations to Council homes £13.4m
    - Housing Delivery Programme £98.5m
    - IT and digital transformation £2.1m

2. Approve the detailed 2026/27 Housing Revenue Account Capital Programme with total planned investment of £76.8m broken down into the following areas of investment:

    - Improving homes and estates £43.2m
    - Aids and adaptations to Council homes £3.4m
    - Housing Delivery Programme £29.8m
    - IT and digital transformation £0.4m

LEADER OF THE COUNCIL

13. Local Growth Fund 2026/27 allocation (Pages 527 - 554)

Report from the Interim Director of Policy, Strategy and Engagement.

Recommendations:

That Cabinet:

1. Endorse the projects for submission to South Yorkshire Mayoral Combined Authority for award of LGF for 2026/27 as follows:

    a. Local Business Support

        i. £946,845 (£464,915 revenue and £481,930 capital) for sub-regional business support supporting three strands of Launchpad (start-up support), Productivity and Low Carbon.

        ii. £666,655 (£110,000 revenue and £556,655 capital) for Shop Unit Grants.

        iii. £60,000 to support Rotherham Town Centre Markets.

        iv. £36,559 for Social Value to increase opportunities for local businesses.

    b. People and Skills

        i. £441,203 for a skills programme incorporating Ambition (children and young people), Core Skills (community-delivered basic skills training) and Advance (support to progress in work.)

ii. £300,781 for Young People's Skills Development.

c. Communities and Place

i. £424,219 for Events, delivering a wide-ranging programme of civic and cultural events and festivals.

2. Agrees to delegate authority to the Director of Policy, Strategy and Engagement, in consultation with the Leader of the Council, to determine revised and final allocations for the Local Growth Fund. This is to include provision for other eligible actions within the use of the fund should it not be possible to achieve full spend of the grant through the allocations above.

TRANSPORT, JOBS AND THE LOCAL ECONOMY

14. Transport Capital Programme 2026/27 (Pages 555 - 572)

Report from the Executive Director of Regeneration and Environment.

Recommendations:

That Cabinet:

1. Notes the schemes and allocations of funding, as set out in paragraph 2.3, subject to approval of the Council Budget on 4 March 2026.

2. Approves the schemes and allocations of funding outlined in Section 2 of this report, including the reallocation of savings made on capital projects delivered within budget as described in paragraph 1.6.

3. Delegates authority to the Executive Director of Regeneration and Environment, in consultation with the Cabinet Member for Transport, Jobs and the Local Economy, to determine the schemes to be delivered in 2026-27 through to 2029-30 with the Minor Works allocation, subject to approval of the Council Budget in March 2026.

4. Delegates authority to the Executive Director of Regeneration and Environment, in consultation with the Cabinet Member for Transport, Jobs and the Local Economy, to determine the schemes to be delivered in 2026-27 with the School Crossing Patrol Improvements allocation referred to in paragraph 2.2.6.

5. Delegates authority to the Executive Director of Regeneration and Environment, in consultation with the Cabinet Member for Transport, Jobs and the Local Economy, to determine the use of any underspends across the Transport Capital Programme to fund the delivery of other approved transport programmes, or the progression of designs for potential future projects.

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 11 March 2026.

16. Date and Time of Next Meeting

The next meeting of the Cabinet will be held on Monday 13 April 2026 commencing at 10.00am in Rotherham Town Hall.

John Edwards,
Chief Executive.

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THE CABINET
Monday 9 February 2026

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)

Apologies for absence were received from Councillors .

111. DECLARATIONS OF INTEREST

There were no declarations of interest.

112. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were two questions from Councillors:

1. Councillor Bennett-Sylvester asked why the proposed budget included a half price offer for over-65's to go swimming but the offer was not being extended to children?

   The Leader stated that there were already a number of discount arrangements in place for a number of different groups, including older people and children. When analysing the figures, it was noted that there were particularly low numbers of older people using leisure facilities relative to the overall size of the population. As such, the proposal within the budget was for a pilot scheme to reduce the price of swimming for older people to see whether there was a price sensitivity. It was important for the Council to encourage older residents to either get active or remain active later in life.

   In his supplementary question, Councillor Bennett-Sylvester questioned whether all over-65's should be entitled to the discount. He stated that teenagers for example would not get free transport to leisure centres like over 65's would and would have to pay more. Councillor Bennett-Sylvester asked if the additional government funding was being used to carry favour with older residents as they were more likely to vote.

   The Leader explained that there had been significant emphasis on young people across the agreed budgets for a number of years. The proposals for young people in the 26/27 budget included additional youth work, the baby packs scheme, youth outreach buses and additional support for children and families with Special Educational Needs and Disabilities. The Leader stated that it was important for the Council to be able to do things for older residents as well as younger residents.

2. Councillor Yasseen asked why the Leader believed that using public Council funds to purchase flags and flagpoles represented an appropriate or lawful use of Council resources when he had previously said that flags had been used to provoke division and potentially fuel hate within communities?

   The Leader stated that it was important that people who believed in societies that were mixed and multi-ethnic were able to take ownership of the Union Flag or St George's Flag. Those flags were for everyone, and the Leader did not want them to be a sign of extremism, anti-immigration views or far right politics. Following the consultation run by the Council, it was clear that Rotherham residents wanted to see the Union Flag and St George's Flag across the borough and it was important that this was done in the right way, from community buildings, and not on lampposts.

   In her supplementary, Councillor Yasseen asked what the total allocation was and what the allocation could actually be spent on? Could it be used for the Pride flag, the Ukrainian flag or Palestinian flag for example?

   The Leader stated that he would provide a written response in terms of the total allocation. In terms of eligibility, the fund was only available to parish councils or community groups and could be used to fund a flagpole and national flag, up to the cost of £500. There would be no contractual arrangement with the council's or groups over what could be flown on the flagpole, however the object of the grant funding was to make it more possible to support the flying of those two national flags in the spirit described.

113. MINUTES OF THE PREVIOUS MEETING

Resolved:-

That the minutes of the Cabinet meeting held on 19 January 2026 be approved as a true and correct record of the proceedings.

114. 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.

115. LOCAL AUTHORITY BETTER CARE FUND 2025/26 - DISCHARGE GRANT COMMITMENTS

Consideration was given to the report which provided an update on the Local Authority Better Care Fund Discharge Grant. In January 2023, Central Government announced additional funding through a new £200m Discharge Grant for Local Authorities. The fund was intended to increase capacity in post discharge care and support and improve discharge

performance, patient safety, experience and outcomes.

From 2025/26, the grant had been included in the Local Authority Better Care Fund at the same level as the 2024/25 allocation which was £3,383,583 for Rotherham. However, in effect the fund that was the Discharge Grant no longer existed. The ringfence for the grant had been removed but national conditions and use of the funding still needed to be reported through the Better Care Fund governance into the Department of Health and Social Care (DHSC) and NHS England. This was executed through the Health and Wellbeing Board, Better Care Fund Partnership Agreement and Section 75. Section 75 of the NHS Act 2006 enabled NHS bodies and local authorities to establish formal partnerships to pool budgets and resources, enabling joint commissioning and integrated health and social care services.

The report identified a number of adult social care commitments that should continue to be delivered on a permanent basis due to the removal of the grant ringfence. The Schemes/Services were: S117 Mental Health Reviews; Provider Services; Integrated Discharge Team; Enablement Service; Continuing Healthcare; Mental Health; Quality and Contract Compliance and Adult Contact Team. Additional details were set out in paragraph 2.3 of the report. The Schemes would require a funding commitment of £838k in 2026/27 and £624k in 2027/28 on a recurrent basis. Provisions had been made available for this in the Council's budget and Medium-Term Financial Strategy.

It was noted during the meeting that schemes being funded were on-going schemes and the purpose of the report was to ensure that they continued to be funded following the removal of the ring-fenced funding.

Resolved:

That Cabinet:

1. Approve the permanent funding of the schemes that were previously part of the Discharge Grant commitments for 2026/27 and recurrently from 2027/28.

2. Note the cost of extending the schemes will be £838k in 2026/27, reducing to £624k on a recurrent basis from 2027/28. Funding has been made available as part of the Council budget and provision has been made in the Medium-Term Financial Strategy.

116. ROTHERHAM BABY PACKS: OUTCOMES AND FUTURE COMMISSIONING

Consideration was given to the report which provided an update on the progress of the Rotherham Baby Pack Scheme pilot and sought approval to recommission the scheme for a further period of up to four years. On 28 February 2024, the Council approved the Budget for 2024/25, including

provision to undertake an open procurement to identify a supplier to provide baby packs to ensure every family had access to essential items from the beginning of a child's life. Following a competitive tender process, Field Management Ireland (FMI) was awarded the Single Provider Framework Agreement in November 2024. The initial contract covered the supply and delivery of up to 5,600 baby packs, with a maximum annual value of £720,000 over two years, ending on 14 November 2026.

In September 2025, Rotherham Council undertook its first survey of recipients of the Rotherham Baby Pack Scheme to obtain feedback on user experience and impact. The survey indicated that the baby packs were highly valued by expectant parents with 99% of respondents indicating that they would recommend it to others. Satisfaction levels were exceptionally high with an average rating of 4.82 out of 5 for pack quality and 4.87 for the registration process. Respondents consistently highlighted the financial relief provided by the pack, with 78% agreeing it helped save money, and 80% noted its role in raising awareness of Family Hubs and local support services. Paragraphs 2.4 to 2.8 of the report provided further detail on the consultation with Appendix 1 including the full survey report.

While feedback was overwhelmingly positive, several areas for improvement were identified. The most common suggestions related to earlier delivery of the pack, clearer communication about its contents, and increased promotion of the scheme to ensure wider awareness. Paragraph 2.10 set out the ways in which these issues were being addressed. The proposed actions aimed to enhance the scheme's impact further, reduce duplication of purchases for parents, and strengthen engagement with local support services. This baseline survey provided a strong foundation for measuring progress and evaluating the effectiveness of any changes in the next survey, which was planned for September 2026.

The report was considered by the Overview and Scrutiny Management Board who advised that the recommendations be supported. Discussions had focused on the cost of the scheme, the impact of multiple births and the reach of the scheme. OSMB had also requested a breakdown of the figures be provided on a ward basis.

Resolved:

That Cabinet:

1. Note the high level of satisfaction with the baby packs, particularly in relation to the quality and usefulness of the items provided.

2. Approve an open procurement exercise to ensure continuity of registering and delivery of baby packs to Rotherham families.

117. SPECIAL EDUCATIONAL NEED AND DISABILITY (SEND) SUFFICIENCY STRATEGY 2026-2029

Consideration was given to the report which provided a review of performance against the current Special Educational Need and Disability (SEND) Sufficiency Strategy as set out in the Local Authority's Safety Valve Agreement (2021-2026). It established that the actions set out within the Safety Valve agreement had been achieved, contributing to the Council's wider ambition that children and young people achieve their potential. The report also outlined the key activity undertaken in developing the new Strategy, including a comprehensive needs analysis, engagement and consultation. Approval was sought for the new SEND Sufficiency Strategy 2026-2029. A timelines for implementation of the associated delivery plan was also outlined in the report.

In Rotherham 17.1% of pupils are receiving SEND support with 6.2% of pupils having a statutory plan for SEND known as an Education, Health and Care Plan (EHCP). Nationally 14.2% of young people were receiving SEND support with 5.3% having an EHCP. In order that the educational needs of children and young people in the Borough with SEND continued to be met, the Council had a responsibility to create a sufficiency of education provision to meet the needs of all pupils.

The current SEND Sufficiency Strategy was set out in the Rotherham Safety Valve Agreement (2022 – 2026). The key strategic aim of the Safety Valve Agreement was to enhance mainstream and specialist SEND capacity within the Borough to meet a wider level of need across all schools, promote inclusive practice and mitigate the need for children, young people, and young adults to be educated in settings outside the Borough. To achieve the aim of enhanced SEND capacity within the Borough the current strategy included implementation of the schools' Accessibility Funding Framework across mainstream and special schools.

Reports to Cabinet in July 2024 and December 2024 had given approval for additional increases in places as part of the continued development of Elements Academy (SEMH Special School) since its opening in September 2023. Approval was also granted for capital investment to address sufficiency challenges at Newman School and Aspire Pupil Referral Unit. The capital programme to create sufficiency of provision locally across the Safety Valve period had resulted in an increase of 336 special school places and 144 resource provision places from 2021/22 to November 2025. A resource provision was attached to a mainstream school providing specialist therapeutic input and support for pupils with a specific SEND need type. Pupils accessed support from the resource provision based on their individual need whilst also accessing mainstream classes and curriculum.

The report demonstrated that the actions set out within the 2022-2026 Safety Valve Agreement, and the associated phases of SEND Sufficiency delivery, had been achieved, contributing to the Council's wider ambition

that children and young people achieved their potential.

The Safety Valve Agreement provided a clear and ambitious framework for developing enhanced inclusive provision to meet children's SEND across the Borough with progress against the 9 conditions detailed in section 2.1 of the report. The current SEND Sufficiency Strategy aligned to Safety Valve ran until the end of 2025/2026. A new SEND Sufficiency Strategy was required so the Council could fulfil its statutory sufficiency duty and improve outcomes for children and young people with SEND.

Planning for the new SEND Sufficiency Strategy had included key activities over the past 12 months, including stakeholder consultation and engagement, needs analysis, comparison to national datasets and policy and a review of the resources available locally. The Strategy had been developed alongside the Rotherham SEND Strategy (My Life, My Rights 2024-2028). The Plan aligned to the increased focus on inclusion in mainstream schools as outlined in the refreshed Ofsted Inspection Framework (November 2025). The Sufficiency Strategy had been developed in line with the principles of the Rotherham Charter (Four Cornerstones): 1. Welcome and care 2. Value and include 3. Communicate 4. Work in partnership. The ambitions of the Strategy, based on the analysis of local need, were detailed in paragraph 2.2.6 of the report.

Resolved:

That Cabinet:

1. Note the performance and progress to date on SEND Sufficiency in line with the commitments within the Safety Valve Agreement.

2. Approve the SEND Sufficiency Strategy 2026-2029 (Appendix 1) for implementation from April 2026.

118. ROTHERHAM SAFEGUARDING CHILDREN'S PARTNERSHIP ANNUAL REPORT

Consideration was given to the report which presented the Rotherham Safeguarding Children's Partnership Annual Report for 2024/25. Each Local Safeguarding Children's Partnership (SCP) was required to produce and publish an annual assurance report. The annual assurance report, dated September 2025 and covering the period April 2024 to March 2025, was considered and approved by the Lead Safeguarding Partners ahead of its submission to the national Child Safeguarding Practice Review Panel and the Department for Education. The report was considered at Improving Lives Select Commission in December 2025.

Section 2.1 of the report detailed the matters which had to be addressed as specified by Working Together to Safeguard Children 2023. Working Together to Safeguard Children 2023 was statutory guidance which

governs how agencies work to help and protect children. The Independent Scrutineer had determined that the Annual Assurance Report 2024/25 met these criteria.

The Cabinet Member for Children and Young People stated that strong multi-agency arrangements were in place and she wished to record her thanks to the Rotherham SCP for their hard work. The Executive Director of Children and Young People's services stated that it had been a very positive year.

Resolved:

1. That Cabinet note the contents of the Rotherham SCP Annual Assurance Report 2024/25.

119. INCLUSION STRATEGY AND ANNUAL REPORT

Consideration was given to the report which summarised the Council's new Inclusion Strategy which updated the previous Equality, Diversity and Inclusion (EDI) Strategy. Building on the vision of the Council Plan of creating inclusive growth, the new Strategy set out the Council's approach to addressing inclusion-related issues, ensuring services were accessible and the voices of all communities were heard. In addition, the annual report for 2024-25 included key achievements and case studies that demonstrated progress in addressing EDI issues.

The Inclusion Strategy 2026-2030 reflected the ambition set out in the Council Plan 2025-2030: to create an inclusive borough where no one was left behind and everyone could achieve their potential. It reinforced the inclusive growth focus of the Council Plan's vision of building a borough where opportunity was extended to everyone, where people could grow, flourish and prosper, and where no one was left behind. It described how the Council would focus on listening to residents, engaging with them meaningfully – particularly those whose voices were not always heard - to address their concerns and ensure services were accessible.

Several significant recent achievements were highlighted in the Strategy. This included receiving an outstanding Ofsted rating for Children and Young People's Services, establishing the RASCAL (Rotherham Adult Social Care Always Listening) group to enable individuals with lived experience to shape future adult care services, and working with local organisations to deliver a community cohesion programme after securing £600,000 from the government's Community Recovery Fund. At the same time, it recognised that more could be done to ensure that people did not feel excluded, disadvantaged or held back due to their race, gender, disability, or any other characteristic.

The Strategy was informed by a series of focus groups held between August and November 2025, as well as an online survey. Participants in the focus groups reflected the range of protected characteristics. Further

details could be found in the consultation report at Appendix 4. The findings had directly informed the Strategy's themes and areas of focus. The agreed themes were:

- **Working together** – demonstrating how the Council would continue to engage with residents and, where possible, design and produce services and plans with them, acknowledging the need to proactively reach out to those who found it more difficult to engage.
- **Responsive services** – focused on the importance of listening to residents, consistently providing feedback, and showing how services were being reshaped (where appropriate) in response.
- **Welcoming places** – reflecting concerns about feeling safe, which was a significant issue for some groups.
- **Employer of choice** – outlining ongoing efforts to ensure that the Council's workforce reflected its diverse communities, with an inclusive approach to recruitment and staff engagement.

A series of actions were included for each theme, providing a focus for activity over the lifetime of the Strategy. A more detailed action plan for 2026-27 was attached at Appendix 2. The Annual Report for 2024-25 provided a summary of recent achievements within the framework of the 2022-25 EDI Strategy and was attached at Appendix 3. The Annual Report also included several case studies that illustrated how positive equality, diversity and inclusion outcomes had been achieved as part of the delivery of services and initiatives. Cabinet Members stated that inclusion of case studies was a good addition to the report.

The report was considered by the Overview and Scrutiny Management Board who advised that the recommendations be supported. Discussions had focused on consultation, Key Performance Indicators and reliance on the Voluntary and Community sector.

Resolved:

That Cabinet:

1. Approve the Inclusion Strategy 2026-30.

2. Approve the action plan for February 2026 to March 2027.

3. Note the Equality, Diversity and Inclusion Annual Report 2024-2025.

120. BUSINESS RATES DISCRETIONARY RELIEF RENEWALS IN 2026/27

Consideration was given to the report which asked Cabinet to consider the renewal applications for the awards of Discretionary Business Rate Relief for the organisations and premises listed in Appendix 1 of the report. This was in accordance with the Council's Discretionary Business Rates Relief Policy, approved by Officer Delegated Decision on 1 July 2025.

Central Government and councils shared every £1 of rates due as follows: Central Government (50%); South Yorkshire Fire and Rescue Authority (1%); and Rotherham MBC (49%).

The estimated total cost of granting the relief for the financial year 2026/27 was set out in paragraph 6.5 alongside the specific cost to the Council. The figures were based on the business rates multipliers for 2026/27 announced by the Government at the Autumn budget and on the 2026 Draft Rating List published by the Valuation Office Agency at the same time as the Autumn budget.

As the business rates multipliers were changing from 1 April 2026, assumptions had been made as to the appropriate multiplier to apply when calculating the level of relief and had taken no account of any transitional relief a ratepayer may be entitled to. The transitional relief scheme for 2026/27 had not yet been finalised and was awaiting Regulations being laid in Parliament. Should any ratepayer be entitled to transitional relief, the level of discretionary relief would be reduced to reflect the reduced level of business rates liability.

The Value of Proposed Business Rates Discretionary Relief Renewals was:

Year	Total Amount of Relief	Cost to RMBC (49%)
2026/27	£853,572.19	£418,250.37

Resolved:

1. That Cabinet approve the applications for Discretionary Business Rate Relief for the organisations listed in Appendix 1 of this report and in accordance with the details set out in Section 6 to this report, for the 2026/27 financial year.

121. DECEMBER 2025/26 FINANCIAL MONITORING REPORT

Consideration was given to the report which set out the financial position as at the end of December 2025 and forecast for the remainder of the financial year, based on actual costs and income for the first nine months of 2025/26. Financial performance was a key element within the assessment of the Council's overall performance framework and was essential to achievement of the objectives within the Council's policy agenda. To that end, this was the fifth financial monitoring report of a series of reports for the current financial year which would continue to be brought forward to Cabinet on a regular basis.

As of December 2025, the Council's forecast outturn for 2025/26 was an overspend of £3.4m, and whilst there had been movements within services, this was consistent with the position reported in November financial monitoring. The forecast position was made up of a Directorate

overspend of £9.2m, offset by a projected Central Service underspend of £5.8m.

The Directorate overspend of £9.2m was largely due to demand and market pressures in relation to Children's residential placements and placement types, and the cost and complexity of care packages in Adult Social Care. Market prices were increasing at above inflation levels, placing further pressures on the Council's Budget. These pressures were anticipated and a corporate provision of £5.4m was maintained within Central Services as part of the Budget and Council Tax Report 2025/26.

Central Services was forecasting an underspend of £5.8m, reflecting use of the £5.4m Social Care Contingency approved within the Council's Budget and Council Tax Report 2025/26, the impact of the Local Government Pay Award and savings generated within the Council's Treasury Management Strategy. The Local Government Pay Award was agreed at 3.2% at all pay bands up to senior officer. The impact of this was a cost of £2.3m above the budget allocated when setting the Council's Budget. The Council had no control over the level of pay award agreed.

The report also provided details regarding the Department for Education's (DfE) request for the Council to become the grant recipient for the Strategic School Improvement Capital Budget funding for Newman School. This was following the decision of the DfE to re-broker the existing Multi Academy Trust arrangements and bring in another Trust to run the School. In order to ensure that the Newman School project continued to be delivered and the key outcomes were still achieved, the Council proposed to accept this request. As part of becoming the grant recipient and to take into account the delays experienced through the approval process with the DfE, the Council recognised the increasing probability that costs would increase for the scheme; this included both works on the main site and those required at Dinnington. Therefore, the Council was seeking assurances that the in-principle funding arrangement from DfE remained in place for the main Whiston site with availability of the centrally held DfE contingency should this be required to mitigate against cost increases.

Resolved:

That Cabinet:

1. Note the current General Fund Revenue Budget forecast overspend of £3.4m.

2. Note the projected overspend and that whilst the Council aims to manage this pressure, should that not be possible use of reserves will be required to balance the 2025/26 financial position.

3. Note the updated position of the Capital Programme.

4. Approve the capital budget variations as detailed in section 2.17 of the report.

5. Delegate authority to the Service Director of Planning, Regeneration and Transport in consultation with the Service Director of Financial Services and Cabinet member for Transport, Jobs and the Local Economy, to approve the specific allocations of the Gainshare Feasibility Grant and any variations required through its delivery, as detailed in section 2.20.1 of the report.

6. Approve the Council being the recipient of Department for Education grant funding as part of the Strategic School Improvement Capital Budget (SSICB) and the Council take over responsibility for delivery of the Newman School project.

122. BUDGET AND COUNCIL TAX REPORT 2026-27

Consideration was given to the report which presented the Council's Budget and Council Tax for 2026/27, based on the Council's Provisional Local Government Finance Settlement for 2026/27, budget consultation and the consideration of Directorate budget proposals. A review of the financial planning assumptions within the Medium Term Financial Strategy (MTFS) had been undertaken.

The proposed Budget and Medium Term Financial Strategy reflected the Council's priorities as set out in the Council Plan 2025-2030 and Year Ahead Delivery Plan. The development of the Budget proposals for 2026/27 and a further update of the MTFS took into account prevailing economic factors, supplier market factors, demand and complexity of care pressures, and the positive improvement in funding available to the Council following the impact of the Fair Funding Review 2.0 (FFR 2.0). Following the Council's technical MTFS updates, proposed budget decisions within this report, the impact of the FFR 2.0 and Provisional Financial Settlement, the Council had been able to propose a balanced budget for 2026/27 and 2027/28 with a potential £9.3m funding gap in 2028/29.

During 2025, Government had consulted upon and delivered the Fair Funding Review 2.0. This had seen a significant shift in how Local Government was funded and how the resources for Local Government were distributed. The focus of funding distribution had moved more towards areas of greatest deprivation and need. The impact for RMBC of the Fair Funding Review, as confirmed with the Provisional Financial Settlement, was a positive one, with an additional £21.2m of funding per year provided to the Council by 2028/29 (£9.2m by 2026/27 and £15.1m by 2027/28). Though this was a significant shift in direction that the Council welcomed, the funding was necessary to address the demand and market pressures the Council had seen in recent years.

Though the position for Local Authority Funding had shifted positively, the Council remained committed to increasing efficiency and delivering on the priorities of residents. As such, in order to invest in key priorities, the Budget included savings proposals of £3.2m aimed to increase the efficiency of service delivery and reduce or remove spending on services that were no longer required or could be delivered differently, for example, through maximising grant funding opportunities.

In recognition of escalating cost pressures within Adult Social Care, relating to increased complexity of care and rising demand for the service, market inflation and transitions, the Council would provide for approximately £8.6m of additional funding to support the delivery of Adult Social Care services. Following work to assess the impact of market inflation, across recent years, on the cost of Children's Social Care placements, the Council would provide approximately £4.8m of additional funding to support the provision of Children's Social Care.

Further investment of an extra £0.5m per year would be provided to address unavoidable cost pressures in complying with Home to School Transport requirements and £1.7m would be invested into the Council's staffing structure to ensure the Council remained an accredited Real Living Wage employer. In addition, the Budget would provide £2.8m additional investments to support with delivering on the Council's ambitions for the Borough, largely focused on improving the quality of life of residents, with specific regard to the Council Plan core strategic outcomes.

In setting the proposed 2026/27 budget, Cabinet were asked to recommend to Council a 3.95% increase in Council Tax, made up of an increase of 1.95% in the Council's basic Council Tax plus an increase of 2% for the Adult Social Care Precept. The Budget also proposed a further year of a Local Council Tax Support Top-up Scheme to operate across 2026/27 to provide continued additional support to low income working age households in the Borough, to assist them in managing the impacts of the cost of living crisis and support the most financially vulnerable households.

In introducing the report, the Leader stated that the Fair Funding Review, which had now been implemented, was good news for Rotherham, although he would have liked the Government to have done more. He stated that one of the consequences of having less money flowing through communities over the last 15 years had been that public spaces had suffered. The Leader was therefore glad that the Budget included proposals to support the high streets. The Budget also included a reduction in swimming charges for people aged over 65 and support for young people with additional needs.

In reference to Council Tax, the Leader explained that, for the seventh successive year, the increase would be less that the full amount allowed.

He thanked all those involved in preparing the budget, including officers, Cabinet Members, scrutiny members and people across the Council.

The Cabinet Member for Finance and Community Safety stated that the proposed Budget was responsible, prudent and realistic. The revenue budget would spend over £359 million of public money directly on services for residents. Following consultation with residents and partners, the proposed Budget would support the most vulnerable people.

The Deputy Leader and Cabinet Member for Children and Young People expressed her support for the Budget, which she stated would support families and children in Rotherham. This support included the expansion of the Healthy Holidays programme, additional funding for school uniform support and additional funding for universal youth work. An additional investment of £453,000 was proposed to ensure the effective delivery of educational psychology services, which played a vital role in improving learning, communication, and emotional well-being for children and young people.

The Cabinet Member for Street Scene and Green Spaces stated that the tourism industry in Rotherham had been growing and equated to £509million in economic impact for Rotherham. The Budget therefore included investments in the events team and programme. Investments were also being made in green spaces. Safety and maintenance would be improved at Rother Valley Country Park and investment were being made in the fleet and machinery for the parks service. The Cabinet Member also referenced the reduction in costs for over-65 to go swimming, stating that this would provide long lasting benefits to the NHS and people of Rotherham. The athletics track at Herringthorpe would also be resurfaced.

The Cabinet Member for Transport, Jobs and the Local Economy focussed on road safety. £80k of funding per year for two years was being proposed so that local councillors could develop road safety plans with the transportation service for their wards. A further £260k would be used to support the Council's pedestrian crossing programme. £81k per year for the next four years would be used to continue the Council's transport minor works programme. The Cabinet Member announced that the design of a scheme for improvements to Treeton Lane crossroads would be funded.

The Cabinet Member for Health and Social Care stated that she welcomed all the initiatives in the proposed Budget and looked forward to the outcomes in the coming years.

The Cabinet Member for Housing explained that investment would be made in the Selective Licensing scheme. The investment would maximise the impact of enforcement and regulatory activity, provide additional direct support to tenants, as well as provide increased capacity to ensure the stakeholder consultative groups were well run and well supported, overseeing the associated capital bid for physical improvements, and

resulting spend. The proposal would also look at providing and enhancing wider service provision, utilising other funding sources, such as homeless prevention by providing increased tenancy advice and support, improving drop-ins and engagement of statutory services and providing a more holistic offer to align with the designations and their intended outcomes.

Reference was also made to the Welfare Rights Service. Macmillan Cancer Support currently funded a small team in the Council to provide specialist welfare benefits advice in Rotherham for people who had received a cancer diagnosis. During 2024/25, the team assisted with £3.7million in benefit claims and secured one-off payments for back pay of benefit exceeding £342,000. However, due to falling donations since the pandemic, Macmillan was no longer able to fund this support beyond the end of May. Due to the specialist nature of this advice and the ongoing need to support residents experiencing cancer diagnosis, it was proposed to invest £135,000 to continue to provide this service in the borough.

This report had been considered by the Overview and Scrutiny Management Board as part of the pre-decision scrutiny process and the Board fully supported the recommendations. Councillor Steele thanked all Cabinet Members for attending and presenting the Budget in a positive manner. He also thanked members of OSMB for scrutinising the Budget as a critical friend, and not on party political grounds. An additional recommendation was included relating to making all reports clearer, more concise and easier to read. Cabinet accepted this recommendation.

Full details on the discussion of the budget at the Overview and Scrutiny Management Board meeting held on 4 February 2026 can be found in the minutes of that meeting.

Councillor Steele wished to place on record his thanks to the Scrutiny Officers for their help in facilitating the scrutiny on the Budget.

The Budget and Council Tax Report would be presented for approval at the Council meeting on Wednesday 4 March 2026.

Resolved:

That Cabinet recommend to Council:

1. Approval of the Budget and Financial Strategy for 2026/27 as set out in the report and appendices, including a basic Council Tax increase of 1.95% and an Adult Social Care precept increase of 2%.

2. Approval of the extension to the Local Council Tax Support Top Up Scheme, that will provide up to £131.44 of additional support to low income households accessing the Council's Council Tax Support Scheme. It will support those most financially vulnerable to rising household costs, through reduced Council Tax bills as described in

Section 2.5.15

3. Approval of the updated Medium Term Financial Strategy (MTFS) to 2028/29, as described within Section 2.6.

4. Approval of the Reserves Strategy as set out in Section 2.8 noting that the final determination of Reserves will be approved as part of reporting the financial outturn for 2025/26.

5. To delegate authority to the Service Director of Planning, Regeneration and Transport in consultation with the Service Director of Financial Services and Cabinet member for Transport, Jobs and the Local Economy, to approve the specific detailed allocations and use of the Local Plan Reserve.

6. To note and accept the comments and advice of the Executive Director of Corporate Services (Section 151 Officer), provided in compliance with Section 25 of the Local Government Act 2003, as to the robustness of the estimates included in the Budget and the adequacy of Reserves for which the Budget provides as set out in Section 2.14.

7. To note the feedback from the public and partners following the public consultation on the Council's budget for 2026/27 which took place from 28 November 2025 to 9 January 2026, attached as Appendix 5.

8. Approval of the proposed increases in Adult Social Care provider contracts and for Direct Payments as set out in Section 2.4.

9. Approval of the proposed approach and increases in Children's Social Care costs as set out in Section 2.4.23.

10. Approval of the revenue investment proposals set out in Section 2.7 and Appendix 2.

11. Approval of the proposed revenue savings set out in Section 2.7 and Appendix 4.

12. Approval of the Council Fees and Charges for 2026/27 attached as Appendix 7.

13. Application of the Business Rates Reliefs as set out in Section 2.10, in line with Government guidance.

14. Approval of the proposed Capital Strategy and Capital Programme as presented in Section 2.12 and Appendices 3A to 3F.

15. Approval of the Treasury Management matters for 2026/27 as set out in Appendix 9 of this report including the Prudential Indicators, the Minimum Revenue Provision Policy, the Treasury Management

Strategy and the Investment Strategy.

16. Approval that any changes resulting from the Final Local Government Finance Settlement 2026/27 be reflected in the Budget and Council Tax Report to Council on 4 March.

17. Continuation of the principles and measures adopted since April 2020 to make faster payments to suppliers on receipt of goods, works and services following a fully reconciled invoice as described in Section 2.11.

18. Approval of the procedure for Budget allocations for the Community Leadership Fund as set out in Section 2.9.

19. Approval that the Capital Programme Budget continues to be managed in line with the following key principles:

    (i) Any underspends on the existing approved Capital Programme in respect of 2025/26 be rolled forward into future years, subject to an individual review of each carry forward to be set out within the Financial Outturn 2025/26 report to Cabinet.

    (ii) In line with Financial and Procurement Procedure Rules 7.7 to 7.11 and 8.12, any successful grant applications in respect of capital projects will be added to the Council's approved Capital Programme on an ongoing basis.

    (iii) Capitalisation opportunities and capital receipts flexibilities will be maximised, with capital receipts earmarked to minimise revenue costs.

20. That Cabinet agree that the Council should review and refines its approach to producing reports, ensuring that they are clearer, more concise, and easier to read. Streamlined reporting will also help to reduce printing requirements, contributing to lower costs and supporting the Council's work to improve its carbon footprint.

123. ROTHERHAM GATEWAY PROGRESS TO FULL BUSINESS CASE

Consideration was given to the report which provided an update in relation to the Rotherham Gateway Station proposals. The Council was working with partners to promote the development of Rotherham Gateway Station. This mainline and tram-train station would be a catalyst for growth, improving local, regional, and national rail connectivity for all communities and businesses across the Borough, creating employment, and supporting the development of high-quality new homes.

An Outline Business Case (OBC) had been approved by South Yorkshire Mayoral Combined Authority (SYMCA), the Department for Transport (DfT) and Ministerial approval was received by the Council on 14 January 2026. This approval released funding of £11.35 million to the Council to

develop a Full Business Case (FBC) for the scheme. The report recommended that Cabinet accept this funding to progress to Full Business Case with submission to SYMCA for assurance and approval of the Business Case.

To ensure the FBC could progress at pace, it also requested approval to allocate the funding as required and to undertake any actions as necessary to complete the FBC, such as procurement and contract award, design matters and liaison with partner organisations. Following completion, the report sought to delegate authority to the Executive Director of Regeneration and Environment, in consultation with the Cabinet Member for Transport, Jobs and the Local Economy, for submission of the Full Business Case to SYMCA to approve funding to deliver the project in full.

The outputs of the Full Business Case would include:

- Detailed design completed for the main line station, tram-train stop and floormat between them (including station building / business centre and provision for user-friendly multi-modal transport interchange).
- Appointment of contractors and agreed delivery programme.
- Timetable and economic benefits modelling updated.
- Securing of train operator and service specifier commitments to stop train services at the new station.
- Integrated transport strategy agreed and planned (e.g. integrated bus services to maximise station usage).
- Cost plan interrogated and updated.
- Delivery funding strategy and security of funding source in place.
- Consents in place.
- Environmental Impact Assessment.
- Essential land acquisition complete.

The Full Business Case was a significant commitment for the Council, requiring dedicated project support which would have impacts across several Council services. The requirements for this were being scoped. A governance and management structure was being prepared to ensure appropriate resource was in place which included working with partner organisations including SYMCA. Where necessary the Council would secure appropriate external expertise to support the development of the FBC.

Resolved:

That Cabinet:

1. Accepts the £11.35 million CRSTS funding from SYMCA to progress the Full Business Case for Rotherham Gateway Station.

2. Grants approval to consult as necessary on the outputs of the Full Business Case as they are developed with the public and scheme stakeholders.

3. Grants approval to allocate the funding as required within the CRSTS allocation.

4. Delegates authority to the Executive Director for Regeneration and Environment in consultation with S151 Officer and the Cabinet Member for Transport, Jobs and the Local Economy to prepare the Full Business Case, undertake any actions as necessary including procurement, and then submit to SYMCA for assurance and approval.

5. Delegates authority to the Service Director Property & Facilities Services (Property Officer) in consultation with the Service Director of Planning, Regeneration and Transport, Service Director, Legal Services, and Cabinet Member for Transport, Jobs and the Local Economy to make an order (if required) via compulsory purchase (Town and Country Planning Act or the Transport and Works Act) to acquire the necessary property interests for the Station.

6. Delegates authority to the Service Director Property & Facilities Services (Property Officer) in consultation with the Service Director of Planning, Regeneration and Transport, Service Director Legal Services and Cabinet Member for Transport, Jobs and the Local Economy to take all steps, and enter into all documentation on behalf of the Council in connection with the making, confirmation, submission, and implementation of the above order, including in respect of any public inquiry, appeal or legal challenge concerning the same.

124. 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.

125. DATE AND TIME OF NEXT MEETING

Resolved:-

The next meeting of the Cabinet would be held on 16 March 2026, commencing at 10.00am.

Rotherham Metropolitan Borough Council

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 16 March 2026

Report Title
Public Health Grant for 2026/27

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

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

Report Author(s)
Emily Parry-Harries Director of Public Health
Emily.parry-harries@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary
This report outlines the changes to the Public Health supplementary grant for 2026/27 and allocations to Rotherham Council. It provides a brief update on the 2025/26 spend and outlines the new process for allocations from April 2026, including investment proposals for 2026/27, and beyond where relevant.

Recommendations

That Cabinet:

1. Note the changes in the Government's approach to the allocation of Public Health Grant;

2. Approve spending plans for Rotherham's Public Health Grant outlined in the Report;

3. Delegate authority to the Director of Public Health to recommission the Drug and Alcohol contract with the protected Drug and Alcohol budget;

4. Delegate authority to the Director of Public Health (within the protected stop smoking budgets in the public health grant) to commission services designed to enable the Council to make progress in achieving a smoke free generation in line with the plans from central government.

List of Appendices Included

Appendix 1 PART A - Initial Equality Screening Assessment

Appendix 2 PART B – Equality Analysis Form

Appendix 3 Carbon Impact Assessment form.

Background Papers

Drug and Alcohol Grants:
Public Health Proposals for Drugs and Alcohol Grant 2022-2025
Public Health Proposals for Drugs and Alcohol Grant 2022-2025 - Annual update
Dame Carol Black's independent review of drugs: phase two report
From harm to hope: A 10-year drugs plan to cut crime and save lives
Additional drug and alcohol treatment funding allocations: 2022 to 2023
Additional drug and alcohol treatment funding allocations: 2023 to 2024 and 2024 to 2025

Local Stop Smoking Services and Support Grant:
The Khan review: making smoking obsolete - GOV.UK
Smokers urged to swap cigarettes for vapes in world first scheme - GOV.UK
Stopping the start: our new plan to create a smokefree generation - GOV.UK
Cabinet Report: Tobacco Control Review 16 October 2023
Notice Of Motion - Tobacco Control 12 April 2023
Health and Wellbeing Board on Wednesday 25 January 2023
Cabinet Report: Public Health, Healthy Lifestyle Services Pathway 16 May 2022
Cabinet Report: Local Stop Smoking Services and Support Grant 12 February 2024

Cabinet Report: Confirmation of Supplementary Public Health Grants for 2025/26 and approval of grant spend March 2025. (Public Pack)Agenda Document for Cabinet, 17/03/2025 10:00

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

Council Approval Required
No

Exempt from the Press and Public
No

Public Health Grants for 2026/27

1. Background

1.1 In 2025/26 Rotherham Council received Supplementary Public Health Grant funding for substance misuse treatment and recovery via the Drug and Alcohol Treatment Recovery and Improvement Grant (DATRIG) (which included the Supplemental Substance Misuse Treatment and Recovery Grant) , Individual Placement and Support (IPS), the Local Stop Smoking Services and Support Grant (LSSSASG) and Supervised Toothbrushing. These grants were made separately as part of the Government strategies on drugs and alcohol, tobacco, employment support and oral health. The Grants have specific conditions including maintaining baseline Public Health Grant spend on the respective core services.

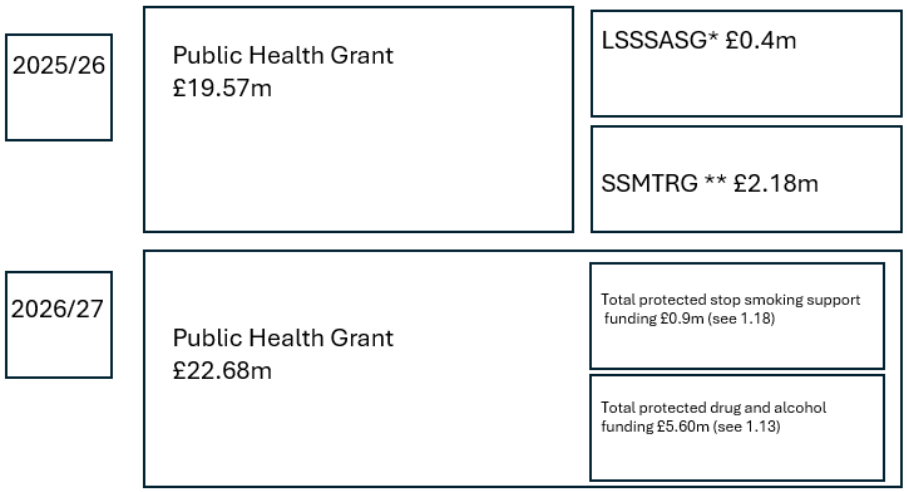
1.2 This paper relates to additional funding that is allocated to Public Health and is protected because of specific conditions attached. Issued via the Department of Health and Social Care (DHSC), from 2026 this funding is protected within the wider public health ringfenced grant. If the additional grants received are not spent in line with the associated conditions (as with the wider public health grant) future funding may be decreased. The supplementary grants will be added to the Public Health Grant as part of a 3-year financial settlement.

1.3 This paper outlines the changes to the supplementary grants for 2026/27 announced 26th November 2025 and the confirmation of allocations to Rotherham Council as well as the indicative amounts for the remainder of the three years of the settlement where these have been provided. It seeks approval for delegation to the Director of Public Health in consultation with the Executive Director of Adult Care, Housing and Public Health (ACHPH) and lead member for Adult Care and Public Health to allocate grant in line with the stated conditions and associated plans.

1.4 **The Public Health Grant**
The Council receives the Public Health Grant (PHG) on an annual basis; the amount is calculated using a pre-determined formula. The Public Health Grant conditions specify the activity expected to be delivered with this money. The conditions for the Public Health Grant fall into prescribed functions and non-prescribed functions.

1.5 For 2026/27 further supplementary grant streams have been amalgamated into the Public Health Grant, by combining relevant core spend from the PHG together with the supplementary allocations to create protected funding streams within the PHG.

1.6 In 2025/26 the total Public Health Grant amounted to £19.57m, with £0.4m protected for Smoking Cessation and £2.18m protected for Substance Misuse and Recovery. In 2026/27 the total grant increased to £22.68m with an increased proportion of it protected for Smoking Cessation (£0.9m) and £5.60m from Drug and Alcohol support.



* Local Stop Smoking Services and Support Grant
** Supplemental Substance Misuse Treatment and Recovery Grant

1.7 The majority of the Public Health Grant is spent on commissioned services; prescribed and non-prescribed functions have been combined into these contracts. Services are commissioned via five key contracts with three external providers. The five contracts are:

- Children's Public Health Nursing Service (0-19), provided by The Rotherham NHS Foundation Trust (TRFT).
- Sexual Health Services, provided by TRFT.
- NHS Health Checks (aged 40-74), provided by Connect Healthcare.
- Rotherham Healthwave (smoking cessation, weight management, physical activity), provided by Connect Healthcare
- Rotherham Alcohol and Drug Service (ROADS), provided by WithYou.

1.8 All the contracts were procured with a maximum term of 10 years, with an initial term of five years prior to review (with option for annual renewal for the following five years), except for Healthwave which was a maximum term of 9 years with an initial term of 4 years prior to review. In each case the cost of each contract for these first five years was agreed as 'fixed and firm', meaning with no increases arising from inflation or other cost pressures experienced by the provider.

1.9 The fixed and firm contracts (start and finish dates included in the table below) mean that the costs of all the contracts are predictable at £11.25m per year.

1.10

Contracted Service	**PHG spend (annual)**	**Provider**
Children's Public Health Nursing Service (0-19)	£4,992,000	The Rotherham NHS Foundation Trust (TRFT) 2022/23 – 2027/28
Sexual Health Service	£2,334,000	The Rotherham NHS Foundation Trust (TRFT) 2022/23 – 2027/28

2 separate contracts: Healthwave NHS Health Checks	 £ 449,000 £ 250,000 £ 699,000	Connect Healthcare 2022/23 – 2026/27 2022/23 – 2026/27
Rotherham Alcohol and Drug Service (ROADS)	£3,223,000	We are With You (WY) 2023/24 – 2027/28

1.11 The two first fixed five-year contracts are due to reach their initial expiry in the financial year 2027-2028. Public Health Commissioning, with colleagues from across the Council, will consider the options and agree a strategy of how to proceed with funding the contracted services in advance of the initial fixed and firm period ending in 2027/28.

1.12 **Drugs and Alcohol funding**

From 2026/27 and going forwards the Supplementary Substance Misuse Treatment and Recovery (SSMTR) and the Individual Placement and Support (IPS) grant will be consolidated into the Public Health Grant (PHG) alongside the core funding in the PHG for drugs and alcohol. Both the supplementary and the core funding have been consolidated to form a protected drug and alcohol grant within the PHG for each Local Authority. The breakdown of the indicative amounts for the next three years is shown below.

1.13

Component parts of the total Protected Drug and Alcohol Budget from the PHG	**26/27**	**27/28** **indicative amount**	**28/29** **indicative amount**
Spend from the Core PHG	£3,349,576	£3,417,804	£3,484,356
SSMTRG	£2,123,165	£2,013,124	£1,903,083
IPS	£170,690	£175,499	£180,699
TOTAL	**£5,643,431**	**£5,606,427**	**£5,568,138**

1.14 The 2026/27 Grant Plan is developed in consultation with the Rotherham Combatting Drugs Partnership (CDP) and is subject to an approval process from the Office for Health Improvement and Disparities (OHID). The Council currently spends £5.6m on drugs and alcohol related health improvement projects and services, funded by £2.18m of specific grants and £3.42m from the Public Health Grant.

1.15 **Local Stop Smoking Services and Support funding**

In February 2024 Cabinet received a report following the Government announcement of a set of Tobacco Control proposals in response to the Khan Review and the Government's ambition to make England smoke-free by 2030.

1.16 Rotherham's allocation for Local Stop Smoking Services and Support Grant (LSSSASG) is based on an estimated smoking prevalence of 15.15%,

(average 3-Year Smoking Prevalence for 2021-2023); a similar amount is to be confirmed each year through to 2028/29, giving an estimated total of £1.92m over five years.

1.17 Rotherham's 2026/27 total protected smoking cessation allocation is £898,386; comprised of:

Baseline Spend from Core PHG	£398,587
LSSSAG	£397,574
Swap to Stop	£101,255

1.18 As per the settlement this is part of a 3-year financial commitment from Government contributing to the Smoke Free Generation strategy.

1.19 **Supervised Toothbrushing**

The supervised toothbrushing funding will be distributed as a minimum flat rate of £15,000 per local authority, and remaining funding for this service distributed based on the number of 3 to 5-year-olds in the 20% most deprived Local Authorities. The supervised toothbrushing funding will be used to continue the programme plan established for 2025/26.. Rotherham's 2026/27 allocation has not yet been confirmed; last year's grant was £85,000.

1.20 **Grant Allocations** Summary Amounts are subject to the Department of Health and Social Care (DHSC) and Treasury approvals hence the variations.

1.21

Grant Stream	**Grant Split (if relevant)**	**2024-2025**	**2025 -2026**	**2026 -2027 Amalgamated into the PHG**
Previously called DATRIG, Drug and Alcohol Treatment and Recovery Improvement Grant	Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grant	£2,178,186	£2,178,186	£2,123,165
	Inpatient Detoxification Grant	£64,077	£64,077	Not yet announced, is directly allocated to the lead provider of the consortia
Individual Placement and Support		£157,432	£165,719	£170,690

Local Stop Smoking Services and Support Grant (LSSSASG)		£384,845	£398,587	**£** £397,574
	Swap to Stop allocation (now amalgamated into the LSSSASG allocation)	Not Applicable	Not Applicable	**Estimated £101,255**
Supervised Tooth brushing		Not Applicable	£ 85,000 (already with in the PHG)	**Estimated £85,000**

2. Key Issues

Grant Activity:

2.1 From April 2026 a funding simplification process will be implemented, SSMTRG, IPS, LSSSASG grants will be added to the Public Health Grant allocation and not awarded as separate streams. In addition, the Swap to Stop budget is being included within LSSSASG. The funding (with the exception of the Supervised Tooth Brushing) is part of a 3-year Settlement (2026-27 to 2028-29) but will remain allocated on an annual basis, with indicative figures provided for the protected drug and alcohol funding.

2.2 As part of the 2025/26 SSMTRG budget £1.5million has been allocated to spend with ROADs for treatment provider activity (this includes spend of residential rehabilitation, prescribing and dispensing costs for additional treatment places).

2.3 Similarly, the allocation to Healthwave from the LSSSASG is budgeted at £350k for 2025/26.

2.4 The intention is to continue both these allocations across the term of the contracts from the SSMTR/LSSSASG, respectively, as part of the delegation for which this paper seeks approval.

2.5 **Public Health Development Investment Requirements**
The purpose of the grant is to provide all local authorities in England with the funding required to discharge their public health functions. . The Department of Health and Social Care's (DHSC) presumption is that the Public Health Grant will be spent in-year. If there are funds left over at the end of the financial year they can be carried over into the next financial year. RMBC manage the grant according to the conditions.

3. Options considered and recommended proposal

3.1 There are no options being proposed in relation to spending the grant on public health activity as the Public Health Grant is allocated to Local Councils for this purpose. It is recommended that:

3.2 That Cabinet:

1. Note the changes in the Government's approach to the allocation of Public Health Grant;
2. Approve spending plans for Rotherham's Public Health Grant outlined in the Report;
3. Delegate authority to the Director of Public Health to recommission the Drug and Alcohol contract with the protected Drug and Alcohol budget;
4. Delegate authority to the Director of Public Health (within the protected stop smoking budgets in the public health grant) to commission services designed to enable the Council to make progress in achieving a smoke free generation in line with the plans from central government.

4. Consultation on proposal

4.1 The operational grant group, which worked to develop plans for the original drugs grant (SSMTRG), continues to contribute to the plan and reports to the Combatting Drugs Partnership, which is chaired by the Director of Public Health, with the vice chair being the South Yorkshire Police Rotherham District Commander . Additional groups have been established as appropriate to inform the priorities on the grant allocation.

4.2 The Tobacco Control Steering Group have worked in partnership to develop the updated Tobacco Control Work Plan (2025 – 2029). The group membership includes Council Directorates (Adult Care, Housing and Public Health, Regeneration and Environment and Children and Young People's Services), Connect Rotherham Healthcare CIC, The Rotherham NHS Foundation Trust and Rotherham Doncaster and South Humber NHS Trust (RDaSH) and representation from South Yorkshire Integrated Care Board Rotherham Place. This group meets quarterly to continue to oversee and contribute to the delivery of the work plan.

5. Timetable and Accountability for Implementing this Decision

5.1 The grant awards will initially be made to the Council for the year 2026 - 2027, with quarterly payment terms. Following Cabinet approval Memoranda of Understanding will be signed with Government and grant spending will commence in line with the grant conditions and local strategies.

6. Financial and Procurement Advice and Implications

6.1 Whilst there are no specific procurement implications with the recommendations detailed in this report, it is important to highlight that the contracting and commissioning arrangements detailed in this report are subject to compliance with procurement legislation, namely the Health Care Services (Provider Selection Regime) Regulations 2023, as well as the Council's own Financial and Procurement Procedure Rules.

6.2 In 2025/26 the Public Health Ringfenced grant was £19.575m. The Public Health Ringfenced grant for 2026/27 will be £22.681m. This incorporates £6.542m that will be additionally ringfenced to specific activities, leaving

£16.139m for other public health activities. Although this reduces the flexibility to spend the grant, there is currently enough spend within the ringfenced areas to meet the requirements of the grant.

7. Legal Advice and Implications

7.1 Under the Health and Social Care Act 2012, the Council has a statutory duty to take appropriate steps to improve the health of the Borough's population. Key duties in relation to this are the provision of services relating to the prevention of alcohol and drug misuse, smoking cessation services, sexual health services and other services as set out in the body of the report.

7.2 The provision of the services set out above is consistent with the conditions of the Public Health Grant, as must all of the grant spending be, and appropriate contractual arrangements are in place with each of the service providers referred to.

8. Human Resources Advice and Implications

8.1 No HR related concerns associated with this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 Stakeholders including children's and young people's services, safeguarding, adult care and housing are integral to both the Combatting Drugs Partnership and the Operational Grant group, and any implications of the use of the PHG that specifically impact on these groups are the subject of collaboration with the relevant Service Director.

9.2 Supporting adults to quit increases the likelihood of children living in smoke-free homes.

9.3 The grant funding is to support smokers to quit tobacco; the current commissioned service provided by Connect Healthcare Rotherham CIC includes a Young Person Stop Smoking service, which is delivered in partnership with the school nurses as part of the 0-19 Service (The Rotherham NHS Foundation Trust) for young people aged 12 and over who are dependent on nicotine.

9.4 The aim is to reduce variation in smoking rates and will also direct efforts to support Rotherham's most vulnerable groups, and groups where smoking rates are disproportionately high, including:

- People with mental health conditions.
- People working in routine and manual jobs.
- Communities in areas of high deprivation.
- Ethnic groups with a high smoking prevalence.
- LGBTQIA+ people.

9.5 The referral route via NHS Health Checks will support engagement with this population as the delivery of NHS Health Checks prioritises the populations of GP practices with the highest levels of deprivation.

10. Equalities and Human Rights Advice and Implications

10.1 An equalities screening has been completed to support this decision and is attached at Appendix 1. This screening concludes that an equalities impact assessment needs to be completed however, the previous impact assessments connected to these grants remain valid and so no new impact assessment has been completed. All have been reviewed for this paper, and the original impact assessments are still valid for these grants and are attached in the link at Appendix 2 for information.

10.2 Some demographic groups are known to have higher rates o smoking and substance misuse and, therefore, to be at greater risk of substance misuse-related ill health, including people living in areas of significant deprivation. Interventions to reduce prevalence of substance misuse in Rotherham's communities will help to reduce this health inequality.

11. Implications for CO2 Emissions and Climate Change

11.1 There are no specific implications for CO2 emissions and climate change from spend of the Public Health Grant. If successful in reducing tobacco consumption in Rotherham, there will be indirect benefits along the tobacco supply chain. A Carbon Impact Assessment form has been completed and can be reviewed in Appendix 3

12. Implications for Partners

12.1 For the Public Health additional grants there are a range of key internal partners including Housing, Children and Young Peoples Services (CYPS), Regeneration and Environment and safeguarding. Key external partners include the current service providers listed in the paper, South Yorkshire Police (including the District Commander of Rotherham, co-chair of the Combatting Drugs Partnership (CDP)), South Yorkshire Probation Service, Voluntary Action Rotherham, Local NHS strategic leads and RDaSH mental health services. These partners are actively engaged in delivery and oversight of the grants through the Combatting Drugs Partnership and Tobacco Control Steering Group.

12.2 Additional capacity within these Public Health services will enable providers across the borough to play a more focused role in referring people they see in front-line services to access quick and effective support. These support services can receive referrals from any source, including self-referral and online.

13. Risks and Mitigation

13.1 The drug and alcohol funding is part of a 10-year national strategy. The allocation continues to be provided on an annual basis, but with indicative allocations for 3 years until 31st March 2029.

13.2 Some of the smoking population might be described as more clinically complex (for example, they may have higher levels of tobacco dependency, live more complex lives or have a range of additional clinical needs or long-term conditions). Over time, there will be a greater proportion of the smoking population remaining in this group. This can make the task of the services more difficult over time whilst potentially increasing the cost of these interventions. To mitigate this challenge, it is important that services are resourced and that the most recent evidence-based practice is used with this group.

13.3 The Public Health Commissioning team will manage compliance with the grant conditions via quarterly contract management meetings, which will monitor and manage grant spending, ensuring that services are delivered as outlined in the grant conditions. The Public Health Senior Management Team and the Tobacco Control Group will have oversight of grant spending via quarterly reporting.

14. Accountable Officers

Ian Spicer Executive Director, Adult Care, Housing and Public Health

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	27/02/26
Executive Director of Corporate Services (S.151 Officer)	Judith Badger	25/02/26
Service Director of Legal Services (Monitoring Officer)	Phil Horsfield	25/02/26

Report Author: Emily Parry-Harries Director of Public Health
Emily.parry-harries@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: Management of Public Health Drugs and Alcohol Grant	
Directorate: **Public Health**	**Service area:** **Commissioning**
Lead person: **Jacqui Wiltschinsky**	**Contact:** Jacqueline.Wiltschinsky@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 Public Health team are preparing for the management of an OHID grant to the support the drug and alcohol services. To inform the commissioning process, targeted groups are being asked to share their experiences of the current service. This will enable commissioners to identify potential gaps in service as well as areas of excellence. The information will be used

to improve the service design prior to retendering for the service.

This service is funded through an OHID grant and will support the wider Public Health aim with the delivery of the Rotherham Health and Wellbeing Strategy which sets out 4 priorities:

- All children get the best start in life and go on to achieve their potential
- All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
- All Rotherham people live well for longer
- All Rotherham people live in healthy, safe and resilient communities

It is important to ensure that the process listens and learns from people who use the service, professionals, and partners through the use of a thorough consultation and market engagement exercise.

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?	Yes	
Could the proposal affect service users?	Yes	
Has there been or is there likely to be an impact on an individual or group with protected characteristics?	Yes	
Have there been or likely to be any public concerns regarding the proposal?	Yes	
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?	Yes	
Could the proposal affect the Council's workforce or employment practices?		No

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?** The Service operates a single point of access (SPA) and referrals are disseminated accordingly. The Service also links with other agencies and partners such as Housing and Early Help to ensure wider accessibility to the service. It is known that poor physical and mental health is disproportionately experienced by some of the most vulnerable members of our local communities and the recommissioned service will aim to address inequality in health as a general principle, and to prioritise certain target groups. It will be key to ensure that the specification for the recommissioned service clearly sets out the above requirements to ensure equal access and outcomes across all of Rotherham's communities whilst ensuring that no protected equalities group is being unintentionally disadvantaged or excluded. To ensure that the recommissioning process identifies any barriers to access, gaps in provision or shortfalls in expected outcomes which may have resulted from either the current service design or delivery, comprehensive consultation will be undertaken. A Consultation plan has been developed which, through the use of management briefings, team meetings, questionnaires, market engagement, and partnership events will highlight any areas of weakness or strength in the current service design to inform the retender. There is currently a gap in the information that can be obtained from those that have never accessed support for drug and alcohol misuse. The needs assessment and consultation event are supporting in filling these gaps via other stakeholders including Housing, Probation services, the youth offending team etc. The outcomes will be used to support in shaping a service which will offer equality and diversity for Rotherham residents who require support with substance misuse. The proposal is for an 'all age' service, within this service the specification will ensure that different age groups have a slightly different service offer in line with consultation outcomes, what has worked well previously and national guidance. Additionally, to this,

all people who use the service that require enhanced support will be given a personalised care plan which will be developed with the service user to ensure an individualised approach.

- **Key findings**

Data from the needs assessment identifies that it will be key to consider access and outcomes for the following groups:

- People with a disability
- People with mental health conditions
- Unemployed people and those with low incomes
- Criminal offenders
- Victims of domestic violence, sexual exploitation and child exploitation
- Homeless people
- Children and Young People
- Dependant adults

The consultation will inform how these groups experience the Service currently.

Intelligence and analysis are required to identify any further groups who should also be subject to consultation to ensure that no protected equalities group is being unintentionally excluded.

Work will be undertaken through partnership meetings to strengthen pathways between agencies and services including voluntary services to support vulnerable groups and to ensure they are supported in a timely manner.

In addition an action plan will be developed ensuring the grant meets the requirements of the newly published drugs strategy (From harm to hope: A 10-year drugs plan to cut crime and save lives).

- **Actions**

The consultation will allow us to gain insight into the outcomes and views of people who currently use the service; the questionnaire will have an Equality and diversity section which will allow us to identify both individual differences and trends across specific groups.

The needs assessment will also feed into the outcomes for specific groups.

The information provided will identify what works well for some and not so well for others within our current service. This information will then be used to inform the new service model and ensure that equality and diversity is considered in every aspect of the specification; allowing an accessible service for all of Rotherham's residents who require support with drug and alcohol misuse.

Date to scope and plan your Equality Analysis:	Planning began: July 2021
Date to complete your Equality Analysis:	01/06/2022
Lead person for your Equality Analysis (Include name and job title):	Jacqui Wiltchinsky PH Consultant

5. Governance, ownership and approval		
Please state here who has approved the actions and outcomes of the screening:		
Name	**Job title**	**Date**
Jacqui Wiltchinsky	Public Health consultant	01/06/2022
Anne Charlesworth	Head of Public Health Commissioning	01/06/2022
Jessica Brooks	Public Health Specialist	01/06/2022

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	01/06/2022
Report title and date	Public Health Grant 2026-27
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	Issued in conjunction with the Cabinet report 16.03.26
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	07/06/2022

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Appendix 2

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: Management of Public Health Drugs and Alcohol Grant	
Date of Equality Analysis (EA):01/06/2022	
Directorate: Adult Care, Housing and Public Health	**Service area:** Public Health Commissioning
Lead Manager: Anne Charlesworth/Jacqui Wiltschinsky	**Contact number:**
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)**
Anne Charlesworth	RMBC	Head of Public Health Commissioning
Jacqui Wiltschinsky	RMBC	Consultant in Public Health
Jessica Brooks	RMBC	Public Health Specialist

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.)

Public Health has the lead responsibility for the Management of Public Health Drugs and Alcohol Grant 2022-2025 and commissioning of the drug and alcohol service. A commissioning exercise is currently being undertaken which will deliver a new all age drug and alcohol advice, treatment and recovery service from April 2023.

The commissioned drug and alcohol service will deliver the majority of the services, covering advice, treatment and recovery. Additional services will be commissioned via a local delivery partnership which includes partners from the Criminal Justice sector to ensure continuity of care, which will drive a local strategy/action plan.

The services will be available to all Rotherham residents who require support with substance misuse.

Services commissioned by RMBC for drug and alcohol users will be responsive to service user needs and delivered in a way which will be recovery orientated with recovery aspirations being built in from first contact. The service will be integral to improving the treatment completions and exit profiles for Rotherham making recovery more visible to the drug and alcohol users in the borough.

The services will be suitable for all age groups ensuring that a separate children's and young person's offer is available. Additionally, separate pathways for adults requiring treatment and those entering recovery will be developed.

The overarching aims of the services are to prevent young people from becoming dependant adults and to reduce the number of substance misuse dependant adults. The service will also:

- Reduce the level of harm caused to individuals, families and the wider community as a result of drug and alcohol misuse.
- Ensure an accessible service including self-referral routes with short wait times.

- Deliver high quality and safe care which is client centred, offering personalised opportunities for those using drugs and/or alcohol to move towards sustained recovery.
- Offer opportunities for individuals to enter and maintain recovery from dependence .
- Provide non-judgmental services that are fair and equitable providing good access to all and delivering a range of interventions which are evidence based, cost - effective and are responsive to client need.

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

The key sources of information used were:

- National Drug and Alcohol Treatment Monitoring Systems, NDTMS, NATMS this is the primary source of data on the drug and alcohol treatment population nationally and locally.
- Public Health England fingertips profiles which provide comparisons with our statistically similar local authorities.
- Information from the Drugs and Alcohol health needs assessment which has recently been undertaken (August 2021) and consultation and engagement.
- Joint Strategic Needs Assessment.

<u>Age</u>

Drug and alcohol misuse is a widespread issue and can affect people of all ages. We know from national guidance, best practice and from national and local consultation that children and younger people require a different approach to dependant adults. The service offer must be tailored to each service user, be age appropriate and in line with evidence based best practice.

There is an aging population of opiate users in treatment coupled with an emerging younger population who are using new psychoactive substances.

The average age group (over an 11-year period) of alcohol misuse treatment service users is 35-54. Alcohol misuse can occur at any age. The physical health problems caused by lifelong alcohol misuse may not be realised until later in life.

Regarding young people, there are certain groups of young people identified as more vulnerable to substance misuse which include: children of substance misusing parents; young offenders; young people in care; homeless young people; excluded pupils or frequent non-attenders; sexually exploited young. The needs of children in care and disadvantaged children need to be carefully considered as evidence shows that childhood trauma has been linked with a wide range of negative outcomes in adulthood including substance misuse and mental health problems.

Rotherham's 2019 Secondary School Lifestyle Survey highlights that the percentage of pupils that have tried alcohol but no longer drink or drink a few times a year has increased since 2018. The number of pupils that have alcohol at home under parental / carer supervision has also increased to 65.5% from 64.1% in 2018. The percentage of pupils drinking on a regular basis has decreased. This information could suggest that regular

drinking is decreasing amongst pupils out of the home environment, however controlled methods are taking place within household settings.

The Data from the drugs section of the survey show that there has been an increase of 0.7% in the number of young people who said they have never tried a drug. 6.9% of pupils that were asked said they have tried some form of drug. The most common substances were Cannabis followed by Cocaine and Ecstasy. Compared to the previous year Solvents have been replaced by Ecstasy in popularity.

Sex

A report from the national office of statistics[1] highlights that the number of males in treatment for all substances throughout 2018-19 was 69% compared to 31% of females. This is no different than the local picture. In Rotherham throughout 2018-19 the number of males in treatment for all substance was 70% compared to 30% of females. In the under 18's service 69% were male and 31% female. Although men are more likely to abuse alcohol this is not in proportion with local service user and it will be important to address both male and females need in view of this imbalance. However, the reasons for this could be that women are less likely to use services due to male dominance within the service. To avoid unintended consequences for women, such as male-dominated environments, providers must be alert to their needs and to raised risks. Women with childcare responsibilities may not seek treatment without the provision of a suitable environment, or easy access to one, for their children, which again needs to be considered.

Disability

People with physical disabilities are more likely to misuse substances at 2 to 4 times the rate of the general population. People with a substance misuse addiction are also more likely to become disabled, either through accidental injury or long-term side effects of substance misuse. People with drug and/or alcohol dependencies often have complex needs and other related or unrelated health problems.

Both nationally and locally, there are a large number of drug and alcohol service users that have a disability. In Rotherham 34% of the over 18-year-olds in treatment consider themselves to have at least 1 disability.

Mental Health conditions: In Rotherham throughout 2019-20, 64% of adults and 26% of under 18's were identified as having a mental health need when entering treatment.

It's important to note that little is known about the health of the 'hidden majority' of adults with learning disabilities who don't use learning disability services. It's this group of people with more mild learning disabilities who are most likely to misuse alcohol or drugs.

Race/ Ethnicity

Language barriers can sometimes be an issue, particularly when confidentiality is important. Cultural differences in understanding what constitutes as problematic alcohol consumption may prevent people from presenting to treatment. Appropriate translation

[1] Adult substance misuse treatment statistics 2018 to 2019: report - GOV.UK (www.gov.uk)

and interpretation services will need to remain a key priority within the future service model.

Families and people on low incomes

Families and those on low incomes may have difficulty accessing services due to transport links and/or affordability. Childcare issues may be a barrier for some people to engage with treatment interventions. It is important to note that economic disadvantage and social exclusion are primary factors influencing risk of development of serious drug and alcohol problems, and treatment and recovery support needs.

Pregnancy and Maternity

Assumptions should not be made about the parenting capacity of those in substance misuse treatment. Safeguarding assessments are essential but should not be a barrier for people to engage with substance misuse services.

Additional support needs to be made available to support mothers who require support from the service. There are health risks for both mother and baby if the mother misuses drugs and/or alcohol. Services must closely monitor the pregnancy and provide post-natal support and monitoring.

Gender reassignment

Staff need to communicate appropriately with people undergoing gender reassignment e.g. sensitive use of titles Mr/Mrs/Miss.

People need to feel safe and not intimidated within waiting areas.

No issues were identified for those with a religion or belief, those who are Married or in a civil partnership or an individual's sexual orientation. However, actions will ensure that all people will be treat appropriately and with respect.

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

There is a wealth of information surrounding those already engaging with a drug and alcohol service. Additionally, national evidence backs up this information. New trends and patterns of substance misuse, the role of internet sales, and new emerging drugs make it almost impossible to keep up with changes. As a result the service that is offered has to be flexible, expert and able to respond quickly to emerging needs.

However, there are some gaps with local information that is collected for some of the protected characteristic groups this will be improved as part of the new service to be tendered.

There is no routinely available data on people accessing alcohol prevention services (in primary care and other settings), according to protected characteristics.

The NTDMS and NTAMS reports do not include statistical information relating to: transgender, religion or sexual orientation.

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

Monthly contract meetings will be in place between Public Health Commissioning and the provider to monitor the service. The successful service provider must ensure that:

- treatment is provided according to individual needs and that all staff are respectful and sensitive to the needs of all regardless of any protected characteristics and in accordance with legislation and local and national good practice.
- all staff are trained in equality and diversity and competent to work with people who have protected characteristics.
- staff have access to and know how to effectively use interpretation and translation services to enable equity of access and understanding.
- all premises used for service delivery are accessible to disabled people and are well signposted.
- when planning locality working a range of community settings and venues are considered to maximise engagement from a range of communities.
- waiting areas are made as client friendly as possible to prevent these being a barrier to access.
- service promotion and information leaflets are available in plain English/ easy read versions.
- All service offers are age appropriate and in line with national guidance and best practice

The provider will collect appropriate data, conducts regular equity audits, and have the provision to monitor their equality performance and agree actions plans to improve this where necessary.

Engagement undertaken with customers. (date and group(s) consulted and key findings)	Consultation with drug and alcohol service users started on 26/08/2021 in the form of a questionnaire which has an 'About you' section focusing on equality, as well as group discussions. Initial information received indicated that service users did not have any complaints with the current service in terms of equality. Findings indicated a similar picture to our data collection surrounding a high number of service users who have a disability and/ or a mental health condition. A full report was produced. Respondents identified the following areas as their most important priorities: • Quick access • Multi-agency working • Outreach and community services • Harm reduction services • Education and training to support prevention and harm reduction • Mental health support • A separate alcohol offer

	The service specification responded to these findings and will be further developed with additional grant funds.
Engagement undertaken with staff (date and group(s)consulted and key findings)	Consultation with service staff started on the 26/08/2021. Service employees make it clear that equality is a priority for the service and that regular audits are done to ensure that each service users' needs are considered, and that employee equality and diversity training is up to date. Employees feel that access options already available meet the needs of service users, particularly as they have community-based options. Key findings of the consultation are included above We have established a stakeholder group which includes a range of staff members for the grant and a wider group we be established upon the commencement of the grant.

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 services, through regular commissioned services, are available to everyone in Rotherham that has a substance misuse need and additional support and signposting will be available for those that need it. The service will strive to be service user led, meaning that where possible they will adapt to the needs of the service user. The grant will further extend availability and accessibility. The services are available at a central location with good disabled access and offers community options across Rotherham, particularly through a GP shared care scheme and community centres. This enhances the accessibility and allows easier access and support for the hard-to-reach cohort. Given the high percentage of people that present with a disability and mental health need a particular focus within the service is to support those individuals; ensuring that the service is fully accessible and that joint pathways with other providers are seamless when offering enhanced support. A service employee will work with the service user at first contact to establish any specific requirements using a joint treatment and recovery support care plan. The services will work with various stakeholders to deliver joint care to ensure that individuals that require enhanced support (which could be due to a protected characteristic) will get the most

appropriate level of care. This could include joint care with the mental health service, maternity or sexual health etc.

The services will consider additional communication needs and where there is a need, they will offer a solution. This will include easy to read information and access to interpreters.

All members of staff will be expected to undertake equality and diversity training, and this will be monitored on an annual basis. Members of staff will be sensitive, considerate and treat all service users with respect.

Does your Policy/Service present any problems or barriers to communities or Groups?
Presently no, but depending on the new provider and engagement with the system e.g. primary care to continue shared care, but this is unknown at this stage.

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

The service model of the main drug and alcohol service has a focus on community support options which will ensure access to people closer to home if they need it.

An element of the service will be to offer training to stakeholders to ensure that a wide range of professionals can engage and refer/signpost those who may need support across a wider patch, including the harder to reach communities.

The design and re-commissioning of the services will establish a more preventative and recovery-based model, and also secure more effective and efficient use of the resources available. Overall, the redesigned treatment system will ensure that more people are supported in achieving sustained recovery from substance misuse and dependence by improving access, and providing individualised care, treatment and support that take account of diversity of 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)

Having services in the community could upset those that don't misuse drugs and alcohol; however, community services have been in place for many years as part of the drug and alcohol service and no such affect has become apparent.

The current base for the services will remain as Carnson House which is accepted within the community and have had no problems in the past.

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: Equality Analysis for Management of Public Health Drugs and Alcohol Grant
Directorate and service area: Adult Care, Housing and Public Health, Public Health Commissioning
Lead Manager: Anne Charlesworth
Summary of findings:
As a strong service is already in place in Rotherham and Equality standards have been regularly monitored. The findings from this report are not a surprise and many actions are already in place. A key summary of the findings is below: • The services needs to cater for all age groups • A high proportion of service users present with a disability • A high proportion of service users present with a mental health need • Language barriers can sometimes be an issue • More men than women enter the service • Community based service options support in accessibility • Additional support needs must be made available either within the service or via joint care/ signposting. • Families or those with low income may need additional support or a different approach (for example: a time and place to suit them due to childcare issues)

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Deliver a service which is sensitive to the needs of all regardless of any protected characteristics. Undertake Equity Audits including service user questionnaires/user experience feedback. Monitor and review equality performance of services. Undertake staff training in equality and diversity and working with people with protected characteristics.	**All**	**Service start date: 01/07/2022**
Develop an all-age service model with specialised pathways to suit all age groups.	**A**	**Service start date: 01/07/2022**
The service will ensure access to appropriate translation and interpretation service when required.	**D, RE**	**Service start date: 01/07/2022**
The service will ensure that interventions are accessible across a range of community venues in culturally appropriate locations.	**D, RE, O**	**Service start date: 01/07/2022**
Provide written literature which is accessible to all.	**D, RE**	**Service start date: 01/07/2022**
Undertake proactive outreach and service promotion amongst traditionally hard to reach groups.	**All**	**Service start date: 01/07/2022**
Work with stakeholders to ensure the services have joint care pathways in place for additional needs.	**D,SO,PM,O**	**Service start date: 01/07/2022**
Ensure a service user led approach is developed through a joint care plan as described in the recommissioning of the project is continued throughout the grant work	**ALL**	**Service start date: 01/07/2022**

***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**
Ben Anderson	Director of Public Health	17/06/2022

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	01/06/2022
Report title and date	Management of Public Health Drugs and Alcohol Grant 2022-2025
Date report sent for publication	Issued in conjunction with Cabinet Report 16.3.2026
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	07/06/2022

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Appendix 3

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 Rotherham 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?	No impact				
Emissions from transport?	No impact				
Emissions from waste, or the quantity of waste itself?	No impact				
Emissions from housing and domestic buildings?	No impact				
Emissions from construction and/or development?	No impact				

Carbon capture (e.g. through trees)?	No impact				

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

This is a continuation of grant delivery, any increases in emissions are likely to be scope 3 related (indirect emissions) – where we are procuring products, services, or people (such as through commuting or service users access to services). These are likely to be minimal.

Please provide a summary of all impacts and mitigation/monitoring measures:

As above, minimal impacts expected as a result of this report. A method of monitoring scope 3 emissions from procurement is currently being reviewed as part of the 2024/25 climate change action plan.

Supporting information:	
Completed by: (Name, title, and service area/directorate).	Jessica Brooks Public Health Specialist Adult Care, Housing and Public Health
Please outline any research, data, or information used to complete this [form].	Qualitative.
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.	No measurement available.
Tracking [to be completed by Policy Support / Climate Champions]	CIA420 (Please see also CIA119 and CIA138 for carbon emission changes against none-grant funded baseline activity) Louise Preston, Climate Change Manager

Rotherham Metropolitan Borough Council

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 16 March 2026

Report Title
Scrutiny Review Recommendations - Access to Contraception

Is this a Key Decision and has it been included on the Forward Plan?
No, but it has been included on the Forward Plan

Executive Director Approving Submission of the Report
Chris Paddock, Interim Director of Policy, Strategy and Engagement

Report Author(s)
Kerry Grinsill-Clinton, Governance Advisor
01709 807267 or kerry.grinsill-clinton@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary

This report summarises the findings and recommendations of the Health Select Commission review into access to contraception. The review was identified and prioritised as part of work conducted by the Commission in the 2024-25 municipal year following reports of inconsistencies in accessibility of Long Acting Reversible Contraception (LARC) at GP surgeries. Whilst LARC was one of the areas of concern identified, members elected to consider the full breadth of contraceptive options as part of the review process.

The report was endorsed by the Health Select Commission during its 22 January 2026 meeting, and subsequently also endorsed by the Overview and Scrutiny Management Board during its 3 February 2026 meeting for progression and consideration by Cabinet, in line with the scrutiny review process.

Recommendations

That Cabinet:

1. Receives the recommendations listed below along with the wider ambitions as listed in Paragraph 2.12 of the report, as approved by Health Select Commission:

a. Commissioning and Service Delivery

i. That the relevant Council Services consider and review the feasibility of mobile outreach clinics or rotating sexual health outreach services where contraception, including LARC can be accessed in rural and underserved areas.

ii. That the relevant Council Services and relevant partners consider Including sexual health services, specifically including contraceptive advice guidance and provision, in the new town centre health hub, ensuring flexible, reliable and discreet ‘drop-in’ access and reduced stigma.

b. Education, Public Awareness and Messaging

i. That the relevant Council Services work in collaboration with appropriate partners to strengthen and extend the reach of a borough-wide, sex-positive public health campaign promoting safe, consensual, and informed sexual activity that makes effective use of the contraceptive and sexual health services available in Rotherham. The Commission particularly advocates the use of modern messaging strategies that harness the power of local ‘influencers’ via social media platforms (e.g. TikTok, Snapchat, Instagram) wherever possible to reach younger demographics with engaging, accurate contraception and sexual health messaging that reaches them directly in places they naturally frequent and counteracts disinformation.

ii. That the relevant Council Services encourage schools to deliver consistent, comprehensive PSHE (Personal, Social, Health and Economic Education), including ongoing practical contraceptive education and awareness of confidentiality rights and works with them to improve parental engagement and understanding of the benefits of making informed contraceptive and sexual health choices.

c. Digital Access and Information

i. That the relevant Council Services work to improve Council public health websites to deliver youth-friendly information on contraception and sexual health services and providing/signposting to relevant sources of information, advice and guidance aimed at assisting that demographic to make informed choices.

ii. That the relevant Council Services work to develop a centralised digital resource or landing page consolidating sexual health information, service locations, and confidentiality guidance, with links to age group/demographic specific issues and information.

d. Youth Access and Confidentiality

i. That the relevant Council Services consider how, ideally in collaboration with relevant partners such as schools and NHS services, to raise awareness of Fraser guidelines and NHS app privacy settings to reassure young people about confidentiality when accessing contraception.

ii. That the relevant Council Services work with MESMAC and other relevant youth services to expand outreach and ensure visibility and borough wide accessibility of services, particularly for LGBTQ+ and vulnerable groups.

e. Data, Monitoring and Strategic Alignment

i. That the relevant Council Services include the location of sexual health clinics, drop-in centres, and pharmacies providing emergency contraception on the Rotherham mapping system (where grit salt bin locations, planning applications etc. can be found), or create a standalone map resource to allow Rotherham residents to easily identify all locations in the borough where they can access contraception.

ii. That relevant Council Services review local data on terminations and teenage pregnancies to assess emerging trends, identify the root causes and facilitate the formulation and implementation of targeted interventions that address their drivers.

iii. That relevant Council Services ensure that the recommendations, observations and broad ambitions from this review are considered in the next commissioning cycle in 2027, and in the development/revision of the borough's sexual health strategy and action plan.

2. Formally considers its response and responds to the above recommendations by May 2026, in accordance with the Overview and Scrutiny Procedure Rules.

3. Agrees that following submission to Cabinet, those recommendations within the control and influence of external bodies, are shared with relevant health partners and commissioners for consideration and response.

List of Appendices Included

Appendix 1 Rotherham GPs Contraception Services
Appendix 2 Rotherham Hospitals Bus Guide
Appendix 3 Sheffield and East Riding Mobile Sexual Health Clinics
Appendix 4 Neighbourhood Health Services
Appendix 5 Media Articles
Appendix 6 Rotherham, Barnsley, Doncaster and Sheffield Councils' Sexual Health online information, advice and guidance.

Appendix 7 PSHE National and Local Information
Appendix 8 CQC Fraser Guidelines Guidance

Background Papers
Access to Contraception Background Information Briefing Paper (private report)
Rotherham Sexual Health Services Commissioning Briefing Paper (private report
Rotherham 2025-2028 Pharmaceutical Needs Assessment
Rotherham Council Plan 2025-30

Consideration by any other Council Committee, Scrutiny or Advisory Panel
Health Select Commission – 22 January 2026
Overview and Scrutiny Management Board – 3 February 2026

Council Approval Required
No

Exempt from the Press and Public
No

Scrutiny Review Recommendations – Access to Contraception

1. Background

1.1 The Health Select Commission met to undertake scoping and prioritisation of a number of suggested topics for review in November 2024. During its consideration of these issues, the Commission defined a scope for the access to contraception review which aimed to improve access to advice, guidance and contraception of all kinds at the local level within communities, and in turn improve sexual health and reduce unplanned and unwanted pregnancies in borough.

2. Key Issues

2.1 Rotherham residents reported being unable to access contraceptive implants via local GP services and were forced to travel outside the borough to access their preferred method of contraception which represented a barrier to access to some.

2.2 The Council's Public Health Service were involved in the commissioning of contraception services, which fell outside of the core GP contract, so were in a position to influence the availability/delivery of those services.

2.3 Whilst there had been improvement in the rates of sexually transmitted infections and diseases in Rotherham, teenage pregnancy rates whilst also reduced remained above national average.

2.4 It was important to understand the accessibility of the range of contraception available to Rotherham residents of all ages, in order to understand and assess whether barriers to access were adversely impacting on contraceptive choices, and levels of unplanned pregnancies within the Borough.

2.5 Review Methodology

2.5.1 A working group was convened which included the following Health Select Commission Members:

- Councillor Keenan (Chair)
- Councillor Bennett-Sylvester
- Councillor Havard
- Councillor Fisher
- Councillor Duncan
- Councillor Thorp
- Councillor Brent
- Councillor Harper

2.5.2 The working group initially met to consider evidence gathering approaches and broad lines of questioning, which determined that evidence would be sought from the following commissioners, stakeholders and delivery partners:

- Yorkshire MESMAC (Men who have Sex with Men – Action in the Community)
  MESMAC was the name the organisation at the time of its inception when it provided services associated with supporting gay men. Over time the organisations work has expanded to incorporate services for the general public and as such, it now goes by Yorkshire MESMAC.

- RMBC Public Health Team
- RMBC Adult Strategic Commissioning Team
- The Rotherham NHS Foundation Trust (TRFT)
- South Yorkshire Integrated Care Board (ICB)
- GP Surgeries
- Healthwatch Rotherham

2.5.3 To gather the necessary evidence, the Commission sought information concerning the current offer across the borough. This was obtained via a combination of information requests from GP services, web research and briefing papers. These were built upon via a site visit and three evidence gathering sessions conducted between March and October 2025 which considered evidence and representations from all identified parties.

2.5.4 Contributors to site visits and evidence gathering sessions included:

- Harriet Bowen – Community Development Worker, MESMAC Rotherham
- Jennifer Armitage – Strategic Commissioning Manager, RMBC
- Anne Charlesworth – Head of Public Health Commissioning, RMBC
- Lizzie Bowden – Commissioning Officer, RMBC
- Amelia Thorp – Public Health Specialist, RMBC
- Dr Nadi Gupta – Clinical Lead, Integrated Sexual Health Service, TRFT
- Dr Sian Pearson - Specialty Registrar in Community Sexual and Reproductive Health, TRFT
- Dr Linda Strettle – GP Partner, The Village Surgery (Representing Rotherham GPs)
- Dr Sophie Holden - GP Partner, Market Surgery (Representing SY ICB as GP Lead for Primary Care)
- Kym Gleeson – Manager, Healthwatch Rotherham

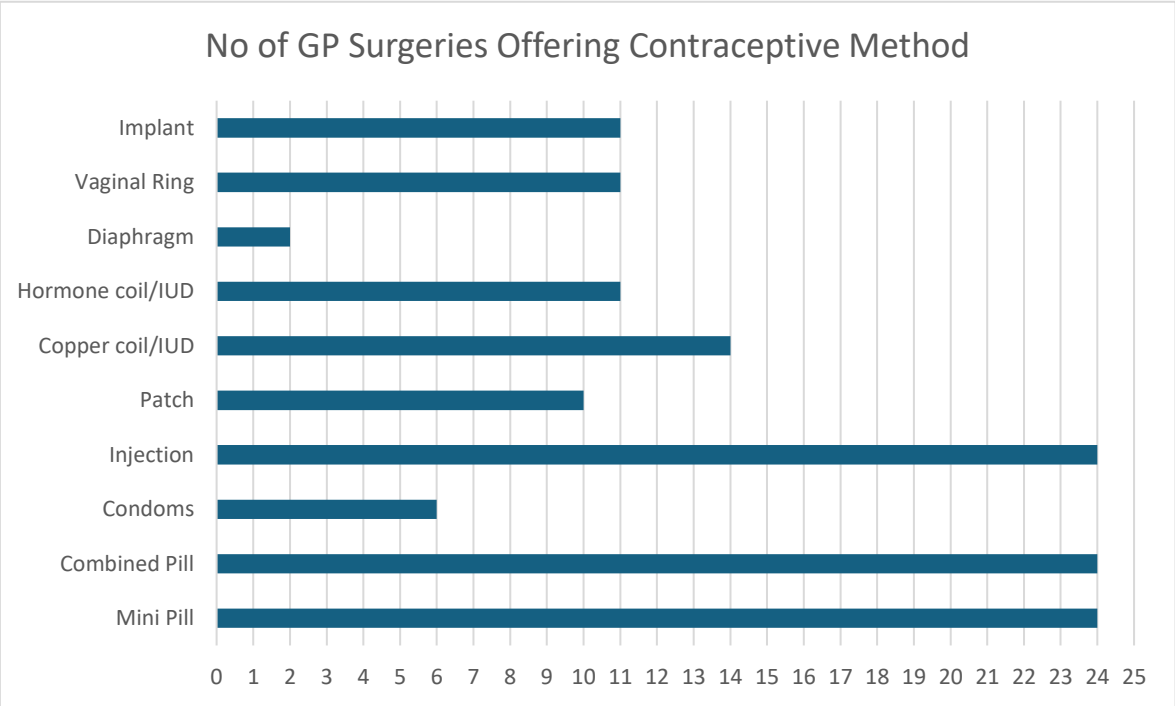
2.6 Discussion themes and key insights

2.6.1 The discussion themes centred around the categories into which the resulting recommendations have been grouped.

2.7 <u>Commissioning and Service Delivery</u>

2.7.1 Information regarding contraception offered was requested from all GP surgeries in the borough. 28 responses were received. The full detail of the information gathered and analysis conducted is attached at Appendix 1. The table below reflects the differences in consistency of approach by contraceptive type:

2.7.2 **Table 1**



2.7.3 There was a wide variation in the GP offer across the borough. Whilst combined/mini-pill and injections were widely available, provision of LARC (Long Acting Reversible Contraception) was patchy. Whilst provision of copper coil was the most commonly available type of LARC, offered at 14 of the 28 responding GP surgeries, even this only represented 50% of all surgeries who responded. Copper coils and implants were only available in 11(39%) of the 28 surgeries, leaving a significant proportion of Rotherham residents unable to access LARC within their local communities. It was noted that this was a reduction in the number of surgeries in the borough that had offered implants in surgery versus 2023-24.

2.7.4 The provision of condoms via GP's was particularly low, offered by only 6 (21%) of the GP surgeries that responded, although it was noted that MESMAC had distributed 21,920 condoms during 2024-25. This data prompted concern given the effectiveness of condoms in respect of preventing sexually transmitted infections as well as unwanted pregnancies (especially when used in conjunction with another form of contraception).

2.7.5 Responses also reflected that whilst referrals for hysterectomy, and forms of contraception not routinely available in surgery were made to TRFT (or patient's preferred hospital) Sexual Health/Gynaecology department, in the case of vasectomy, a number of GP surgeries indicated that patients would be expected to self-refer. The combination of a reduced number of contraceptive options available for men, combined with the low availability of male contraception (i.e. condoms) in GP surgeries, and the increased requirement to self-refer for vasectomy appeared to indicate a distinct difference in the overall level support available to men wishing to take control of conception and sexual health versus women.

2.7.6 Of the 28 surgeries that responded, 10 of these (36%) did not offer any form of LARC. 3 (11%) offered only one type of LARC, 4 (14%) offered two types and 11 (39%)

offered all three types of LARC. The following map details the distribution of these GP surgeries and the availability of LARC across the borough's geography:

2.7.7 Figure 1

Key:

- 3 Forms of LARC offered
- 2 Forms of LARC offered
- 1 Form of LARC offered
- LARC not offered

2.7.8 Of the 17 GP surgeries who did not offer all or any LARC in house, all cited The Rotherham NHS Foundation Trust (TRFT) Sexual Health Service/Gynaecology as the routine referral point, whilst a small number noted patient preference for referrals to other hospitals in Bassetlaw and Sheffield.

2.7.9 Both MESMAC Rotherham and Healthwatch Rotherham cited difficulties in accessing LARC as a concern for them and the Rotherham residents they engaged with. Both cited examples where difficulties in accessing LARC locally had presented significant issues for patients, had directly led to unwanted pregnancies and births and impacted

on the physical, emotional and financial wellbeing of those individuals, and their wider family in some cases.

2.7.10 Whilst MESMAC provided outreach support under contract from Rotherham Council, which included HIV and STI Testing, sexual health advice and guidance and provision of free condoms, they were unable to prescribe contraception and would refer individuals either to their own GP or the Sexual Health Service at TRFT dependent upon their preferred method of contraception. Adult Strategic Commissioning advised members that pharmacy advanced services were able to offer oral contraception, however members felt that this was not universally understood by members of the public, including where and how to access oral contraception via pharmacy advanced services with no clear links to this information from the Council's website. As such, they felt this did not alleviate individual barriers to accessing contraception at a time and place that suited the person concerned.

2.7.11 Discussions considered whether inter-GP referrals utilising existing Primary Care Networks (PCNs) were or could be utilised to support more locally available access to contraception including LARC for residents whose local GP did not offer their preferred form of contraception or LARC. It was explained that this was a matter for individually owned GP practices and those PCNs and whilst was theoretically possible, and may occur for certain patient services, this may not be an established route for contraception. Information was shared which indicated that funding rates and disparities may factor into individual GP practice's ability or willingness to offer this type of mutual aid, or collaborative approach to service delivery.

2.7.12 Members were advised that coil fittings for purely contraceptive reasons were funded at a rate notably lower than coil fittings for menopausal or menstrual purposes, with the funding for implants around half of the rate for contraceptive coil fitting. Whilst training was freely available to Rotherham GPs, take up was low with some GPs citing difficulties in releasing staff for training for due to workload demands alongside the funding elements for service delivery once trained affecting the financial viability of offering those services.

2.7.13 It was also noted that there was a greater appetite to access LARC training for GPs outside of Rotherham, such as Sheffield, despite this being a charged service. The reasons for this were not fully understood, however funding rates appeared comparable in both areas so did not appear to be a significant influence in the variance observed.

2.7.14 Discussions also considered the relocation of the Sexual Health Clinic at TRFT which Members were made aware of during the March 2025 Health Select Commission meeting, which focussed the development of the SDEC (Same Day Emergency Care) Centre at TRFT, but which also outlined other estates changes. Members were advised that the Sexual Health Clinic, which had previously been housed to the rear of the main hospital building, was being relocated to the very front of the building.

2.7.15 Members expressed concern that such a prominent location in clear view of all attending the hospital site either as a patient, visitor or member of staff might be counterproductive and increase reluctance to access services at the site for fear of stigma associated, by some, with accessing Sexual Health services. There were also

concerns around limitations to public transport serving the hospital site, and known, long held concerns around the sufficiency of parking at the site.

2.7.16 Similar concerns were raised in relation to discussions around seeking consultations, advice and guidance at GP surgery receptions in relation to contraception and sexual health given the often open nature of the reception desks. Discussions raised the importance of providing discreet locations within surgeries for sensitive conversations, and the potential benefits of instituting 'Sexual Health Champions' within GPs surgeries to promote awareness of sensitivities around contraception and sexual health and ensure all staff are cognisant of patient needs and enabled to support them effectively when they present at surgeries.

2.7.17 Barriers to access more generally, given the uneven spread of contraception within surgeries across the Borough's geography and the parking and public transport limitations at the Rotherham Hospital site, gave rise to discussions concerning outreach and community clinics. Whilst it was acknowledged that some outreach work was contracted to MESMAC, this predominantly concerned the provision of advice and guidance, HIV and STI testing, and support with accessing appointments for the provision of contraception including LARC, which were in turn subject to the same limitations imposed by the infrastructure within the borough.

2.7.18 Discussions considered the potential for a mobile sexual health clinic, able to access parts of the ward where LARC was not readily available and provide outreach advice and support to underserved communities. The example of the mobile clinic used in Sheffield was cited and other examples such as the East Riding Mobile Clinic were also identified (Appendix 3), though it was accepted that this type of resource came with financial implications requiring capital investment which presented difficulties in terms of budgetary constraints and existing contract arrangements based on the advice of Commissioning staff. Nonetheless, Members felt that there were potential tangible benefits as evidenced by the Sheffield model, which had the potential to address gaps in the Rotherham infrastructure and provide a more equitable level of service to all residents, which should be considered at the appropriate stage when budget allocations and contract reviews allowed.

2.7.19 Commissioning confirmed that the current contract would remain in place until 2027, with the potential to extend the existing contract arrangements until 2032.

2.7.20 Other options were discussed aimed at enhancing the borough wide accessibility of contraception including LARC and advice and guidance. These included providing outreach sexual health clinics within existing clinical settings such as GP surgeries on a fixed or rotating basis to improve accessibility. Members were also minded, having had the opportunity to scrutinise proposals regarding the Town Centre 'Health Hub' intended to occupy the former 'Boots' site on Effingham Street, that this likewise represented a good opportunity for accessing contraception and broader sexual health services, in a location whose accessibility via public transport exceeded that of the Rotherham Hospital site.

2.7.21 Likewise, Members considered Rotherham's inclusion in the first wave of 43 areas of the country identified for Neighbourhood Health Services as an opportunity to bridge identified gaps in service delivery such as those around access to contraception. Members felt that there was evidence of the need for community based Sexual Health

Services, which aligned with the intentions identified within the information shared by the Secretary of State for Health and Social Care (Appendix 4).

2.7.22 Healthcare professionals involved in the discussions also acknowledged that there were missed opportunities to address contraception needs including the provision of advice and guidance and planning of fitting for LARC as part of the antenatal appointments, or during conversations post-partum but prior to hospital discharge where those discussions had not taken place prior to giving birth. Members felt that due to commissioning responsibilities, it was not in the Council's gift to directly impact change in this area, but understood the importance and potential impact of effective advice and guidance during pregnancy, and timely provision of appropriate contraception post-partum and were keen to see the relevant commissioners to work with service providers to consider how this might be optimised. Members were in a position to monitor progress in this area through updates brought to the Health Select Commission in relation to maternity services in the borough.

2.8 <u>Education, Public Awareness and Messaging</u>

2.8.1 Members heard that social media such a Tik-Tok and Instagram, along with high-profile 'influencers' were increasingly impacting perceptions around contraception, family planning and sexual health (Appendix 5). Much of the information shared could be categorised as 'misinformation' which did not reflect an evidence based, balanced overviewed and was heavily weighted towards a particular narrative or personal preference. Data from various parts of the country demonstrated a notable reduction in the numbers of young people using more traditional methods of contraception, including condoms, and moving towards cycle-tracking apps known as 'natural family planning' approaches. Evidence suggested that this had contributed to an increase in the rate of pregnancy terminations and the incidence of Sexually Transmitted Infections.

2.8.2 Public Health Staff advised that whilst this may be the trend observed nationally, take up of LARC was particularly strong in Rotherham in comparison to statistical neighbours and reflected more of a shift from short acting to long acting contraception locally. However, Members felt that this nonetheless impacted negatively on overall sexual health whilst the general decline in condom use across a number of age ranges impacted remained.

2.8.3 Additionally, there was some conflicting information shared regarding the position on pregnancy termination rates in Rotherham. Members heard that data available to Commissioning staff, which formed part of the basis for commissioning decisions and the contents of the draft Rotherham Sexual and Reproductive Health Needs Assessment 2025 shared with the working group, and that provided to other health partners by Rotherham's Pregnancy Advisory Service differed.

2.8.4 Data held by the Council suggested that 'the number of abortions performed under 10 weeks is increasing (getting better) both locally and nationally, indicating that most people seeking abortion have prompt access to services and reduced risk of complications. However, whilst data provided by health professionals, shared with them by the Pregnancy Advisory Service for Rotherham partially support this, it also indicated that whilst the number of in-patient Medical Termination Of Pregnancy (MTOP) undertaken for pregnancies over 10 weeks or for high risk cases had reduced

from 252 in 2023 to 221 in 2024 and the number of out-patient MTOP had increased from 206 in 2023 to 245, Surgical Termination Of Pregnancy had increased from 14 in 2023 to 25 in 2024 and Manual Vacuum Aspiration (MVA) under local anaesthesia had increased from 18 in 2023 to 22 in 2024. That represented a total of 490 terminations in 2023 where 284 were in-patient cases and a total of 513 terminations in 2024 where 268 were in patient cases.

2.8.5 Whilst this did reflect that there had been an increase in the percentage of terminations undertaken before 10 weeks, it nonetheless represented an increase in the number of terminations overall during that period, averaging an additional two terminations per month over the calendar year. Whilst it has not been clarified whether the figures reflected in paragraph 2.8.3 includes unwanted pregnancies only or is also inclusive or planned/wanted non-viable pregnancies, when taken at face value this trend was at odds with the targeted outcome of this review, which aimed to reduce unplanned and unwanted pregnancies in the borough.

2.8.6 Members considered the role of schools through PSHE (Personal, Social, Health and Economic) education which included Relationships and Sex Education incorporating contraception.

2.8.7 The Council's School Improvement Service confirmed that '*[Rotherham Council] do not provide a syllabus for PSHE. The DfE (Department for Education) signpost to the PSHE Association to support schools to build their own syllabus. This includes guidance on statutory subjects like Relationships and Sex Education (RSE) and Health Education, as well as careers and financial education. Schools are expected to adapt these resources to meet their specific student needs, as a one-size-fits-all approach is not suitable for every community'*. National and statutory guidance in relation to PSHE and RSE alongside a sample of Rotherham's Secondary Schools publicly available PSHE syllabuses are provided at Appendix 7.

2.8.8 Members heard that often, there were inconsistent approaches to PSHE including the extent and frequency with which contraception featured within the syllabus adopted by different schools. This was supported by the Rotherham Secondary Schools sample PSHE information included in Appendix 7. Whilst Members appreciated that different communities may have different needs, and there may be religious or cultural factors that influenced the approach in some school environments, they felt strongly that the quality and depth of information provided in relation to contraception, including signposting, confidentiality and competency of under 16's should be consistent across all Rotherham schools, and ideally delivered on more than one occasion to ensure understanding if this were to create a truly level playing field for Rotherham's young people with regards to taking ownership of their contraceptive choices and wider sexual health.

2.8.9 Whilst Members also appreciated the reasons why parents were given the opportunity to 'opt-out' of aspects of PSHE on their child's behalf, this raised concerns that if parents elected to deny young people access to information in relation to contraception delivered through school, this may expose them to an increased risk of unwanted pregnancy or Sexually Transmitted Infections due to gaps in knowledge and understanding, which would impact their ability to make informed choices when they became sexually active. As a result, Members felt that realising improvements in parental engagement in PSHE including RSE syllabuses was vitally important, to

minimise the likelihood of parental consent being withheld for a young person to participate in contraception based PSHE and RSE lessons.

2.8.10 Members likewise heard that the voices of social media influencers, who in some cases advocated or promoted misogynistic views that minimised the role the male in contraceptive choices and promoted procreation as a masculine purpose, needed to be counter-balanced with factually accurate, impartial information advice and guidance that was as readily accessible as the more weighted content that was understood to be influencing the views and actions of the general public, and in particular younger males. Whilst it was accepted that this was part of a wider issue that schools were already addressing through PSHE syllabus', it was nonetheless felt that there was clear potential for this to impact upon decision-making in relation to the use of contraception, and the prevention of unwanted pregnancies and STIs and that therefore those clear links should be drawn.

2.8.11 The proliferation of misinformation via social media on subjects such as contraception, hyper-masculinity and misogyny described during evidence gathering led members to consider the Council's role in presenting an alternative narrative, alongside the extent to which Rotherham residents and the general public more broadly felt able to openly discuss contraception and sexual health. Whilst it was understood that MESMAC had a presence on Tik-Tok, Instagram and X, and Public Health messaging is communicated via Facebook by Rotherham Council, given the relatively low number of 'subscribers' for MESMAC (871 followers on Tik-Tok– UK wide not Rotherham specific, 341 followers on Instagram, 316 friends on Facebook and 231 followers on X) and TRFT's Sexual Health Service (138 followers on Facebook, no obvious presence on Tik-Tok, Instagram or X) versus Rotherham Council's (5 followers on Tik-Tok – official account only appears to have been in existence for approximately one week at the time of writing, 3,158 followers on Instagram, 22,000 followers on Facebook and 16,200 followers on X), it appeared at face value that by failing to communicate contraception and sexual health based messaging via the Council's social media presence, the reach of such information, advice and guidance was significantly diminished.

2.8.12 Members felt that there was a need for 'sex positive' public messaging across the Council's social media presence, intended to address issues such as contraception and STI prevention to normalise and destigmatise conversations about sexual health, and challenge misinformation and harmful content from other sources through demographically targeted content. Whilst existing partners could contribute to this, Members felt that more collaborative approaches in this area would increase reach and exposure, and they encouraged the use of high-profile local figures with existing broad, or demographic-specific appeal, who could support such campaigns in promoting public health messaging to further extend reach and encourage discussion and informed decision-making around contraception and sexual health.

2.9 <u>Digital Access and Information</u>

2.9.1 Members considered the information available to Rotherham residents via the Council's website in relation to contraception and Sexual Health, and compared these with the offer from neighbouring Councils within the SYMCA (South Yorkshire Mayoral Combined Authority) geographical footprint (Appendix 6).

2.9.2 Members championed the need for ease of navigation and accessibility, and visually appealing information that made it easy for Rotherham residents to access the information, advice and guidance they needed in relation to contraception and sexual health.

2.9.3 Members considered the existing offer for online information advice and guidance in relation to contraception and sexual health from the Council. This was limited to a small number of pages associated with 'Sexual Health Support' which were noted in themselves as not being straightforward to locate.

2.9.4 The relevant pages of the Council website referred to Rotherham Sexual Health Service, housed within Rotherham Hospital through TRFT. Whilst services offered by TRFT were listed, there was no link to the TRFT Sexual Health Service website, which meant separate searches would have to be performed to locate this. There were however direct links to the Rotherham MESMAC website, a list of the pharmacies where emergency contraception was available (which was housed on a sub-section of the TRFT Sexual Health Service site), and SH24 (which was also housed on a sub-section of the TRFT Sexual Health Service site).This meant that that was no one online location via which all information relating to the contraception and sexual health was housed, with Rotherham residents needing to access three different individual websites in order to form a holistic view of the offer in the Borough.

2.9.5 In the case of each of those individual websites, some of the information listed was identified as inaccurate or misleading. An example of this was the Council website indicating that Rotherham GPs provided implants, IUDs and chlamydia screening. However, the information gathering exercise undertaken by the working group established that a significant number of Rotherham GPs did not offer either implants, IUDs or both. Equally, this did not reference the other forms of contraception that GPs reported that they offered. This had the potential to give Rotherham residents the impression that IUDs and implants were a universal offer from Rotherham GPs, when in reality this was not the case.

2.9.6 Likewise, once Rotherham residents successfully navigate to the TRFT Sexual Health Website, this too provides information which is misleading. It indicates that free condoms can be obtained via both the Sexual Health Service, or via MESMAC Rotherham, both of which are based in the S60 geographical area. However, MESMAC's website describes that free condoms can only be provided to the 'most at risk' groups. It describes these groups as Black, Asian and Minority Ethnic communities, Trans people and gay men. This did not account for both heterosexual men and women whose chosen method of contraception was condoms, or who wanted to take additional steps to prevent transmission of STIs alongside another form of contraception, particularly those living in deprivation or low income families.

2.9.7 Similarly, the postal delivery free condom service detailed on MESMAC's website appeared subject to the same restrictions and has been suspended for an extended period affecting the accessibility of the offer to those who were eligible.

2.9.8 Listings were provided of locations at which out of hours emergency contraception could be obtained within the borough via the TRFT Sexual Health service, however it was felt that it would be helpful if were easier for Rotherham residents to be able to visualise which of these locations were closest to them, and links to individual websites

provided so that opening times and contact information could be readily accessed. Likewise, although Adult Strategic Commissioning advised members that pharmacy advanced services were also able to offer oral contraception, however members felt that this was not universally understood by members of the public, including where and how to access oral contraception via pharmacy advanced services with no clear links to this information from the Council's website.

2.9.9 The 'Contraception' section of the TRFT Sexual Health Service website referred to 'sexwise' website and suggested that this was a great source of information that enabled individuals to consider the method of contraception most appropriate for their needs and circumstances. However, the sexwise website had been decommissioned since mid-2024.

2.9.10 This caused Members to reflect on the overall online information advice and guidance offer for Rotherham (Appendix 6). Compared to the online offer from neighbouring Local Authorities, Barnsley, Doncaster and Sheffield which each boasted bespoke 'one stop shop' websites, the Rotherham online offer appeared more disjointed, harder to navigate and less comprehensive. Some had dedicated 'zones' for young people, with tailored content, resources and signposting which Members felt was beneficial.

2.9.11 Members were particularly keen to see a more targeted online space for Rotherham's young people as a source of advice, guidance, and signposting to relevant services and health professionals who could assist them to make considered decisions and take charge of their contraceptive choices and sexual health. They felt that this would augment and support a robust and quality PSHE and RSE syllabus that, cumulatively, could encourage young people to develop positive habits around contraception and sexual health and retain them through all stages of life as individual needs and circumstances changed over time. They considered that this could be particularly effective if linked to and supported by associated social media campaigns to raise the profile of the online offer.

2.9.12 It was also noted that other Local Authorities operated services which enabled those 25 and under to access free condoms online, such as the C Card Scheme (see Appendix 6), negating the need for potentially awkward or embarrassing personal or public interactions which Members felt might be a deterrent for obtaining condoms via more traditional means. This was considered an innovative approach which removed one of the barriers to increased condom use and reducing the incidence of STIs.

2.9.13 This gave Members cause to reflect on the impact and success of the 'period poverty' initiative which saw feminine sanitary products made freely available in public spaces and other locations such as work environments, sports and entertainment venues. Whilst Members recognised and supported the potential impact of the adoption of an online service providing free condoms to under 25's, given the increased incidence of STIs and unwanted pregnancies in some older age groups, Members felt that there would be potentially meaningful impact from following the 'period' poverty model and making condoms freely available to everyone who might want to use them in similar public spaces and other appropriate locations. Whilst it was appreciated that there may be some challenges associated with this, given the shelf life of the products, it was nonetheless felt worthwhile to address those challenges given the potential to influence a positive culture shift in the face of declining condom use and increasing STI rates.

2.10 Youth Access and Confidentiality

2.10.1 Members considered the impact of increased use of digital records and processes in healthcare settings, and how these might impact public perceptions of privacy and the confidentiality of their sensitive personal data – particularly in the case of those below the age of 18 where parental oversight may be a factor. Members discussed the ability to access an individual's full medical records via the NHS App, in addition to its uses for booking medical consultations, appointments and procedures amongst other uses.

2.10.2 Members heard that physicians, clinicians and other health professionals were able to 'hide' or withhold certain records from appearing in the NHS App as appropriate to preserve the confidentiality of sensitive personal data, including information concerning contraception and sexual health. They felt that greater information concerning the measures taken to safeguard personal data within the NHS app, including the ability to hide or cloak certain information from inclusion in the digital record should be communicated more clearly to address concerns around information security.

2.10.3 Members also heard that the Fraser Guidelines (Appendix 8) were particularly relevant in considering the confidentiality afforded to young people around their contraceptive choices and sexual health information. Members believed that the Fraser Guidelines were not widely known or understood by many young people, and that greater awareness had the potential to positively influence the level of interaction between young people and health professionals best placed to assist them in making informed choices in relation to contraception and sexual health.

2.11 Data, Monitoring and Strategic Alignment

2.11.1 Members heard that whilst significant progress had been made in reducing the number of teenage pregnancies in the Borough, there was an increase in local (Paragraphs 2.8.2 to 2.8.4 refer) and national (Appendix 5 refers) termination rates. This was a trend that Members were keen to see reversed and as such, particularly given uncertainty around the reliability of the data used to inform Council planning. Members believed it would be beneficial to review, and quality assure local data on terminations and teenage pregnancies at regular intervals in order to allow the relevant services to assess emerging trends, explore and identify the root causes of any adverse variances and facilitate the formulation and implementation targeted interventions that addressed their drivers.

2.11.2 Likewise, Members heard that whilst there were existing, established PCNs within Rotherham's geographical footprint, it was not widely understood which practices had formed collaborative partnerships in terms of service delivery, or which services were covered by such arrangements, including access to contraception. Members were advised that it was a matter for individually owned GP practices to determine those arrangements given the complex landscape concerning contracting and remuneration.

2.11.3 Whilst it was accepted that the Council were not in a position to broker or make decisions concerning such arrangements, Members felt that there was the potential for the Council to promote more effective use of local resources by harnessing existing community facilities and services by encouraging the expansion and enhancement of

partnership working approaches where this would deliver health and wellbeing benefits to Rotherham residents. They considered that in order to facilitate this the relevant Council services could work with partners to map Primary Care Networks (PCNs) across Rotherham to better understand service coverage and inform future planning and commissioning, with ongoing monitoring to ensure information held remained current and valid.

2.12 Long-Term Broad Ambitions

2.12.1 Members recognised that whilst there was tangible short-term impact that could be achieved through the implementation of the recommendations set out within this report, they were also cognisant of the need for a collaborative, whole system approach in order to achieve lasting change and maximum impact, which extended beyond the immediate influence or control of the Council. As such, in addition to the recommendations, Members developed the following long-term broad ambitions to which it asked the Council and all relevant partners to commit.

2.12.2 They were as follows:

i. To explore and encourage, where possible, cross-practice referrals within Primary Care Networks (PCNs) to improve access to LARC services locally.

(Paragraphs 2.7.2 to 2.7.21, 2.11.2 and 2.11.3 refer).

ii. To map Primary Care Networks (PCNs) across Rotherham to better understand service coverage and inform future planning and commissioning, including but not limited to access to contraception and sexual health services.

(Paragraphs 2.7.11, 2.11.2 and 2.11.3 refer).

iii. To encourage GP practices to appoint contraception and sexual health champions, with visible signage and private consultation options in every surgery in the Borough.

(Paragraphs 2.7.16 refers).

iv. To promote condoms as a free and accessible contraceptive option, which also offers high levels of protection against sexually transmitted infections, and ensure widespread and discreet availability in community settings.

(Paragraphs 2.7.4, 2.7.5, 2.8.1, 2.9.6, 2.9.7, 2.9.12, 2.9.13 refer and a Appendix 5 refers).

v. The creation of a programme/initiative akin to the ‘period poverty’ campaign which would see freely available condoms in public spaces and other suitable locations such as workplaces, sports and entertainment venues.

(Paragraphs 2.7.4, 2.7.5, 2.8.1, 2.9.6, 2.9.7, 2.9.12 and 2.9.13 refer).

3. Options considered and recommended proposal

3.1 During its 22 January 2026 meeting Health Select Commission considered a number of approaches and determined that in order to deliver maximum impact for Rotherham Residents the most appropriate proposal was to request that OSMB and in turn, Cabinet were asked to support both the specific recommendations and the long-term broad ambitions described at paragraph 2.12 of this report. This is because it was felt that this represented the option that most closely reflected the vision and strategic outcomes described in the Council Plan, and had the potential to deliver improvement in health and wellbeing for generations to come.

4. Consultation on proposal

4.1 Members have regard to the expressed views of their constituents in their formulation of scrutiny priorities and lines of inquiry. Recommendations from scrutiny are produced as outcomes from consultation by Members in their role as elected representatives of Rotherham residents.

4.2 In its review, the working group considered evidence from the officers and key partners. These are outlined in paragraphs 2.5.2 to 2.5.4.

5. Timetable and Accountability for Implementing this Decision

5.1 The accountability for implementing recommendations arising from this report will sit with Cabinet and relevant officers.

5.2 The Overview and Scrutiny Procedure Rules require Cabinet to consider and respond to recommendations from Overview and Scrutiny Management Board and the Select Commissions in no more two months from the date that Cabinet receives this report.

6. Financial and Procurement Advice and Implications

6.1 No financial implications arise directly from this report, although the response to the review will need to take account of any such implications arising from consideration of the scrutiny recommendations.

7. Legal Advice and Implications

7.1 There are no legal implications directly arising from this report.

8. Human Resources Advice and Implications

8.1 There are no human resources implications directly arising from this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 Implications for Children, Young People, and Vulnerable Adults are set out in the main body of the report.

10. Equalities and Human Rights Advice and Implications

10.1 Furthering equalities and human rights are scrutiny objectives; therefore, Members considered equalities in the development of scrutiny work programmes, lines of inquiry and in their derivation of recommendations designed to improve the delivery of council services for residents.

11. Implications for CO2 Emissions and Climate Change

11.1 There are no climate or emissions implications directly associated with this report.

12. Implications for Partners

12.1 Implications for partners are set out in the main section of the report outlining the Commission's findings. Cabinet will need to consider the implications for partners in its response to the recommendations from scrutiny.

13. Risks and Mitigation

13.1 Members have regard to the risks and mitigation factors associated with the services under scrutiny and have made recommendations accordingly.

14. Accountable Officers

Emma Hill, Head of Democratic Services and Statutory Scrutiny Officer
Kerry Grinsill-Clinton, Governance Advisor

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	27/02/26
Executive Director of Corporate Services	Judith Badger	23/02/26
Service Director of Legal Services (Monitoring Officer)	Phil Horsfield	27/02/26

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This report is published on the Council's website.

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Appendix 1

	SERVICES OFFERED IN SURGERY									
Respondent	Mini Pill	Combined Pill	Condoms	Injection	Patch	Copper coil/IUD	Hormone coil/IUD	Diaphragm	Vaginal Ring	Implant
A	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes
B	Yes	Yes	no	Yes	Yes	no	no	no	no	no
C	Yes	Yes	No	Yes	Yes	Yes	Yes	yes	Yes	yes
D	Yes	Yes	no	Yes	Yes	Yes	Yes	no	Yes	no
E	Yes	Yes	No	Yes	No	Yes	Yes	No	No	Yes
F	Yes	Yes	No	Yes	Yes	No	No	No	No	No
G	Yes	Yes	No	Yes	No	No	No	No	No	No
H	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes
I	Yes	Yes	No	Yes	No	No	No	No	No	No
J	Yes	Yes	No	Yes	No	No	No	No	No	No
K	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	No
L	Yes	Yes	Yes	Yes	No	No	No	No	No	No
M	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	No
N	Yes	Yes	no	Yes	Yes	Yes	Yes	no	Yes	no
O	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	yes
P	Yes	Yes	No	Yes	No	No	No	No	Yes	Yes
Q	Yes	Yes	No	Yes	No	No	No	No	No	No
R	Yes	Yes	No	Yes	No	Yes	No	No	Yes	No
S	Yes	Yes	No	Yes	No	Yes	Yes	No	No	yes
T	Yes	Yes	No	Yes	No	Yes	Yes	No	No	yes
U	Yes	Yes	No	Yes	No	Yes	Yes	No	No	yes
V	Yes	Yes	No	Yes	No	Yes	No	No	Yes	No
W	Yes	Yes	No	Yes	No	Yes	Yes	No	No	yes
X	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Y	Yes	Yes	Yes	Yes	Yes	Yes	no	no	Yes	Yes
Z	Yes	Yes	No	Yes	Yes	Yes	Yes	yes	Yes	yes
AA	Yes	Yes	No	Yes	No	No	No	No	No	No
AB	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No

	SERVICES REFERRED ELSEWHERE													
Respondent	Coil/IUD	Referral Point	Hysterectomy	Referral Point	Vasectomy	Referral Point	Patch	Referral Point	Diaphragm	Referral Point	Implant	Referral Point	Vaginal Ring	Referral Point
A	Yes	Sexual Health (as Emergency Contraception only)	Yes	TRFT - Gynaecology (some patients request Bassetlaw)	Yes	Sexual Health Self-referral	No	N/A	Yes	TRFT	No	N/A	No	N/A
B	Yes	Sexual Health - TRFT	Yes	TRFT - Gynaecolcogy	Yes	Sexual Health Self-referral	No	N/A	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT
C	No	N/A	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	No	N/A	No	N/A	No	N/A	No	N/A
D	No	N/A	Yes	TRFT - Gynaecology	Yes	Sexual Health - TRFT	No	N/A	No	N/A	Yes	Sexual Health - TRFT	No	N/A
E	No	N/A	Yes	TRFT	Yes	Sexual Health TRFT (self referral only)	No	N/A	No	N/A	Yes	Sexual Health - TRFT	No	N/A
F	Yes	Sexual Health - TRFT	Yes	TRFT	Yes	TRFT	No	N/A	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT
G	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	No	N/A	No	N/A	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT
H	Yes	Sexual Health (as Emergency Contraception only)	Yes	TRFT - Gynaecology (some patients request Bassetlaw)	Yes	Sexual Health Self-referral	No	N/A	Yes	TRFT	No	N/A	No	N/A
I	Yes	Sexual Health - TRFT	Yes	TRFT	Yes	Sexual Health - TRFT	No	N/A	No	N/A	Yes	Sexual Health -TRFT	No	N/A
J	Yes	Sexual Health - TRFT	Yes	TRFT	Yes	TRFT	No		No		Yes	Sexual Health - TRFT	No	N/A
K	Yes	Sexual Health - TRFT	Yes	TRFT	Yes	TRFT	No	N/A	No	N/A	Yes	Sexual Health - TRFT	No	N/A
L	Yes	Sexual Health Self-referral only	Yes	TRFT - Gynaecology	Yes	TRFT Sexual Health GP or Self-referral	No	N/A	No	N/A	Yes	Sexual Health Self-referral only	Yes	TRFT - GP Gynaecology referral
M	Yes	Sexual Health - TRFT	Yes	TRFT - Gynaecology	Yes	Sexual Health - TRFT	No	N/A	No	N/A	No	N/A	No	N/A
N	No	N/A	Yes	TRFT - Gynaecology	Yes	Sexual Health - TRFT	No	N/A	No	N/A	Yes	Sexual Health - TRFT	No	N/A
O	Yes	Out of hours only (Sexual Health TRFT)	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	No	N/A	No	N/A	Yes	Out of hours only (Sexual Health - TRFT)	Yes	Out of hours only (Sexual Health - TRFT)
P	Yes	TRFT	Yes	TRFT	Yes	TRFT	No	N/A	No	N/A	No		No	N/A
Q	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	No	N/A	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT
R	No	N/A	Yes	Gynaecology at preferred hospital	Yes	TRFT Sexual Health	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	No	N/A
S	No	N/A	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	No	N/A	Yes	Sexual Health - TRFT	No	N/A	Yes	Sexual Health - TRFT
T	No	N/A	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	No	N/A	Yes	Sexual Health - TRFT	No	N/A	Yes	Sexual Health - TRFT
U	No	N/A	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	No	N/A	Yes	Sexual Health - TRFT	No	N/A	Yes	Sexual Health - TRFT
V	No	N/A	Yes	Gynaecology at preferred hospital	Yes	TRFT Sexual Health	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	No	N/A
W	No	N/A	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	No	N/A	No	N/A	No	N/A	No	N/A
X	No	N/A	Yes	TRFT - Gynaecology	Yes	Sexual Health - TRFT	No	N/A	No	N/A	No	N/A	No	N/A
Y	No	N/A	Yes	TRFT - Gynaecology	Yes	Sexual Health - TRFT	No	N/A	No	N/A	No	N/A	No	N/A
Z	No	N/A	Yes	Sexual Health - TRFT	Yes	Sexual Health - TRFT	No	N/A	No	N/A	No	N/A	No	N/A
AA	Yes	TRFT	Yes	TRFT	Yes	TRFT	Yes	TRFT	Yes	TRFT	Yes	Sexual Health - TRFT	Yes	TRFT
AB	Yes	Sexual Health - TRFT	Yes	RDGH - Gynaecology	Yes	Sexual Health - TRFT	No	N/A	No	N/A	Yes	Sexual Health - TRFT	No	N/A

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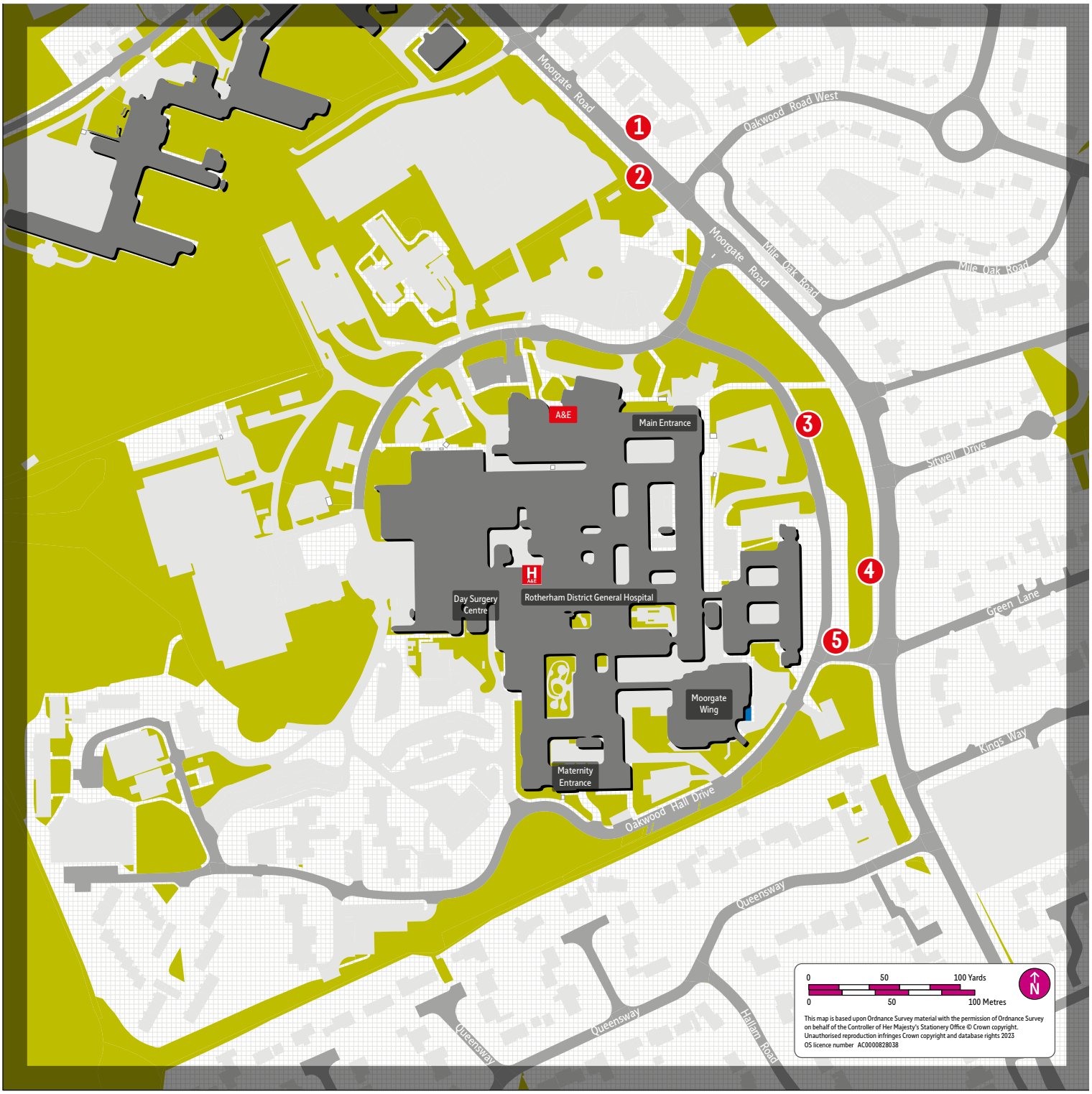

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Rotherham General Hospital
Destination Finder

Moorgate Road, Rotherham, S60 2UD

01709 820000

therotherhamft.nhs.uk

Destination	Service(s)
Aston	21
Attercliffe	207
Aughton	21
Balby	X11
Bramley	X11
Brampton En le Morthen	20
Brecks	19, 19a, X11
Brinsworth	207
Brookhouse	20
Broom	21, 207
Canklow	207
Carbrook	207
Catcliffe	X11
Dinnington	19, 19a, 20
Firbeck	20
Gateford	19, 19a
Gildingwells	20
Guilthwaite	20, 21
Harthill	21
Hellaby	X11
Hesley	X11
Kiveton Park	21
Laughton Common	19, 19a, 20
Laughton-en-le-Morthen	19, 19a, 20
Letwell	20
Lindrick Common	19, 19a

Destination	Service(s)
Listerdale	19, 19a, X11
Maltby	X11
Meadowhall	207
Moorgate	19, 19a, 20, 21, 207, X11
Morthen	19, 19a
North Anston	19, 19a, 20
Rossington	X11
Rotherham Centre	19, 19a, 20, 21, 207
Sheffield Centre	207, X11
Slade Hooton	20
South Anston	19
Swallownest	21
Throapham	19, 19a, 20
Thurcroft	19, 19a, 20
Tickhill	X11
Tinsley	207
Todwick	21
Ulley	20, 21
Wales	21
Wales Bar	21
Waverley	X11
Whiston	19, 19a, 20, 21, 207, X11
Wickersley	19, 19a, X11
Woodsetts	19a, 20
Worksop	19, 19a

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Appendix 3

East Riding: a Clinic on Wheels - the Importance of Outreach Work

In East Riding a mobile sexual health clinic has been established, allowing staff to take services direct to where people are. It forms part of a multi-pronged approach to reach out to local people, especially the young.

17 Mar 2023

From health promotion to a mobile clinic

East Riding's sexual health service has done sexual health promotion outreach work in a variety of settings for many years. A team of support workers has toured schools, colleges, pupil referral units and army bases ever since public health moved into local government.

The team provides advice and raises awareness about the importance of looking after sexual health as well as handing out testing kits, free condoms and pregnancy tests and book appointments remotely. A health promotion bus was also used from time to time to do some mobile outreach work.

When the contract for sexual health services was once again awarded to City Health Care Partnership CIC in 2020 it was decided to build on the outreach model.

A converted Mercedes van was purchased to provide a full-time sexual health clinic on wheels with the support workers upskilled so they could have one-to-ones and discuss concerns during the health promotion visits.

‘The mobile unit has great potential’

Sexual Health Associate Practitioner Tonian Lowe, who leads the outreach work, said: “The mobile unit has given us a much more comprehensive offer for our outreach work. Before we were largely focussed on prevention and awareness. Some of the talks in schools were really hard-hitting and created lots of questions.

“Now we have the mobile unit there it gives pupils more of a chance to go and ask questions, get tested and get contraception. We are doing rolling pop-up clinics in all the colleges and the majority of the sixth forms. We also visit hostels, looked after children’s homes and festivals, LGBTQ+ communities and support young people with a learning disability.”

She said the service is now looking to build on the work that has been done by exploring doing community visits to neighbourhoods with high rates of STIs.

“We have done a pilot one – it was not so popular. At schools and hostels you have a captured audience which was not the case for this. We want to look at how else it could work. At the moment, we are trying to get agreement to offer LARC (long-acting reversible contraception) implants and injections and issue pills – it could be a good way to build an offer that will prove attractive when we do these community visits. The mobile unit has great potential.”

The alternative routes in

But alongside the outreach work Ms Lowe said it was also important to provide alternative routes in for young people. “Getting them to book an appointment in a clinic is not easy. Young people are often anxious or worried about accessing help – I’ve noticed that especially after Covid.

“We have a text service and a virtual clinic on the website as the feedback suggests young people shy away from face-to-face consultations initially. With the texting service the only demographic we receive is their mobile number - they receive a text back immediately stating it has been received and they will be called back. The anonymous part of this is attractive to young people and has been very successful.

“But once we chat to them and have their confidence we then find they are happy to book an appointment. They can do that in a clinic or we can come to their school or home, whatever works for them.”

The service also has a system in place to flag when anyone accessing STI testing online or an appointment has a highlighted safeguarding concern registered against them. They then get a follow-up call.

There is an email service for professionals too, allowing the likes of school nurses, health visitors, midwives and mental health staff to refer directly into the service. “We have worked really hard to reach out to young people in a variety of different ways,” said Ms Lowe.

‘We’re maximising the use of our resources’

Sexual Health Commissioning Lead Isabel Carrick is delighted with how the approach is working, saying it is making a much more cost-effective use of resources.

“We are responding and taking services to where they are needed most – and that is allowing us to make sure we are maximising the use our resources. We share a main hub sexual health clinic with commissioners in Hull and this is open six days a week.

“Being a large rural area, we have also always had spoke clinics in GP centres, community hospitals and other locations. However smaller spoke clinics with limited hours a week were not getting high enough footfall or being open at times when residents needed them.

“The new service model with fewer static clinics and a focus on the mobile clinic is able to provide a much more agile service, reaching out to where there is sexual health need.”

Contact details

isabel.carrick@eastriding.gov.uk (mailto:Isabel.carrick@eastriding.gov.uk)

More case studies about Health

Hinckley and Bosworth Borough Council in partnership with Desford Lawn Tennis Club (/case-studies/hinckley-and-bosworth-borough-council-partnership-desford-lawn-tennis-club)

Living Sport: Adding physical activity into the National Diabetes Prevention Programme in Cambridge (/case-studies/living-sport-adding-physical-activity-national-diabetes-prevention-programme-cambridge)

Community Assessment Days: Bringing care into the community across Leicestershire (/case-studies/community-assessment-days-bringing-care-community-across-leicestershire)

More case studies in this topic (/case-studies?topic%5B5776%5D=5776)

New mobile sexual health van hits the road in Sheffield

23 April 2025

A new mobile van helping people get tested and treated for common sexually transmitted infections, protecting their health and the health of others, is being launched by Sexual Health Sheffield in collaboration with Sheffield City Council, who are also funding the initiative.

The mobile testing unit will be driving out to local communities throughout Sheffield from this month, including to marginalised and vulnerable groups, making it even easier for people across the city to get checked and treated for sexually transmitted infections.

Staff from Sexual Health Sheffield will be available on the mobile clinic every day, from Monday to Friday, to provide routine screening for chlamydia, gonorrhoea, HIV, syphilis and other common sexually transmitted infections.

They will offer free, confidential and non-judgemental information, preventative health advice, and information about other sexual health services available in the city.

Updates on where the mobile health van will be located daily can be found on the Sexual Health Sheffield | Mobile Sexual Health Service web page (https://www.sexualhealthsheffield.nhs.uk/services/mobile-sexual-health-service/) or via the Sexual Health Sheffield's Facebook (https://www.facebook.com/SHSheff/), Instagram, (https://www.instagram.com/sexualhealthsheffield/) or X (https://x.com/SHSheffield)social media accounts.

Left untreated, a sexually transmitted infection can cause pain and severe health complications, including infertility, pelvic inflammatory disease, certain types of cancer, organ failure and pregnancy complications such as miscarriage and ectopic pregnancies.

Shana Jae Newman, Operational Manager for Sheffield Teaching Hospitals NHS Trust, who provide the Sheffield Sexual Health service, said:

"Nearly 1 million people are estimated to be infected daily with a curable sexually transmitted infection, so we are delighted to be launching this new health van for the benefit of people across the city. By taking the clinical outreach van out to communities across the city we will meet people where their needs are whilst also expanding access to care."

The team are also keen to speak to any local agencies and health providers who may be interested in hosting the mobile unit on site, either on a regular basis or as a one-off. If you are interested in this opportunity, please contact the Health Promotion and Outreach Team on 0114 2713553.

Further information on accessing sexual health services in Sheffield is available on the Sheffield Sexual Health website (https://www.sexualhealthsheffield.nhs.uk/).

Press release

Millions of people to benefit from healthcare on their doorstep

Government to roll out first neighbourhood health services in 43 places backed by £10 million.

From: **Department of Health and Social Care (/government/organisations/department-of-health-and-social-care)**, **NHS England (/government/organisations/nhs-england)** and **The Rt Hon Wes Streeting MP (/government/people/wes-streeting)**

Published 9 September 2025

- The services will target working class areas with lowest life expectancy and longest waits - to tackle nation's stark and unjust health inequalities
- Plan for Change sees care shifted from the hospital to the community to deliver an NHS fit for the future

Millions of people in 43 places across the country are set to benefit from improved care closer to home, as the government begins to roll out new neighbourhood health services.

Each of the 43 areas will be allocated a programme lead who will work with existing local services to set up a new neighbourhood health service.

The leads, using general practice as the cornerstone, will draw together a range of professions to develop a neighbourhood health team consisting of community nurses, hospital doctors, social care workers, pharmacists, dentists, optometrists, paramedics, social prescribers, local government organisations and the voluntary sector - giving people easier access to the right care and support on their doorstep.

Neighbourhood health will benefit patients by providing end-to-end care and tailored support, looking beyond the condition at wider causes of health issues, helping to avoid unnecessary trips to hospital, prevent complications and avoid the frustration of being passed around the system.

They will initially focus on supporting people with long-term conditions such as diabetes, arthritis, angina, high blood pressure, MS or epilepsy - in areas with the highest deprivation. As the programme grows, it will expand to support other patients and priority cohorts.

The programme builds on examples of local best practice highlighted in the 10 Year Health Plan (https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future), where some patients are already benefiting from a joined-up neighbourhood approach. This scheme will bring the best of the NHS to the rest of the NHS.

The wave 1 programme is backed by £10 million and will begin on 9 September 2025, with the ambition to scale up more services over the course of the next year. This first wave will cover 43 sites across England, from Cornwall and the Isles of Scilly in the south-west to Sunderland in the north-east, ensuring communities nationwide can benefit from these new services.

Health and Social Care Secretary Wes Streeting said:

> “We are building an NHS fit for the future, one that fits around people’s lives and is an integral part of their community.
>
> “Neighbourhood health services fundamentally reimagine how the NHS works - bringing care closer to home while helping to tackle this nation’s shameful health inequalities.
>
> “Through our Plan for Change, we will stop people from being bounced around a broken system as we get the health service back on its feet.”

Here are 2 scenarios to demonstrate how neighbourhood health will work - to detail the pathway and care that people will receive:

Frank, who has chronic obstructive pulmonary disease, heart failure and diabetes, was trapped in cycles of hospital admissions and specialist appointments with different clinicians who did not know his case.

Following the implementation of the neighbourhood health service, Frank now has a co-ordinated care plan managed by his neighbourhood team. He uses the NHS App to share regular health readings and receives proactive medication adjustments. When his condition deteriorated recently, he received IV antibiotics at a local day unit rather than being admitted to hospital. His diabetes management has improved through health coaching linked to leisure centre activities.

Similarly, Veena, struggling with poor housing, mental health issues and concerns about her baby, relied on A&E for all her healthcare needs due to lack of co-ordinated support.

Veena now has direct access to same-day GP appointments through her neighbourhood team contact. When her GP needed specialist input for her baby, a paediatrician working with the team provided immediate consultation and agreed a monitoring plan. The team has also addressed her housing issues and connected her with local support groups, rebuilding her confidence and self-esteem.

Neighbourhood health will redesign and join up existing health and care services - which currently can be fractured and a maze of referrals for patients. GP leaders will be pivotal in shaping and delivering these new services and will be supported to deliver it with 2 new contracts from 2026. These will enable them to work over larger areas to deliver neighbourhood health services to the community.

Under the new voluntary neighbourhood health contracts, GPs can choose to be part of either a single neighbourhood or multi-neighbourhood provider. A single-neighbourhood provider will deliver enhanced services for around 50,000 people - while a multi-neighbourhood provider will serve around 250,000 people.

The 43 wave 1 sites have been selected as pioneer areas for neighbourhood health services. They will eventually bring health and care services such as diagnostics, mental health, outpatients, post-op, rehab, nursing and social care closer to home.

The services will put people at their heart and connect with local communities, particularly those who face barriers in accessing traditional services.

The move will bring together leaders from across local healthcare, the voluntary sector and the wider community to design services around

communities, not organisations.

Data shows that:

- in London, in its first year, a community health scheme lowered A&E admissions by 7% and hospital admissions by 10%
- in Cornwall, an initiative lowered unplanned GP appointments by 7%, increased the likelihood of vaccination by 47%, and cancer screening and NHS health checks by 82%.

Ruth Rankine, primary care director and neighbourhood lead at the NHS Confederation, said:

> “This welcome announcement marks the start of a major and very important shift in how care is delivered, and we are delighted to see so many of our members as part of the first wave.
>
> “This programme provides a vital opportunity to build on the strengths of local partnerships, community assets and frontline innovation, and we look forward to supporting systems and neighbourhoods in sharing learning, scaling best practice, and ensuring that improvements are inclusive, sustainable and driven by the voices of local people.”

Daniel Elkeles, Chief Executive, NHS Providers, said:

> “It’s really positive that communities across England have been chosen to lead the way on neighbourhood health services. This is a pivotal moment as the NHS nationally embraces what the NHS locally has already started - transforming services to provide tailored healthcare to the people who need it most in their homes and local communities.
>
> “With the right funding the NHS and local partners will extend neighbourhood services even further, shifting care from hospitals to the community to deliver an NHS fit for the future.”

Rachel Power, Chief Executive of the Patients Association, said:

> “Tackling health inequalities through the locations of the first neighbourhood health services is a strategic opportunity to address the unjust experience many patients have of the health system because of where they live. Locating services in more convenient places for patients can mean earlier support, quicker diagnosis and fewer barriers to accessing vital treatment.
>
> “We call these sites to begin by committing to genuine patient partnership by ensuring communities have meaningful roles in the design and delivery of services they are placed to serve, listening to local voices and shaping services around people’s real needs. Only by

working hand in hand with patients can these centres start to reduce inequalities and deliver lasting improvements in care.”

Jacob Lant, Chief Executive of National Voices, said:

“Shifting care into neighbourhoods is the right ambition. People in communities with the most pressing health challenges need services designed with them, not done to them. We welcome the roll-out of neighbourhood health services and their focus on prevention, wrap-around support and care plans that reflect people’s lives.

“To succeed, the NHS must work as an equal partner with local voluntary community and social enterprise (VCSE) organisations and embed co-production from the outset, so the model removes barriers to access and improves everyday experience. Let’s judge success by what people say and feel as well as clinical outcomes - that’s how we’ll build a fairer, future-fit NHS.”

Vic Rayner, CEO of the National Care Forum, said:

“It is crystal clear that this fundamental shift from acute to community services can only be achieved with social care at its heart. The skills and expertise of care workers and those working in the VCSE sector will be paramount in the ensuring that health and care is viewed through the lens of the person. For these pilots to support a meaningful widespread transformation, it must lay the foundations for how to commission, fund and develop the strategic partnerships that will shape the neighbourhoods of the future.”

Neighbourhood health service sites

The 43 wave 1 sites are:

- South and West Hertfordshire (Dacorum and Hertsmere)
- North East Essex
- Ipswich and East Suffolk
- Barking and Dagenham
- Hillingdon
- Lambeth and Southwark
- Croydon
- Walsall
- Coventry
- Shropshire

- Leicestershire (West)
- Nottingham City
- North East Lincolnshire
- Stockton
- Rotherham
- Bradford and Craven (Bradford South, Keighley and Airedale)
- Sefton
- Rochdale
- Blackburn and Darwen
- East Berkshire and Slough
- Portsmouth
- East Kent
- East Surrey (Surrey Downs)
- Bristol (South Bristol)
- Cornwall and the Isles Of Scilly
- Dorset Place (Weymouth)
- West Essex
- West Suffolk
- Kensington, Chelsea and Westminster
- East Birmingham
- Solihull
- Herefordshire
- Sunderland
- Doncaster
- Wakefield
- Leeds (Hatch, South, East)
- St Helens
- Stockport
- Buckinghamshire (North, High Wycombe, Marlow Beaconsfield)
- East Sussex (Hastings and Rother)
- Woodspring
- Morecambe Bay
- Fenland, Peterborough and East, Peterborough

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What lies behind the rise of the contraception app?

8 April 2023

GETTY IMAGES

The NHS said the natural fertility awareness method, if followed consistently and correctly, could be up to 99% effective

Amy Phipps

BBC News

The contraceptive pill was celebrated for the control and freedom it gave women when it first became available in the 1960s. Since then, most women in the UK have used hormone contraception at some stage of their lives. So why are some now turning to technology instead?

Montana Brown - known for her appearance on the ITV show Love Island - recently announced she was pregnant, two years after coming off hormone contraception.

In a post on her Instagram page, the influencer said she had been tracking her cycle naturally, a form of contraception **called the natural fertility awareness method**.

"It's taught me so much about my cycle that when the time came to make the switch and plan for a baby, I felt so in tune with my body," she wrote.

The post was part of a paid advert with Natural Cycles - an app established in 2013 that now has 2.5 million registered users.

In 2018 Natural Cycles became the first birth control app to be cleared by the **US Food and Drug Administration.**

Its makers said it used an algorithm to determine a woman's fertility status based on body temperature and has claimed a 93% success rate - **the same as the contraceptive pill in normal use**.

The **idea behind fertility apps is that they offer an alternative to traditional forms of contraception**, and they work by highlighting the days when they calculate that pregnancy is most likely to occur. These depend on an individual's menstrual cycle.

However, there have been complaints about Natural Cycles **from women who say they became pregnant while using it**.

A Natural Cycles spokesperson said: "As with any contraceptive, it's important the product is used correctly to maximise effectiveness - as no method is 100% effective in preventing pregnancy, even when used perfectly."

She added the app's effectiveness was "higher than most fertility awareness methods".

- **Are women turning their back on the pill?**
- **Do pregnancy prevention apps work?**
- **Can I trust fertility apps?**

The NHS stresses that condoms are the only type of contraception that can both prevent pregnancy and protect against sexually transmitted infections (STIs).

In 2018, **a Facebook advert for the app was banned by the UK's Advertising Standards Authority**, with claims that it was "highly accurate" and "provided a clinically tested alternative to other birth control methods" found to be misleading.

Despite this, the app claims to have hundreds of thousands of users in the UK, while other fertility tracking apps - like Flo and Clue - also claim to have millions of users worldwide.

So what is behind the rise of technology contraception?

'There's a risk in everything'

April has spent the last 10 years tracking her body temperature for contraception

April Inskip, from Leicestershire, has been using the natural fertility awareness method for almost a decade.

Over the course of eight years she tried different hormonal contraceptives before deciding they were not right for her.

"As I got older I realised it simply wasn't worth the toll [the pill] took on my body.

"I felt lethargic, moody, my skin frequently broke out randomly and I didn't want to mess any further with my hormones," she said.

April takes her basal body temperature first thing in the morning and records her reading in an app on her phone.

Her daily readings are plotted on to a virtual chart that allows her to see the relevant peaks or dips throughout her cycle.

"I prefer to see the whole chart rather than have an app take the information and interpret it for you," she said.

"I am very confident in reading my body and comfortable with this method."

April said that if she did fall pregnant she would not feel any different to how she would feel if she was on another form on contraception and it failed.

"I wouldn't blame the method, as there is a risk in everything," she said.

"If you have any doubts and are charting to avoid pregnancy then you just use a barrier method as back-up. That being said, even condoms aren't 100% effective."

According to the NHS, minor side effects of the pill can include mood swings, nausea, breast tenderness and headaches.

It said there was a very low risk of serious side effects, such as blood clots and cervical cancer.

'It has helped me understand my body'

Helen said it took two years for her periods to return after coming off the mini pill

Helen, from Nottinghamshire, has been following the natural fertility awareness method since stopping hormone contraception three years ago at the age of 30.

She said she had taken the mini pill for several years but felt it was affecting her mood.

"It gave me the idea to try coming off hormonal contraceptives altogether to see if there was any change," she said.

"I felt so much better in myself; however it did take two years for my periods to return."

Helen, now 33, said she does not plan to have children in the near future but believed she was "mature enough and financially stable enough" to cope if she did become pregnant.

She said: "I am so glad that I stopped taking hormonal contraception before I actively wanted children, as I was not equipped with the knowledge that it might take so long for my body to return to normal."

She tracks her cycle with the help of an app on her phone.

"I've learned more about my cycle and my body from this app," she said.

"It has helped me understand the changes to expect in my body over the month: what is normal, what is potentially abnormal."

'I listen to my body'

Laura said she felt a lot more comfortable using the natural fertility awareness method

Laura, from Derbyshire, said she was avoiding returning to hormone contraception until she had finished growing her family.

She gave birth to her first child in 2021 - later than she had been planning.

"It took us nearly a year and a half to actually conceive, which I do believe is partially due to the amount of time I was on the pill for," she said.

Laura, 33, had been on the combined pill from the age of 17 to 29.

She had a six-month break when she was 21 and during that time her period did not return.

"At the time I was so young, I wasn't really thinking about children so I really didn't think about the impact the pill was having on my body," she said.

Laura said she was not planning to get pregnant again for a while and was following the natural fertility awareness method to control this.

She also used an app on her phone to help but did not depend entirely on technology.

"I listen to my body a lot more and, as long as you're tracking where you are in your cycle, you should be able to figure out what stage you're at," she said.

"I'm a lot more comfortable than I ever have been on any medication.

"I do feel a lot more in tune with my body now than I ever have been."

Laura said if this method failed and she did get pregnant sooner that she wanted to, it would not be an unwanted pregnancy.

"Whilst we're not quite ready for baby number two, children are a blessing so we would be happy that we've been able to conceive again," she said.

The NHS said it could take a while for women's periods to come back after they stopped taking the pill and, when they did return, they could be irregular.

This was because the pill contains hormones that stop ovulation each month.

It said women should allow up to three months for their natural menstrual cycle to fully re-establish itself.

"It's unlikely the time you've been on the pill will cause infertility," **NHS advice says**.

"You might be able to conceive immediately after you stop taking it.

"However, while the pill does not cause fertility problems, it can mask underlying problems you may already have, such as irregular periods."

'Not suitable for everyone'

Annabel Sowemimo said the natural fertility awareness method was not suitable for everyone

According to the NHS, the natural fertility awareness method involves identifying the signs and symptoms of fertility during the menstrual cycle.

These include the length of the cycle, daily body temperature readings and changes to cervical secretions.

It said if followed consistently and correctly, it could be up to 99% effective.

However, Annabel Sowemimo, a doctor from the Leicester Sexual Health NHS service, said it was not suitable for everyone.

"If your lifestyle isn't stable, if you're not in the same place and you're not going to have access to your calendar, your thermometer, if your sleep pattern is irregular, all of these things can make it difficult and reduce the reliability of the method," she said.

Dr Sowemimo said it would also not be recommended to women with irregular cycles, polycystic ovary syndrome (PCOS), or women that were postpartum.

GETTY IMAGES

Dr Annabel Sowemimo said evidence did not support the view that long-term use of hormone contraception could cause infertility

Dr Sowemimo said she had other concerns about technology being used for the natural fertility awareness method.

"The issue with some of the apps that we see, they're subscription based, so they are a full-profit method of contraception," she said.

"They have the benefit of inflating or making it seem more effective than it is.

"Some of the developments we see also, they have real potential, but they are going to market far too soon before they have a reliable evidence base.

"That's because there's a lot of pressure from investors."

Dr Sowemimo said social media had played a role in influencing some women not to use hormone contraception.

"With the rise of TikTok, people are sharing information that is making people a bit more wary of contraception side effects so it is a trend that is very clear," she said.

She said the suggestion that long-term use of hormone contraception could cause infertility was not correct.

"People are fearful, particularly because we are having kids later and later," she said.

"The bigger impact is likely people's dwindling fertility in your late-to-mid 30s, rather than the impact of contraception on your fertility."

New app helping young people get free condoms

Young people can also get advice about sexual health

8 August 2024

A council is providing an app for young people to help them find places where they can get free condoms and find more information about sexual health.

Wiltshire Council is working with Provide Digital to launch the eC-Card app in the county.

It is an addition to the No Worries service in Wiltshire, which offers 13 - 24 year olds advice and support around sexual health.

Young people do not need to be registered with a specific GP practice for an appointment.

Kate Blackburn, Director for Public Health for Wiltshire, said: "Empowering young people to have a respectful approach and positive outlook to sexuality and sexual relationships is an important part of personal development."

She said it is a "discreet" and confidential service and a safe space to ask questions.

No Worries - which was recently re-commissioned with extra providers in Wiltshire - also offers emergency contraception, pregnancy testing and chlamydia self-testing kits.

Wiltshire Council now wants to get more places such as colleges, schools and libraries signed up to distribute condoms.

OnlyFans, porn, and the fall in teen condom use

Sarah Peart says the healthy relationship service at YMCA Cardiff can help to address some of the gaps in knowledge for young people

Jenny Rees

Health correspondent, BBC Wales News

30 December 2024

Updated 31 December 2024

Could the influence of pornography, OnlyFans and so-called "natural family planning" techniques explain the drop in teenagers' use of condoms?

YMCA sexual health educator Sarah Peart said some boys were not willing to use them "because they're not seeing that in pornography".

She said young girls were often "targeted on social media" by those endorsing hormone-free, period-tracking apps to avoid unwanted pregnancies.

Young people have also said that controversial OnlyFans adult content creators set poor examples, who made headlines after bragging of having sex with several young men in a day.

Footage also emerged of one OnlyFans creator saying she had not used condoms during oral sex, putting her at risk of HIV.

"We've had multiple young people say "natural family planning" is their main form of contraception," said Ms Peart, adding that the lack of positive role models and influencers was a challenge for those providing sex education.

The YMCA sessions at schools, colleges and youth services attempt to inform, bust myths, discuss healthy relationships, but also hammer home the message that pregnancy is not the only risk.

"It's such a difficult barrier convincing young people that birth control isn't enough, and that you do need to protect yourself from STIs (sexually transmitted infections)."

She added they would also explain that "natural family planning" was not always reliable, "especially at that age when maybe periods aren't regular and young people don't tend to be the most strict with keeping notes".

"Our sessions also cover pornography and OnlyFans does sometimes come up as a strand of that.

"We try to educate young people to make their own healthy choices - and hopefully that includes not opening an OnlyFans account, but we can only provide the education."

Mason Down (left) and Dylan Steggles, both 18, say embarrassment around the topic is still a real factor for many young people

When BBC Wales asked young people for their thoughts, while many were too uncomfortable to speak publicly, most said buying condoms was seen as too embarrassing.

Liz Vieira, 20, from Llandysul, Ceredigion, said the decline in use of condoms - reported by the **World Health Organization** - did not surprise her given the prominence of adult content creators and their attitudes towards risk.

"I guess it's up to them, but as long as it's not meaning women in relationships are having a hard time. Because it sends a message it's OK to use women as you please. I don't think that's a good thing," she said.

Mason Down and Dylan Steggles, from Cardiff, said sex education in school was also limited.

"We only had two days of it at school," said 18-year-old Dylan. "And that was only an hour or two each time."

"There's more of that content online now [porn] so you can easily access it at a young age, which might influence how young people feel about condoms," said Mason.

The sessions delivered by YMCA for young people include information on the C-Card scheme, which is a supported service across the UK, providing training on sexual health awareness, as well as free condoms, lubrication and dental dams.

"Condoms are really expensive, so it's a fantastic service to make them accessible, but also acceptable, and not some weird, dark hidden corner of the pub toilets," said Ms Peart.

She is aware of fears the scheme could be seen as encouraging under-age sex but said research suggested more information at a younger age was likely to delay that.

"We try and persuade them to wait until they're at least 16. But if they are going to, then we can make sure they can do it in a safe way."

Ellie Whelan (left) and Megan Grimley say they couldn't remember sex education at school

The World Health Organization recently reported that 56% of 15-year-old girls in Wales, and 49% of boys, had not used a condom the last time they had sex.

It comes amid a rise in STIs in the past year: 22% in chlamydia, 127% in gonorrhoea, and 14% in syphilis.

Ellie Whelan and Megan Grimley, both 21, from Cardiff, said the move away from condoms surprised them given more of their peers had turned away from the pill or coil as forms of contraception.

Use of **long-acting, reversible contraception** - such as an intra-uterine device (IUD) or hormonal implant - has fallen 22% in the last five years, with terminations up by a third.

"I think it's a lot to do with false information or bad experiences - or people are too scared to get information and talk about it," said Megan.

How do I know if I have an STI?

Testing is the best way to find out if you have a sexually transmitted infection.

The Sexual Health Wales service offers a free test kit for over-16s which can be sent and returned by post or collected from community venues.

Sexual health clinics across Wales also provide testing and support.

Infections can take several weeks after contact to show up in a test.

HIV takes seven weeks to be detected, hepatitis C and B can take 12 weeks or more, and chlamydia and gonorrhoea can show up within a fortnight.

But it is not solely an issue for young adults. Ms Peart said the YMCA sessions explain the range of contraception available, but at the back of most classrooms is a teacher also taking notes, as the gap in STI knowledge in particular is on "a national, societal level".

It is also reflected in the rise in sexually transmitted infections in the over-40s, according to Public Health Wales's Zoe Couzens, as people enter new relationships after divorce or bereavement.

"And I'm not putting an upper age on that – we've had a 72-year-old with chlamydia," she said.

"It's about ensuring the message goes out across all age groups.

"But the issue for the women especially is that pregnancy is not the concern they have any more, so they're not going to take the precautions. So that's another group that needs to be educated."

Arguably the rise in cases is a result of increased testing, as the free **"test and post"** service by Public Health Wales has made that far more accessible.

"Chlamydia is the most common [STI] in Wales, followed by gonorrhoea - and while it's all treatable with antibiotics, gonorrhoea is a nasty little bug that is developing resistance to antibiotics.

"Twenty years ago we had two cases of syphilis in Wales - last year it was 507.

"It tends to be a silent infection, but it can develop into neuro syphilis and cause cardiac problems."

Given other STIs can cause infertility, pain and pelvic inflammatory disease, the notion they are easily remedied is one many professionals wish to tackle.

How do you get a sexually transmitted infection?

- **Chlamydia** is passed on through unprotected oral, vaginal or anal sex, sharing sex toys, or genital-to-genital contact
- **Gonorrhoea** can be spread through oral, vaginal or anal sex without a condom, or the sharing of sex toys

- **HIV** is passed in infected body fluids such as semen, vaginal or rectal secretions, blood and breast milk, and the most common way to pass it on is through sex without a condom or sharing drug equipment
- **Syphilis** is transmitted during unprotected oral, vaginal or anal sex, or through sharing sex toys, and it is also possible to pass on from mother to baby
- **Herpes** is highly contagious and is passed by skin-to-skin contact like vaginal, anal or oral sex, sharing sex toys, or oral sex with someone who has a cold sore
- **Genital warts** is shared by skin-to-skin contact, including vaginal or anal sex and by sharing sex toys.

What are the symptoms of an STI?

Chlamydia: often described as a silent infection as most people do not have obvious signs. Symptoms can include pain when urinating, unusual discharge from the vagina, penis or rectum. Women may get pain in the tummy, bleeding during or after sex and in between periods, while men can have pain and swelling in the testicles.

Gonorrhoea: some people have no symptoms, but those who do may have a yellow or green discharge; a burning sensation when they wee and pain or tenderness in the stomach.

Syphilis: many people won't have symptoms. But for those that do, it will start with a small, painless ulcer in the mouth or genitals, followed by a rash. If left untreated, the infection can result in visual impairment, dementia and death. In pregnancy it can also lead to miscarriages, still births and infant mortality.

Herpes: again, some people have no symptoms, but they can include small blisters that burst to leave red, open sores around the genitals, rectum, thighs and buttocks. Blisters and ulcers can also be on the cervix; it can cause vaginal discharge, pain when having a wee, as well as general flu-like symptoms.

Genital warts: in women they start as small, gritty-feeling lumps that become larger. In men the warts will feel firm and raised, with a rough surface. They can be single warts or grow in clusters.

Fears misinformation behind drop in contraception

Lily, 25, says she was left to her own devices trying to figure out the side effects of the pill when she was 17

Sophie Bott

27 November 2024

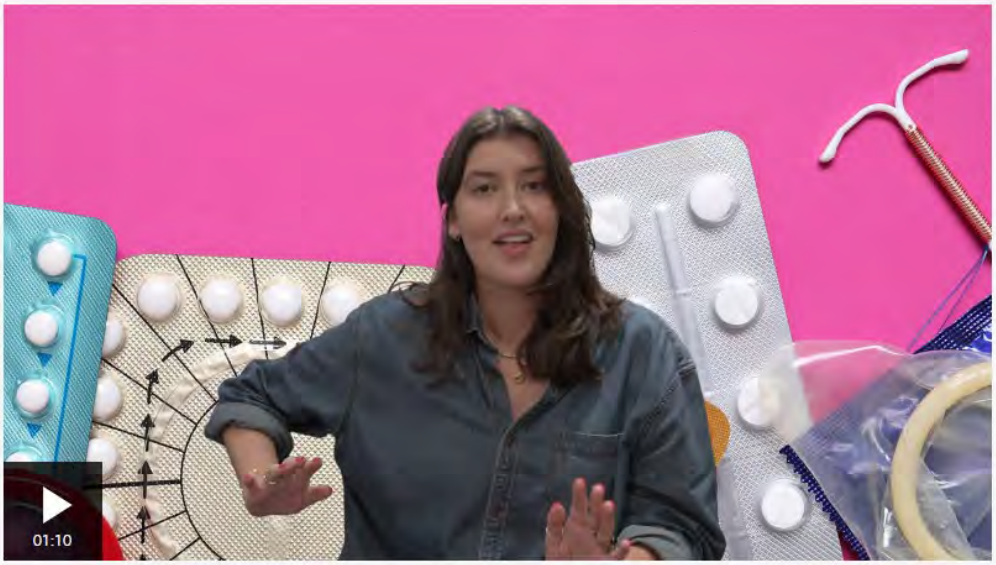
Updated 28 November 2024

Misinformation online could be part of the reason fewer women are taking long-term contraception, experts have said.

Sexual health clinics and GPs in Wales have seen the uptake for the **combined pill** drop from 8,531 in 2019 to 2,233 in 2023, while Public Health Wales data shows **abortions were the highest on record in 2022**.

Wales' lead for women's health said apps such as TikTok and Instagram could be part of the drop in women taking the pill or having **implants**, **patches** and **hormonal coils**.

TikTok said that users are permitted to share their own stories or experiences about medical treatment as long as it does not contain harmful misinformation.



What are the most common myths about contraception?

Lily Lesh, 25, from Cardiff, said she had never had the implant after being "scared off by the horror stories".

Women sharing their experiences with hormonal contraception has become more popular on TikTok and Instagram.

There are more than 27,000 posts on TikTok using the hashtag #contraception.

In these videos, women tend to discuss their own encounters with side effects such as acne, mood swings and changes in their weight.

The scientist working on male contraceptive pill

30 December 2023 ›

Don't ditch condoms, sexual health experts say

28 September 2023 ›

Doctors warn about social media link to abortion rise

6 September 2023 ›

Dr Helen Munro, clinical lead of the Women's Health Network for Wales, said women wanted to know what was going into their bodies.

She added thousands of women in the UK used the pill for many reasons, including managing symptoms of conditions such as endometriosis.

"It's not just for prevention of pregnancy and it is helping them to be able to live a complete life," she said.

However, she added, "a lot of the information they're getting is coming from social media and perhaps places where there isn't evidence to inform them correctly".

Lily said she did not have all the side effects of the pill explained to her before being prescribed it when she was 17.

She said: "I was just given this box with this massive thick leaflet in it. I had to go and do my own research."

Lily found out what she needed "through my peers and other people on social media" and found people's stories "really helpful to me as a young person" but acknowledged social media could highlight more extreme cases of side effects.

"Sometimes it can be easy to get scared off by the horror stories," said Lily.

"I've never gotten the implant because the stories have completely put me off, but then I've spoken to friends and they've had really good experiences - so it really depends."

She added social media could be helpful for understanding other people's lived experiences.

Emily Solman is a Welsh content creator with more than 250,000 followers

Emily Solman hosts a podcast with her best friend, covering everything from "relationships to menstrual cycles, hormones and having babies".

She spoke about her contraception choices on the podcast and Instagram after going more than a year without having a period.

This led to her Instagram being "flooded" with questions about hormones and contraception, from her thoughts on it, to the best ones or if others should use it at all.

"Basically all the questions that you would stereotypically ask your doctor. I am not a doctor. I specialise in nutrition, not contraception options.

"We're all different, we all have different bodies, we all have different hormone levels and what if what works for your favourite influencers hormones doesn't quite work for yours?"

Dr Helen Munro says women are now asking more questions than ever about contraception choices

Dr Munro said people getting their information from social media "could be coming to incorrect decisions around contraception".

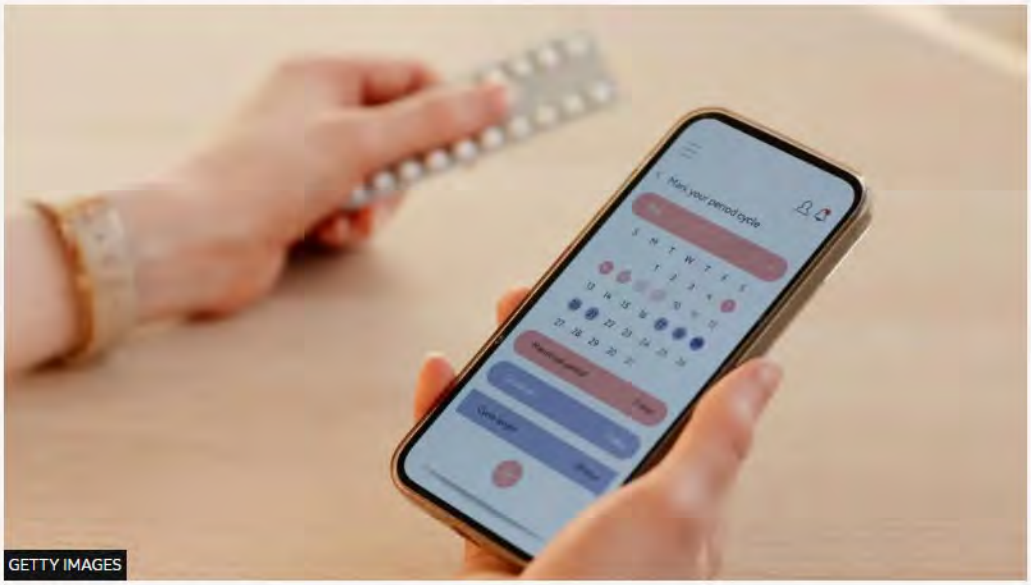
She added there was a need for sexual health experts to make evidence-based information "more accessible and I think healthcare professionals and health organisations are waking up to that".

This included sharing more good experiences about different contraception on social media.

The Welsh government urged people to use verified sources such as **Sexual Health Wales Online** to help them inform their decisions.

It said it had "strengthened access to sexual and reproductive services by providing services online as well as through GPs, pharmacies, and sexual health clinics".

Women seeking abortions after using 'natural' contraception



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Michelle Roberts
Digital health editor, BBC News

14 January 2025

There has been a rise in the proportion of women seeking abortions despite using "natural" methods to prevent pregnancy, like fertility tracking apps, a study in England and Wales suggests.

The data, published in **BMJ Sexual and Reproductive Health**, shows a "shift" in contraception use in the last five years, from "more reliable" hormonal contraceptives such as the pill, to "fertility awareness-based methods", say researchers.

Hormonal methods, including the mini pill, fell from 19% in 2018 to 11% in 2023 among tens of thousands of women.

Use of natural methods, meanwhile, increased from 0.4% to 2.5% - still a minority but a significant rise that "needs investigating", say experts.

- **What lies behind the rise of the contraception app?**
- **Period trackers 'coercing' women into sharing risky information**

Fertility apps help track fertile days so a woman can know when she would be most likely to get pregnant each month or menstrual cycle.

They rely on measurements like body temperature to predict ovulation (when an egg is released from the ovary).

Companies say they can be as much as 93% reliable when used correctly.

However, they require people to take readings and control when they have sex, avoiding intercourse on days when the app tells them that they may be fertile.

The NHS says if you do not follow the instructions exactly, the method is only 76% effective. This means 24 in 100 women will get pregnant when tracking their fertility for a year.

In comparison, the pill and the mini pill are 91% effective with "typical use" and 99% effective with "perfect" use.

Hormonal coils or implants, which do not rely on the user remembering to take them, are 99% effective.

For the study, researchers from NHS Forth Valley and the University of Edinburgh compared data from the British Pregnancy Advisory Service for the periods January to June 2018 (33,495 women) and January to June 2023 (55,055 women) to see if contraceptive use changed.

As well as the shift to natural methods, more women reported using no contraceptive at all in 2023 - 70% compared to 56% in 2018.

It is impossible to say what is driving the trends, but difficulty accessing sexual health services during the Covid pandemic may be a factor, say the study authors.

Lead researcher Dr Rosie McNee told the BBC: "Something that really needs scrutiny is the surge in the use of ehealth, including fertility apps and period trackers.

"The market has exploded. There are hundreds of them and some are more reliable than others. Plus you don't need a prescription, and so you may not get all the information you need."

She said some tracking apps are designed to track periods rather than fertility or family planning.

Abortion provider MSI Reproductive Choices UK told the BBC it too has seen more women using fertility awareness methods.

Tanya Lane, contraception lead, explained: "This could be a result of the rise in popularity of social media platforms like TikTok, which has seen more people sharing their experiences...and content creators doing paid partnerships with brands of fertility awareness methods that might be influencing people to choose this option.

Long waits for appointments at GP surgeries and sexual health clinics could also be a factor.

"People are waiting months for appointments in some areas of the UK, especially for long-acting methods like the coil and implant."

She said that any woman thinking of switching to fertility tracking should speak to a medical professional.

Dr Melanie Davis-Hall, Medical Director at women's health review platform The Lowdown, said: "The key here is to reduce the spread of misinformation and the use of apps and methods that are not approved fertility awareness methods so people know they are equivalent to not using contraception. Then we need to address why people are ditching hormonal and non hormonal contraception and the role the spread of misinformation plays in this."

Paula Baraitser, medical director of the NHS-partnered free sexual health service provider SH:24, said there could be many reasons why women are switching, including concerns about future fertility and possible side effects.

The risks can range from mild side effects to rare but potentially serious complications.

She told the BBC: "Many people will use contraception for 30 years of their lives.

"People's experience of hormonal contraception is highly variable and ultimately we need a larger choice of methods to enable people to find one that suits them.

"There have been few new methods of contraception in the last 50 years, reflecting a lack of investment in research in this area."

The sexual health charity Brook said many women use hormonal contraception not simply to prevent pregnancy, but to manage their menstrual health, to make periods lighter and more predictable.

"These benefits need to be part of the wider conversation about hormones," said spokeswoman Lisa Hallgarten.

'Pregnancy is a risk I'm willing to take': Why some women are ditching the pill

Some women are ditching pills and coils for fertility apps

Michelle Roberts, Digital health editor, BBC News and **Rozina Sini**, BBC News

18 January 2025

When the BBC reported a shift in contraception use from "hormonal" products like the pill to "natural" fertility tracking apps among some women seeking abortions, many other women got in touch sharing their experiences.

Their stories reveal how difficult it can be to find birth control that fits your lifestyle and has acceptable side effects.

There are pros and cons with all types, health experts advise.

A method that suited you when you were 18 might not when you are 28, 38 or 48, says Paula Baraitser, medical director of the NHS-partnered free sexual health service provider SH:24.

Fertility tracking apps are a relatively new option that some people are using.

They use measurements like body temperature to predict ovulation so the user knows when she would be most likely to get pregnant each month or menstrual cycle and can avoid sex or use a condom on those days.

Trial and error

Dr Baraitser says some of the patients she sees have switched to the apps after struggling on hormonal treatments like the pill.

"Taking hormones changes your body and people are very individual in their responses, positive and negative.

"For example, oestrogen often reduces acne and combined hormonal methods, like the combined pill, patch or ring, help control your bleeding.

"On the other hand people might experience mood changes or changes to their libido."

She says it can be a process of trial and error, switching between methods until you find something that suits you.

Condoms are the only type of contraception that can both prevent pregnancy and protect against most sexually transmitted infections.

GETTY IMAGES

The BBC heard from women about their experiences, none of them are identified or pictured in this article to protect their anonymity.

Georgia, is 25 and from Bristol. She has been using a fertility tracking app for the last seven months.

She says her mental wellbeing improved massively when she came off the pill, which she had been taking for around a decade.

Georgia is aware that, unless used carefully, there is the risk of unwanted pregnancy but says "it's a risk I'm willing to take to let my body be how it should be".

"[On the pill] I struggled a lot with my moods, I felt completely out of control. After I decided to come off the pill I did notice a massive difference in my ability to regulate emotions, how I'm feeling about life and about myself.

"I looked at the copper IUD but the heavy bleeding put me off. I already get heavy periods so going onto something that could make them worse felt wrong.

"I was conscious that for a long time I had been altering my body's hormones. It bothered me a lot and I didn't want to continue to do that.

"I'm a personal trainer and work a lot with women. It's extremely frustrating the research is so dated.

"If you go to the GP, a doctor might say 'try this'. But for you to know if a contraceptive is working for your body, you sometimes have to wait months.

"It's come to the point now where [using a tracking app] is a risk I'm willing to take to let my body be how it should be."

'Stakes too high'

Emily, who is 39 and from Glasgow, had an abortion in 2021 after finding out she was pregnant while using a tracking app as contraception.

In 2018 she came off the pill which she'd been on since the age of 17, initially to control acne.

"My mood was low, I was putting weight on and I couldn't lose it. I was experiencing symptoms like low libido. I gave it a break and as soon as I came off it I felt infinitely better," Emily said.

Looking for a non-hormonal alternative and wanting to avoid the experience of having a coil fitted, she chose to use the menstrual cycle tracking feature on her iPhone Health app.

In 2021 she found out she was two months pregnant with her then partner of four months - who is now her husband.

Emily said: "I got a urine infection which kicked my cycle out of sync a little bit. Before I knew it a couple of months passed and I'd not had a period. I felt really unwell one day and thought either this is Covid, or I'm pregnant. I went home and took a test for both. The pregnancy test came back positive.

She says her partner, now husband, was amazing.

"We spoke about it and read lots of resources online. We barely knew each other at the time and didn't live together so we decided we couldn't go ahead and have a child."

Following the termination, she decided to try a different contraceptive.

"[With tracking apps] I know your cycle needs to be really regular and really consistent. I didn't want to gamble that risk again," she said.

She opted for the the non-hormonal copper coil.

"I've always had lower back pain but, since the coil, on my periods that is now worse. And I now get pain during ovulation. It's not ideal, but it is what it is.

"It enrages me that in this day and age there's so much medical research in other areas, but then we have a contraceptive pill over 50 years old and this barbaric coil insertion procedure."

'Better choices for women'

Freya, who is 26, came off hormonal contraception in an attempt to see if it might help her mental health.

"I had been on it since I was 15 or so, so I didn't really 'know myself' without it.

"I opted to use condoms during the times when the app said I would be at risk of pregnancy.

"I ended up pregnant within three months and opted for an abortion which I found extremely distressing mentally and physically.

"The fact I'd been using the app instead of my normal contraception made me feel as though I couldn't tell anyone."

She says the experience has put her off using natural contraception again because "the stakes feel too high."

Alice, is 41 and from Farnborough. She had side effects while on the pill, including low libido, weight gain, mood swings and bleeding.

"I now have a daughter and I feel sad about her future.

"Why do women and girls have to bear the responsibility of not getting pregnant.

"Immediately after giving birth you are asked what kind of contraception do you want.

"Luckily my husband is fine with condoms... and now I use a fertility app to just track my period but I don't rely on it."

For people interested in fertility tracker apps, there are some things to consider:

- There are lots of apps but **only one licensed fertility app for contraceptive use** in the UK
- Period trackers are not the same and have not been designed to predict when you ovulate or might be fertile
- If your menstrual cycles are not the same length every month the days of your cycle when you are fertile might change
- If you have a very irregular cycle then apps may find it more difficult to predict your fertility

- You must follow the app instructions correctly for it to be as reliable as possible
- If you are monitoring body temperature then how you do it is important

Dr Baraitser explained: "After ovulation your temperature goes up - but by a very small amount.

"To pick up a difference this small, you have to measure your temperature whenever the app tells you to, often daily, and you need to do this before you have got out of bed in the morning and before you have eaten or have had anything to drink. If you have a busy life, if you work nights, if you have young children this may be hard to do."

New technologies that monitor temperature continuously - such as wrist temperature measured by a smart watch - may help with this, she said.

The app can only tell you when to have sex and when not to. It's up to you to remember and act on the advice.

Anatole Menon-Johansson is clinical director at Brook which has sexual health clinics around the UK. He said weighing the chance of having an unintended pregnancy was important to consider.

He advised: "Find a provider that will listen to you and allow you to explore and experiment with contraceptive methods.

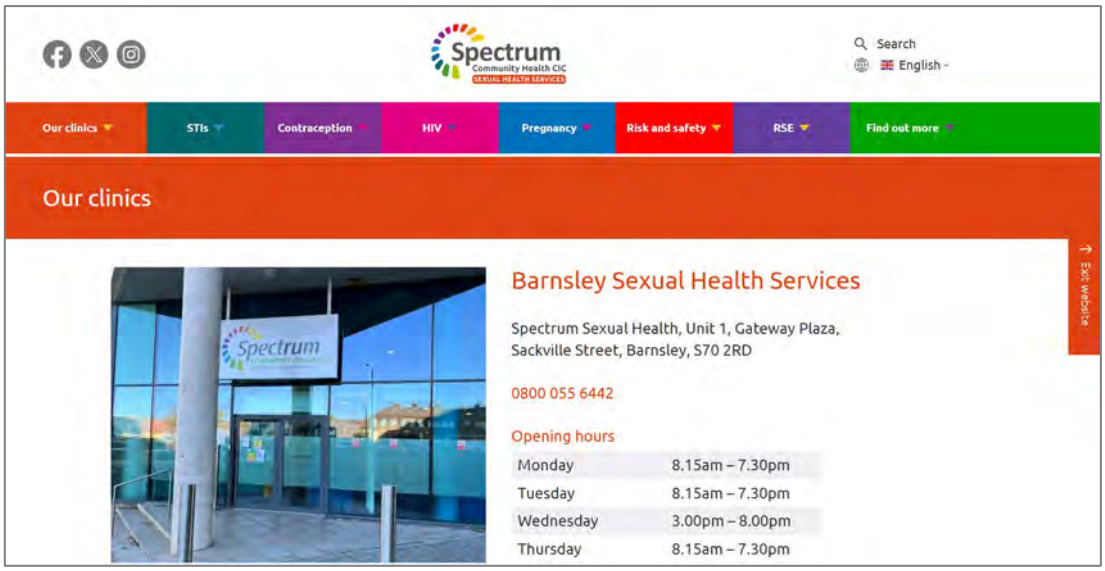
"It will sometimes take a few attempts to find the best one for you."

Companies say apps can be as much as 93% reliable when used correctly, meaning 7 in every 100 women would get pregnant when tracking their fertility for a year.

That is slightly better than the **91% seen with typical** or less than perfect use of the pill and the mini pill.

Perfect use of the pill increases the success rate to 99% - similar to hormone-releasing coils or implants, which do not rely on the user remembering to take them.

Barnsley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Barnsley Sexual Health Services
Spectrum Sexual Health, Unit 1, Gateway Plaza, Sackville Street, Barnsley, S70 2RD
0800 055 6442
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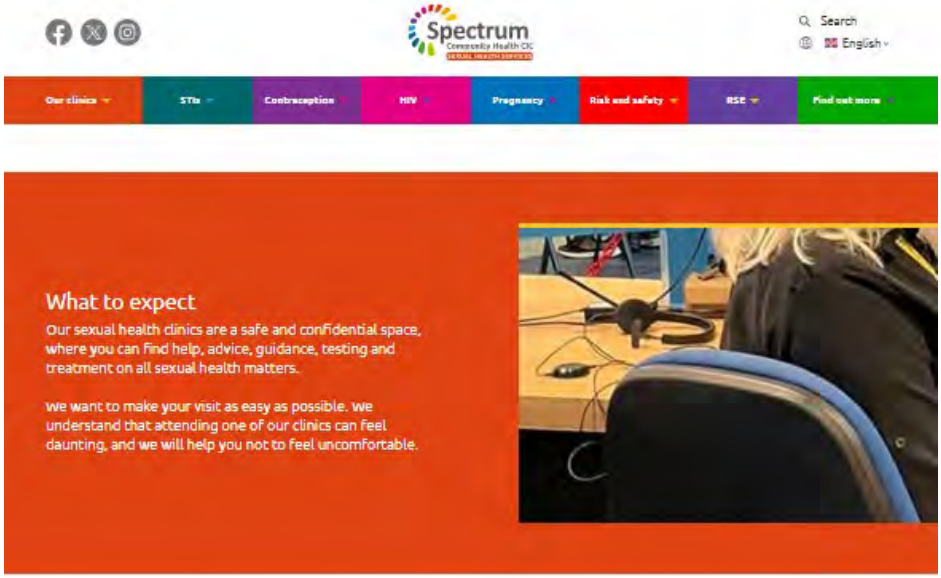
Tuesday 8.15am – 7.30pm
Wednesday 3.00pm – 8.00pm
Thursday 8.15am – 7.30pm


What to expect
Our sexual health clinics are a safe and confidential space, where you can find help, advice, guidance, testing and treatment on all sexual health matters.
We want to make your visit as easy as possible. We understand that attending one of our clinics can feel daunting, and we will help you not to feel uncomfortable.

What happens when I arrive?
What happens when it is time for my appointment?
Will I need to be examined?
When can I expect my results?
What support is available to parents?

Our C-Card scheme provides free condoms for people aged 16-25
Find out more
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C-CARD

Spectrum Community Health CIC

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Condoms and C-Cards

If you are under 25, you can get FREE condoms through Spectrum's C-Card scheme.

External (male) and internal (female) condoms are barrier methods of contraception. External condoms are available through the C-Card scheme. They stop sperm meeting an egg and are the only methods of contraception that can help protect you from most STIs.

Register for FREE condoms in Wakefield

Register for FREE condoms in Barnsley

Read more about choosing your contraception

C-Card

If you 16-25 and live in the Wakefield and Barnsley areas, you can get free condoms through Spectrum's C-Card scheme.

Is C-Card sign up and collection confidential?

The C-Card scheme is fully confidential, which means we won't tell anyone about your visit and any records or information shared will be kept private. Only trained staff from outlets where you decide to use your card will be able to access your information.

If you're between 13-15 years old, you must contact one of our hubs to discuss the C-Card first

However, to help us understand your needs and make sure we are meeting them, we do need to collect some information about you. This information will not be shared unless you share something that puts you or somebody else at risk of harm. If this were the case, we would always talk to you first before taking any action.

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MPox
Mycoplasma genitalium
Pubic lice
Scabies
Shigella
Syphilis
Trichomoniasis vaginalis (TV)
Viral hepatitis
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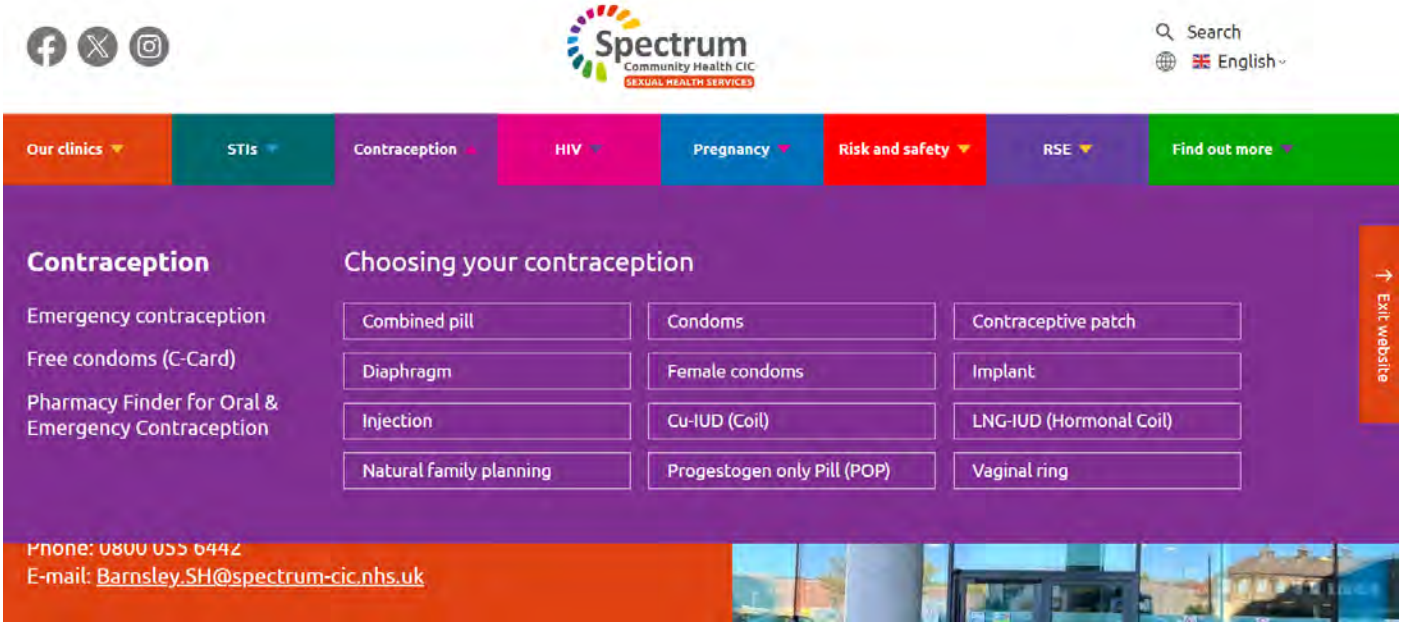
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LNG-IUD (Hormonal Coil)
Natural family planning
Progestogen only Pill (POP)
Vaginal ring
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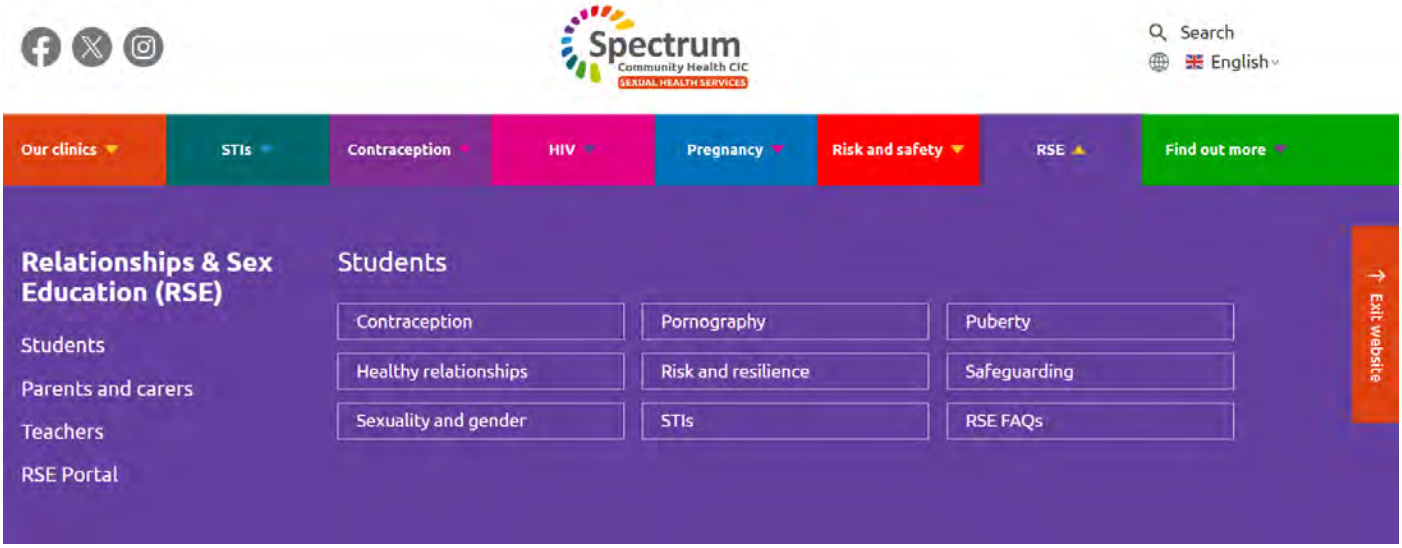
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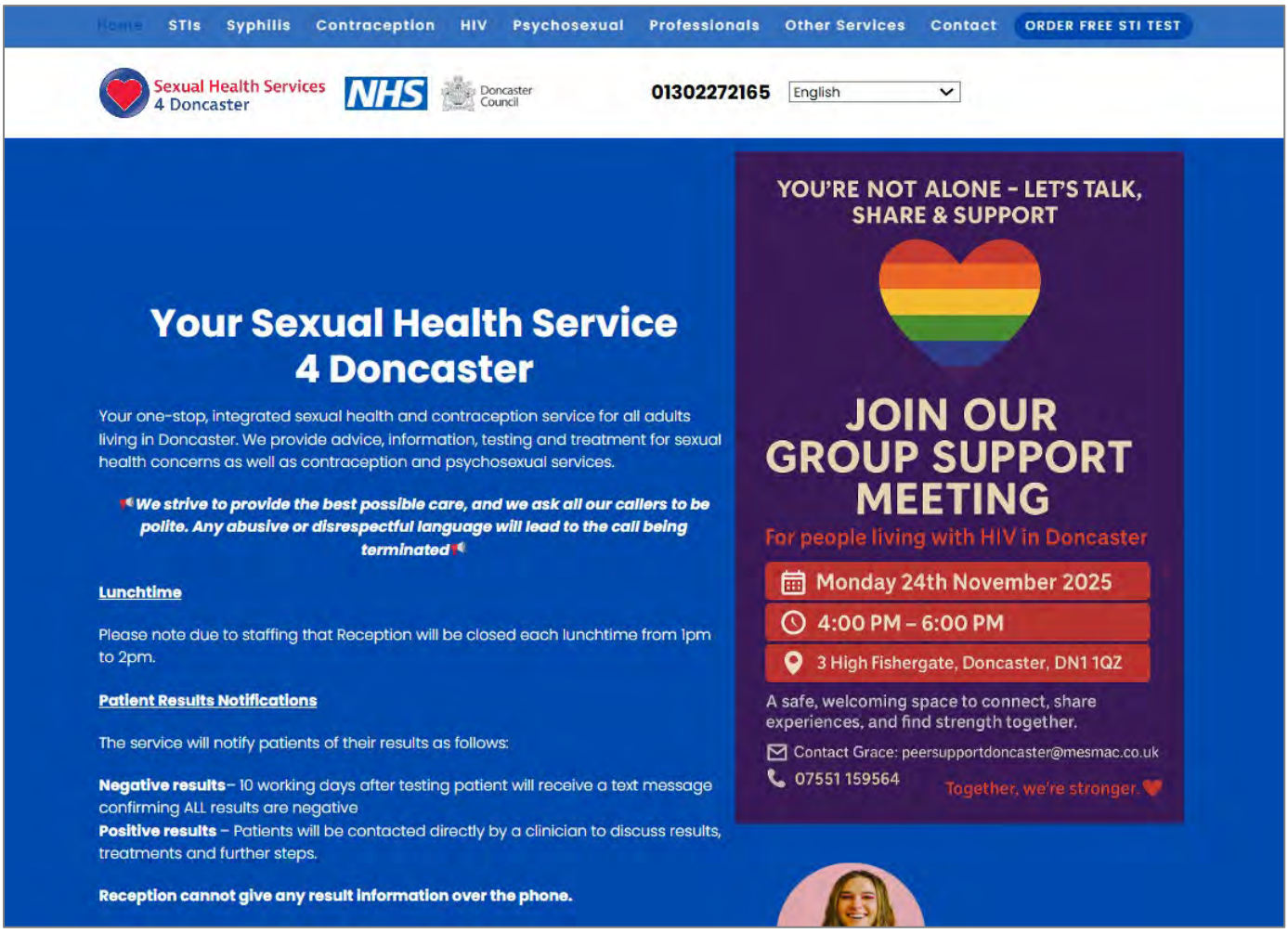
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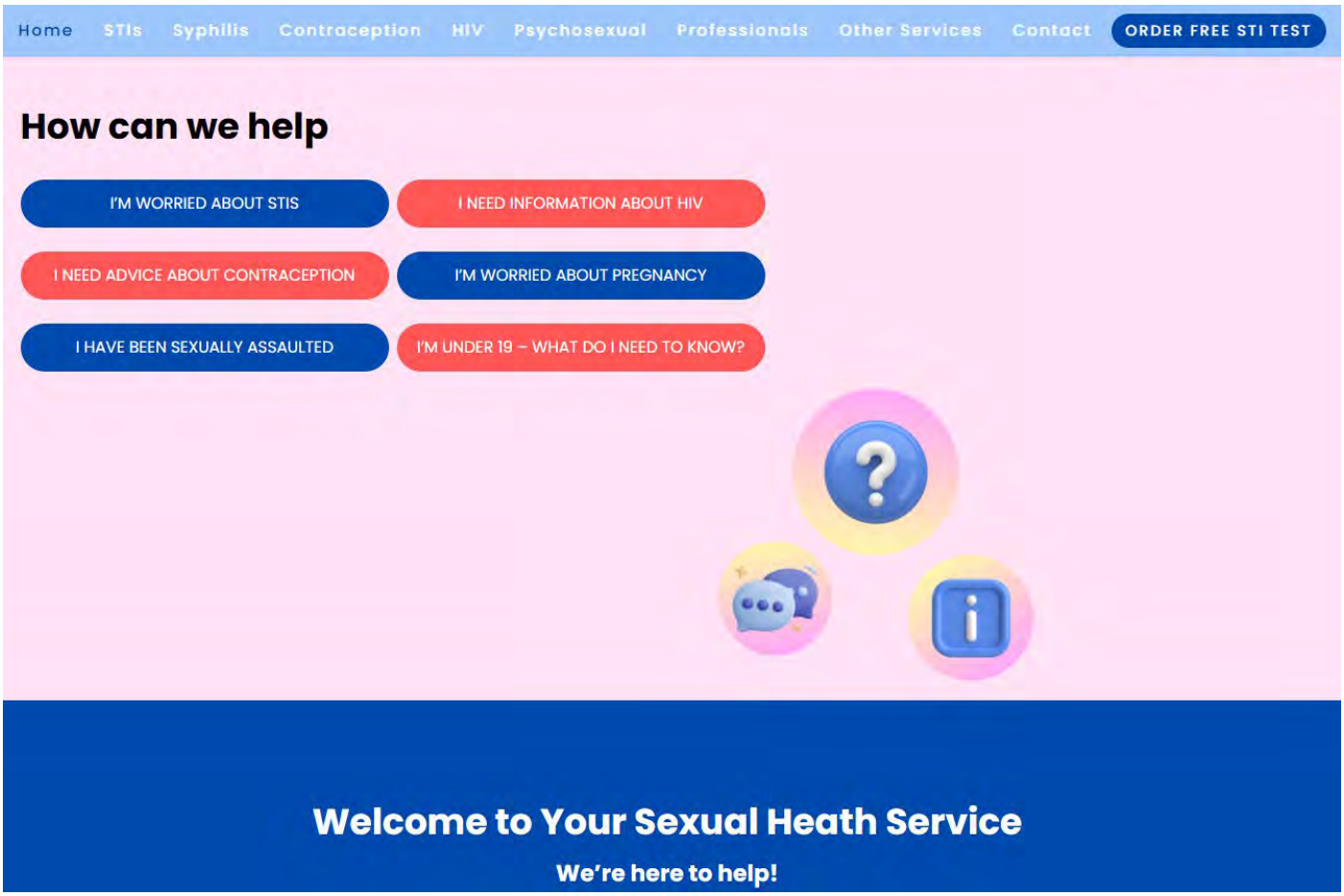
Sexual Health Services 4 Doncaster
NHS
Doncaster Council
01302272165
English
Your Sexual Health Service 4 Doncaster
Your one-stop, integrated sexual health and contraception service for all adults living in Doncaster. We provide advice, information, testing and treatment for sexual health concerns as well as contraception and psychosexual services.
We strive to provide the best possible care, and we ask all our callers to be polite. Any abusive or disrespectful language will lead to the call being terminated
Lunchtime
Please note due to staffing that Reception will be closed each lunchtime from 1pm to 2pm.
Patient Results Notifications
The service will notify patients of their results as follows:
Negative results– 10 working days after testing patient will receive a text message confirming ALL results are negative
Positive results – Patients will be contacted directly by a clinician to discuss results, treatments and further steps.
Reception cannot give any result information over the phone.
YOU'RE NOT ALONE - LET'S TALK, SHARE & SUPPORT
JOIN OUR GROUP SUPPORT MEETING
For people living with HIV in Doncaster
Monday 24th November 2025
4:00 PM – 6:00 PM
3 High Fishergate, Doncaster, DN1 1QZ
A safe, welcoming space to connect, share experiences, and find strength together.
Contact Grace: peersupportdoncaster@mesmac.co.uk
07551 159564
Together, we're stronger.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I NEED ADVICE ABOUT CONTRACEPTION
I'M WORRIED ABOUT PREGNANCY
I HAVE BEEN SEXUALLY ASSAULTED
I'M UNDER 19 – WHAT DO I NEED TO KNOW?
Welcome to Your Sexual Heath Service
We're here to help!

Sexual Health Services 4 Doncaster NHS Doncaster Council 01302272165 English

Contraception

Our team of experienced clinicians are here to support you with making decisions around the best method of contraception for you. It is important that you use a method of contraception if you do not wish to become pregnant. If you want to learn more about contraception, please talk with a member of the team.

There are many types of contraception available, and none are perfect. The Contraception Choices website provides honest information to help weigh up the pros and cons. Please find more information at their website here: **Contraception Choices**

We have partnered with local GP practices to provide contraceptive services across Doncaster. Your GP will be able to start, change or continue you on some of the more common types of contraceptive methods including various types of pill and injectable contraception. Many will be able to provide coils and implants within the practice.

Weight Loss Injection "skinny Jabs" and Contraception

Weight Loss Injections "skinny Jabs" can affect your contraception, LET THE NURSE KNOW if you are using these injections.

Home STIs Syphilis Contraception HIV Psychosexual Professionals Other Services Contact ORDER FREE STI TEST

A list of GPs who can provide Fit and Forget Contraception including Implants and Coils can be found here:

- **Mexborough Health Centre**, Adwick Road, S64 0BY – **01709 590590**
- **The Edlington Practice**, The Martinwells Centre, Thompson Avenue, Edlington, DN12 1JD – **01709 915760**
- The Nayar Practice, The Martinwells Centre, Thompson Avenue, Edlington, DN12 1JD – **01709 915780**
- The Oakwood Surgery, Masham Road, Cantley, DN4 6BU – **01302 537611**
- Thorne Moor Medical Practice, The Vermuyden Centre, Fieldside, DN8 4BQ – **01405 631271**
- Thorne Moor Medical Practice, The Orchard Centre – **01405 631271**
- Don Valley Healthcare Bentley Surgery, 128 Hugh Street, Bentley, Doncaster, DN5 0AT – **01302 874551**
- ASA Medical Group, Mere Lane, Armthorpe, DN3 2DB **01302 986100**
- Hatfield Health Centre, Ash Hill Road, Hatfield, DN7 6JH **01302 897600**
- Kingthorne Group Practice, Thorne Road, Doncaster DN1 2EU **01302 342832**
- Lakeside Practice, Spa Pool Road, Askern DN6 0HZ **01302 700212**
- Mount Group Practice, Thorne Road, Doncaster DN1 2JP **01302 361222**
- St John's Group Practice, Greenfield Lane, Doncaster DN4 0TH **01302 854521**
- **St Vincent Medical Centre**, 77 Thorne Road, DN1 2ET – **01302 361318**
- The Auckley Practice, 41 Ellers Lane, DN9 3HT – **01302 770327**
- The Burns Practice, 4 Albion Place, DN1 2EG – **01302 810888**
- The Burns Practice, Cantley Surgery, DN4 6NJ – **01302 810888**
- The Rossington Practice, Grange Lane, DN11 0LP – **01302 868421**
- The Scott Practice, Greenfield Lane, Balby, DN4 0TG – **01302 850546**
- Don Valley Healthcare, Amersall Road, Scawthorpe, Doncaster, DN5 9PQ – **01302 874551**
- Don Valley Healthcare, Newtone Lane, Sprotbrough, Sprotbrough, Doncaster, DN5 8DA – **01302 874551**
- **Great North Medical Group**, Chestnut Avenue, Carcroft Doncaster, DN6 8AG – **01302 723510**
- The New Surgery, Adwick Road, Mexborough S64 0DB **01709 511800**
- Petersgate Medical Centre, Amersall Road, Scawthorpe DN5 9PQ **01302 390490**
- West End Clinic, West End Lane, Rossington, DN11 0PQ **01302 865865**
- Tickhill & Colliery Medical Practice, St Mary's Road, Tickhill DN11 9NA **01302 742503**

If your GP is unable to fit a coil or implant they may refer you to another local GP practice or to our clinic in central Doncaster.

You may also self-refer to our clinic team for coils and implants by calling reception on: **01302 272165** but please try your GP first.

Please note: Sexual Health Services 4 Doncaster are not commissioned to offer appointments to people who require a coil fit for non-contraceptive reasons. For example, if you need a coil fitting for heavy periods or HRT and you or your partner has had a sterilization/ vasectomy procedure in the past, we will be unable to provide this. Please contact your GP to arrange the fitting elsewhere.

Emergency contraceptive

Emergency contraception is commonly referred to as "The morning after pill" or "EHC." If you have had sex without using contraception, or think your contraception might have failed, you can use emergency contraception. You should access emergency contraception as soon as possible

Call the service on 01302 272165 for emergency contraception

If you need emergency contraception, it is available from most pharmacies, GP Practices and the Sexual Health Clinic.

We have partnered with these Community Pharmacies to provide Emergency Contraception free of charge:

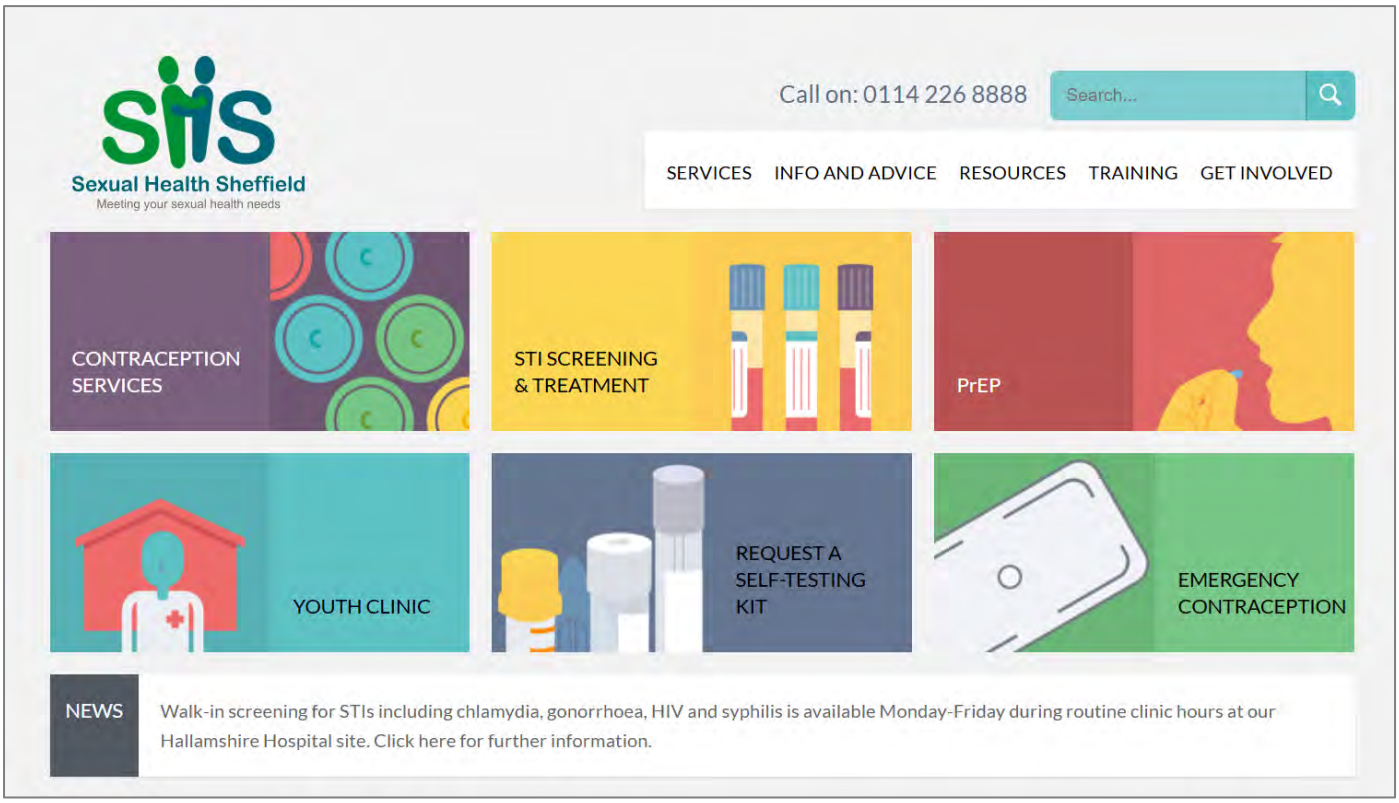
- ASDA, Carcroft DN6 8DN
- Chestnut Pharmacy, Carcroft DN6 8AG
- Crest Pharmacy, Hexthorpe DN4 0AJ
- Doncaster Pharmacy, Intake DN2 6QP
- Greenwell Pharmacy, Sprotbrough DN5 7RF
- Holden's Chemist, Bentley DN5 0AP
- Hyde Park Pharmacy, Hyde Park DN1 2BJ
- McGills Pharmacy, Dunsville DN7 4BX
- MEXCARE Pharmacy, Mexborough S64 9AS
- Pickfords Pharmacy, Balby DN4 0TG
- Warmsworth Pharmacy, Warmsworth DN4 9LS
- Weldricks Pharmacy, Tickhill DN11 9HT
- Weldricks Pharmacy, Armthorpe DN3 3AG
- Weldricks Pharmacy, Barnburgh DN5 7EP
- Weldricks Pharmacy, Barnby Dunn DN3 1AX
- Weldricks Pharmacy, Bawtry DN10 6JE
- Weldricks Pharmacy, Wheatley DN2 4AD
- Weldricks Pharmacy, Cantley DN4 6ED
- Weldricks Pharmacy, Carcroft DN6 8DP
- Weldricks Pharmacy, Conisbrough DN12 3HR
- Weldricks Pharmacy, Denaby DN12 4AB
- Weldricks Pharmacy, Dunscroft DN7 4JS
- Weldricks Pharmacy, Town Centre DN1 1HZ
- Weldricks Pharmacy, Edenthorpe DN3 2JA
- Weldricks Pharmacy, Edlington DN12 1JD
- Weldricks Pharmacy, Harworth DN11 8JN
- Weldricks Pharmacy, Hatfield DN7 6JH
- Weldricks Pharmacy, Intake DN2 5JA
- Weldricks Pharmacy, Kirk Sandall DN3 1JR
- Weldricks Pharmacy, Moorends DN8 4SB
- Weldricks Pharmacy, Rossington DN11 0LW
- Weldricks Pharmacy, Scawthorpe DN5 9PH
- Weldricks Pharmacy, Skellow DN6 8JH
- Weldricks Pharmacy, Sprotbrough DN5 8BP
- Weldricks Pharmacy, Stainforth DN7 5AF
- Weldricks Pharmacy, Thorne DN8 5DE
- Weldricks Pharmacy, Wheatley Hills DN2 5AJ
- Weldricks Pharmacy, Woodlands DN6 7LX

Other Community Pharmacies will be able to provide EHC, but there will be a cost for the prescription.

EHC can be taken 72 hours (Levonelle) or 120 hours (ellaOne) after unprotected sex. If you have exceed this time period, please contact the clinic to discuss other options.

Emergency contraception should not be used as a regular method of contraception.

Sheffield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EMERGENCY CONTRACEPTION
NEWS
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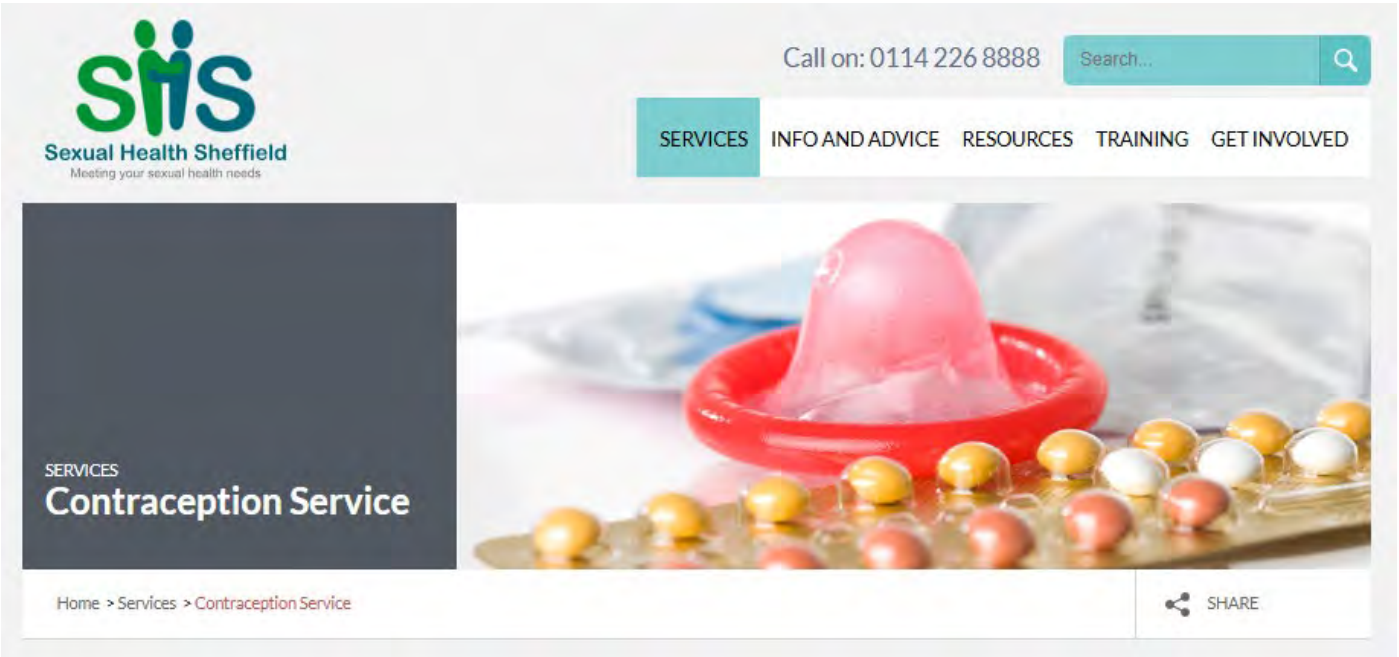
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In This Section

GP CONTRACEPTION SERVICES

Contraception services are delivered by Primary Care Sheffield. They offer appointments for the fitting of coils and implants, or Depo injections, in community clinics. To access the right appointment for you, please contact: 0114 226 8888 to book a telephone triage appointment with a member of the clinical team.

Our phone lines are open between the following hours:

8.30am-7.00pm Monday to Thursday

8.30am-5.00pm Friday

Access to emergency contraception is not affected. Please call 0114 226 8888 to book a call back from an experienced clinical pharmacists. Alternatively, please click here for information on additional ways to obtain emergency contraception

Primary Care Sheffield provide contraception and pregnancy advice via your GP practice nurse or Specialist Hub – please telephone 0114 226 8888 for more information.

Specialist Hub Locations:

Burncross Surgery
1 Bevan Way, Chapeltown, Sheffield, S35 1RN

Central Health Clinic
1 Mulberry Street, Sheffield, S1 2PJ

Crystal Peaks Medical Centre
15 Peaks Mount, Crystal Peaks, Sheffield, S20 7HZ

Darnall Primary Care Centre
290 Main Road, Sheffield, S9 4QH

Fairlawns
621 Middlewood Road, Sheffield, S6 1TT

The Flowers Health Centre
87 Wincobank Avenue, Sheffield, S5 6AZ

Jordanthorpe Health Centre
1 Dyche Close, Jordanthorpe, Sheffield, S8 8DJ

Sloan Medical Centre
2 Little London Road, Sheffield, S8 0YH

White House Surgery
1 Fairfax Rise, Sheffield, S2 1SL

For further information about permanent methods of contraception (sterilisation/vasectomy) please visit our info and advice page

Downloads

Contraception Choices - Arabic Language

Contraception Choices - English Language

Contraception Choices - Farsi Language

Contraception Choices - French Language

Contraception Choices - Kurdish Sorani Language

Contraception Choices - Tigrinya Language

Contraception Choices - Vietnamese Language

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Useful Links

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Meeting your sexual health needs

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Youth Clinic

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SHARE

In This Section

FAQS ABOUT YOUTH CLINICS

SUPPORT FOR YOUNG PEOPLE IN SHEFFIELD

The Youth Clinic is a walk-in service for anyone aged 18 and under. These clinics offer free and confidential access to information and advice on any sexual health issue as well as a full range of contraception, testing & treatment for sexually transmitted infections (STIs) and support for pregnancy options (including counselling and making arrangements for abortion or continuing pregnancy).

Opening Times

Mondays and Thursdays 2.00pm-6.00pm
Royal Hallamshire Hospital, Entrance 11a, B Road
No appointment needed, just call in during the above times, register at our reception desk, and wait to be seen.

Services Available at Sheffield Youth Clinics

- Information and advice about contraception choices
- Free contraception including emergency contraception (sometimes known as the 'morning after pill')
- Free condoms
- Free pregnancy testing and information/ support for pregnancy options (including counselling and making arrangements for abortion or continuing pregnancy)
- Information, advice and access to testing for sexually transmitted infections (STIs)
- Information, advice about HIV and access to HIV testing
- Information about safer sex and risk reduction
- Information on support networks for young people in Sheffield

If you require Emergency Contraception outside our clinic hours or at bank holidays please see information on approved pharmacies in Sheffield here. **Please note that approved pharmacies in the city cannot issue emergency contraception to patients under the age of 14, these patients are advised to contact their own GP or 111.**

If someone you have had sex with lets you know that they have a sexually transmitted infection, watch this video produced by the British Association for Sexual Health & HIV, for more information on why it's important you get a sexual health check-up.

Someone I've had sex with has an STI - what now?

Downloads

Health Appointments For Young People

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SEXUAL HEALTH SUPPORT

IN THIS SECTION

Why sexual health matters

Where to get help

WHERE TO GET HELP

ROTHERHAM SEXUAL HEALTH SERVICE

Provided by the Rotherham NHS Foundation Trust, this free service offers:

- STI screening and treatment
- Sexual health advice
- HIV care, PrEP and PEP
- Emergency contraception
- Free condoms
- Contraceptive pills, implants, injections and coils
- Vasectomies
- Free postal STI testing kits (for ages 16+)

The service works with:

Rotherham GPs

- Providing implants, IUDs and chlamydia screening.

Yorkshire MESMAC

- Outreach support and sexual health advice for diverse communities.
- Visit MESMAC

Emergency contraception

- Find out where to access free Emergency contraception (EHC) from Pharmacies in Rotherham.
- View the locations available

SH24 – Home Testing Kits

- Order free STI testing kits online.
- Visit SH24

Visit the Rotherham Sexual Health Service

Previous
Why sexual health matters

Sexual Health Services

Our sexual health service provides a range of contraceptive and sexual health services.

We are a friendly, non-judgmental, highly confidential and experienced team that hopes to inform, encourage and empower you in making the best decisions for your sexual health needs.

Services we offer

At our central clinic in Rotherham Hospital, we offer:

- Sexual health advice
- STI screening
- STI treatment
- PrEP, PEP and HIV care
- Emergency contraception
- Free condoms
- Other barrier methods
- Contraceptive pills
- Implants
- Depo injections
- Coils
- Vasectomy

Sexual Health

C level, junction 3
(opposite the Chapel)
Rotherham Hospital
Moorgate Road
Rotherham
S60 2UD

01709 427777

Opening times

Monday to Thursday, 8.30am to 7.30pm
Friday, 9am to 5pm
Saturday, 10am to 2pm

Under 25s drop-in service

Rotherham residents only

Tuesday, 2pm to 6pm
Thursday, 2pm to 6pm

Outreach clinics

We offer outreach clinics at:

- Kimberworth Park Medical Centre - Tuesday and Friday, 9am to 12noon.
- Maltby Health Centre - Monday, 2.30pm to 5pm.

These clinics are by appointment only. Book by calling 01709 427777.

Other sexual health services available in Rotherham

MESMAC Sexual Health, based on Mansfield Road, Rotherham, S60 2DR (for those 16 and over)

They offer sexual health advice, STI screening and free condoms.

- Monday (drop in): 3pm to 7pm
- Tuesday (drop in): 10am to 2pm
- Alternatively you can book an appointment online

Emergency contraception

Order a free home testing kit

Rotherham residents only.

Sexually Transmitted Infections (STIs)

HIV, PrEP, PEP and vaccinations

Contraception

When you visit

Patient information leaflets

Find us on Facebook

Visit the Rotherham Sexual Health Services - all about contraception Facebook page for helpful advice about all things contraception.

Follow us on

Contraception

Condoms are the only form of contraception that protect you from sexually transmitted infections! However, they are only around 80% effective at preventing pregnancy, so we recommend using them alongside another more reliable form of contraception.

Contraceptive pill - there are two main types of the contraceptive pill. The combined pill (commonly known as 'the pill') contains oestrogen and progesterone. The progesterone-only pill (commonly known as the 'mini pill') contains just progesterone.

The patch is similar to the 'pill' but instead of taking a pill every day, your body receives the hormones through the skin.

The vaginal ring works very similarly to the combined pill but the hormones are delivered into the bloodstream through the vaginal wall.

The coil - There are two types of coil: Intrauterine device (IUD) and Intrauterine system (IUS).

The implant is a very small flexible rod that sits under the skin and releases the hormone progesterone.

The injection is given every 13 weeks that contains progesterone.

A vasectomy involves cutting or sealing the tube that carries sperm from the testicles.

> Sexwise is a great website full of useful information that can help you decide which method might be the best for you before your visit.

Follow us

Visit our Facebook page for helpful advice about all things contraception.

Emergency contraception

Emergency contraception works by preventing an egg from being fertilised by a sperm by delaying the release of the egg in the hope to prevent pregnancy.

Emergency contraception is most effective the sooner it is taken after unprotected sex or failure of your regular contraceptive method, such as missed pills or split condoms.

There are two main methods, the copper coil and the emergency pill of which there are two types, Ulipristal acetate and Levonorgestrel.

If you are under 25, you are entitled to free emergency contraception.

Types of emergency contraception

Copper IUD

The copper IUD is 10 times more effective at preventing pregnancy than emergency pills. It is the most effective method of emergency contraception and will work even after you have most likely already ovulated, i.e. more than halfway through a regular cycle. It can be fitted up to 5 days after unprotected sex or 5 days after the earliest possible time of ovulation. The IUD is effective immediately and it can be kept in as a hormone free method of contraception for up to 10 years if you would like, or we can remove the coil after we know you are not pregnant.

Levonorgestrel (also known as Levonelle)

Levonelle needs to be taken within 72 hours (3 days) of unprotected sex and works by delaying the release of an egg. It only prevents pregnancy for that one episode of UPSI and you are not protected after this.

Ulipristal acetate (also known as (ellaOne)

ellaOne has to be taken within 120 hours (5 days) of unprotected sex to prevent pregnancy. It stops or delays the release of an egg. If you are on the contraceptive, it will also stop this from working properly. You must wait 5 days before taking your pill again and then another 7 days before you can rely on your oral contraceptive so 12 days of condom use are required. After taking ellaOne, if you do not wait 5 days before restarting your contraceptive pill, you will be at risk of pregnancy.

Out of hours emergency contraception

If you aren't able to get to us within our opening hours please use the links below for a list of pharmacies that supply FREE emergency oral contraception for Rotherham residents. Please ring the pharmacy before you go, to make sure a trained member of staff is working. You will need to consult with a pharmacist before taking any emergency contraception.

Abbey Pharmacy Rotherham	19-21 Howard Street, Rotherham, S65 1JQ	01709 377421
Allied Pharmacy	Aston Customer Services Centre, Swallownest, S26 4WD	01709 254134
Allied Pharmacy	2 Church Street, Wath upon Dearne, Rotherham, S63 7QY	01709 873134
Allied Pharmacy Wath	37 High Street, Wath upon Dearne, Rotherham, S63 7QB	
Asda Store Rotherham	off Aldwarke Lane, Doncaster Road, Rotherham, S65 3SW	01709 850670
Doncaster Gate Pharmacy	Rotherham Health Village, S65 1DA	
Medwin Pharmacy	Unit 10A, Meadowbank Industrial Estate, S61 1EE	
Pickfords Brampton	65 Knollbeck Lane, Brampton, Rotherham, S73 0TW	01226 341281
Rex Pharmacy	64 High Street, Maltby, S66 8LA	
Silverwood Pharmacy	90 Flanderwell Lane, Sunnyside, Rotherham, S66 3TQ	01709 296500
SKF Lo Chemist	1 Fenton Road, S61 4RD	
SKF Lo Chemist	30A Highthorn Road, S64 5UP	
Weldricks Pharmacy	27 Brinsworth Lane, Rotherham, S60 5BS	01709 378320
Weldricks Pharmacy Maltby	Leisure & Services Centre, Braithwell Road, Maltby, Rotherham, S66 8JE	01709 813344
Weldricks Pharmacy Maltby	94A High Street, Maltby, Rotherham, S66 7BN	01709 812429
Weldricks Pharmacy Swinton	1A Church Street, Swinton, Mexborough, S64 8QA	01709 582776
Wickersley Pharmacy	Morthern Road, S66 1EU	
York Road Healthcare Ltd	72-78 York Road, Eastwood, Rotherham, S65 1PW	01709 375304

Family Planning Association
Over 90 Years of Health and Sex Education

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FPA MEDICAL PROFESSIONAL > SEXWISE.ORG.UK NOW CLOSED

FPA Medical Professional

BUY MEMBERSHIP

- FPA Medical Professional
  - Membership – Fees
  - Membership – Buy
  - Booklets – Contraception
  - Booklets – STIs
  - Booklets – Abortion, Birth, Pregnancy, Menopause
- Sexwise Closed

Sorry, you've probably reached this page because you were looking for Sexwise.org.uk but sadly Sexwise has now closed.

FPA Tried to Rescue Sexwise

At the Family Planning Association we made 2 offers to run Sexwise for free.

The Department of Health and Social Care rejected both our offers.

REJECTED

Yorkshire MESMAC

Home | Our areas | About Us | Resources | Training | News | Contact | STI Information

Home — Our services — Rotherham

Rotherham

You can get a sexual health screening, contraception advice, free condoms and period products, pregnancy testing and sexual health and wellbeing support by attending one of our drops ins or booking an appointment online at our Rotherham office.

Our drop in services:

Mondays 3pm – 7pm (last appointment 6:30pm)

Tuesdays 10am – 2pm

Tuesdays 2pm - 4pm (drop-in for women aged 16-24)

Alternatively, go to bookatest.mesmac.co.uk to book an appointment.

Over the festive period, our office in Rotherham will be CLOSED from 25th December - 4th January. If you need sexual health support in this period, please contact the hospital on 01709 427777.

You can look after your sexual health by:

- **Always using a condom:** the only contraception to protect you from STIs. Free condoms can be posted to anyone living in the Rotherham area. Order your free condoms here.
- **Making sure you have enough contraception:** Check your supply of pills/rings/patches. If you're running low, contact your GP or clinic *as soon as possible* to arrange more. If you need a new injection/implant/coil in the next few weeks, contact your GP or clinic for advice. You may be offered an alternative method such as the pill. Always use condoms if you run out of your normal method.
- **Don't delay emergency contraception** – you have up to 5 days after unprotected sex to get emergency contraception to prevent pregnancy. Sexual health pharmacies can offer it free without an appointment or prescription. Always call ahead to check the pharmacist is available.
- **Call the Rotherham Sexual Health Service if you have STI symptoms** – call 01709 427777 to speak to the team if you have unusual bleeding, burning, discharge or abdominal pain.

Print this page

Website Feedback

We're always looking to improve our website so if you have any feedback, comments or suggestions, we'd love to hear from you.

Department
for Education

Guidance

Personal, social, health and economic (PSHE) education

Updated 13 September 2021

Applies to England

Contents

Personal, social, health and economic education

Relationships and sex education

Additional support

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This publication is available at https://www.gov.uk/government/publications/personal-social-health-and-economic-education-pshe/personal-social-health-and-economic-pshe-education

Personal, social, health and economic education

Updated statutory guidance will come into effect from September 2020.

The revised curriculum subjects will be:

- relationships education (primary)
- relationships and sex education (RSE) (secondary)
- health education (state-funded primary and secondary)

Read more about the consultation (https://www.gov.uk/government/consultations/relationships-and-sex-education-and-health-education) and new statutory guidance (https://www.gov.uk/government/publications/changes-to-personal-social-health-and-economic-pshe-and-relationships-and-sex-education-rse).

Personal, social, health and economic (PSHE) education is an important and necessary part of all pupils' education. All schools should teach PSHE, drawing on good practice, and this expectation is outlined in the introduction to the proposed new national curriculum.

PSHE is a non-statutory subject. To allow teachers the flexibility to deliver high-quality PSHE we consider it unnecessary to provide new standardised frameworks or programmes of study. PSHE can encompass many areas of study. Teachers are best placed to understand the needs of their pupils and do not need additional central prescription.

However, while we believe that it is for schools to tailor their local PSHE programme to reflect the needs of their pupils, we expect schools to use their PSHE education programme to equip pupils with a sound understanding of risk and with the knowledge and skills necessary to make safe and informed decisions.

Schools should seek to use PSHE education to build, where appropriate, on the statutory content already outlined in the national curriculum, the basic school curriculum and in statutory guidance on: drug education, financial education, sex and relationship education (SRE) and the importance of physical activity and diet for a healthy lifestyle.

Relationships and sex education

Relationships and sex education (RSE) is an important part of PSHE education. Relationships education is compulsory for all primary school pupils, and relationships and sex education (RSE) is compulsory for all secondary school pupils.

When any school provides RSE they must have regard to the Secretary of State's guidance (https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education), this is a statutory duty.

Advice for schools

We provided grant funding to the PSHE Association (http://www.pshe-association.org.uk/) to advise schools in developing their own PSHE curriculums and improve the quality of teaching. The association focuses on signposting schools to resources and in expanding their Chartered Teacher of PSHE programme. We also asked the Association to promote the teaching of consent as part of SRE, in line with the 2000 statutory guidance.

Additional support

We want teachers to be free to address the topics most relevant for their pupils, drawing on good practice and advice from professional organisations. Schools are free to use the organisations and resources they choose and we encourage organisations to develop guidance for schools in the areas of their expertise.

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Department
for Education

Relationships Education, Relationships and Sex Education (RSE) and Health Education

Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, and teachers

July 2025

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Introduction

1. Children and young people need knowledge and skills that will enable them to make informed and ethical decisions about their wellbeing, health and relationships. High quality, evidence-based teaching of relationships, sex and health education (RSHE) can help prepare pupils for the opportunities and responsibilities of adult life, and can promote their moral, social, mental and physical development. Effective teaching will support young people to cultivate positive characteristics including resilience, self-worth, self-respect, honesty, integrity, courage, kindness, and trustworthiness. Effective teaching will support prevention of harms by helping young people understand and identify when things are not right.

2. The duties on schools in this area are set out in legislation.[1] The Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019, made under sections 34 and 35 of the Children and Social Work Act 2017, make relationships education compulsory for all pupils receiving primary education and relationships and sex education (RSE) compulsory for all pupils receiving secondary education.[2] They also make health education compulsory in all schools except independent schools. Personal, social, health and economic education (PSHE) continues to be compulsory in independent schools. Parents[3] have the right to request that their child be withdrawn from some or all of sex education delivered as part of statutory RSE.

3. The subjects are part of the basic school curriculum, which allows schools flexibility in developing their planned programme, integrated within a broad and balanced curriculum. Key aspects of RSHE are in scope for Ofsted inspection, for example, through inspectors' consideration of pupils' personal development, behaviour and welfare, and spiritual, moral, social and cultural development.

What is the status of this guidance?

4. This is statutory guidance from the Department for Education issued under Section 80A of the Education Act 2002 and section 403 of the Education Act 1996 – further details are in Annex A.

[1] Maintained schools and academies are required to provide a curriculum which is broad and balanced in accordance with Section 78 of the Education Act 2002. Part I of the Schedule to the Education (Independent School Standards) Regulations 2014 requires independent schools other than academies to make provision for PSHE (paragraph 2(2)(d)), and to prepare pupils for the opportunities, responsibilities and experiences of life in British society (paragraph 2(2)(i). Part 2 of the Schedule requires independent schools (including academies) to meet the standard relating to the Spiritual, Moral, Social and Cultural development of pupils.

[2] For ease of reference, this guidance refers to primary schools and secondary schools, but the statutory requirements refer to pupils receiving primary/secondary education.

[3] The word "parents" is used henceforth to mean both parents and carers.

5. Schools[4] must have regard to the guidance, and where they depart from those parts of the guidance which state that they should (or should not) do something they will need to have good reasons for doing so.

About this guidance

6. This document contains information on what schools **should** do and sets out the legal duties with which schools **must** comply when teaching relationships education, relationships and sex education (RSE) and health education.

7. Unless otherwise specified, 'school' means all schools, whether maintained, non-maintained or independent schools, including academies and free schools, non-maintained special schools, maintained special schools and alternative provision, including pupil referral units.

8. This guidance updates the Relationships Education, Relationships and Sex Education (RSE) and Health Education statutory guidance 2019. This guidance will be kept under review.

Who this guidance is for

9. This statutory guidance applies to all schools, and is therefore aimed at:

- governing bodies of maintained schools (including schools with a sixth form) and non-maintained special schools (including residential special schools)
- trustees of academies and free schools
- Multi Academy Trust central staff team
- proprietors of independent schools (including academies and free schools)
- providers of alternative provision, including AP Academies and AP Free Schools
- management committees of pupil referral units (PRUs)
- teachers, other school staff and school nurses
- head teachers, principals and senior leadership teams
- dioceses and other religious bodies, and
- for reference, relevant local authority staff.

10. Pupil referral units (PRUs), alternative provision (AP) academies and free schools, and independent schools that provide AP, are required to make provision for relationships education, RSE and health education in the same way as mainstream schools; and they must have regard to this guidance in delivering their programme. In teaching these subjects in PRUs, AP academies and free schools, and independent[5] AP schools, specific

[4] Guidance on health education does not apply to independent schools, which must meet the Independent School Standards as set out in the Education (Independent School Standards) Regulations 2014. However, they may find the sections on health education helpful. It does, however, apply to academies and free schools.

[5] Independent schools do not have to have regard to the guidance on health education, although they may find it helpful in planning.

thought should be given to the particular needs and vulnerabilities of the pupils and what adjustments might be needed.

11. The statutory requirements do not apply to sixth form colleges, 16-19 academies or Further Education (FE) colleges,[6] although we would encourage them to support students by offering these subjects. These settings may find the principles helpful, especially in supporting pupils in the transition to FE.

Developing a policy

12. All schools must have an up-to-date written policy for relationships education or, where they teach sex education, for RSE. Schools must proactively engage and consult parents when they develop and review their policy, ensuring parents understand that effective RSHE is important for promoting and protecting the wellbeing of all children (see the section on openness with parents on page 33). Listening and responding to the views of pupils and parents helps to ensure that RSHE meets pupils' needs and that topics are taught at the right time to support children to build positive relationships and avoid harms before they occur. Schools must provide a copy of their policy free of charge to anyone who asks for one and publish the policy on the school website.[7] Schools may need to include new content in RSHE to respond to emerging needs or issues in the school but should be careful to inform parents of any shifts away from the policy and continue to share relevant materials on request.

13. While schools are not required to publish a policy for health education, it would be good practice for schools to set out some of the details about how health education will be taught.

14. The RSE policy should:

- Set out the subject content, how and when it will be taught, and who is responsible for teaching it, including any external providers the school will use.
- Differentiate between relationships and sex education (where sex education is taught), so that parents have clear information. Relationships education doesn't involve explaining the detail of different forms of sexual activity, but can cover sensitive topics such as sexual violence in order to keep children safe.
- Include information about a parent's right to request that their child is withdrawn from sex education.
- Explain how content will be made accessible to all pupils, including those with special educational needs or disabilities (SEND).

[6] Further education and sixth form colleges that provide full time education for 14-16-year olds are required to follow Department for Education guidance which covers a number of areas including the curriculum. From September 2020, these included the subjects of relationships and sex education and health education, and such providers need to follow this guidance.

[7] If a school does not have a website, they should ensure that the policy is available by other means.

- Describe how the subject is monitored and evaluated.
- Set out how parents can view curriculum materials.
- Explain how teachers will answer questions about topics in sex education that the school does not cover (in primary) or that relates to sex education from which the child has been withdrawn.
- Explain how the policy has been produced, who approves the policy, and how and when it will be reviewed.

Guiding principles for relationships, sex and health education

15. Schools should develop a curriculum with the following key principles in mind:

a. **Engagement with pupils.** An inclusive and well-sequenced RSHE curriculum should be informed by meaningful engagement with pupils to ensure that the curriculum is relevant and engaging.
b. **Engagement and transparency with parents.** Schools should engage with parents on the content of RSHE and be transparent with parents about all materials used in RSHE. All materials should be available to parents, as described in the section on openness with parents on page 33. Parents have a right to request that their children are withdrawn from sex education (pupils can opt back in from three terms before they turn 16) and schools should ensure parents are aware of sex education content within lessons in advance.
c. **Positivity.** Schools should focus on building positive attitudes and skills, promoting healthy norms about relationships, including sexual relationships where relevant, and about health, including mental health. Schools should avoid language which might normalise harmful behaviour among young people – for example gendered language which might normalise male violence or stigmatise boys.
d. **Careful sequencing.** Schools should cover all statutory topics, recognising that young people can start developing healthy behaviour and relationship skills as soon as they start school. Schools should sequence teaching so that pupils are supported and equipped with the knowledge to navigate different experiences in a positive way before they occur, and to prevent harms.
e. **Relevant and responsive.** Schools should develop the curriculum to be relevant, age and stage appropriate and accessible to pupils in their area, where appropriate working with local partners and other bodies to understand specific local issues and ensure needs are met.
f. **Skilled delivery of participative education.** The curriculum should be delivered by school staff or, where schools choose to use them, external providers who have the knowledge, skills and confidence to create a safe and supportive environment and to facilitate participative and interactive education which aims to support and not to alarm pupils. Staff should be trained in safeguarding and offering support, recognising the increased possibility of disclosures.
g. **Whole school approach.** The curriculum is best delivered as part of a whole school approach to wellbeing and positive relationships, supported by other school policies, including behaviour and safeguarding policies.

Parents' right to request withdrawal from sex education

16. Parents have the right to request that their child be withdrawn from some or all of sex education delivered as part of statutory RSE.

17. Before granting any request for withdrawal of a child from sex education, it is good practice for the head teacher to discuss the request with parents, and the child if appropriate, to understand the request and to clarify the nature and purpose of the curriculum. This is likely to include discussing the benefits of sex education, and any detrimental effects of withdrawal, including social and emotional impacts on the child, and the likelihood that the child will hear their peers' version of what was said in class, which may not be accurate. Schools will want to document this process to ensure a record is kept.

18. Where primary schools provide sex education, head teachers must automatically grant a request to withdraw a pupil from it, other than content that is taught as part of the science curriculum. In secondary, head teachers can refuse a request in exceptional circumstances, for example because of safeguarding concerns or a pupil's specific vulnerability.

19. From three terms before the pupil turns 16, a pupil can choose to opt back into sex education even if their parent has requested withdrawal. For example, if a pupil turns 16 during the autumn term, the pupil can opt back into sex education at any time after the start of the previous autumn term. Schools should ensure that pupils know they have this option.

20. If a pupil is withdrawn from sex education, it is the school's responsibility to ensure that the pupil receives appropriate, purposeful education during the period of withdrawal.

21. Parents do not have the right to withdraw their pupils from relationships and health education, nor can they be withdrawn from topics taught as part of the science curriculum, including science topics related to puberty or sexual reproduction.

22. Everyone has relationships with others, and most pupils will develop sexual relationships at some point in their lives. Relationships education should equip pupils with the knowledge and skills they need to act with kindness and respect in all their relationships as they grow into adulthood, to enjoy their relationships, and to keep themselves and others safe.

23. Relationships education will focus on how to form and sustain positive relationships but will also help children identify risks and harms. Relationships education may therefore include topics related to preventing sexual abuse, for example, or avoiding sharing inappropriate material online. This can be done without describing the detail of any sexual

activity involved. Similarly, good safeguarding practice requires young people to understand the correct terms for different parts of the body and to be able to confidently use these terms. This can be provided as part of health education in primary, without describing any detail of sexual activity.

Curriculum Content

Relationships education (Primary)

24. The focus for primary relationships education should be on teaching the skills and knowledge that form the building blocks of all positive relationships, supporting children from the start of their education to grow into kind, caring adults who have respect for others and know how to keep themselves and others safe.

25. Building children's understanding and skills at primary is essential for preparing them for more complex content at secondary. For example, in primary, children will learn skills for managing difficult feelings in their friendships, like disappointment or anger. This prepares them to reflect on how to behave with kindness in more complex or challenging relationships at secondary.

26. Schools should be sensitive to pupils' circumstances, recognising that families of many forms provide a nurturing environment for children, and can include single parent families, same-sex parents, families headed by grandparents, young carers, kinship carers, adoptive parents and foster parents/carers. Teaching should illustrate a wide range of family structures in a positive way, and care should be taken to ensure that children are not stigmatised based on their home circumstances.

27. Primary relationships education should be anchored in an understanding of positive relationships, but should also equip children to keep themselves and others safe, and to recognise and report risks and abuse, including online. This can be delivered by focusing on boundaries, privacy, and children's rights over their own bodies and personal information. Pupils should be able to recognise emotional, physical and sexual abuse. Even very young children can be equipped to understand what counts as abusive behaviour and to trust their instincts about behaviour that doesn't feel right. In addition, pupils should understand about bullying, and that this can include the use of derogatory terms relating to sex, race, disability or sexual orientation.

28. Pupils should know how to report concerns and seek advice. While teaching children how to stay safe, including online, teachers should be clear that being a victim of abuse is never the fault of the child.

29. Primary children should be introduced to protective and preventative content in a way that does not cause unreasonable alarm and does not appear to normalise risky behaviours or activities. For example, in late primary, schools may decide to discuss the

pressure to share naked images if this is affecting pupils in the school. There may also be cases, such as when they know that pupils have seen pornography, in which schools may feel the need to discuss online sexual content. Teaching should be age appropriate and respectful of all children, including those who may have no familiarity with the topics under discussion. Schools should also inform parents of any deviation from their published RSE policy in advance and share any relevant materials with them on request.

Relationships education: content to be covered by the end of primary

Families and people who care for me

Curriculum content:

1. That families are important for children growing up safe and happy because they can provide love, security and stability.
2. The characteristics of safe and happy family life, such as commitment to each other, including in times of difficulty, protection and care for children and other family members, the importance of spending time together and sharing each other's lives.
3. That the families of other children, either in school or in the wider world, sometimes look different from their family, but that they should respect those differences and know that other children's families are also characterised by love and care.
4. That stable, caring relationships are at the heart of safe and happy families and are important for children's security as they grow up.
5. That marriage and civil partnerships represent a formal and legally recognised commitment of two people to each other which is intended to be lifelong.
6. How to recognise if family relationships are making them feel unhappy or unsafe, and how to seek help or advice from others if needed.

Caring friendships

Curriculum content:

1. How important friendships are in making us feel happy and secure, and how people choose and make friends.
2. That healthy friendships are positive and welcoming towards others, and do not make others feel lonely or excluded. Pupils should learn skills for developing caring, kind friendships.
3. That not every child will have the friends they would like at all times, that most people feel lonely sometimes, and that there is no shame in feeling lonely or talking about it.
4. The characteristics of friendships that lead to happiness and security, including mutual respect, honesty, trustworthiness, loyalty, kindness, generosity, trust, sharing interests and experiences, and support with problems and difficulties.
5. That most friendships have ups and downs, and that these can often be worked through so that the friendship is repaired or even strengthened.
6. How to manage conflict, and that resorting to violence is never right.
7. How to recognise when a friendship is making them feel unhappy or uncomfortable, and how to get support when needed.

Respectful, kind relationships

Curriculum content:

1. How to pay attention to the needs and preferences of others, including in families and friendships. Pupils should be encouraged to discuss how we balance the needs and wishes of different people in relationships and why this can be complicated.
2. The importance of setting and respecting healthy boundaries in relationships with friends, family, peers and adults.
3. How to communicate effectively and manage conflict with kindness and respect; how to be assertive and express needs and boundaries; how to manage feelings, including disappointment and frustration.
4. Pupils should have opportunities to discuss the difference between being assertive and being controlling, and conversely the difference between being kind to other people and neglecting your own needs.
5. That they can expect to be treated with respect by others, and the importance of respecting others, including those who are different (for example, physically, in character, personality or backgrounds), or make different choices, or have different preferences or beliefs.
6. Practical steps they can take and skills they can develop in a range of different contexts to improve or support their relationships.
7. The conventions of courtesy and manners.
8. The importance of self-respect and how this links to their own happiness. Pupils should have opportunities to think about how they foster their own self-esteem and build a strong sense of their own identity, including through developing skills and interests.
9. The different types of bullying (including online bullying), the impact of bullying, responsibilities of bystanders (primarily reporting bullying to an adult), and how to get help.
10. What a stereotype is, how stereotypes can be unfair, negative, destructive or lead to bullying and how to challenge a stereotype.
11. How to seek help when needed, including when they are concerned about violence, harm, or when they are unsure who to trust.

Online safety and awareness

Curriculum content:

1. That people should be respectful in online interactions, and that the same principles apply to online relationships as to face-to-face relationships, including where people are anonymous. For example, the importance of avoiding putting pressure on others to share information and images online, and strategies for resisting peer pressure.
2. How to critically evaluate their online relationships and sources of information, including awareness of the risks associated with people they have never met. For example, that people sometimes behave differently online, including pretending to be someone else, or pretending to be a child, and that this can lead to dangerous situations. How to recognise harmful content or harmful contact, and how to report this.
3. That there is a minimum age for joining social media sites (currently 13), which protects children from inappropriate content or unsafe contact with older social media users, who may be strangers, including other children and adults.
4. The importance of exercising caution about sharing any information about themselves online. Understanding the importance of privacy and location settings to protect information online.
5. Online risks, including that any material provided online might be circulated, and that once a picture or words has been circulated there is no way of deleting it everywhere and no control over where it ends up.
6. That the internet contains a lot of content that can be inappropriate and upsetting for children, and where to go for advice and support when they feel worried or concerned about something they have seen or engaged with online.

Being Safe

Curriculum content:

1. What sorts of boundaries are appropriate in friendships with peers and others (including online). This can include learning about boundaries in play and in negotiations about space, toys, books, resources etc.
2. The concept of privacy and its implications for both children and adults; including that it is not always right to keep secrets if they relate to being safe.
3. That each person’s body belongs to them, and the differences between appropriate and inappropriate or unsafe contact, including physical contact.
4. How to respond safely and appropriately to adults they may encounter (in all contexts, including online), including those they do and do not know.
5. How to recognise when a relationship is harmful or dangerous, including skills for recognising who to trust and who not to trust.
6. How to report abuse, concerns about something seen online or experienced in real life, or feelings of being unsafe or feeling bad about any adult and the vocabulary and confidence needed to do so.
7. How to ask for advice or help for themselves or others, and to keep trying until they are heard. Where to get advice e.g. family, school and/or other sources.

Sex Education (Primary)

30. Sex education is not compulsory in primary schools, but we recommend that primaries teach sex education in years 5 and/or 6, in line with content about conception and birth, which forms part of the national curriculum for science. The national curriculum for science includes subject content in related areas, such as the main external body parts, the human body as it grows from birth to old age (including puberty) and reproduction in some plants and animals. Schools may also cover human reproduction in the science curriculum, but where they do so, this should be in line with the factual description of conception in the science curriculum.

31. Primary schools should consult parents about the content of anything that will be taught within sex education. This process should include offering parents support in talking to their children about sex education and how to link this with what is being taught in school as well as advice about parents' right to request withdrawal from sex education.

Relationships and Sex Education (RSE): Secondary

32. RSE in secondary should provide a clear progression from primary relationships education. RSE should provide young people with the information they need to develop healthy, safe and nurturing relationships of all kinds. This should include the knowledge they need in later life to keep themselves and others safe, and how to avoid sexually transmitted infections and unplanned pregnancies.

33. Effective RSE focuses on respect for oneself and others and does not encourage or normalise early sexual experimentation. By supporting confidence and self-esteem, RSE will enable young people to make their own choices about whether or when to develop safe, fulfilling and healthy sexual relationships, once they reach the age of consent, and to resist pressure to have sex.

34. Effective teaching will be participative and interactive and will give pupils opportunities to develop skills and to discuss and critically evaluate complex relationship scenarios.

35. RSE in secondary will cover a range of topics, including topics related to abusive behaviour. While teaching children how to stay safe, including online, teachers should be clear that being a victim of abuse is never the fault of the child or young person. Different forms of abuse should be addressed sensitively and clearly at appropriate ages. For pupils who are experiencing or have experienced unhealthy or unsafe relationships, including at home, schools have an important role as a place of consistency and safety where pupils can find support.

36. When teaching sensitive topics, teachers can use approaches such as distancing techniques, setting ground rules with the class to help manage sensitive discussion, and using question boxes to allow pupils to raise issues anonymously.

Secondary relationships and sex education curriculum content

Schools should continue to develop knowledge of topics specified for primary as required <u>and in addition</u> cover the following content by the end of secondary:

Families

Curriculum content:

1. That there are different types of committed, stable relationships.
2. How these relationships might contribute to wellbeing, and their importance for bringing up children.
3. Why marriage or civil partnership is an important relationship choice for many couples. The legal status of marriage and civil partnership, including that they carry legal rights, benefits and protections that are not available to couples who are cohabiting or who have, for example, undergone a non-legally binding religious ceremony.
4. That 'common-law marriage' is a myth and cohabitants do not obtain marriage-like status or rights from living together or by having children.
5. That forced marriage and marrying before the age of 18 are illegal.[8]
6. How families and relationships change over time, including through birth, death, separation and new relationships.
7. The roles and responsibilities of parents with respect to raising children, including the characteristics of successful parenting and the importance of the early years of a child's life for brain development.
8. How to judge when a relationship is unsafe and where to seek help when needed, including when pupils are concerned about violence, harm, or when they are unsure who to trust.

[8] Age of Marriage Act 2023

Respectful relationships

Curriculum content:

1. The characteristics of positive relationships of all kinds, online and offline, including romantic relationships. For example, pupils should understand the role of consent, trust, mutual respect, honesty, kindness, loyalty, shared interests and outlooks, generosity, boundaries, tolerance, privacy, and the management of conflict, reconciliation and ending relationships.
2. How to evaluate their impact on other people and treat others with kindness and respect, including in public spaces and including strangers. Pupils should understand the legal rights and responsibilities regarding equality, and that everyone is unique and equal.
3. The importance of self-esteem, independence and having a positive relationship with oneself, and how these characteristics support healthy relationships with others. This includes developing one's own interests, hobbies, friendship groups, and skills. Pupils should understand what it means to be treated with respect by others.
4. What tolerance requires, including the importance of tolerance of other people's beliefs.
5. The practical steps pupils can take and skills they can develop to support respectful and kind relationships. This includes skills for communicating respectfully within relationships and with strangers, including in situations of conflict.
6. The different types of bullying (including online bullying), the impact of bullying, the responsibilities of bystanders to report bullying and how and where to get help.
7. Skills for ending relationships or friendships with kindness and managing the difficult feelings that endings might bring, including disappointment, hurt or frustration.
8. The role of consent, including in romantic and sexual relationships. Pupils should understand that ethical behaviour goes beyond consent and involves kindness, care, attention to the needs and vulnerabilities of the other person, as well as an awareness of power dynamics. Pupils should understand that just because someone says yes to doing something, that doesn't automatically make it ethically ok.
9. How stereotypes, in particular stereotypes based on sex, gender reassignment, race, religion, sexual orientation or disability, can cause damage (e.g. how they might normalise non-consensual behaviour or encourage prejudice). Pupils should be equipped to recognise misogyny and other forms of prejudice.
10. How inequalities of power can impact behaviour within relationships, including sexual relationships. For example, how people who are disempowered can feel they are not entitled to be treated with respect by others or how those who enjoy an unequal amount of power might, with or without realising it, impose their preferences on others.
11. How pornography can negatively influence sexual attitudes and behaviours, including by normalising harmful sexual behaviours and by disempowering some people, especially women, to feel a sense of autonomy over their own body and providing some people with a sense of sexual entitlement to the bodies of others.
12. Pupils should have an opportunity to discuss how some sub-cultures might influence our understanding of sexual ethics, including the sexual norms endorsed by so-called "involuntary celibates" (incels) or online influencers.

Online safety and awareness

Curriculum content:

1. Rights, responsibilities and opportunities online, including that the same expectations of behaviour apply in all contexts, including online.
2. Online risks, including the importance of being cautious about sharing personal information online and of using privacy and location settings appropriately to protect information online. Pupils should also understand the difference between public and private online spaces and related safety issues.
3. The characteristics of social media, including that some social media accounts are fake, and / or may post things which aren't real / have been created with AI. That social media users may say things in more extreme ways than they might in face-to-face situations, and that some users present highly exaggerated or idealised profiles of themselves online.
4. Not to provide material to others that they would not want to be distributed further and not to pass on personal material which is sent to them. Pupils should understand that any material provided online might be circulated, and that once this has happened there is no way of controlling where it ends up. Pupils should understand the serious risks of sending material to others, including the law concerning the sharing of images.
5. That keeping or forwarding indecent or sexual images of someone under 18 is a crime, even if the photo is of themselves or of someone who has consented, and even if the image was created by the child and/or using AI generated imagery. Pupils should understand the potentially serious consequences of acquiring or generating indecent or sexual images of someone under 18, including the potential for criminal charges and severe penalties including imprisonment. Pupils should know how to seek support and should understand that they will not be in trouble for asking for help, either at school or with the police, if an image of themselves has been shared. Pupils should also understand that sharing indecent images of people over 18 without consent is a crime.
6. What to do and how to report when they are concerned about material that has been circulated, including personal information, images or videos, and how to manage issues online.[9]
7. About the prevalence of deepfakes including videos and photos, how deepfakes can be used maliciously as well as for entertainment, the harms that can be caused by deepfakes and how to identify them.
8. That the internet contains inappropriate and upsetting content, some of which is illegal, including unacceptable content that encourages misogyny, violence or use of weapons. Pupils should be taught where to go for advice and support about something they have seen online. Pupils should understand that online content can present a distorted picture of the world and normalise or glamorise behaviours which are unhealthy and wrong.
9. That social media can lead to escalations in conflicts, how to avoid these escalations and where to go for help and advice.
10. How to identify when technology and social media is used as part of bullying, harassment, stalking, coercive and controlling behaviour, and other forms of abusive and/or illegal behaviour and how to seek support about concerns.

[9] For example, see Report Remove

11. That pornography, and other online content, often presents a distorted picture of people and their sexual behaviours and can negatively affect how people behave towards sexual partners. This can affect pupils who see pornographic content accidentally as well as those who see it deliberately. Pornography can also portray misogynistic behaviours and attitudes which can negatively influence those who see it.
12. How information and data is generated, collected, shared and used online.
13. That websites may share personal data about their users, and information collected on their internet use, for commercial purposes (e.g. to enable targeted advertising).
14. That criminals can operate online scams, for example using fake websites or emails to extort money or valuable personal information. This information can be used to the detriment of the person or wider society. About risks of sextortion, how to identify online scams relating to sex, and how to seek support if they have been scammed or involved in sextortion.
15. That AI chatbots are an example of how AI is rapidly developing, and that these can pose risks by creating fake intimacy or offering harmful advice. It is important to be able to critically think about new types of technology as they appear online and how they might pose a risk.

Being Safe

Curriculum content:

1. How to recognise, respect and communicate consent and boundaries in relationships, including in early romantic relationships (in all contexts, including online) and early sexual relationships that might involve kissing or touching. That kindness and care for others requires more than just consent.
2. That there are a range of strategies for identifying, resisting and understanding pressure in relationships from peers or others, including sexual pressure, and how to avoid putting pressure on others.
3. How to determine whether other children, adults or sources of information are trustworthy, how to judge when a relationship is unsafe (and recognise this in the relationships of others); how to seek help or advice, including reporting concerns about others, if needed.
4. How to increase their personal safety in public spaces, including when socialising with friends, family, the wider community or strangers. Pupils should learn ways of seeking help when needed and how to report harmful behaviour. Pupils should understand that there are strategies they can use to increase their safety, and that this does not mean they will be blamed if they are victims of harmful behaviour. Pupils might reflect on the importance of trusting their instincts when something doesn't feel right, and should understand that in some situations a person might appear trustworthy but have harmful intentions.
5. What constitutes sexual harassment or sexual violence, and that such behaviour is unacceptable, emphasising that it is never the fault of the person experiencing it.
6. That sexual harassment includes unsolicited sexual language / attention / touching, taking and/or sharing intimate or sexual images without consent, public sexual harassment, pressuring other people to do sexual things, and upskirting.
7. The concepts and laws relating to sexual violence, including rape and sexual assault.
8. The concepts and laws relating to harmful sexual behaviour, which includes all types of sexual harassment and sexual violence among young people but also includes other forms of concerning behaviour like using age-inappropriate sexual language.
9. The concepts and laws relating to domestic abuse, including controlling or coercive behaviour, emotional, sexual, economic or physical abuse, and violent or threatening behaviour.[10]
10. That fixated, obsessive, unwanted and repeated behaviours can be criminal, and where to get help if needed.
11. The concepts and laws relating to harms which are exploitative, including sexual exploitation, criminal exploitation and abuse, grooming, and financial exploitation.
12. The concepts and laws relating to forced marriage.
13. The physical and emotional damage which can be caused by female genital mutilation (FGM), virginity testing and hymenoplasty, where to find support, and the law around these areas. This should include that it is a criminal offence for anyone to perform or

[10] The Domestic Abuse Act 2021 recognised children who see, hear, or experience the effects of abuse, and are related to either the victim of the abusive behaviour, or the perpetrator, as victims of domestic abuse in their own right (part 1 section 3). The Domestic Abuse Act 2021 statutory guidance is designed to support statutory and non-statutory bodies working with victims of domestic abuse, including children.

assist in the performance of FGM, virginity testing or hymenoplasty, in the UK or abroad, or to fail to protect a person under 16 for whom they are responsible.

14. That strangulation and suffocation are criminal offences, and that strangulation (applying pressure to the neck) is an offence, regardless of whether it causes injury. That any activity that involves applying force or pressure to someone's neck or covering someone's mouth and nose is dangerous and can lead to serious injury or death.
15. That pornography presents some activities as normal which many people do not and will never engage in, some of which can be emotionally and/or physically harmful.
16. How to seek support for their own worrying or abusive behaviour or for worrying or abusive behaviour they have experienced from others, including information on where to report abuse, and where to seek medical attention when required, for example after an assault.

Intimate and sexual relationships, including sexual health

Curriculum content:

1. That sex, for people who feel ready and are over the age of consent, can and should be enjoyable and positive.
2. The law about the age of consent, that they have a choice about whether to have sex, that many young people wait until they are older, and that people of all ages can enjoy intimate and romantic relationships without sex.
3. Sexual consent and their capacity to give, withhold or remove consent at any time, even if initially given, as well as the considerations that people might take into account prior to sexual activity, e.g. the law, faith and family values. That kindness and care for others require more than just consent.
4. That all aspects of health can be affected by choices they make in sex and relationships, positively or negatively, e.g. physical, emotional, mental, sexual and reproductive health and wellbeing.
5. That some sexual behaviours can be harmful.
6. The facts about the full range of contraceptive choices, efficacy and options available, including male and female condoms, and signposting towards medically accurate online information about sexual and reproductive health to support contraceptive decision-making.
7. That there are choices in relation to pregnancy. Pupils should be given medically and legally accurate and impartial information on all options, including keeping the baby, adoption, abortion and where to get further help.
8. How the different sexually transmitted infections (STIs), including HIV, are transmitted. How risk can be reduced through safer sex (including through condom use). The use and availability of the HIV prevention drugs Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP) and how and where to access them. The importance of, and facts about, regular testing and the role of stigma
9. The prevalence of STIs, the short and long term impact they can have on those who contract them and key facts about treatment.
10. How the use of alcohol and drugs can lead people to take risks in their sexual behaviour.
11. How and where to seek support for concerns around sexual relationships including sexual violence or harms.
12. How to counter misinformation, including signposting towards medically accurate information and further advice, and where to access confidential sexual and reproductive health advice and treatment.

Health and wellbeing

37. The aim of teaching about health and wellbeing is to enable pupils to make good decisions about their own health and wellbeing, to understand the links between physical and mental health, to recognise when things are not right in their own health or the health of others and to seek support when needed. Schools should support pupils to develop strategies for self-regulation, perseverance and determination, even in the face of setbacks.

38. Effective teaching should aim to reduce stigma attached to health issues, in particular relating to mental health, and discourage the pejorative use of language related to ill health. Schools should promote openness, so that pupils can check their understanding and seek any necessary help and advice.

39. Curriculum content related to puberty and menstruation should be complemented by sensitive arrangements to help girls prepare for and manage menstruation, including with requests for period products. Schools should use appropriate language such as period pads and menstrual products instead of sanitary items or feminine hygiene products. The Department for Education's Period Products Scheme is available for state-funded primary schools, secondary schools, and colleges in England.

Health and wellbeing: Primary

40. Health education in primary starts with the benefits and importance of physical activity, good nutrition and sufficient sleep, and supports pupils to develop emotional awareness. Schools should emphasise the relationships between physical health and mental wellbeing, and the benefits of physical activity and time spent outdoors. As in all of RSHE, care should be taken to avoid exposing pupils to concepts which are not appropriate for them. Schools should continue to build on the primary health and wellbeing curriculum content in secondary.

Primary health and wellbeing: content to be covered by the end of primary

General wellbeing

Curriculum content:

1. The benefits of physical activity, time outdoors, and helping others for health, wellbeing and happiness. Simple self-care techniques, including the importance of rest, time spent with friends and family, as well as hobbies, interests and community participation.
2. The importance of promoting general wellbeing and physical health.
3. The range and scale of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) that they might experience in different situations. Pupils should understand that worrying and feeling down are normal, affect everyone at different times, and are not in themselves a sign of a mental health condition.
4. How to recognise feelings and use varied vocabulary to talk about their own and others' feelings.
5. How to judge whether what they are feeling and how they are behaving is appropriate and proportionate.
6. That isolation and loneliness can affect children, and the benefits of seeking support.
7. That bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing and how to seek help for themselves or others.
8. That change and loss, including bereavement, can provoke a range of feelings, that grief is a natural response to bereavement, and that everyone grieves differently.
9. Where and how to seek support (including recognising the triggers for seeking support), including who in school they should speak to if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online).
10. That it is common to experience mental health problems, and early support can help.

Wellbeing online

Curriculum content:

1. That for almost everyone the internet is an integral part of life. Pupils should be supported to think about positive and negative aspects of the internet.
2. Pupils should be supported to discuss how online relationships can complement and support meaningful in-person relationships, but also how they might be in tension, and the reasons why online relationships are unlikely to be a good substitute for high quality in-person relationships, looking at the pros and cons of different ways of using online connection.
3. The benefits of limiting time spent online, the risks of excessive time spent on electronic devices and the impact of positive and negative content online on their own and others' mental and physical wellbeing.
4. How to consider the impact of their online behaviour on others, and how to recognise and display respectful behaviour online.
5. Why social media, some apps, computer games and online gaming, including gambling sites, are age restricted.
6. The risks relating to online gaming, video game monetisation, scams, fraud and other financial harms, and that gaming can become addictive.
7. How to take a critical approach to what they see and read online and make responsible decisions about which content, including content on social media and apps, is appropriate for them.
8. That abuse, bullying and harassment can take place online and that this can impact wellbeing. How to seek support from trusted adults.
9. How to understand the information they find online, including from search engines, and know how information is selected and targeted.
10. That they have rights in relation to sharing personal data, privacy and consent.
11. Where and how to report concerns and get support with issues online.

Physical health and fitness

Curriculum content:

1. The characteristics and mental and physical benefits of an active lifestyle.
2. The importance of building regular physical activity into daily and weekly routines and how to achieve this; for example, walking or cycling to school, a daily active mile or other forms of regular, moderate and/or vigorous physical activity.
3. The risks associated with an inactive lifestyle, including obesity.
4. How and when to seek support including which adults to speak to in school if they are worried about their health.

Healthy eating

Curriculum content:

1. What constitutes a healthy diet (including understanding calories and other nutritional content).
2. Understanding the importance of a healthy relationship with food.
3. The principles of planning and preparing a range of healthy meals.
4. The characteristics of a poor diet and risks associated with unhealthy eating (including, for example, obesity and tooth decay) and other behaviours (e.g. the impact of alcohol on diet or health).

Drugs, alcohol, tobacco and vaping

Curriculum content:

1. The facts about legal and illegal harmful substances and associated risks, including smoking, vaping, alcohol use and drug-taking. This should include the risks of nicotine addiction, which are also caused by other nicotine products such as nicotine pouches.

Health protection and prevention

Curriculum content:

1. How to recognise early signs of physical illness, such as weight loss, or unexplained changes to the body.
2. About safe and unsafe exposure to the sun, and how to reduce the risk of sun damage, including skin cancer.
3. The importance of sufficient good quality sleep for health, the amount of sleep recommended for their age, and practical steps for improving sleep, such as not using screens in the bedroom. The impact of poor sleep on weight, mood and ability to learn.
4. About dental health and the benefits of good oral hygiene, including brushing teeth twice a day with fluoride toothpaste, cleaning between teeth, and regular check-ups at the dentist.
5. About personal hygiene and germs including bacteria, viruses, how they are spread and treated, and the importance of handwashing.
6. The facts and scientific evidence relating to vaccination and immunisation. The introduction of topics relating to vaccination and immunisation should be aligned with when vaccinations are offered to pupils.

Personal safety

Curriculum content:

1. About hazards (including fire risks) that may cause harm, injury or risk and ways to reduce risks.
2. How to recognise risk and keep safe around roads, railways, including level crossings, and water, including the water safety code.

Basic first aid

Curriculum content:

1. How to make a clear and efficient call to emergency services if necessary, including the importance of reporting incidents rather than filming them.
2. Concepts of basic first aid, for example dealing with common injuries and ailments, including head injuries.

Developing bodies

Curriculum content:

1. About growth and other ways the body can change and develop, particularly during adolescence. This topic should include the human lifecycle, and puberty should be discussed as a stage in this process.
2. The correct names of body parts, including the penis, vulva, vagina, testicles, scrotum, nipples. Pupils should understand that all of these parts of the body are private and have skills to understand and express their own boundaries around these body parts.
3. The facts about the menstrual cycle, including physical and emotional changes, whilst the average age of the onset of menstruation is twelve, periods can start at eight, so covering this topic before girls' periods start will help them understand what to expect and avoid distress.

Health and wellbeing: Secondary

41. Teaching in secondary should build on primary content, supporting pupils to understand their changing bodies and their feelings, how to protect their own health and wellbeing, and when a physical or mental health issue requires attention.

42. Secondary schools may also choose to teach about issues which are not listed in the secondary curriculum content. This includes topics such as eating disorders and self-harm. These topics can be taught about in secondary schools in a safe and sensitive way but are specialised areas and schools should use qualified support or advice, ensure that they are using reliable high-quality teaching material, and signpost to external support as needed. Schools may consider accessing support from the NHS or local specialist services who may be able to provide advice and CPD for teachers. It is important that schools ensure that teachers are properly equipped to lead discussions about these topics, including what to do if a pupil makes a disclosure.

43. Secondary schools should also consider how to safely address suicide prevention. Many aspects of suicide prevention are addressed through the mental wellbeing curriculum. Starting in primary school, the curriculum includes recognising and talking about emotions, looking after one's own and others' wellbeing, being worried about friendships, other relationships, and judging whether feelings or behaviour require support. Teachers should discuss isolation, loneliness and bullying, and how to cope when things go wrong in life. It is also important to ensure pupils understand how to seek help from a trusted adult, including when they are concerned about another person.

44. Schools should consult mental health professionals and put in place high quality, evidence-based staff training before addressing suicide directly with secondary aged pupils, to ensure that staff have the knowledge and skills to do this safely. It is important that teachers use language and content that is accurate, straightforward and appropriate

to the level of understanding of the class. They should take particular care not to discuss instructions or methods of self-harm or suicide and avoid using emotive language, videos or images as there is a risk this could signpost pupils towards dangerous ideas and online content of which they may not previously have been aware.

45. Secondary schools should consider carefully when it is suitable to deliver suicide prevention content, taking into account the age, maturity, and personal experiences of pupils as well as the views of parents and the confidence and skills of teachers, recognising that pupils' emotional and cognitive maturity to understand this material increases across the early secondary years.

46. It is also important that schools take a similar approach to addressing eating disorders, ensuring that staff have the knowledge and skills to do this safely. Teachers should take care to avoid language with romanticises eating disorders and avoid discussing instructions, methods or ideas of restriction, bingeing or purging.

47. If teachers have concerns about a specific pupil in relation to eating disorders, self-harm or suicidal ideation or attempts, or a pupil discloses information, they must follow safeguarding procedures.

Secondary health and wellbeing curriculum content

Schools should continue to develop knowledge of topics specified for primary as required and in addition cover the following content by the end of secondary:

Mental wellbeing

Curriculum content:

1. How to talk about their emotions accurately and sensitively, using appropriate vocabulary.
2. The benefits and importance of physical activity, sleep, time outdoors, community participation and volunteering or acts of kindness for mental wellbeing and happiness.
3. That happiness is linked to being connected to others. Pupils should be supported to understand what makes them feel happy and what makes them feel unhappy, while recognising that loneliness can be for most people an inevitable part of life at times and is not something of which to be ashamed.
4. That worrying and feeling down are normal, can affect everyone at different times and are not in themselves a sign of a mental health condition, and that managing those feelings can be helped by seeing them as normal.
5. Characteristics of common types of mental ill health (e.g. anxiety and depression), including carefully-presented factual information about the prevalence and characteristics of more serious mental health conditions. This should not be discussed in a way that encourages normal feelings to be labelled as mental health conditions.
6. How to critically evaluate which activities will contribute to their overall wellbeing.
7. Understanding how to overcome anxiety or other barriers to participating in fun, enjoyable or rewarding activities – that it's possible to overcome those barriers using coping strategies, and that finding the courage to participate in activities which initially feel challenging may decrease anxiety over time rather than increasing it.
8. That gambling can lead to serious mental health harms, including anxiety, depression, and suicide, and that some gambling products are more likely to cause these harms than others.
9. That the co-occurrence of alcohol/drug use and poor mental health is common and that the relationship is bi-directional: mental health problems can increase the risk of alcohol/drug use, and alcohol/drug use can trigger mental health problems or exacerbate existing ones. That stopping smoking can improve people's mental health and decrease anxiety.

Wellbeing online

Curriculum content:

1. About the benefits of limiting time spent online, the risks of excessive time spent on electronic devices and the impact of positive and negative content online on their own and others' mental and physical wellbeing.
2. The similarities and differences between the online world and the physical world, including: the impact of unhealthy or obsessive comparison with others online (including through setting unrealistic expectations for body image); how people may curate a specific image of their life online; the impact that an over-reliance on online relationships, including relationships formed through social media, can have.
3. How to identify harmful behaviours online (including bullying, abuse or harassment) and how to report, or find support, if they have been affected by those behaviours.
4. The risks related to online gambling and gambling-like content within gaming, including the accumulation of debt.
5. How advertising and information is targeted at them and how to be a discerning consumer of information online, understanding the prevalence of misinformation and disinformation online, including conspiracy theories.
6. The risks of illegal behaviours online, including drug and knife supply or the sale or purchasing of illicit drugs online.
7. The serious risks of viewing online content that promotes self-harm, suicide or violence, including how to safely report this material and how to access support after viewing it.

Physical health and fitness

Curriculum content:

1. The characteristics of a healthy lifestyle, including physical activity and maintaining a healthy weight, including the links between an inactive lifestyle and ill-health, including cardiovascular ill-health.
2. Factual information about the prevalence and characteristics of more serious health conditions.
3. That physical activity can promote wellbeing and combat stress.
4. The science relating to blood, organ and stem cell donation.

Healthy eating

Curriculum content:

1. How to maintain healthy eating and the links between a poor diet and health risks, including tooth decay, unhealthy weight gain, and cardiovascular disease.
2. The risks of unhealthy weight gain, including increased risks of cancer, type 2 diabetes and cardiovascular disease.
3. The impacts of alcohol on diet and unhealthy weight gain.

Drugs, alcohol, tobacco and vaping

Curriculum content:

1. The facts about which drugs are illegal, the risks of taking illegal drugs, including the increased risk of potent synthetic drugs being added to illegal drugs, the risks of illicit vapes containing drugs, illicit drugs and counterfeit medicines, and the potential health harms, including the link to poor mental health.
2. The law relating to the supply and possession of illegal substances.
3. The physical and psychological risks associated with alcohol consumption. What constitutes low risk alcohol consumption in adulthood, and the legal age of sale for alcohol in England. Understanding how to increase personal safety while drinking alcohol, including how to decrease the risks of having a drink spiked or of poisoning from potentially fatal substances such as methanol.
4. The physical and psychological consequences of problem-use of alcohol, including alcohol dependency.
5. The dangers of the misuse of prescribed and over-the-counter medicines.
6. The facts about the multiple serious harms from smoking tobacco (particularly the link to lung cancer and cardiovascular disease), the benefits of quitting and how to access support to do so.
7. The facts about vaping, including the harms posed to young people, and the role that vapes can play in helping adult smokers to quit.

Health protection and prevention, and understanding the healthcare system

Curriculum content:

1. Personal hygiene, germs and how they are spread, including bacteria and viruses, treatment and prevention of infection, and about antibiotics.
2. Dental health and the benefits of good oral hygiene, including brushing teeth twice a day with fluoride toothpaste and cleaning between teeth, reducing consumption of sugar-containing food and drinks, and regular check-ups at the dentist.
3. How and when to self-care for minor ailments, and the role of pharmacists as knowledgeable healthcare professionals.
4. The importance of taking responsibility for their own health, and the benefits of regular self-examination and screening.
5. The facts and scientific evidence relating to vaccination, immunisation and antimicrobial resistance. The introduction of topics relating to vaccination and immunisation should be aligned with when vaccinations are offered to pupils.
6. The importance of sufficient good-quality sleep for good health, the importance of screen-free time before bed and removing phones from the bedroom, and how a lack of sleep can affect weight, mood and ability to learn.
7. The importance of healthy behaviours before and during pregnancy, including the importance of pre-conception health, including taking folic acid. The importance of pelvic floor health. Information on miscarriage and pregnancy loss, and how to access care and support.
8. How to navigate their local healthcare system: what a GP is; when to use A&E / minor injuries; accessing sexual health and family planning clinics; the role of local pharmacies; and how to seek help via local third sector partners which may have specialist services.
9. The concept of Gillick competence. That the legal age of medical consent is 16. That before this, a child's parents will have responsibility for consenting to medical treatment on their behalf unless they are Gillick competent to take this decision for themselves. Pupils should understand the circumstances in which someone over 16 may not be deemed to have capacity to make decisions about medical treatment.

Personal safety

Curriculum content:

1. How to identify risk and manage personal safety in increasingly independent situations, including around roads, railways – including level crossings - and water (including the water safety code), and in unfamiliar social or work settings (for example the first time a young person goes on holiday without their parents).
2. How to recognise and manage peer influence in relation to risk-taking behaviour and personal safety, including peer influence online and on social media.
3. How to develop key social and emotional skills that will increase pupils' safety from involvement in conflict and violence. These include skills to support self-awareness, self-management, social awareness, relationship skills and responsible decision making, as well as skills to recognise and manage peer pressure.
4. Understanding which trusted adults they can talk to if pupils are worried about violence and/or knife crime.
5. The law as it relates to knives and violence. Content and examples should relate to the local context and avoid using fear as an educational tool. Children should be taught that carrying weapons is uncommon, and should not be scared into the perception that many young people are carrying knives (which can lead to the misconception that they need to carry a knife too).
6. The risks and signs that they may be at risk of grooming or exploitation, and how to seek help where there is a concern**.**

Basic first aid

Curriculum content:

1. Basic treatment for common injuries and ailments.
2. Life-saving skills, including how to administer CPR.[11]
3. The purpose of defibrillators, when one might be needed and who can use them.

Developing bodies

Curriculum content:

1. The main changes which take place in males and females, and the implications for emotional and physical health.
2. The facts about puberty, the changing adolescent body, including brain development.
3. About menstrual and gynaecological health, including: what is an average period; period problems such as premenstrual syndrome; heavy menstrual bleeding; endometriosis; and polycystic ovary syndrome (PCOS). When to seek help from healthcare professionals.
4. The facts about reproductive health, including fertility and menopause, and the potential impact of lifestyle on fertility for men and women.

[11] Cardiopulmonary Resuscitation is usually best taught after 12 years old.

Related guidance

48. The guidance should be read in conjunction with:

- National curriculum in England: citizenship, religious education, computing, science and physical education programmes of study
- Keeping children safe in education (statutory guidance)
- Early years foundation stage (EYFS) statutory framework - GOV.UK The safeguarding and welfare requirements in section 3 cover children from 0-5 and therefore schools must follow this for children in reception year
- Working Together to Safeguard Children (statutory guidance on multi-agency working to help, protect and promote the welfare of children)
- Behaviour in schools (advice for schools, including advice for appropriate behaviour between pupils)
- Technical guidance for schools in England | EHRC
- SEND code of practice: 0 to 25 years (statutory guidance)
- Alternative Provision (statutory guidance)
- Mental Health and Behaviour in Schools (advice for schools)
- Promoting Children and Young People's Emotional Health and Wellbeing (guidance for schools and colleges)
- Domestic Abuse Statutory Guidance
- Preventing and Tackling Bullying
- Teaching Online Safety in Schools
- The Equality and Human Rights Commission Advice and Guidance (provides advice on avoiding discrimination in a variety of educational contexts)
- Promoting Fundamental British Values as part of SMSC in schools (guidance for maintained schools on promoting basic important British values as part of pupils' spiritual, moral, social and cultural (SMSC))
- SMSC requirements for independent schools (guidance for independent schools on how they should support pupils' spiritual, moral, social and cultural development)
- Guidance for schools on colleges on gender questioning children (currently in draft, to be finalised after consultation)

Developing a curriculum, choosing resources and working with external agencies

49. Schools have significant freedom to implement this guidance in the context of a broad and balanced curriculum.

50. A school's curriculum should be in line with the needs of pupils. Effective, high-quality teaching will break down core knowledge and skills into manageable and well-sequenced units, including opportunities for pupils to practise skills so that they will be confident to use them in real-life situations. The curriculum should build knowledge and skills sequentially, with regular feedback provided on pupil progress. Lessons should

ensure that all pupils are challenged, and assessments should identify where pupils need extra support or intervention.

51. The lead teacher will need to work closely with colleagues in related curriculum areas to ensure the subjects complement and do not duplicate content covered in national curriculum[12] subjects such as citizenship, science, computing and PE. The lead teacher will want to look for opportunities across other curriculum subjects to reinforce concepts introduced in RSHE, for example discussing misogyny in the context of history or using examples in literature to discuss positive and less positive examples of relationships.

52. Working with external organisations can enhance delivery of these subjects, bringing in specialist knowledge and different ways of engaging with young people, but schools always remain responsible for the content and the way in which children are taught. Schools should check that external resources are accurate, age and stage appropriate and unbiased. Schools should be particularly cautious about using resources from organisations that have a broader interest in promoting harmful products (e.g. cigarettes and alcohol) or that have a strong partisan view on a contested topic. Schools are responsible for checking the credentials of any visitor or visiting organisation. Schools should ask to see materials and a lesson plan in advance, and should seek the views of parents, making sure that all materials can be viewed by parents (see the section on openness with parents below).

53. Examples of resources funded by the Government to complement classroom teaching are listed in Annex B. It is ultimately the school's responsibility to ensure resources and teaching materials are appropriate for the age and maturity of pupils, are accessible for all pupils, including those with SEND, fit with their planned programme and policy, and are sensitive to pupils' needs.

54. It is important to agree how confidentiality will work in any lesson, and that any visitor understands how safeguarding reports should be dealt with in line with school policy. Further information for teachers in handling potential safeguarding or child protection reports is on page 34.

Openness with parents about RSHE materials

55. Schools should take steps to pro-actively engage parents and make sure they are aware of what is being taught in RSHE. These steps might include inviting parents into school to discuss the curriculum content and the importance of RSHE for wellbeing and safety, inviting them to discuss any concerns, and supporting parents in managing conversations with their children about RSHE topics. Schools must consult parents when developing and reviewing their RSE policies, in accordance with the section on developing a policy, above.

[12] The national curriculum does not apply to academies or independent schools.

56. Schools should show parents a representative sample of the resources that they plan to use, enabling parents to continue conversations started in class, and should ensure that parents are able to view all curriculum materials used to teach RSHE on request. Parents are not able to veto curriculum content, but schools must consult with parents when developing their RSHE policy and it is right that they are able to see what their children are being taught, especially in relation to sensitive topics, and schools should respond positively to requests from parents to see material.

57. There is a public interest in parents being given the opportunity to see materials used in RSHE teaching if they would like to. When contracting with external providers, schools should not agree to any contractual restrictions on showing parents any content that the school will use. Schools should communicate to providers that they are legally obliged to have regard to this statutory guidance, including the expectation that all content can be shared with parents.

58. Where contractual clauses exist that seek to prevent schools sharing any material at all with parents, they are void and unenforceable. This is because they contradict the clear public policy interest of ensuring that parents are aware of what their children are being taught in sex and relationships education.

59. Where copyright law applies, schools must comply with it when sharing resources with parents. It is best practice to share materials via a “parent portal” or, if this is not possible, through a presentation. When schools make documents available to parents, they should acknowledge the provider’s authorship. They should include a statement, that parents agree to as a condition of access, that the content should not be copied or shared further except as authorised under copyright law. Where relevant and possible, IT systems should also be in place to prevent downloading.

60. Where parents are unable to view materials via a “parent portal”, or cannot attend a presentation, schools can provide copies of materials to parents to take home, providing parents agree to a similar statement that they will not copy the content or share it further except as authorised under copyright law. For the avoidance of doubt – copyright law affects the way in which materials are shared, but should never be used as a reason to refuse to share them.

Governors and Trustees

61. As well as fulfilling their legal obligations, governing boards and proprietors of academy trusts should also make sure that:

- all pupils make progress in achieving the expected educational outcomes
- teaching is accessible to all pupils with SEND
- curriculum content and teaching materials are aligned with this statutory guidance

- clear information is provided for parents on the subject content, teaching materials and external providers, and on the right to request that their child is withdrawn from sex education

Foundation governors of maintained schools and trustees of academy trusts that include schools with a designated religious character will also have wider responsibilities in relation to maintaining and developing the religious ethos of their faith schools

Teaching about the law

62. There will be a range of opinions regarding some topics within RSE. The starting principle should be that applicable law should be taught in a factual way so that pupils are clear about their rights and responsibilities as citizens.

63. Pupils should be made aware of the relevant legal provisions when relevant topics are being taught, including for example those relating to:

- marriage, including forced marriage and civil partnerships
- consent, including the age of consent
- domestic abuse, stalking, rape, sexual offences, female genital mutilation (FGM), 'virginity testing' and hymenoplasty
- sexual abuse, harassment and exploitation, including public sexual harassment and harmful sexual behaviour
- the Online Safety Act
- online behaviours including image and information sharing (including sexual imagery, youth-produced sexual imagery, nudes, etc, and including AI-generated sexual imagery and deepfakes). Pupils should understand the law about online sexual harassment and online sexual abuse including grooming and sextortion
- pornography
- abortion
- protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation)
- alcohol, smoking, vaping and nicotine products and illicit drug use
- gambling
- carrying knives and weapons
- extremism/radicalisation
- grooming or exploiting children into criminal activity, which can include gang involvement and county lines drug running
- hate crime
- the age of criminal responsibility

- medical consent, Gillick competence and parental responsibility

Equality

64. Schools are required to comply with relevant requirements of the Equality Act 2010, including the Public sector equality duty (PSED) (s.149), when teaching RSHE. [13] Further guidance is available for schools in The Equality Act 2010 and Schools advice.

65. Schools must ensure topics in RSHE are taught in a way which does not discriminate against pupils or amount to harassment.

66. Pupils should understand the importance of equality and respect and learn about the law relating to the protected characteristics by the end of their secondary education. The protected characteristics are age, disability, gender reassignment, sexual orientation, marriage or civil partnership, pregnancy and maternity, race, religion or belief, and sex.

Lesbian, Gay, Bisexual and Transgender content

67. As above, pupils should understand the importance of equality and respect throughout their education. They should learn about all protected characteristics, including sexual orientation and gender reassignment, by the end of their secondary education.

68. We strongly encourage primary schools to teach about healthy loving relationships, and to include same-sex parents along with other family arrangements when discussing families. At secondary school, there should be an equal opportunity to explore the features of stable and healthy same-sex relationships, and secondary schools should ensure that this content is integrated into RSHE programmes of study rather than delivered as a standalone unit or lesson. Schools should ensure that they cover all the facts about sexual health, including STIs, in a way that is relevant for all pupils, including those who are lesbian, gay, bisexual and/or gender questioning.

69. Pupils should also be taught the facts and the law about biological sex and gender reassignment. This should recognise that people have legal rights by virtue of their biological sex which are different from the rights of those of the opposite sex with the protected characteristic of gender reassignment. Pupils should also be taught to recognise that people with the protected characteristic of gender reassignment, as with the other protected characteristics, have protection from discrimination and should be treated with respect and dignity.

70. In teaching this, schools should be mindful that beyond the facts and the law about biological sex and gender reassignment there is significant debate, and they should be careful not to endorse any particular view or teach it as fact. For example, they should not

[13] Equality Act provisions in relation to schools are in Part 6, Chapter 1. Independent schools that are not academies are not subject to the PSED.

teach as fact that all people have a gender identity. Schools should avoid language and activities which repeat or enforce gender stereotypes. Schools should be mindful to avoid any suggestion that social transition is a simple solution to feelings of distress or discomfort.

71. Schools should encourage young people to consider how to express their views while remaining respectful of the opinions of others. Schools should be clear that bullying or disrespectful language or behaviour is never appropriate.

72. Where schools decide to use external resources, they should avoid materials that use cartoons or diagrams that oversimplify this topic, that could be interpreted as being aimed at younger children, or that perpetuate stereotypes or encourage pupils to question their gender. Schools should consult parents on the content of external resources on this topic in advance and make all materials available to them on request as set out in the section on openness with parents.

Religion and belief, including teaching in schools with a religious character

73. RSHE should be sensitive to the religious background of pupils, and schools must ensure they comply with the relevant provisions of the Equality Act 2010, under which religion or belief are amongst the protected characteristics.

74. All schools may teach about faith perspectives on these topics. In particular, schools with a religious character may teach their distinctive faith perspective on relationships, and balanced debate may take place about issues that are contentious. For example, the school may wish to reflect on faith teachings about certain topics as well as how their faith institutions may support people in matters of relationships and sex. Schools should be clear when they are delivering content that reflects religious belief.

Pupils with special educational needs and disabilities (SEND)

75. Teaching should be developed to ensure these subjects are accessible for pupils with SEND and prepare pupils for adulthood,[14] as set out in the SEND code of practice: 0 to 25 years. This applies to both mainstream and special schools.

76. Schools should be aware that pupils with SEND may be more vulnerable than their peers to harmful sexual behaviour, sexual abuse, exploitation and violence, bullying and

[14] “Preparing for adulthood” outcomes are set out at section 7.38 of the SEND code of practice: 0 to 25 years.

other issues. RSHE can be particularly important for these pupils, particularly those with social, emotional and mental health needs or learning disabilities.

Addressing sexual harassment and sexual violence

77. Relationships education has an important role in supporting young people to develop the skills they need to build healthy relationships and grow into kind and respectful adults. From early primary, schools can support young children to develop skills for positive relationships, including skills for navigating boundaries with kindness and respect. Schools can support young children to behave with respect and to understand and identify prejudice. Preventing sexual violence and abusive behaviour starts from this support for children in primary.

78. Supporting young people to develop the skills they need to build healthy relationships should be part of a whole school approach and underpin schools' policies, including behaviour and safeguarding, to ensure that an ethos of kindness and respect is evident throughout the school.

79. Pupils should understand that anyone can be a victim of sexual violence, regardless of sex, sexual orientation, gender reassignment or any other protected characteristic, and that the victim is never to blame. It is important to acknowledge that most sexual violence is committed against women and girls, and it often has a gendered component – for example, manifesting an inequality of power between men and women. However, anyone can be affected by sexual violence and teachers should avoid language which stigmatises boys or suggests that boys or men are always perpetrators or that girls or women are always victims.

80. Both within and beyond the classroom, staff should be conscious of everyday sexism, misogyny, homophobia and stereotypes, and should take action to build a culture where prejudice is identified and tackled. Staff have an important role in modelling positive behaviour and avoiding language that might perpetuate harmful stereotypes. Pupils should understand the importance of challenging harmful beliefs and attitudes and should understand the links between sexism and misogyny and violence against women and girls. Where misogynistic ideas are expressed at school, staff should challenge the ideas, rather than the person expressing them.

81. Pupils should have opportunities to develop positive conceptions of masculinity and femininity, including how to identify and learn from positive male role models. It is important for pupils to understand that most boys and young men are respectful to girls and young women and each other. Pupils may be exposed to online content which normalises harmful or violent sexual behaviours, which might include sexist and misogynistic influencers who normalise sexual harassment and abuse. Young people may be more vulnerable to this content when they have low self-esteem, are being bullied, or have other challenges in their lives. Teachers should encourage pupils to consider how this content may be harmful to both men and women, while avoiding stigmatising or

perpetuating harmful stereotypes about boys, and avoiding directly signposting to specific content and content producers.

82. It is important for pupils to understand that ethical behaviour in friendships and other relationships goes beyond respecting boundaries and consent, and that strong relationships of all types involve kindness and care. RSE lessons should be clear that all sexual activity should involve kindness, care, attention to the needs and vulnerabilities of the other person and an awareness of the power dynamics that can exist within relationships.

83. RSE lessons should ensure that both boys and girls have opportunities to practise respectful communication and understand experiences which are different from their own, including menstruation and menopause. However, in some cases, such as when a school identifies a specific need, the school may consider that separating classes by sex is the best way to create a safe space for discussion of a particular topic. This should be done in a way that avoids stigmatising boys or making girls feel like they will inevitably be victims of abusive behaviour or that it is their responsibility to protect themselves.

Safeguarding

84. Discussions about sensitive topics in RSHE can lead to increased safeguarding reports. All staff should know what to do if they have concerns that a pupil is being neglected or abused, including those who have seen, heard or experienced the effects of domestic abuse.[15] The Department publishes statutory safeguarding guidance *Keeping children safe in education* (KCSIE); this guidance provides a strong safeguarding framework and is clear on the actions a school or college should take if there are any concerns about a child or young person's wellbeing and/or safety. Staff should also be aware of mandatory reporting duties, including relating to FGM, and that virginity testing and hymenoplasty became illegal in 2022. The Government is also introducing a new law which will create a legal requirement for anyone in regulated activity relating to children in England, including teachers, to report if they are made aware a child is being sexually abused. Where lessons are delivered by external agencies, schools must agree in advance of the session how a safeguarding concern would be dealt with by the external visitor.

85. If staff have any concerns about a child's welfare, they should act on them immediately. Part 1 of KCSIE sets out the process staff should follow when they have concerns about a child. Staff should handle personal information with due care and know how to manage the requirement to maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the Designated Safeguarding Lead (or deputy). Staff should never promise a child that they will not tell

[15] Resources to help teachers and school staff identify the signs and indicators of child sexual abuse can be found here – Centre of expertise on child sexual abuse

anyone about a report of abuse, as this may ultimately not be in the best interests of the child. It is equally important that children understand how confidentiality will be handled in a lesson and what might happen if they choose to make a report, about themselves or a peer. Pupils should also understand where they can report any concerns and seek help, including to external services if they do not feel comfortable talking to school staff.

86. If staff have a concern about a risk of pupils experiencing or perpetrating harms, they should follow their own organisation's child protection policy and speak to the designated safeguarding lead (or a deputy). The designated safeguarding lead should have knowledge of trusted, high-quality local support that could be engaged, links to the police and other agencies and awareness of local issues which it may be appropriate to address in lessons.

Managing difficult questions

87. Pupils may ask questions about topics which go beyond any sex education covered by the school or relate to sex education from which they have been withdrawn. The school's policy should explain how teachers will handle such questions, with an emphasis on supporting the child. This may include asking a pupil to speak to their parents or a trusted adult, signposting to support services where needed, and recognising that children whose questions go unanswered might instead turn to inappropriate sources of information, including online. Teachers may require support and training in handling questions that are better not dealt with in the classroom.

Annex A Regulations

Relationships education, Relationships and Sex Education, and Health education

The Relationships education, Relationships and Sex Education, and Health education (England) Regulations 2019 are made under sections 34 and 35 of the Children and Social Work Act 2017 and provide that pupils receiving primary education must be taught relationships education; pupils receiving secondary education must be taught RSE; and that all primary and secondary pupils must be taught health education. The subjects of relationships education and RSE must be taught in all maintained schools, academies and independent schools. This includes pupil referral units, maintained special schools, special academies, and non-maintained special schools. All schools, except independent schools, must make provision for health education.

To give effect to the duty in section 34 of the 2017 Act and the power in section 35 of that Act, the Relationships education, Relationships and Sex Education and Health education (England) Regulations 2019 amend existing provisions in the Education Act 1996 and the Education Act 2002 and insert new provisions into the Education (Pupil Referral Units) (Application of Enactments) (England) Regulations 2007, the Education (Independent School Standards) Regulations 2014 and the Non-Maintained Special Schools (England) Regulations 2015. The provisions include a requirement for the Secretary of State to publish guidance on relationships education, RSE, and health education; require schools to have regard to that guidance; require schools to make a statement of policy on their provision of relationships education and RSE; and set out the circumstances in which a pupil is to be withdrawn from RSE.

The regulations and guidance in relation to health education do not apply to independent schools – they will continue to make provision for the health education element of PSHE under the Education (Independent School Standards) Regulations 2014.

Annex B Government resources

Curriculum resources

The Department for Education page brings together all existing information available to schools on the teaching of the RSHE curriculum. This includes parent guides and guidance in engaging parents on Relationships education. Schools will also want to refer to Keeping children safe in education (statutory guidance).

- Schools may also wish to see a series of DfE sexual harassment webinars covering domestic abuse, pornography and sexual exploitation.
- Non-statutory framework for Citizenship KS 1 and 2 (Non-statutory programme of study). Schools may wish to draw on the statutory Citizenship programme of study for KS 3 and 4 in their planning.
- Oak National Academy, the independent provider of freely available online curriculum and lesson resources, are developing curriculum materials to make sure every school can access high-quality, compliant resources which will build on what is already available for schools.
- Example of a model RSHE curriculum produced in 2019 by the Catholic Education Service in conjunction with the Department for Education. https://www.catholiceducation.org.uk/resources/relationship-and-sex-education

Wider resources

These subjects support many cross-government strategies of which schools will want to be aware. Whilst we have not referenced all strategies or supporting documents, we have included some of the key areas below.

- The Working together to safeguarding children statutory guidance on multi-agency working to help, protect and promote the welfare of children.
- The Domestic Abuse Act 2021 statutory guidance which is intended to increase awareness and inform the response to domestic abuse, also conveying standards and promotes best practice.
- Statutory guidance on FGM, including the mandatory reporting duty which applies to teachers, health and social care professionals, and statutory guidance on forced marriage.
- The report Teaching Relationships Education to Prevent Sexual Abuse is a rapid evidence assessment of the academic and grey literature on teaching relationships education to prevent sexual abuse.

- Centre of expertise on child sexual abuse. Advice, research and resources to help professionals identify, respond and support children and young people who have experienced sexual abuse.

- Crimestoppers Fearless. Definitions, advice on how to spot the signs, and guidance to support young people affected by sexual harms, including child sexual abuse and harmful sexual behaviour.

- The Virginity testing and hymenoplasty: multi-agency guidance offers advice for chief executives, directors, senior managers, frontline professionals within agencies and anyone else who may come in to contact with women and girls affected by virginity testing and hymenoplasty. It encourages agencies to cooperate and work together to protect and support those at risk of, or who have undergone, these procedures.

- The Child Exploitation and Online Protection (CEOP) Education programme, part of the National Crime Agency, which aims to protect children and young people from the threat of online child sexual abuse. Their offer for professionals includes training, guidance and free educational resources that are aligned to the RSHE curriculum.

- The National Crime Agency in partnership with the PSHE association have developed lesson plans that explore the risks involved in committing cybercrime and help students to recognise and avoid the techniques used to manipulate young people online: National Crime Agency: Exploring Cybercrime (pshe-association.org.uk).

- Report Remove is a service designed for young people in the UK, under 18, to confidentially report and remove sexual images or videos of themselves from the internet. This initiative, a collaboration between Childline and the Internet Watch Foundation (IWF), offers a secure and anonymous way for minors to take control of their online presence and safety.

- The Youth Endowment Fund (YEF, the 'what works' centre for preventing violence) Education Practice Guidance outlines evidence-based recommendations on how to help prevent children's involvement in violence. Education guidance | Youth Endowment Fund The YEF also produce an online toolkit that fund and evaluate interventions. The toolkit currently summarises 32 different approaches to violence prevention, highlighting impact on violent crime, evidence quality and cost. The YEF's Toolkit outlines 12 approaches to preventing violence among school-age children within Education and Children's Services Youth Endowment Fund Toolkit.

- The Children's Commissioner Digital 5 A Day provides a simple framework that reflects the concerns of parents as well as children's behaviours and needs.

- Better Health (NHS) have produced a website for teachers which covers a broad range of health and relationships issues in a format which is accessible for young people, targeted at primary and secondary age pupils. This includes Every Mind Matters resources for lessons which are accredited by the NHS: *School Zone | Campaigns | Campaign Resource Centre*. *Additionally, 'Talk to Frank' provides*

tailored, youth centred information about nicotine/vaping, alongside other substances. Home Office guidance and resources for teachers and school staff on responding to and preventing abuse in a school setting, as well as resources for teaching about sexual harassment and sexual abuse, including preventing violence against women and girls: Guidance and resources for teachers and school staff | ENOUGH

- Shore Space. An anonymous and confidential chat service and website for children and young people who are worried about their own or others' sexual thoughts, feelings or actions.

- The Drug Education suite of drug and alcohol education lesson materials incorporates the latest evidence, information and statistics, along with additional content on vaping, synthetic drugs and more.
- The National Centre For Smoking Cessation and Training (NCSCT) provides resources and practice guidance for healthcare professionals and teachers to support children and young people quit tobacco and/or vaping.
- The Teenage Pregnancy prevention framework provides evidence based guidance for local authorities, including the important role of RSE and links to local sexual health services. Additionally, the Fingertips tool offers a large public health data collection where information on teenage pregnancies can be found. The Department of Health and Social Care's Framework for Sexual Health Improvement in England supports the prevention of early, unplanned pregnancy.

- Reproductive health - a public health issue (PHE. 2018) A consensus statement, data and women's experiences, covering reproductive health through the life course, from menstruation to menopause. (PHE. 2018)

- Period product scheme for schools and colleges - GOV.UK

- Physical activity guidelines (Guidance from the Chief Medical Office) on how much physical activity people should be doing, along with supporting documents.

- The Eatwell Guide is a policy tool used to define government recommendations on eating healthily and achieving a balanced diet.

- The Children's health: migrant health guide contains advice and guidance on the health needs of migrant patients for healthcare practitioners.

- The Children's Oral Health elearning programme provides information and advice about children's oral health. It is aimed at parents, expectant mothers, early years healthcare workers, teachers, nurses, GPs and the public.

- The Commissioning and delivering supervised toothbrushing schemes in early years and school settings - GOV.UK guidance and toolkit has been updated to support commissioners and providers of local supervised toothbrushing schemes to ensure activities are evidence-informed, safe and have clear accountability and reporting arrangements to demonstrate impact.

- The Yellow Card Scheme – self-care and the importance of reporting suspected side effects to medicines. A fully tested and evidence-based guide for pupils and teachers on the potential risks of medicines and healthcare products, including side effects, problems with medical devices, blood products, e-cigarettes, and vapes, and what to do about them.

- NHS Blood and Transplant curriculum resources on blood, organ and stem cell donation: Educational resources - NHS Blood and Transplant

- Briefing for primary schools on the Flu vaccination programme in schools - GOV.UK

- Briefing for secondary schools on the Adolescent vaccination programme in secondary schools for 2024 to 2025 - GOV.UK

- The UKHSA e-bug resources cover a broader health education programme that includes vaccination and developed materials from early years to Key stage 3. These can be found here: e-bug home

- The Government response to the consultation on the structure, distribution and governance of the statutory levy on gambling operators - GOV.UK

- The Gambling Levy Regulations 2025 – GOV.UK

- Educational resources to help young people stay safe around the railways can be found here: Safety education - Network Rail

Data to understand the health and wellbeing needs of the local school-age population

- The Office for Health Improvement and Disparities (OHID) through its Fingertips tool offers a large public health data collection. Data is organised into themed profiles including a child and maternal health profile. The indicators included in the profile allow areas to see how they perform against the national average and against other local areas. These tools, accompanied by local health intelligence, can be used by schools to identify and respond to the particular health and wellbeing needs of their local school-age population.

Department for Education

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Department
for Education

Relationships Education, Relationships and Sex Education (RSE) and Health Education

Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, and teachers

July 2025

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Introduction

1. Children and young people need knowledge and skills that will enable them to make informed and ethical decisions about their wellbeing, health and relationships. High quality, evidence-based teaching of relationships, sex and health education (RSHE) can help prepare pupils for the opportunities and responsibilities of adult life, and can promote their moral, social, mental and physical development. Effective teaching will support young people to cultivate positive characteristics including resilience, self-worth, self-respect, honesty, integrity, courage, kindness, and trustworthiness. Effective teaching will support prevention of harms by helping young people understand and identify when things are not right.

2. The duties on schools in this area are set out in legislation.[1] The Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019, made under sections 34 and 35 of the Children and Social Work Act 2017, make relationships education compulsory for all pupils receiving primary education and relationships and sex education (RSE) compulsory for all pupils receiving secondary education.[2] They also make health education compulsory in all schools except independent schools. Personal, social, health and economic education (PSHE) continues to be compulsory in independent schools. Parents[3] have the right to request that their child be withdrawn from some or all of sex education delivered as part of statutory RSE.

3. The subjects are part of the basic school curriculum, which allows schools flexibility in developing their planned programme, integrated within a broad and balanced curriculum. Key aspects of RSHE are in scope for Ofsted inspection, for example, through inspectors' consideration of pupils' personal development, behaviour and welfare, and spiritual, moral, social and cultural development.

What is the status of this guidance?

4. This is statutory guidance from the Department for Education issued under Section 80A of the Education Act 2002 and section 403 of the Education Act 1996 – further details are in Annex A.

[1] Maintained schools and academies are required to provide a curriculum which is broad and balanced in accordance with Section 78 of the Education Act 2002. Part I of the Schedule to the Education (Independent School Standards) Regulations 2014 requires independent schools other than academies to make provision for PSHE (paragraph 2(2)(d)), and to prepare pupils for the opportunities, responsibilities and experiences of life in British society (paragraph 2(2)(i). Part 2 of the Schedule requires independent schools (including academies) to meet the standard relating to the Spiritual, Moral, Social and Cultural development of pupils.

[2] For ease of reference, this guidance refers to primary schools and secondary schools, but the statutory requirements refer to pupils receiving primary/secondary education.

[3] The word "parents" is used henceforth to mean both parents and carers.

5. Schools[4] must have regard to the guidance, and where they depart from those parts of the guidance which state that they should (or should not) do something they will need to have good reasons for doing so.

About this guidance

6. This document contains information on what schools **should** do and sets out the legal duties with which schools **must** comply when teaching relationships education, relationships and sex education (RSE) and health education.

7. Unless otherwise specified, 'school' means all schools, whether maintained, non-maintained or independent schools, including academies and free schools, non-maintained special schools, maintained special schools and alternative provision, including pupil referral units.

8. This guidance updates the Relationships Education, Relationships and Sex Education (RSE) and Health Education statutory guidance 2019. This guidance will be kept under review.

Who this guidance is for

9. This statutory guidance applies to all schools, and is therefore aimed at:

- governing bodies of maintained schools (including schools with a sixth form) and non-maintained special schools (including residential special schools)
- trustees of academies and free schools
- Multi Academy Trust central staff team
- proprietors of independent schools (including academies and free schools)
- providers of alternative provision, including AP Academies and AP Free Schools
- management committees of pupil referral units (PRUs)
- teachers, other school staff and school nurses
- head teachers, principals and senior leadership teams
- dioceses and other religious bodies, and
- for reference, relevant local authority staff.

10. Pupil referral units (PRUs), alternative provision (AP) academies and free schools, and independent schools that provide AP, are required to make provision for relationships education, RSE and health education in the same way as mainstream schools; and they must have regard to this guidance in delivering their programme. In teaching these subjects in PRUs, AP academies and free schools, and independent[5] AP schools, specific

[4] Guidance on health education does not apply to independent schools, which must meet the Independent School Standards as set out in the Education (Independent School Standards) Regulations 2014. However, they may find the sections on health education helpful. It does, however, apply to academies and free schools.

[5] Independent schools do not have to have regard to the guidance on health education, although they may find it helpful in planning.

thought should be given to the particular needs and vulnerabilities of the pupils and what adjustments might be needed.

11. The statutory requirements do not apply to sixth form colleges, 16-19 academies or Further Education (FE) colleges,[6] although we would encourage them to support students by offering these subjects. These settings may find the principles helpful, especially in supporting pupils in the transition to FE.

Developing a policy

12. All schools must have an up-to-date written policy for relationships education or, where they teach sex education, for RSE. Schools must proactively engage and consult parents when they develop and review their policy, ensuring parents understand that effective RSHE is important for promoting and protecting the wellbeing of all children (see the section on openness with parents on page 33). Listening and responding to the views of pupils and parents helps to ensure that RSHE meets pupils' needs and that topics are taught at the right time to support children to build positive relationships and avoid harms before they occur. Schools must provide a copy of their policy free of charge to anyone who asks for one and publish the policy on the school website.[7] Schools may need to include new content in RSHE to respond to emerging needs or issues in the school but should be careful to inform parents of any shifts away from the policy and continue to share relevant materials on request.

13. While schools are not required to publish a policy for health education, it would be good practice for schools to set out some of the details about how health education will be taught.

14. The RSE policy should:

- Set out the subject content, how and when it will be taught, and who is responsible for teaching it, including any external providers the school will use.
- Differentiate between relationships and sex education (where sex education is taught), so that parents have clear information. Relationships education doesn't involve explaining the detail of different forms of sexual activity, but can cover sensitive topics such as sexual violence in order to keep children safe.
- Include information about a parent's right to request that their child is withdrawn from sex education.
- Explain how content will be made accessible to all pupils, including those with special educational needs or disabilities (SEND).

[6] Further education and sixth form colleges that provide full time education for 14-16-year olds are required to follow Department for Education guidance which covers a number of areas including the curriculum. From September 2020, these included the subjects of relationships and sex education and health education, and such providers need to follow this guidance.

[7] If a school does not have a website, they should ensure that the policy is available by other means.

- Describe how the subject is monitored and evaluated.
- Set out how parents can view curriculum materials.
- Explain how teachers will answer questions about topics in sex education that the school does not cover (in primary) or that relates to sex education from which the child has been withdrawn.
- Explain how the policy has been produced, who approves the policy, and how and when it will be reviewed.

Guiding principles for relationships, sex and health education

15. Schools should develop a curriculum with the following key principles in mind:

a. **Engagement with pupils.** An inclusive and well-sequenced RSHE curriculum should be informed by meaningful engagement with pupils to ensure that the curriculum is relevant and engaging.
b. **Engagement and transparency with parents.** Schools should engage with parents on the content of RSHE and be transparent with parents about all materials used in RSHE. All materials should be available to parents, as described in the section on openness with parents on page 33. Parents have a right to request that their children are withdrawn from sex education (pupils can opt back in from three terms before they turn 16) and schools should ensure parents are aware of sex education content within lessons in advance.
c. **Positivity.** Schools should focus on building positive attitudes and skills, promoting healthy norms about relationships, including sexual relationships where relevant, and about health, including mental health. Schools should avoid language which might normalise harmful behaviour among young people – for example gendered language which might normalise male violence or stigmatise boys.
d. **Careful sequencing.** Schools should cover all statutory topics, recognising that young people can start developing healthy behaviour and relationship skills as soon as they start school. Schools should sequence teaching so that pupils are supported and equipped with the knowledge to navigate different experiences in a positive way before they occur, and to prevent harms.
e. **Relevant and responsive.** Schools should develop the curriculum to be relevant, age and stage appropriate and accessible to pupils in their area, where appropriate working with local partners and other bodies to understand specific local issues and ensure needs are met.
f. **Skilled delivery of participative education.** The curriculum should be delivered by school staff or, where schools choose to use them, external providers who have the knowledge, skills and confidence to create a safe and supportive environment and to facilitate participative and interactive education which aims to support and not to alarm pupils. Staff should be trained in safeguarding and offering support, recognising the increased possibility of disclosures.
g. **Whole school approach.** The curriculum is best delivered as part of a whole school approach to wellbeing and positive relationships, supported by other school policies, including behaviour and safeguarding policies.

Parents' right to request withdrawal from sex education

16. Parents have the right to request that their child be withdrawn from some or all of sex education delivered as part of statutory RSE.

17. Before granting any request for withdrawal of a child from sex education, it is good practice for the head teacher to discuss the request with parents, and the child if appropriate, to understand the request and to clarify the nature and purpose of the curriculum. This is likely to include discussing the benefits of sex education, and any detrimental effects of withdrawal, including social and emotional impacts on the child, and the likelihood that the child will hear their peers' version of what was said in class, which may not be accurate. Schools will want to document this process to ensure a record is kept.

18. Where primary schools provide sex education, head teachers must automatically grant a request to withdraw a pupil from it, other than content that is taught as part of the science curriculum. In secondary, head teachers can refuse a request in exceptional circumstances, for example because of safeguarding concerns or a pupil's specific vulnerability.

19. From three terms before the pupil turns 16, a pupil can choose to opt back into sex education even if their parent has requested withdrawal. For example, if a pupil turns 16 during the autumn term, the pupil can opt back into sex education at any time after the start of the previous autumn term. Schools should ensure that pupils know they have this option.

20. If a pupil is withdrawn from sex education, it is the school's responsibility to ensure that the pupil receives appropriate, purposeful education during the period of withdrawal.

21. Parents do not have the right to withdraw their pupils from relationships and health education, nor can they be withdrawn from topics taught as part of the science curriculum, including science topics related to puberty or sexual reproduction.

22. Everyone has relationships with others, and most pupils will develop sexual relationships at some point in their lives. Relationships education should equip pupils with the knowledge and skills they need to act with kindness and respect in all their relationships as they grow into adulthood, to enjoy their relationships, and to keep themselves and others safe.

23. Relationships education will focus on how to form and sustain positive relationships but will also help children identify risks and harms. Relationships education may therefore include topics related to preventing sexual abuse, for example, or avoiding sharing inappropriate material online. This can be done without describing the detail of any sexual

activity involved. Similarly, good safeguarding practice requires young people to understand the correct terms for different parts of the body and to be able to confidently use these terms. This can be provided as part of health education in primary, without describing any detail of sexual activity.

Curriculum Content

Relationships education (Primary)

24. The focus for primary relationships education should be on teaching the skills and knowledge that form the building blocks of all positive relationships, supporting children from the start of their education to grow into kind, caring adults who have respect for others and know how to keep themselves and others safe.

25. Building children's understanding and skills at primary is essential for preparing them for more complex content at secondary. For example, in primary, children will learn skills for managing difficult feelings in their friendships, like disappointment or anger. This prepares them to reflect on how to behave with kindness in more complex or challenging relationships at secondary.

26. Schools should be sensitive to pupils' circumstances, recognising that families of many forms provide a nurturing environment for children, and can include single parent families, same-sex parents, families headed by grandparents, young carers, kinship carers, adoptive parents and foster parents/carers. Teaching should illustrate a wide range of family structures in a positive way, and care should be taken to ensure that children are not stigmatised based on their home circumstances.

27. Primary relationships education should be anchored in an understanding of positive relationships, but should also equip children to keep themselves and others safe, and to recognise and report risks and abuse, including online. This can be delivered by focusing on boundaries, privacy, and children's rights over their own bodies and personal information. Pupils should be able to recognise emotional, physical and sexual abuse. Even very young children can be equipped to understand what counts as abusive behaviour and to trust their instincts about behaviour that doesn't feel right. In addition, pupils should understand about bullying, and that this can include the use of derogatory terms relating to sex, race, disability or sexual orientation.

28. Pupils should know how to report concerns and seek advice. While teaching children how to stay safe, including online, teachers should be clear that being a victim of abuse is never the fault of the child.

29. Primary children should be introduced to protective and preventative content in a way that does not cause unreasonable alarm and does not appear to normalise risky behaviours or activities. For example, in late primary, schools may decide to discuss the

pressure to share naked images if this is affecting pupils in the school. There may also be cases, such as when they know that pupils have seen pornography, in which schools may feel the need to discuss online sexual content. Teaching should be age appropriate and respectful of all children, including those who may have no familiarity with the topics under discussion. Schools should also inform parents of any deviation from their published RSE policy in advance and share any relevant materials with them on request.

Relationships education: content to be covered by the end of primary

Families and people who care for me

Curriculum content:

1. That families are important for children growing up safe and happy because they can provide love, security and stability.
2. The characteristics of safe and happy family life, such as commitment to each other, including in times of difficulty, protection and care for children and other family members, the importance of spending time together and sharing each other's lives.
3. That the families of other children, either in school or in the wider world, sometimes look different from their family, but that they should respect those differences and know that other children's families are also characterised by love and care.
4. That stable, caring relationships are at the heart of safe and happy families and are important for children's security as they grow up.
5. That marriage and civil partnerships represent a formal and legally recognised commitment of two people to each other which is intended to be lifelong.
6. How to recognise if family relationships are making them feel unhappy or unsafe, and how to seek help or advice from others if needed.

Caring friendships

Curriculum content:

1. How important friendships are in making us feel happy and secure, and how people choose and make friends.
2. That healthy friendships are positive and welcoming towards others, and do not make others feel lonely or excluded. Pupils should learn skills for developing caring, kind friendships.
3. That not every child will have the friends they would like at all times, that most people feel lonely sometimes, and that there is no shame in feeling lonely or talking about it.
4. The characteristics of friendships that lead to happiness and security, including mutual respect, honesty, trustworthiness, loyalty, kindness, generosity, trust, sharing interests and experiences, and support with problems and difficulties.
5. That most friendships have ups and downs, and that these can often be worked through so that the friendship is repaired or even strengthened.
6. How to manage conflict, and that resorting to violence is never right.
7. How to recognise when a friendship is making them feel unhappy or uncomfortable, and how to get support when needed.

Respectful, kind relationships

Curriculum content:

1. How to pay attention to the needs and preferences of others, including in families and friendships. Pupils should be encouraged to discuss how we balance the needs and wishes of different people in relationships and why this can be complicated.
2. The importance of setting and respecting healthy boundaries in relationships with friends, family, peers and adults.
3. How to communicate effectively and manage conflict with kindness and respect; how to be assertive and express needs and boundaries; how to manage feelings, including disappointment and frustration.
4. Pupils should have opportunities to discuss the difference between being assertive and being controlling, and conversely the difference between being kind to other people and neglecting your own needs.
5. That they can expect to be treated with respect by others, and the importance of respecting others, including those who are different (for example, physically, in character, personality or backgrounds), or make different choices, or have different preferences or beliefs.
6. Practical steps they can take and skills they can develop in a range of different contexts to improve or support their relationships.
7. The conventions of courtesy and manners.
8. The importance of self-respect and how this links to their own happiness. Pupils should have opportunities to think about how they foster their own self-esteem and build a strong sense of their own identity, including through developing skills and interests.
9. The different types of bullying (including online bullying), the impact of bullying, responsibilities of bystanders (primarily reporting bullying to an adult), and how to get help.
10. What a stereotype is, how stereotypes can be unfair, negative, destructive or lead to bullying and how to challenge a stereotype.
11. How to seek help when needed, including when they are concerned about violence, harm, or when they are unsure who to trust.

Online safety and awareness

Curriculum content:

1. That people should be respectful in online interactions, and that the same principles apply to online relationships as to face-to-face relationships, including where people are anonymous. For example, the importance of avoiding putting pressure on others to share information and images online, and strategies for resisting peer pressure.
2. How to critically evaluate their online relationships and sources of information, including awareness of the risks associated with people they have never met. For example, that people sometimes behave differently online, including pretending to be someone else, or pretending to be a child, and that this can lead to dangerous situations. How to recognise harmful content or harmful contact, and how to report this.
3. That there is a minimum age for joining social media sites (currently 13), which protects children from inappropriate content or unsafe contact with older social media users, who may be strangers, including other children and adults.
4. The importance of exercising caution about sharing any information about themselves online. Understanding the importance of privacy and location settings to protect information online.
5. Online risks, including that any material provided online might be circulated, and that once a picture or words has been circulated there is no way of deleting it everywhere and no control over where it ends up.
6. That the internet contains a lot of content that can be inappropriate and upsetting for children, and where to go for advice and support when they feel worried or concerned about something they have seen or engaged with online.

Being Safe

Curriculum content:

1. What sorts of boundaries are appropriate in friendships with peers and others (including online). This can include learning about boundaries in play and in negotiations about space, toys, books, resources etc.
2. The concept of privacy and its implications for both children and adults; including that it is not always right to keep secrets if they relate to being safe.
3. That each person’s body belongs to them, and the differences between appropriate and inappropriate or unsafe contact, including physical contact.
4. How to respond safely and appropriately to adults they may encounter (in all contexts, including online), including those they do and do not know.
5. How to recognise when a relationship is harmful or dangerous, including skills for recognising who to trust and who not to trust.
6. How to report abuse, concerns about something seen online or experienced in real life, or feelings of being unsafe or feeling bad about any adult and the vocabulary and confidence needed to do so.
7. How to ask for advice or help for themselves or others, and to keep trying until they are heard. Where to get advice e.g. family, school and/or other sources.

Sex Education (Primary)

30. Sex education is not compulsory in primary schools, but we recommend that primaries teach sex education in years 5 and/or 6, in line with content about conception and birth, which forms part of the national curriculum for science. The national curriculum for science includes subject content in related areas, such as the main external body parts, the human body as it grows from birth to old age (including puberty) and reproduction in some plants and animals. Schools may also cover human reproduction in the science curriculum, but where they do so, this should be in line with the factual description of conception in the science curriculum.

31. Primary schools should consult parents about the content of anything that will be taught within sex education. This process should include offering parents support in talking to their children about sex education and how to link this with what is being taught in school as well as advice about parents' right to request withdrawal from sex education.

Relationships and Sex Education (RSE): Secondary

32. RSE in secondary should provide a clear progression from primary relationships education. RSE should provide young people with the information they need to develop healthy, safe and nurturing relationships of all kinds. This should include the knowledge they need in later life to keep themselves and others safe, and how to avoid sexually transmitted infections and unplanned pregnancies.

33. Effective RSE focuses on respect for oneself and others and does not encourage or normalise early sexual experimentation. By supporting confidence and self-esteem, RSE will enable young people to make their own choices about whether or when to develop safe, fulfilling and healthy sexual relationships, once they reach the age of consent, and to resist pressure to have sex.

34. Effective teaching will be participative and interactive and will give pupils opportunities to develop skills and to discuss and critically evaluate complex relationship scenarios.

35. RSE in secondary will cover a range of topics, including topics related to abusive behaviour. While teaching children how to stay safe, including online, teachers should be clear that being a victim of abuse is never the fault of the child or young person. Different forms of abuse should be addressed sensitively and clearly at appropriate ages. For pupils who are experiencing or have experienced unhealthy or unsafe relationships, including at home, schools have an important role as a place of consistency and safety where pupils can find support.

36. When teaching sensitive topics, teachers can use approaches such as distancing techniques, setting ground rules with the class to help manage sensitive discussion, and using question boxes to allow pupils to raise issues anonymously.

Secondary relationships and sex education curriculum content

Schools should continue to develop knowledge of topics specified for primary as required <u>and in addition</u> cover the following content by the end of secondary:

Families

Curriculum content:

1. That there are different types of committed, stable relationships.
2. How these relationships might contribute to wellbeing, and their importance for bringing up children.
3. Why marriage or civil partnership is an important relationship choice for many couples. The legal status of marriage and civil partnership, including that they carry legal rights, benefits and protections that are not available to couples who are cohabiting or who have, for example, undergone a non-legally binding religious ceremony.
4. That 'common-law marriage' is a myth and cohabitants do not obtain marriage-like status or rights from living together or by having children.
5. That forced marriage and marrying before the age of 18 are illegal.[8]
6. How families and relationships change over time, including through birth, death, separation and new relationships.
7. The roles and responsibilities of parents with respect to raising children, including the characteristics of successful parenting and the importance of the early years of a child's life for brain development.
8. How to judge when a relationship is unsafe and where to seek help when needed, including when pupils are concerned about violence, harm, or when they are unsure who to trust.

[8] Age of Marriage Act 2023

Respectful relationships

Curriculum content:

1. The characteristics of positive relationships of all kinds, online and offline, including romantic relationships. For example, pupils should understand the role of consent, trust, mutual respect, honesty, kindness, loyalty, shared interests and outlooks, generosity, boundaries, tolerance, privacy, and the management of conflict, reconciliation and ending relationships.
2. How to evaluate their impact on other people and treat others with kindness and respect, including in public spaces and including strangers. Pupils should understand the legal rights and responsibilities regarding equality, and that everyone is unique and equal.
3. The importance of self-esteem, independence and having a positive relationship with oneself, and how these characteristics support healthy relationships with others. This includes developing one's own interests, hobbies, friendship groups, and skills. Pupils should understand what it means to be treated with respect by others.
4. What tolerance requires, including the importance of tolerance of other people's beliefs.
5. The practical steps pupils can take and skills they can develop to support respectful and kind relationships. This includes skills for communicating respectfully within relationships and with strangers, including in situations of conflict.
6. The different types of bullying (including online bullying), the impact of bullying, the responsibilities of bystanders to report bullying and how and where to get help.
7. Skills for ending relationships or friendships with kindness and managing the difficult feelings that endings might bring, including disappointment, hurt or frustration.
8. The role of consent, including in romantic and sexual relationships. Pupils should understand that ethical behaviour goes beyond consent and involves kindness, care, attention to the needs and vulnerabilities of the other person, as well as an awareness of power dynamics. Pupils should understand that just because someone says yes to doing something, that doesn't automatically make it ethically ok.
9. How stereotypes, in particular stereotypes based on sex, gender reassignment, race, religion, sexual orientation or disability, can cause damage (e.g. how they might normalise non-consensual behaviour or encourage prejudice). Pupils should be equipped to recognise misogyny and other forms of prejudice.
10. How inequalities of power can impact behaviour within relationships, including sexual relationships. For example, how people who are disempowered can feel they are not entitled to be treated with respect by others or how those who enjoy an unequal amount of power might, with or without realising it, impose their preferences on others.
11. How pornography can negatively influence sexual attitudes and behaviours, including by normalising harmful sexual behaviours and by disempowering some people, especially women, to feel a sense of autonomy over their own body and providing some people with a sense of sexual entitlement to the bodies of others.
12. Pupils should have an opportunity to discuss how some sub-cultures might influence our understanding of sexual ethics, including the sexual norms endorsed by so-called "involuntary celibates" (incels) or online influencers.

Online safety and awareness

Curriculum content:

1. Rights, responsibilities and opportunities online, including that the same expectations of behaviour apply in all contexts, including online.
2. Online risks, including the importance of being cautious about sharing personal information online and of using privacy and location settings appropriately to protect information online. Pupils should also understand the difference between public and private online spaces and related safety issues.
3. The characteristics of social media, including that some social media accounts are fake, and / or may post things which aren't real / have been created with AI. That social media users may say things in more extreme ways than they might in face-to-face situations, and that some users present highly exaggerated or idealised profiles of themselves online.
4. Not to provide material to others that they would not want to be distributed further and not to pass on personal material which is sent to them. Pupils should understand that any material provided online might be circulated, and that once this has happened there is no way of controlling where it ends up. Pupils should understand the serious risks of sending material to others, including the law concerning the sharing of images.
5. That keeping or forwarding indecent or sexual images of someone under 18 is a crime, even if the photo is of themselves or of someone who has consented, and even if the image was created by the child and/or using AI generated imagery. Pupils should understand the potentially serious consequences of acquiring or generating indecent or sexual images of someone under 18, including the potential for criminal charges and severe penalties including imprisonment. Pupils should know how to seek support and should understand that they will not be in trouble for asking for help, either at school or with the police, if an image of themselves has been shared. Pupils should also understand that sharing indecent images of people over 18 without consent is a crime.
6. What to do and how to report when they are concerned about material that has been circulated, including personal information, images or videos, and how to manage issues online.[9]
7. About the prevalence of deepfakes including videos and photos, how deepfakes can be used maliciously as well as for entertainment, the harms that can be caused by deepfakes and how to identify them.
8. That the internet contains inappropriate and upsetting content, some of which is illegal, including unacceptable content that encourages misogyny, violence or use of weapons. Pupils should be taught where to go for advice and support about something they have seen online. Pupils should understand that online content can present a distorted picture of the world and normalise or glamorise behaviours which are unhealthy and wrong.
9. That social media can lead to escalations in conflicts, how to avoid these escalations and where to go for help and advice.
10. How to identify when technology and social media is used as part of bullying, harassment, stalking, coercive and controlling behaviour, and other forms of abusive and/or illegal behaviour and how to seek support about concerns.

[9] For example, see Report Remove

11. That pornography, and other online content, often presents a distorted picture of people and their sexual behaviours and can negatively affect how people behave towards sexual partners. This can affect pupils who see pornographic content accidentally as well as those who see it deliberately. Pornography can also portray misogynistic behaviours and attitudes which can negatively influence those who see it.
12. How information and data is generated, collected, shared and used online.
13. That websites may share personal data about their users, and information collected on their internet use, for commercial purposes (e.g. to enable targeted advertising).
14. That criminals can operate online scams, for example using fake websites or emails to extort money or valuable personal information. This information can be used to the detriment of the person or wider society. About risks of sextortion, how to identify online scams relating to sex, and how to seek support if they have been scammed or involved in sextortion.
15. That AI chatbots are an example of how AI is rapidly developing, and that these can pose risks by creating fake intimacy or offering harmful advice. It is important to be able to critically think about new types of technology as they appear online and how they might pose a risk.

Being Safe

Curriculum content:

1. How to recognise, respect and communicate consent and boundaries in relationships, including in early romantic relationships (in all contexts, including online) and early sexual relationships that might involve kissing or touching. That kindness and care for others requires more than just consent.
2. That there are a range of strategies for identifying, resisting and understanding pressure in relationships from peers or others, including sexual pressure, and how to avoid putting pressure on others.
3. How to determine whether other children, adults or sources of information are trustworthy, how to judge when a relationship is unsafe (and recognise this in the relationships of others); how to seek help or advice, including reporting concerns about others, if needed.
4. How to increase their personal safety in public spaces, including when socialising with friends, family, the wider community or strangers. Pupils should learn ways of seeking help when needed and how to report harmful behaviour. Pupils should understand that there are strategies they can use to increase their safety, and that this does not mean they will be blamed if they are victims of harmful behaviour. Pupils might reflect on the importance of trusting their instincts when something doesn't feel right, and should understand that in some situations a person might appear trustworthy but have harmful intentions.
5. What constitutes sexual harassment or sexual violence, and that such behaviour is unacceptable, emphasising that it is never the fault of the person experiencing it.
6. That sexual harassment includes unsolicited sexual language / attention / touching, taking and/or sharing intimate or sexual images without consent, public sexual harassment, pressuring other people to do sexual things, and upskirting.
7. The concepts and laws relating to sexual violence, including rape and sexual assault.
8. The concepts and laws relating to harmful sexual behaviour, which includes all types of sexual harassment and sexual violence among young people but also includes other forms of concerning behaviour like using age-inappropriate sexual language.
9. The concepts and laws relating to domestic abuse, including controlling or coercive behaviour, emotional, sexual, economic or physical abuse, and violent or threatening behaviour.[10]
10. That fixated, obsessive, unwanted and repeated behaviours can be criminal, and where to get help if needed.
11. The concepts and laws relating to harms which are exploitative, including sexual exploitation, criminal exploitation and abuse, grooming, and financial exploitation.
12. The concepts and laws relating to forced marriage.
13. The physical and emotional damage which can be caused by female genital mutilation (FGM), virginity testing and hymenoplasty, where to find support, and the law around these areas. This should include that it is a criminal offence for anyone to perform or

[10] The Domestic Abuse Act 2021 recognised children who see, hear, or experience the effects of abuse, and are related to either the victim of the abusive behaviour, or the perpetrator, as victims of domestic abuse in their own right (part 1 section 3). The Domestic Abuse Act 2021 statutory guidance is designed to support statutory and non-statutory bodies working with victims of domestic abuse, including children.

assist in the performance of FGM, virginity testing or hymenoplasty, in the UK or abroad, or to fail to protect a person under 16 for whom they are responsible.

14. That strangulation and suffocation are criminal offences, and that strangulation (applying pressure to the neck) is an offence, regardless of whether it causes injury. That any activity that involves applying force or pressure to someone's neck or covering someone's mouth and nose is dangerous and can lead to serious injury or death.
15. That pornography presents some activities as normal which many people do not and will never engage in, some of which can be emotionally and/or physically harmful.
16. How to seek support for their own worrying or abusive behaviour or for worrying or abusive behaviour they have experienced from others, including information on where to report abuse, and where to seek medical attention when required, for example after an assault.

Intimate and sexual relationships, including sexual health

Curriculum content:

1. That sex, for people who feel ready and are over the age of consent, can and should be enjoyable and positive.
2. The law about the age of consent, that they have a choice about whether to have sex, that many young people wait until they are older, and that people of all ages can enjoy intimate and romantic relationships without sex.
3. Sexual consent and their capacity to give, withhold or remove consent at any time, even if initially given, as well as the considerations that people might take into account prior to sexual activity, e.g. the law, faith and family values. That kindness and care for others require more than just consent.
4. That all aspects of health can be affected by choices they make in sex and relationships, positively or negatively, e.g. physical, emotional, mental, sexual and reproductive health and wellbeing.
5. That some sexual behaviours can be harmful.
6. The facts about the full range of contraceptive choices, efficacy and options available, including male and female condoms, and signposting towards medically accurate online information about sexual and reproductive health to support contraceptive decision-making.
7. That there are choices in relation to pregnancy. Pupils should be given medically and legally accurate and impartial information on all options, including keeping the baby, adoption, abortion and where to get further help.
8. How the different sexually transmitted infections (STIs), including HIV, are transmitted. How risk can be reduced through safer sex (including through condom use). The use and availability of the HIV prevention drugs Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP) and how and where to access them. The importance of, and facts about, regular testing and the role of stigma
9. The prevalence of STIs, the short and long term impact they can have on those who contract them and key facts about treatment.
10. How the use of alcohol and drugs can lead people to take risks in their sexual behaviour.
11. How and where to seek support for concerns around sexual relationships including sexual violence or harms.
12. How to counter misinformation, including signposting towards medically accurate information and further advice, and where to access confidential sexual and reproductive health advice and treatment.

Health and wellbeing

37. The aim of teaching about health and wellbeing is to enable pupils to make good decisions about their own health and wellbeing, to understand the links between physical and mental health, to recognise when things are not right in their own health or the health of others and to seek support when needed. Schools should support pupils to develop strategies for self-regulation, perseverance and determination, even in the face of setbacks.

38. Effective teaching should aim to reduce stigma attached to health issues, in particular relating to mental health, and discourage the pejorative use of language related to ill health. Schools should promote openness, so that pupils can check their understanding and seek any necessary help and advice.

39. Curriculum content related to puberty and menstruation should be complemented by sensitive arrangements to help girls prepare for and manage menstruation, including with requests for period products. Schools should use appropriate language such as period pads and menstrual products instead of sanitary items or feminine hygiene products. The Department for Education's Period Products Scheme is available for state-funded primary schools, secondary schools, and colleges in England.

Health and wellbeing: Primary

40. Health education in primary starts with the benefits and importance of physical activity, good nutrition and sufficient sleep, and supports pupils to develop emotional awareness. Schools should emphasise the relationships between physical health and mental wellbeing, and the benefits of physical activity and time spent outdoors. As in all of RSHE, care should be taken to avoid exposing pupils to concepts which are not appropriate for them. Schools should continue to build on the primary health and wellbeing curriculum content in secondary.

Primary health and wellbeing: content to be covered by the end of primary

General wellbeing

Curriculum content:

1. The benefits of physical activity, time outdoors, and helping others for health, wellbeing and happiness. Simple self-care techniques, including the importance of rest, time spent with friends and family, as well as hobbies, interests and community participation.
2. The importance of promoting general wellbeing and physical health.
3. The range and scale of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) that they might experience in different situations. Pupils should understand that worrying and feeling down are normal, affect everyone at different times, and are not in themselves a sign of a mental health condition.
4. How to recognise feelings and use varied vocabulary to talk about their own and others' feelings.
5. How to judge whether what they are feeling and how they are behaving is appropriate and proportionate.
6. That isolation and loneliness can affect children, and the benefits of seeking support.
7. That bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing and how to seek help for themselves or others.
8. That change and loss, including bereavement, can provoke a range of feelings, that grief is a natural response to bereavement, and that everyone grieves differently.
9. Where and how to seek support (including recognising the triggers for seeking support), including who in school they should speak to if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online).
10. That it is common to experience mental health problems, and early support can help.

Wellbeing online

Curriculum content:

1. That for almost everyone the internet is an integral part of life. Pupils should be supported to think about positive and negative aspects of the internet.
2. Pupils should be supported to discuss how online relationships can complement and support meaningful in-person relationships, but also how they might be in tension, and the reasons why online relationships are unlikely to be a good substitute for high quality in-person relationships, looking at the pros and cons of different ways of using online connection.
3. The benefits of limiting time spent online, the risks of excessive time spent on electronic devices and the impact of positive and negative content online on their own and others' mental and physical wellbeing.
4. How to consider the impact of their online behaviour on others, and how to recognise and display respectful behaviour online.
5. Why social media, some apps, computer games and online gaming, including gambling sites, are age restricted.
6. The risks relating to online gaming, video game monetisation, scams, fraud and other financial harms, and that gaming can become addictive.
7. How to take a critical approach to what they see and read online and make responsible decisions about which content, including content on social media and apps, is appropriate for them.
8. That abuse, bullying and harassment can take place online and that this can impact wellbeing. How to seek support from trusted adults.
9. How to understand the information they find online, including from search engines, and know how information is selected and targeted.
10. That they have rights in relation to sharing personal data, privacy and consent.
11. Where and how to report concerns and get support with issues online.

Physical health and fitness

Curriculum content:

1. The characteristics and mental and physical benefits of an active lifestyle.
2. The importance of building regular physical activity into daily and weekly routines and how to achieve this; for example, walking or cycling to school, a daily active mile or other forms of regular, moderate and/or vigorous physical activity.
3. The risks associated with an inactive lifestyle, including obesity.
4. How and when to seek support including which adults to speak to in school if they are worried about their health.

Healthy eating

Curriculum content:

1. What constitutes a healthy diet (including understanding calories and other nutritional content).
2. Understanding the importance of a healthy relationship with food.
3. The principles of planning and preparing a range of healthy meals.
4. The characteristics of a poor diet and risks associated with unhealthy eating (including, for example, obesity and tooth decay) and other behaviours (e.g. the impact of alcohol on diet or health).

Drugs, alcohol, tobacco and vaping

Curriculum content:

1. The facts about legal and illegal harmful substances and associated risks, including smoking, vaping, alcohol use and drug-taking. This should include the risks of nicotine addiction, which are also caused by other nicotine products such as nicotine pouches.

Health protection and prevention

Curriculum content:

1. How to recognise early signs of physical illness, such as weight loss, or unexplained changes to the body.
2. About safe and unsafe exposure to the sun, and how to reduce the risk of sun damage, including skin cancer.
3. The importance of sufficient good quality sleep for health, the amount of sleep recommended for their age, and practical steps for improving sleep, such as not using screens in the bedroom. The impact of poor sleep on weight, mood and ability to learn.
4. About dental health and the benefits of good oral hygiene, including brushing teeth twice a day with fluoride toothpaste, cleaning between teeth, and regular check-ups at the dentist.
5. About personal hygiene and germs including bacteria, viruses, how they are spread and treated, and the importance of handwashing.
6. The facts and scientific evidence relating to vaccination and immunisation. The introduction of topics relating to vaccination and immunisation should be aligned with when vaccinations are offered to pupils.

Personal safety

Curriculum content:

1. About hazards (including fire risks) that may cause harm, injury or risk and ways to reduce risks.
2. How to recognise risk and keep safe around roads, railways, including level crossings, and water, including the water safety code.

Basic first aid

Curriculum content:

1. How to make a clear and efficient call to emergency services if necessary, including the importance of reporting incidents rather than filming them.
2. Concepts of basic first aid, for example dealing with common injuries and ailments, including head injuries.

Developing bodies

Curriculum content:

1. About growth and other ways the body can change and develop, particularly during adolescence. This topic should include the human lifecycle, and puberty should be discussed as a stage in this process.
2. The correct names of body parts, including the penis, vulva, vagina, testicles, scrotum, nipples. Pupils should understand that all of these parts of the body are private and have skills to understand and express their own boundaries around these body parts.
3. The facts about the menstrual cycle, including physical and emotional changes, whilst the average age of the onset of menstruation is twelve, periods can start at eight, so covering this topic before girls' periods start will help them understand what to expect and avoid distress.

Health and wellbeing: Secondary

41. Teaching in secondary should build on primary content, supporting pupils to understand their changing bodies and their feelings, how to protect their own health and wellbeing, and when a physical or mental health issue requires attention.

42. Secondary schools may also choose to teach about issues which are not listed in the secondary curriculum content. This includes topics such as eating disorders and self-harm. These topics can be taught about in secondary schools in a safe and sensitive way but are specialised areas and schools should use qualified support or advice, ensure that they are using reliable high-quality teaching material, and signpost to external support as needed. Schools may consider accessing support from the NHS or local specialist services who may be able to provide advice and CPD for teachers. It is important that schools ensure that teachers are properly equipped to lead discussions about these topics, including what to do if a pupil makes a disclosure.

43. Secondary schools should also consider how to safely address suicide prevention. Many aspects of suicide prevention are addressed through the mental wellbeing curriculum. Starting in primary school, the curriculum includes recognising and talking about emotions, looking after one's own and others' wellbeing, being worried about friendships, other relationships, and judging whether feelings or behaviour require support. Teachers should discuss isolation, loneliness and bullying, and how to cope when things go wrong in life. It is also important to ensure pupils understand how to seek help from a trusted adult, including when they are concerned about another person.

44. Schools should consult mental health professionals and put in place high quality, evidence-based staff training before addressing suicide directly with secondary aged pupils, to ensure that staff have the knowledge and skills to do this safely. It is important that teachers use language and content that is accurate, straightforward and appropriate

to the level of understanding of the class. They should take particular care not to discuss instructions or methods of self-harm or suicide and avoid using emotive language, videos or images as there is a risk this could signpost pupils towards dangerous ideas and online content of which they may not previously have been aware.

45. Secondary schools should consider carefully when it is suitable to deliver suicide prevention content, taking into account the age, maturity, and personal experiences of pupils as well as the views of parents and the confidence and skills of teachers, recognising that pupils' emotional and cognitive maturity to understand this material increases across the early secondary years.

46. It is also important that schools take a similar approach to addressing eating disorders, ensuring that staff have the knowledge and skills to do this safely. Teachers should take care to avoid language with romanticises eating disorders and avoid discussing instructions, methods or ideas of restriction, bingeing or purging.

47. If teachers have concerns about a specific pupil in relation to eating disorders, self-harm or suicidal ideation or attempts, or a pupil discloses information, they must follow safeguarding procedures.

Secondary health and wellbeing curriculum content

Schools should continue to develop knowledge of topics specified for primary as required and in addition cover the following content by the end of secondary:

Mental wellbeing

Curriculum content:

1. How to talk about their emotions accurately and sensitively, using appropriate vocabulary.
2. The benefits and importance of physical activity, sleep, time outdoors, community participation and volunteering or acts of kindness for mental wellbeing and happiness.
3. That happiness is linked to being connected to others. Pupils should be supported to understand what makes them feel happy and what makes them feel unhappy, while recognising that loneliness can be for most people an inevitable part of life at times and is not something of which to be ashamed.
4. That worrying and feeling down are normal, can affect everyone at different times and are not in themselves a sign of a mental health condition, and that managing those feelings can be helped by seeing them as normal.
5. Characteristics of common types of mental ill health (e.g. anxiety and depression), including carefully-presented factual information about the prevalence and characteristics of more serious mental health conditions. This should not be discussed in a way that encourages normal feelings to be labelled as mental health conditions.
6. How to critically evaluate which activities will contribute to their overall wellbeing.
7. Understanding how to overcome anxiety or other barriers to participating in fun, enjoyable or rewarding activities – that it's possible to overcome those barriers using coping strategies, and that finding the courage to participate in activities which initially feel challenging may decrease anxiety over time rather than increasing it.
8. That gambling can lead to serious mental health harms, including anxiety, depression, and suicide, and that some gambling products are more likely to cause these harms than others.
9. That the co-occurrence of alcohol/drug use and poor mental health is common and that the relationship is bi-directional: mental health problems can increase the risk of alcohol/drug use, and alcohol/drug use can trigger mental health problems or exacerbate existing ones. That stopping smoking can improve people's mental health and decrease anxiety.

Wellbeing online

Curriculum content:

1. About the benefits of limiting time spent online, the risks of excessive time spent on electronic devices and the impact of positive and negative content online on their own and others' mental and physical wellbeing.
2. The similarities and differences between the online world and the physical world, including: the impact of unhealthy or obsessive comparison with others online (including through setting unrealistic expectations for body image); how people may curate a specific image of their life online; the impact that an over-reliance on online relationships, including relationships formed through social media, can have.
3. How to identify harmful behaviours online (including bullying, abuse or harassment) and how to report, or find support, if they have been affected by those behaviours.
4. The risks related to online gambling and gambling-like content within gaming, including the accumulation of debt.
5. How advertising and information is targeted at them and how to be a discerning consumer of information online, understanding the prevalence of misinformation and disinformation online, including conspiracy theories.
6. The risks of illegal behaviours online, including drug and knife supply or the sale or purchasing of illicit drugs online.
7. The serious risks of viewing online content that promotes self-harm, suicide or violence, including how to safely report this material and how to access support after viewing it.

Physical health and fitness

Curriculum content:

1. The characteristics of a healthy lifestyle, including physical activity and maintaining a healthy weight, including the links between an inactive lifestyle and ill-health, including cardiovascular ill-health.
2. Factual information about the prevalence and characteristics of more serious health conditions.
3. That physical activity can promote wellbeing and combat stress.
4. The science relating to blood, organ and stem cell donation.

Healthy eating

Curriculum content:

1. How to maintain healthy eating and the links between a poor diet and health risks, including tooth decay, unhealthy weight gain, and cardiovascular disease.
2. The risks of unhealthy weight gain, including increased risks of cancer, type 2 diabetes and cardiovascular disease.
3. The impacts of alcohol on diet and unhealthy weight gain.

Drugs, alcohol, tobacco and vaping

Curriculum content:

1. The facts about which drugs are illegal, the risks of taking illegal drugs, including the increased risk of potent synthetic drugs being added to illegal drugs, the risks of illicit vapes containing drugs, illicit drugs and counterfeit medicines, and the potential health harms, including the link to poor mental health.
2. The law relating to the supply and possession of illegal substances.
3. The physical and psychological risks associated with alcohol consumption. What constitutes low risk alcohol consumption in adulthood, and the legal age of sale for alcohol in England. Understanding how to increase personal safety while drinking alcohol, including how to decrease the risks of having a drink spiked or of poisoning from potentially fatal substances such as methanol.
4. The physical and psychological consequences of problem-use of alcohol, including alcohol dependency.
5. The dangers of the misuse of prescribed and over-the-counter medicines.
6. The facts about the multiple serious harms from smoking tobacco (particularly the link to lung cancer and cardiovascular disease), the benefits of quitting and how to access support to do so.
7. The facts about vaping, including the harms posed to young people, and the role that vapes can play in helping adult smokers to quit.

Health protection and prevention, and understanding the healthcare system

Curriculum content:

1. Personal hygiene, germs and how they are spread, including bacteria and viruses, treatment and prevention of infection, and about antibiotics.
2. Dental health and the benefits of good oral hygiene, including brushing teeth twice a day with fluoride toothpaste and cleaning between teeth, reducing consumption of sugar-containing food and drinks, and regular check-ups at the dentist.
3. How and when to self-care for minor ailments, and the role of pharmacists as knowledgeable healthcare professionals.
4. The importance of taking responsibility for their own health, and the benefits of regular self-examination and screening.
5. The facts and scientific evidence relating to vaccination, immunisation and antimicrobial resistance. The introduction of topics relating to vaccination and immunisation should be aligned with when vaccinations are offered to pupils.
6. The importance of sufficient good-quality sleep for good health, the importance of screen-free time before bed and removing phones from the bedroom, and how a lack of sleep can affect weight, mood and ability to learn.
7. The importance of healthy behaviours before and during pregnancy, including the importance of pre-conception health, including taking folic acid. The importance of pelvic floor health. Information on miscarriage and pregnancy loss, and how to access care and support.
8. How to navigate their local healthcare system: what a GP is; when to use A&E / minor injuries; accessing sexual health and family planning clinics; the role of local pharmacies; and how to seek help via local third sector partners which may have specialist services.
9. The concept of Gillick competence. That the legal age of medical consent is 16. That before this, a child's parents will have responsibility for consenting to medical treatment on their behalf unless they are Gillick competent to take this decision for themselves. Pupils should understand the circumstances in which someone over 16 may not be deemed to have capacity to make decisions about medical treatment.

Personal safety

Curriculum content:

1. How to identify risk and manage personal safety in increasingly independent situations, including around roads, railways – including level crossings - and water (including the water safety code), and in unfamiliar social or work settings (for example the first time a young person goes on holiday without their parents).
2. How to recognise and manage peer influence in relation to risk-taking behaviour and personal safety, including peer influence online and on social media.
3. How to develop key social and emotional skills that will increase pupils' safety from involvement in conflict and violence. These include skills to support self-awareness, self-management, social awareness, relationship skills and responsible decision making, as well as skills to recognise and manage peer pressure.
4. Understanding which trusted adults they can talk to if pupils are worried about violence and/or knife crime.
5. The law as it relates to knives and violence. Content and examples should relate to the local context and avoid using fear as an educational tool. Children should be taught that carrying weapons is uncommon, and should not be scared into the perception that many young people are carrying knives (which can lead to the misconception that they need to carry a knife too).
6. The risks and signs that they may be at risk of grooming or exploitation, and how to seek help where there is a concern**.**

Basic first aid

Curriculum content:

1. Basic treatment for common injuries and ailments.
2. Life-saving skills, including how to administer CPR.[11]
3. The purpose of defibrillators, when one might be needed and who can use them.

Developing bodies

Curriculum content:

1. The main changes which take place in males and females, and the implications for emotional and physical health.
2. The facts about puberty, the changing adolescent body, including brain development.
3. About menstrual and gynaecological health, including: what is an average period; period problems such as premenstrual syndrome; heavy menstrual bleeding; endometriosis; and polycystic ovary syndrome (PCOS). When to seek help from healthcare professionals.
4. The facts about reproductive health, including fertility and menopause, and the potential impact of lifestyle on fertility for men and women.

[11] Cardiopulmonary Resuscitation is usually best taught after 12 years old.

Related guidance

48. The guidance should be read in conjunction with:

- National curriculum in England: citizenship, religious education, computing, science and physical education programmes of study
- Keeping children safe in education (statutory guidance)
- Early years foundation stage (EYFS) statutory framework - GOV.UK The safeguarding and welfare requirements in section 3 cover children from 0-5 and therefore schools must follow this for children in reception year
- Working Together to Safeguard Children (statutory guidance on multi-agency working to help, protect and promote the welfare of children)
- Behaviour in schools (advice for schools, including advice for appropriate behaviour between pupils)
- Technical guidance for schools in England | EHRC
- SEND code of practice: 0 to 25 years (statutory guidance)
- Alternative Provision (statutory guidance)
- Mental Health and Behaviour in Schools (advice for schools)
- Promoting Children and Young People's Emotional Health and Wellbeing (guidance for schools and colleges)
- Domestic Abuse Statutory Guidance
- Preventing and Tackling Bullying
- Teaching Online Safety in Schools
- The Equality and Human Rights Commission Advice and Guidance (provides advice on avoiding discrimination in a variety of educational contexts)
- Promoting Fundamental British Values as part of SMSC in schools (guidance for maintained schools on promoting basic important British values as part of pupils' spiritual, moral, social and cultural (SMSC))
- SMSC requirements for independent schools (guidance for independent schools on how they should support pupils' spiritual, moral, social and cultural development)
- Guidance for schools on colleges on gender questioning children (currently in draft, to be finalised after consultation)

Developing a curriculum, choosing resources and working with external agencies

49. Schools have significant freedom to implement this guidance in the context of a broad and balanced curriculum.

50. A school's curriculum should be in line with the needs of pupils. Effective, high-quality teaching will break down core knowledge and skills into manageable and well-sequenced units, including opportunities for pupils to practise skills so that they will be confident to use them in real-life situations. The curriculum should build knowledge and skills sequentially, with regular feedback provided on pupil progress. Lessons should

ensure that all pupils are challenged, and assessments should identify where pupils need extra support or intervention.

51. The lead teacher will need to work closely with colleagues in related curriculum areas to ensure the subjects complement and do not duplicate content covered in national curriculum[12] subjects such as citizenship, science, computing and PE. The lead teacher will want to look for opportunities across other curriculum subjects to reinforce concepts introduced in RSHE, for example discussing misogyny in the context of history or using examples in literature to discuss positive and less positive examples of relationships.

52. Working with external organisations can enhance delivery of these subjects, bringing in specialist knowledge and different ways of engaging with young people, but schools always remain responsible for the content and the way in which children are taught. Schools should check that external resources are accurate, age and stage appropriate and unbiased. Schools should be particularly cautious about using resources from organisations that have a broader interest in promoting harmful products (e.g. cigarettes and alcohol) or that have a strong partisan view on a contested topic. Schools are responsible for checking the credentials of any visitor or visiting organisation. Schools should ask to see materials and a lesson plan in advance, and should seek the views of parents, making sure that all materials can be viewed by parents (see the section on openness with parents below).

53. Examples of resources funded by the Government to complement classroom teaching are listed in Annex B. It is ultimately the school's responsibility to ensure resources and teaching materials are appropriate for the age and maturity of pupils, are accessible for all pupils, including those with SEND, fit with their planned programme and policy, and are sensitive to pupils' needs.

54. It is important to agree how confidentiality will work in any lesson, and that any visitor understands how safeguarding reports should be dealt with in line with school policy. Further information for teachers in handling potential safeguarding or child protection reports is on page 34.

Openness with parents about RSHE materials

55. Schools should take steps to pro-actively engage parents and make sure they are aware of what is being taught in RSHE. These steps might include inviting parents into school to discuss the curriculum content and the importance of RSHE for wellbeing and safety, inviting them to discuss any concerns, and supporting parents in managing conversations with their children about RSHE topics. Schools must consult parents when developing and reviewing their RSE policies, in accordance with the section on developing a policy, above.

[12] The national curriculum does not apply to academies or independent schools.

56. Schools should show parents a representative sample of the resources that they plan to use, enabling parents to continue conversations started in class, and should ensure that parents are able to view all curriculum materials used to teach RSHE on request. Parents are not able to veto curriculum content, but schools must consult with parents when developing their RSHE policy and it is right that they are able to see what their children are being taught, especially in relation to sensitive topics, and schools should respond positively to requests from parents to see material.

57. There is a public interest in parents being given the opportunity to see materials used in RSHE teaching if they would like to. When contracting with external providers, schools should not agree to any contractual restrictions on showing parents any content that the school will use. Schools should communicate to providers that they are legally obliged to have regard to this statutory guidance, including the expectation that all content can be shared with parents.

58. Where contractual clauses exist that seek to prevent schools sharing any material at all with parents, they are void and unenforceable. This is because they contradict the clear public policy interest of ensuring that parents are aware of what their children are being taught in sex and relationships education.

59. Where copyright law applies, schools must comply with it when sharing resources with parents. It is best practice to share materials via a “parent portal” or, if this is not possible, through a presentation. When schools make documents available to parents, they should acknowledge the provider’s authorship. They should include a statement, that parents agree to as a condition of access, that the content should not be copied or shared further except as authorised under copyright law. Where relevant and possible, IT systems should also be in place to prevent downloading.

60. Where parents are unable to view materials via a “parent portal”, or cannot attend a presentation, schools can provide copies of materials to parents to take home, providing parents agree to a similar statement that they will not copy the content or share it further except as authorised under copyright law. For the avoidance of doubt – copyright law affects the way in which materials are shared, but should never be used as a reason to refuse to share them.

Governors and Trustees

61. As well as fulfilling their legal obligations, governing boards and proprietors of academy trusts should also make sure that:

- all pupils make progress in achieving the expected educational outcomes
- teaching is accessible to all pupils with SEND
- curriculum content and teaching materials are aligned with this statutory guidance

- clear information is provided for parents on the subject content, teaching materials and external providers, and on the right to request that their child is withdrawn from sex education

Foundation governors of maintained schools and trustees of academy trusts that include schools with a designated religious character will also have wider responsibilities in relation to maintaining and developing the religious ethos of their faith schools

Teaching about the law

62. There will be a range of opinions regarding some topics within RSE. The starting principle should be that applicable law should be taught in a factual way so that pupils are clear about their rights and responsibilities as citizens.

63. Pupils should be made aware of the relevant legal provisions when relevant topics are being taught, including for example those relating to:

- marriage, including forced marriage and civil partnerships
- consent, including the age of consent
- domestic abuse, stalking, rape, sexual offences, female genital mutilation (FGM), 'virginity testing' and hymenoplasty
- sexual abuse, harassment and exploitation, including public sexual harassment and harmful sexual behaviour
- the Online Safety Act
- online behaviours including image and information sharing (including sexual imagery, youth-produced sexual imagery, nudes, etc, and including AI-generated sexual imagery and deepfakes). Pupils should understand the law about online sexual harassment and online sexual abuse including grooming and sextortion
- pornography
- abortion
- protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation)
- alcohol, smoking, vaping and nicotine products and illicit drug use
- gambling
- carrying knives and weapons
- extremism/radicalisation
- grooming or exploiting children into criminal activity, which can include gang involvement and county lines drug running
- hate crime
- the age of criminal responsibility

- medical consent, Gillick competence and parental responsibility

Equality

64. Schools are required to comply with relevant requirements of the Equality Act 2010, including the Public sector equality duty (PSED) (s.149), when teaching RSHE. [13]

65. Schools must ensure topics in RSHE are taught in a way which does not discriminate against pupils or amount to harassment.

66. Pupils should understand the importance of equality and respect and learn about the law relating to the protected characteristics by the end of their secondary education. The protected characteristics are age, disability, gender reassignment, sexual orientation, marriage or civil partnership, pregnancy and maternity, race, religion or belief, and sex.

Lesbian, Gay, Bisexual and Transgender content

67. As above, pupils should understand the importance of equality and respect throughout their education. They should learn about all protected characteristics, including sexual orientation and gender reassignment, by the end of their secondary education.

68. We strongly encourage primary schools to teach about healthy loving relationships, and to include same-sex parents along with other family arrangements when discussing families. At secondary school, there should be an equal opportunity to explore the features of stable and healthy same-sex relationships, and secondary schools should ensure that this content is integrated into RSHE programmes of study rather than delivered as a standalone unit or lesson. Schools should ensure that they cover all the facts about sexual health, including STIs, in a way that is relevant for all pupils, including those who are lesbian, gay, bisexual and/or gender questioning.

69. Pupils should also be taught the facts and the law about biological sex and gender reassignment. This should recognise that people have legal rights by virtue of their biological sex which are different from the rights of those of the opposite sex with the protected characteristic of gender reassignment. Pupils should also be taught to recognise that people with the protected characteristic of gender reassignment, as with the other protected characteristics, have protection from discrimination and should be treated with respect and dignity.

70. In teaching this, schools should be mindful that beyond the facts and the law about biological sex and gender reassignment there is significant debate, and they should be careful not to endorse any particular view or teach it as fact. For example, they should not teach as fact that all people have a gender identity. Schools should avoid language and

[13] Equality Act provisions in relation to schools are in Part 6, Chapter 1. Independent schools that are not academies are not subject to the PSED.

activities which repeat or enforce gender stereotypes. Schools should be mindful to avoid any suggestion that social transition is a simple solution to feelings of distress or discomfort.

71. Schools should encourage young people to consider how to express their views while remaining respectful of the opinions of others. Schools should be clear that bullying or disrespectful language or behaviour is never appropriate.

72. Where schools decide to use external resources, they should avoid materials that use cartoons or diagrams that oversimplify this topic, that could be interpreted as being aimed at younger children, or that perpetuate stereotypes or encourage pupils to question their gender. Schools should consult parents on the content of external resources on this topic in advance and make all materials available to them on request as set out in the section on openness with parents.

Religion and belief, including teaching in schools with a religious character

73. RSHE should be sensitive to the religious background of pupils, and schools must ensure they comply with the relevant provisions of the Equality Act 2010, under which religion or belief are amongst the protected characteristics.

74. All schools may teach about faith perspectives on these topics. In particular, schools with a religious character may teach their distinctive faith perspective on relationships, and balanced debate may take place about issues that are contentious. For example, the school may wish to reflect on faith teachings about certain topics as well as how their faith institutions may support people in matters of relationships and sex. Schools should be clear when they are delivering content that reflects religious belief.

Pupils with special educational needs and disabilities (SEND)

75. Teaching should be developed to ensure these subjects are accessible for pupils with SEND and prepare pupils for adulthood,[14] as set out in the SEND code of practice: 0 to 25 years. This applies to both mainstream and special schools.

76. Schools should be aware that pupils with SEND may be more vulnerable than their peers to harmful sexual behaviour, sexual abuse, exploitation and violence, bullying and other issues. RSHE can be particularly important for these pupils, particularly those with social, emotional and mental health needs or learning disabilities.

[14] “Preparing for adulthood” outcomes are set out at section 7.38 of the SEND code of practice: 0 to 25 years.

Addressing sexual harassment and sexual violence

77. Relationships education has an important role in supporting young people to develop the skills they need to build healthy relationships and grow into kind and respectful adults. From early primary, schools can support young children to develop skills for positive relationships, including skills for navigating boundaries with kindness and respect. Schools can support young children to behave with respect and to understand and identify prejudice. Preventing sexual violence and abusive behaviour starts from this support for children in primary.

78. Supporting young people to develop the skills they need to build healthy relationships should be part of a whole school approach and underpin schools' policies, including behaviour and safeguarding, to ensure that an ethos of kindness and respect is evident throughout the school.

79. Pupils should understand that anyone can be a victim of sexual violence, regardless of sex, sexual orientation, gender reassignment or any other protected characteristic, and that the victim is never to blame. It is important to acknowledge that most sexual violence is committed against women and girls, and it often has a gendered component – for example, manifesting an inequality of power between men and women. However, anyone can be affected by sexual violence and teachers should avoid language which stigmatises boys or suggests that boys or men are always perpetrators or that girls or women are always victims.

80. Both within and beyond the classroom, staff should be conscious of everyday sexism, misogyny, homophobia and stereotypes, and should take action to build a culture where prejudice is identified and tackled. Staff have an important role in modelling positive behaviour and avoiding language that might perpetuate harmful stereotypes. Pupils should understand the importance of challenging harmful beliefs and attitudes and should understand the links between sexism and misogyny and violence against women and girls. Where misogynistic ideas are expressed at school, staff should challenge the ideas, rather than the person expressing them.

81. Pupils should have opportunities to develop positive conceptions of masculinity and femininity, including how to identify and learn from positive male role models. It is important for pupils to understand that most boys and young men are respectful to girls and young women and each other. Pupils may be exposed to online content which normalises harmful or violent sexual behaviours, which might include sexist and misogynistic influencers who normalise sexual harassment and abuse. Young people may be more vulnerable to this content when they have low self-esteem, are being bullied, or have other challenges in their lives. Teachers should encourage pupils to consider how this content may be harmful to both men and women, while avoiding stigmatising or perpetuating harmful stereotypes about boys, and avoiding directly signposting to specific content and content producers.

82. It is important for pupils to understand that ethical behaviour in friendships and other relationships goes beyond respecting boundaries and consent, and that strong relationships of all types involve kindness and care. RSE lessons should be clear that all sexual activity should involve kindness, care, attention to the needs and vulnerabilities of the other person and an awareness of the power dynamics that can exist within relationships.

83. RSE lessons should ensure that both boys and girls have opportunities to practise respectful communication and understand experiences which are different from their own, including menstruation and menopause. However, in some cases, such as when a school identifies a specific need, the school may consider that separating classes by sex is the best way to create a safe space for discussion of a particular topic. This should be done in a way that avoids stigmatising boys or making girls feel like they will inevitably be victims of abusive behaviour or that it is their responsibility to protect themselves.

Safeguarding

84. Discussions about sensitive topics in RSHE can lead to increased safeguarding reports. All staff should know what to do if they have concerns that a pupil is being neglected or abused, including those who have seen, heard or experienced the effects of domestic abuse.[15] The Department publishes statutory safeguarding guidance *Keeping children safe in education* (KCSIE); this guidance provides a strong safeguarding framework and is clear on the actions a school or college should take if there are any concerns about a child or young person's wellbeing and/or safety. Staff should also be aware of mandatory reporting duties, including relating to FGM, and that virginity testing and hymenoplasty became illegal in 2022. The Government is also introducing a new law which will create a legal requirement for anyone in regulated activity relating to children in England, including teachers, to report if they are made aware a child is being sexually abused. Where lessons are delivered by external agencies, schools must agree in advance of the session how a safeguarding concern would be dealt with by the external visitor.

85. If staff have any concerns about a child's welfare, they should act on them immediately. Part 1 of KCSIE sets out the process staff should follow when they have concerns about a child. Staff should handle personal information with due care and know how to manage the requirement to maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the Designated Safeguarding Lead (or deputy). Staff should never promise a child that they will not tell anyone about a report of abuse, as this may ultimately not be in the best interests of the child. It is equally important that children understand how confidentiality will be handled in

[15] Resources to help teachers and school staff identify the signs and indicators of child sexual abuse can be found here – Centre of expertise on child sexual abuse

a lesson and what might happen if they choose to make a report, about themselves or a peer. Pupils should also understand where they can report any concerns and seek help, including to external services if they do not feel comfortable talking to school staff.

86. If staff have a concern about a risk of pupils experiencing or perpetrating harms, they should follow their own organisation's child protection policy and speak to the designated safeguarding lead (or a deputy). The designated safeguarding lead should have knowledge of trusted, high-quality local support that could be engaged, links to the police and other agencies and awareness of local issues which it may be appropriate to address in lessons.

Managing difficult questions

87. Pupils may ask questions about topics which go beyond any sex education covered by the school or relate to sex education from which they have been withdrawn. The school's policy should explain how teachers will handle such questions, with an emphasis on supporting the child. This may include asking a pupil to speak to their parents or a trusted adult, signposting to support services where needed, and recognising that children whose questions go unanswered might instead turn to inappropriate sources of information, including online. Teachers may require support and training in handling questions that are better not dealt with in the classroom.

Annex A Regulations

Relationships education, Relationships and Sex Education, and Health education

The Relationships education, Relationships and Sex Education, and Health education (England) Regulations 2019 are made under sections 34 and 35 of the Children and Social Work Act 2017 and provide that pupils receiving primary education must be taught relationships education; pupils receiving secondary education must be taught RSE; and that all primary and secondary pupils must be taught health education. The subjects of relationships education and RSE must be taught in all maintained schools, academies and independent schools. This includes pupil referral units, maintained special schools, special academies, and non-maintained special schools. All schools, except independent schools, must make provision for health education.

To give effect to the duty in section 34 of the 2017 Act and the power in section 35 of that Act, the Relationships education, Relationships and Sex Education and Health education (England) Regulations 2019 amend existing provisions in the Education Act 1996 and the Education Act 2002 and insert new provisions into the Education (Pupil Referral Units) (Application of Enactments) (England) Regulations 2007, the Education (Independent School Standards) Regulations 2014 and the Non-Maintained Special Schools (England) Regulations 2015. The provisions include a requirement for the Secretary of State to publish guidance on relationships education, RSE, and health education; require schools to have regard to that guidance; require schools to make a statement of policy on their provision of relationships education and RSE; and set out the circumstances in which a pupil is to be withdrawn from RSE.

The regulations and guidance in relation to health education do not apply to independent schools – they will continue to make provision for the health education element of PSHE under the Education (Independent School Standards) Regulations 2014.

Annex B Government resources

Curriculum resources

The Department for Education page brings together all existing information available to schools on the teaching of the RSHE curriculum. This includes parent guides and guidance in engaging parents on Relationships education. Schools will also want to refer to Keeping children safe in education (statutory guidance).

- Schools may also wish to see a series of DfE sexual harassment webinars covering domestic abuse, pornography and sexual exploitation.
- Non-statutory framework for Citizenship KS 1 and 2 (Non-statutory programme of study). Schools may wish to draw on the statutory Citizenship programme of study for KS 3 and 4 in their planning.
- Oak National Academy, the independent provider of freely available online curriculum and lesson resources, are developing curriculum materials to make sure every school can access high-quality, compliant resources which will build on what is already available for schools.
- Example of a model RSHE curriculum produced in 2019 by the Catholic Education Service in conjunction with the Department for Education: the primary RSE Model Curriculum and secondary RSE Model Curriculum

Wider resources

These subjects support many cross-government strategies of which schools will want to be aware. Whilst we have not referenced all strategies or supporting documents, we have included some of the key areas below.

- The Working together to safeguarding children statutory guidance on multi-agency working to help, protect and promote the welfare of children.
- The Domestic Abuse Act 2021 statutory guidance which is intended to increase awareness and inform the response to domestic abuse, also conveying standards and promotes best practice.
- Statutory guidance on FGM, including the mandatory reporting duty which applies to teachers, health and social care professionals, and statutory guidance on forced marriage.
- The report Teaching Relationships Education to Prevent Sexual Abuse is a rapid evidence assessment of the academic and grey literature on teaching relationships education to prevent sexual abuse.

- Centre of expertise on child sexual abuse. Advice, research and resources to help professionals identify, respond and support children and young people who have experienced sexual abuse.

- Crimestoppers Fearless. Definitions, advice on how to spot the signs, and guidance to support young people affected by sexual harms, including child sexual abuse and harmful sexual behaviour.

- The Virginity testing and hymenoplasty: multi-agency guidance offers advice for chief executives, directors, senior managers, frontline professionals within agencies and anyone else who may come in to contact with women and girls affected by virginity testing and hymenoplasty. It encourages agencies to cooperate and work together to protect and support those at risk of, or who have undergone, these procedures.

- The Child Exploitation and Online Protection (CEOP) Education programme, part of the National Crime Agency, which aims to protect children and young people from the threat of online child sexual abuse. Their offer for professionals includes training, guidance and free educational resources that are aligned to the RSHE curriculum.

- The National Crime Agency in partnership with the PSHE association have developed lesson plans that explore the risks involved in committing cybercrime and help students to recognise and avoid the techniques used to manipulate young people online: National Crime Agency: Exploring Cybercrime (pshe-association.org.uk).

- Report Remove is a service designed for young people in the UK, under 18, to confidentially report and remove sexual images or videos of themselves from the internet. This initiative, a collaboration between Childline and the Internet Watch Foundation (IWF), offers a secure and anonymous way for minors to take control of their online presence and safety.

- The Youth Endowment Fund (YEF, the 'what works' centre for preventing violence) Education Practice Guidance outlines evidence-based recommendations on how to help prevent children's involvement in violence. Education guidance | Youth Endowment Fund The YEF also produce an online toolkit that fund and evaluate interventions. The toolkit currently summarises 32 different approaches to violence prevention, highlighting impact on violent crime, evidence quality and cost. The YEF's Toolkit outlines 12 approaches to preventing violence among school-age children within Education and Children's Services Youth Endowment Fund Toolkit.

- The Children's Commissioner Digital 5 A Day provides a simple framework that reflects the concerns of parents as well as children's behaviours and needs.

- Better Health (NHS) have produced a website for teachers which covers a broad range of health and relationships issues in a format which is accessible for young people, targeted at primary and secondary age pupils. This includes Every Mind Matters resources for lessons which are accredited by the NHS: *School Zone | Campaigns | Campaign Resource Centre*. *Additionally, 'Talk to Frank' provides*

tailored, youth centred information about nicotine/vaping, alongside other substances. Home Office guidance and resources for teachers and school staff on responding to and preventing abuse in a school setting, as well as resources for teaching about sexual harassment and sexual abuse, including preventing violence against women and girls: Guidance and resources for teachers and school staff | ENOUGH

- Shore Space. An anonymous and confidential chat service and website for children and young people who are worried about their own or others' sexual thoughts, feelings or actions.

- The Drug Education suite of drug and alcohol education lesson materials incorporates the latest evidence, information and statistics, along with additional content on vaping, synthetic drugs and more.
- The National Centre For Smoking Cessation and Training (NCSCT) provides resources and practice guidance for healthcare professionals and teachers to support children and young people quit tobacco and/or vaping.
- The Teenage Pregnancy prevention framework provides evidence based guidance for local authorities, including the important role of RSE and links to local sexual health services. Additionally, the Fingertips tool offers a large public health data collection where information on teenage pregnancies can be found. The Department of Health and Social Care's Framework for Sexual Health Improvement in England supports the prevention of early, unplanned pregnancy.

- Reproductive health - a public health issue (PHE. 2018) A consensus statement, data and women's experiences, covering reproductive health through the life course, from menstruation to menopause. (PHE. 2018)

- Period product scheme for schools and colleges - GOV.UK

- Physical activity guidelines (Guidance from the Chief Medical Office) on how much physical activity people should be doing, along with supporting documents.

- The Eatwell Guide is a policy tool used to define government recommendations on eating healthily and achieving a balanced diet.

- The Children's health: migrant health guide contains advice and guidance on the health needs of migrant patients for healthcare practitioners.

- The Children's Oral Health elearning programme provides information and advice about children's oral health. It is aimed at parents, expectant mothers, early years healthcare workers, teachers, nurses, GPs and the public.

- The Commissioning and delivering supervised toothbrushing schemes in early years and school settings - GOV.UK guidance and toolkit has been updated to support commissioners and providers of local supervised toothbrushing schemes to ensure activities are evidence-informed, safe and have clear accountability and reporting arrangements to demonstrate impact.

- The Yellow Card Scheme – self-care and the importance of reporting suspected side effects to medicines. A fully tested and evidence-based guide for pupils and teachers on the potential risks of medicines and healthcare products, including side effects, problems with medical devices, blood products, e-cigarettes, and vapes, and what to do about them.

- NHS Blood and Transplant curriculum resources on blood, organ and stem cell donation: Educational resources - NHS Blood and Transplant

- Briefing for primary schools on the Flu vaccination programme in schools - GOV.UK

- Briefing for secondary schools on the Adolescent vaccination programme in secondary schools for 2024 to 2025 - GOV.UK

- The UKHSA e-bug resources cover a broader health education programme that includes vaccination and developed materials from early years to Key stage 3. These can be found here: e-bug home

- The Government response to the consultation on the structure, distribution and governance of the statutory levy on gambling operators - GOV.UK

- The Gambling Levy Regulations 2025 – GOV.UK

- Educational resources to help young people stay safe around the railways can be found here: Safety education - Network Rail

Data to understand the health and wellbeing needs of the local school-age population

- The Office for Health Improvement and Disparities (OHID) through its Fingertips tool offers a large public health data collection. Data is organised into themed profiles including a child and maternal health profile. The indicators included in the profile allow areas to see how they perform against the national average and against other local areas. These tools, accompanied by local health intelligence, can be used by schools to identify and respond to the particular health and wellbeing needs of their local school-age population.

Department for Education

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PROGRAMME OF STUDY FOR PSHE EDUCATION

KEY STAGES 1–5

PSHE Association

The national body for Personal, Social, Health and Economic (PSHE) education

The PSHE Association is the national body for personal, social, health and economic (PSHE) education — the school curriculum subject that supports pupils to be healthy, safe and prepared for modern life. PSHE education incorporates health education, relationships education/RSE and economic wellbeing and careers.

A charity and membership organisation, the Association works to improve PSHE education standards by supporting a national community of teachers and schools with resources, training and advice.

Find out more and become a member at www.pshe-association.org.uk

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INTRODUCTION

Personal, Social, Health and Economic (PSHE) education is a school subject through which pupils develop the knowledge, skills and attributes they need to manage their lives, now and in the future. It helps children and young people to stay healthy and safe, while preparing them to make the most of life and work. When taught well, PSHE education also helps pupils to achieve their academic potential.

Most of PSHE education becomes statutory for all schools from September 2020 under the Children and Social Work Act 2017. This includes Relationships Education at key stages 1 and 2, Relationships and Sex Education (RSE) at key stages 3 and 4, and Health Education in both primary and secondary phases.

The Department for Education published Statutory Guidance for Relationships Education, Relationships and Sex Education (RSE) and Health Education in June 2019. This sets out what schools *must* cover from September 2020 (though not all they *should* cover as part of broader PSHE education).

This updated edition of the PSHE Association Programme of Study for PSHE education will support schools to provide a comprehensive programme that integrates, but is not limited to, this statutory content. A broader PSHE programme should also cover economic wellbeing, careers and enterprise education, as well as education for personal safety, including assessing and managing risk.

This Programme of Study sets out learning opportunities for key stage 1 to 5, based on three core themes:

CORE THEME 1: HEALTH AND WELLBEING

CORE THEME 2: RELATIONSHIPS

CORE THEME 3: LIVING IN THE WIDER WORLD

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COVERING THE STATUTORY CONTENT

The statutory guidance is comprehensively covered by learning opportunities across all three core themes. Even though much of 'Living in the wider world' is not included in statutory requirements, the theme as a whole remains vitally important for pupils' personal development and economic wellbeing, as well as in supporting schools to meet the Gatsby Benchmarks for careers education as part of the DfE Careers Strategy.

The final section of the Programme of Study sets out the content grids from the Statutory Guidance for Relationships Education, RSE and Health Education, mapped to the Programme of Study, clearly identifying the Programme of Study learning opportunities that address each bullet point from the statutory guidance.

We are committed to raising the standard of PSHE education nationally, so this Programme of Study is freely available to all. In order to access our new Programme Builders, which break down learning by year group into half-term blocks, and a wide range of additional support and professional development opportunities, we encourage all schools to become members of the PSHE Association.

USING THE PROGRAMME OF STUDY

The Programme of Study sets out learning opportunities for each key stage, in each core theme, organised under subheadings. These learning opportunities should be used flexibly to plan your programme according to pupils' development, readiness and needs, and taking into account prior learning, experience and understanding.

Learning from one area may be related and relevant to others. Whilst this framework distinguishes three separate core themes, there will be extensive overlap, so when planning schemes of work, schools may draw from more than one theme. For example, Relationships and Sex Education (RSE) falls within both 'Health and Wellbeing' and 'Relationships', as sexual health should always be considered as an element of health education but also taught within the context of healthy relationships. Similarly, whilst they are specifically addressed where appropriate, assessing and managing risk and managing life online are integrated throughout all three core themes.

PSHE education addresses both pupils' current experiences and preparation for their future. The Programme of Study therefore provides a spiral curriculum to develop knowledge, skills and attributes, where prior learning is revisited, reinforced and extended year on year. This is grounded in the established evidence base for effective practice in PSHE education. More on this and other relevant research can be found in the evidence and research section of the PSHE Association website.

The Programme of Study identifies a broad range of important issues, but it is essential to prioritise quality over quantity (so that PSHE lessons are not simply a series of one-off, disconnected sessions) whilst ensuring that your programme reflects the universal needs of all children and young people, as

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well as the specific needs of the pupils in your school or community. When planning and ordering topic areas for your pupils, it is therefore important to start with identifying their needs. Examples of useful data sources include Public Health England Child and Maternal Health (CHIMAT) data sets, your local authority's joint strategic needs assessment (JSNA) and your own knowledge of your pupils' needs. It is important that pupils recognise their PSHE education as relevant and applicable across many important areas of their lives.

Unlike many other subjects, much of the specific knowledge taught in PSHE education changes regularly, for example as a result of legal changes, medical or technological advances. It is therefore important to ensure that all information used to develop pupils' knowledge on any aspect of PSHE education is up to date, accurate, unbiased and balanced.

A NOTE ABOUT THE LEARNING OPPORTUNITIES

Many of the learning opportunities, particularly in key stages 3 and 4, refer to 'managing' or 'responding to' challenging situations. By these terms we mean a variety of strategies which, depending on the context, might include: being able to identify risks or warning signs; resisting internal or external pressures; making informed decisions; exit strategies for unsafe situations; and knowing whom, how and when to ask for help, including reporting concerns. The terms 'managing' and 'responding to' in learning opportunities, should not be interpreted as suggesting that children and young people are responsible for the risks they encounter. Therefore, whilst teachers should endeavour to equip pupils with the knowledge and skills to help keep themselves and others safe, language and activities should never imply that blame or responsibility rests with anyone who has experienced, or is at risk of experiencing, harm.

PSHE ASSOCIATION PROGRAMME BUILDERS

We have also published Programme Builders to accompany this Programme of Study, to support you in planning schemes of work tailored to your pupils. The Programme Builders provide five model programmes (two for primary, two for secondary and one for middle/prep schools), each comprising:

- **a long-term plan** for the year across all year groups
- **separate grids** for each year group, setting out learning objectives for each half-term
- **links to resources** (both PSHE Association resources and resources carrying the Association's Quality Mark) that support each module

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PSHE ASSOCIATION PLANNING FRAMEWORK FOR PUPILS WITH SEND

Also see our updated edition of the Planning Framework for pupils with SEND to accompany the PSHE Association Programme of Study for PSHE education, to support those of you working with SEND pupils in both special and mainstream settings.

The Planning Framework is organised into six sections:

- Self-Awareness
- Self-care, Support and Safety
- Managing Feelings
- Changing and Growing
- Healthy Lifestyles
- The World I live in

and is fully aligned with the Statutory Guidance for Relationships Education, Relationships and Sex Education (RSE) and Health Education from the Department for Education (DfE).

ASSESSMENT

There are many reasons why it is important that learning in PSHE education is assessed, including:

- Pupils need opportunities to reflect on their learning and its implications for their lives.
- Teachers need to know that learning has taken place, be able to demonstrate progress and identify future learning needs.
- Assessment increases pupils' motivation and improves learning, as their raised awareness of their progress illustrates the value of this learning.
- Assessment allows the leadership team, parents, governors and school inspectors to see PSHE education's impact on pupils and whole school outcomes, such as Ofsted judgements on personal development, safeguarding, spiritual, moral, social and cultural (SMSC) development and the promotion of fundamental British values. Without assessment, all a school can do is describe its PSHE provision, not show its impact.
- The DfE also states in the statutory guidance for Relationships, Sex and Health education that "schools should have the same high expectations of the quality of pupils' work in these subjects as for other curriculum areas" — therefore assessment for and of learning should be central to any PSHE education provision.

***For further guidance on assessment for, and of, learning in PSHE, see the PSHE Association's guides to assessment in PSHE education.**

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KEY STAGE 1-2

During key stages 1 and 2, PSHE education offers both explicit and implicit learning opportunities and experiences which reflect pupils' increasing independence and physical and social awareness, as they move through the primary phase. It builds on the skills that pupils started to acquire during the Early Years Foundation stage (EYFS) to develop effective relationships, assume greater personal responsibility and manage personal safety, including online. PSHE education helps pupils to manage the physical and emotional changes at puberty, introduces them to a wider world and enables them to make an active contribution to their communities.

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KS1 Learning opportunities in Health and Wellbeing	**KS2** Learning opportunities in Health and Wellbeing
Pupils learn…	*Pupils learn…*
Healthy lifestyles (physical wellbeing)	
H1. about what keeping healthy means; different ways to keep healthy	**H1.** how to make informed decisions about health
H2. about foods that support good health and the risks of eating too much sugar	**H2.** about the elements of a balanced, healthy lifestyle
H3. about how physical activity helps us to stay healthy; and ways to be physically active everyday	**H3.** about choices that support a healthy lifestyle, and recognise what might influence these
H4. about why sleep is important and different ways to rest and relax	**H4.** how to recognise that habits can have both positive and negative effects on a healthy lifestyle
H5. simple hygiene routines that can stop germs from spreading	**H5.** about what good physical health means; how to recognise early signs of physical illness
H6. that medicines (including vaccinations and immunisations and those that support allergic reactions) can help people to stay healthy	**H6.** about what constitutes a healthy diet; how to plan healthy meals; benefits to health and wellbeing of eating nutritionally rich foods; risks associated with not eating a healthy diet including obesity and tooth decay.
H7. about dental care and visiting the dentist; how to brush teeth correctly; food and drink that support dental health	**H7.** how regular (daily/weekly) exercise benefits mental and physical health (e.g. walking or cycling to school, daily active mile); recognise opportunities to be physically active and some of the risks associated with an inactive lifestyle
H8. how to keep safe in the sun and protect skin from sun damage	**H8.** about how sleep contributes to a healthy lifestyle; routines that support good quality sleep; the effects of lack of sleep on the body, feelings, behaviour and ability to learn
H9. about different ways to learn and play; recognising the importance of knowing when to take a break from time online or TV	**H9.** that bacteria and viruses can affect health; how everyday hygiene routines can limit the spread of infection; the wider importance of personal hygiene and how to maintain it
H10. about the people who help us to stay physically healthy	**H10.** how medicines, when used responsibly, contribute to health; that some diseases can be prevented by vaccinations and immunisations; how allergies can be managed

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	H11. how to maintain good oral hygiene (including correct brushing and flossing); why regular visits to the dentist are essential; the impact of lifestyle choices on dental care (e.g. sugar consumption/acidic drinks such as fruit juices, smoothies and fruit teas; the effects of smoking) **H12.** about the benefits of sun exposure and risks of overexposure; how to keep safe from sun damage and sun/heat stroke and reduce the risk of skin cancer **H13.** about the benefits of the internet; the importance of balancing time online with other activities; strategies for managing time online **H14.** how and when to seek support, including which adults to speak to in and outside school, if they are worried about their health

Mental health

H11. about different feelings that humans can experience **H12.** how to recognise and name different feelings **H13.** how feelings can affect people's bodies and how they behave **H14.** how to recognise what others might be feeling **H15.** to recognise that not everyone feels the same at the same time, or feels the same about the same things **H16.** about ways of sharing feelings; a range of words to describe feelings **H17.** about things that help people feel good (e.g. playing outside, doing things they enjoy, spending time with family, getting enough sleep) **H18.** different things they can do to manage big feelings, to help calm themselves down and/or change their mood when they don't feel good **H19.** to recognise when they need help with feelings; that it is important to ask for help with feelings; and how to ask for it **H20.** about change and loss (including death); to identify feelings associated with this; to recognise what helps people to feel better	**H15.** that mental health, just like physical health, is part of daily life; the importance of taking care of mental health **H16.** about strategies and behaviours that support mental health — including how good quality sleep, physical exercise/time outdoors, being involved in community groups, doing things for others, clubs, and activities, hobbies and spending time with family and friends can support mental health and wellbeing **H17.** to recognise that feelings can change over time and range in intensity **H18.** about everyday things that affect feelings and the importance of expressing feelings **H19.** a varied vocabulary to use when talking about feelings; about how to express feelings in different ways; **H20.** strategies to respond to feelings, including intense or conflicting feelings; how to manage and respond to feelings appropriately and proportionately in different situations **H21.** to recognise warning signs about mental health and wellbeing and how to seek support for themselves and others

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H22. to recognise that anyone can experience mental ill health; that most difficulties can be resolved with help and support; and that it is important to discuss feelings with a trusted adult

H23. about change and loss, including death, and how these can affect feelings; ways of expressing and managing grief and bereavement

H24. problem-solving strategies for dealing with emotions, challenges and change, including the transition to new schools

Ourselves, growing and changing

H21. to recognise what makes them special

H22. to recognise the ways in which we are all unique

H23. to identify what they are good at, what they like and dislike

H24. how to manage when finding things difficult

H25. to name the main parts of the body including external genitalia (e.g. vulva, vagina, penis, testicles)

H26. about growing and changing from young to old and how people's needs change

H27. about preparing to move to a new class/year group

H25. about personal identity; what contributes to who we are (e.g. ethnicity, family, gender, faith, culture, hobbies, likes/dislikes)

H26. that for some people gender identity does not correspond with their biological sex

H27. to recognise their individuality and personal qualities

H28. to identify personal strengths, skills, achievements and interests and how these contribute to a sense of self-worth

H29. about how to manage setbacks/perceived failures, including how to re-frame unhelpful thinking

H30. to identify the external genitalia and internal reproductive organs in males and females and how the process of puberty relates to human reproduction

H31. about the physical and emotional changes that happen when approaching and during puberty (including menstruation, key facts about the menstrual cycle and menstrual wellbeing, erections and wet dreams)

H32. about how hygiene routines change during the time of puberty, the importance of keeping clean and how to maintain personal hygiene

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	H33. about the processes of reproduction and birth as part of the human life cycle; how babies are conceived and born (and that there are ways to prevent a baby being made); how babies need to be cared for[1]
	H34. about where to get more information, help and advice about growing and changing, especially about puberty
	H35. about the new opportunities and responsibilities that increasing independence may bring
	H36. strategies to manage transitions between classes and key stages
Keeping safe	
H28. about rules and age restrictions that keep us safe	**H37.** reasons for following and complying with regulations and restrictions (including age restrictions); how they promote personal safety and wellbeing with reference to social media, television programmes, films, games and online gaming
H29. to recognise risk in simple everyday situations and what action to take to minimise harm	**H38.** how to predict, assess and manage risk in different situations
H30. about how to keep safe at home (including around electrical appliances) and fire safety (e.g. not playing with matches and lighters)	**H39.** about hazards (including fire risks) that may cause harm, injury or risk in the home and what they can do to reduce risks and keep safe
H31. that household products (including medicines) can be harmful if not used correctly	**H40.** about the importance of taking medicines correctly and using household products safely, (e.g. following instructions carefully)
H32. ways to keep safe in familiar and unfamiliar environments (e.g. beach, shopping centre, park, swimming pool, on the street) and how to cross the road safely	**H41.** strategies for keeping safe in the local environment or unfamiliar places (rail, water, road) and firework safety; safe use of digital devices when out and about
H33. about the people whose job it is to help keep us safe	**H42.** about the importance of keeping personal information private; strategies for keeping safe online, including how to manage requests for personal information or images of themselves and others; what to do if frightened or worried by something seen or read online and how to report concerns, inappropriate content and contact
H34. basic rules to keep safe online, including what is meant by personal information and what should be kept private; the importance of telling a trusted adult if they come across something that scares them	**H43.** about what is meant by first aid; basic techniques for dealing with common injuries[2]
H35. about what to do if there is an accident and someone is hurt	
H36. how to get help in an emergency (how to dial 999 and what to say)	

[1] Pupils are often aware that sexual intercourse does not always result in a baby and they may already be aware of or have heard about some common methods of contraception (e.g. condoms, the contraceptive pill or avoiding sexual intercourse). A basic understanding of contraception can be taught at primary level. This may include basic information about common forms of contraception (for example, condoms and the contraceptive pill) and how these can prevent a baby being made. Schools will need to decide whether this is appropriate for their community and cohorts and consider how to approach this as part of Sex Education.

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	H44. how to respond and react in an emergency situation; how to identify situations that may require the emergency services; know how to contact them and what to say **H45.** that female genital mutilation (FGM) is against British law, what to do and whom to tell if they think they or someone they know might be at risk[3]
Drugs, alcohol and tobacco	
H37. about things that people can put into their body or on their skin; how these can affect how people feel	**H46.** about the risks and effects of legal drugs common to everyday life (e.g. cigarettes, e-cigarettes/vaping, alcohol and medicines) and their impact on health; recognise that drug use can become a habit which can be difficult to break **H47.** to recognise that there are laws surrounding the use of legal drugs and that some drugs are illegal to own, use and give to others **H48.** about why people choose to use or not use drugs (including nicotine, alcohol and medicines); **H49.** about the mixed messages in the media about drugs, including alcohol and smoking/vaping **H50.** about the organisations that can support people concerning alcohol, tobacco and nicotine or other drug use; people they can talk to if they have concerns

[2] Common injuries might include bruises, scalds, burns, bleeds (cuts or nose bleeds). Schools might also choose to teach about how to manage asthma attacks, allergic reactions, a person who is choking or unresponsive. For head injuries, pupils should be taught to seek adult help immediately but not to attempt to move the person.

[3] Teaching about FGM could be included in units on health, keeping safe, safe relationships, privacy, body parts (including external genitalia).

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CORE THEME 2: RELATIONSHIPS

KS1 Learning opportunities in Relationships *Pupils learn…*	**KS2** Learning opportunities in Relationships *Pupils learn…*
Families and close positive relationships	
R1. about the roles different people (e.g. acquaintances, friends and relatives) play in our lives **R2.** to identify the people who love and care for them and what they do to help them feel cared for **R3.** about different types of families including those that may be different to their own **R4.** to identify common features of family life **R5.** that it is important to tell someone (such as their teacher) if something about their family makes them unhappy or worried	**R1.** to recognise that there are different types of relationships (e.g. friendships, family relationships, romantic relationships, online relationships) **R2.** that people may be attracted to someone emotionally, romantically and sexually; that people may be attracted to someone of the same sex or different sex to them; that gender identity and sexual orientation are different **R3.** about marriage and civil partnership as a legal declaration of commitment made by two adults who love and care for each other, which is intended to be lifelong **R4.** that forcing anyone to marry against their will is a crime; that help and support is available to people who are worried about this for themselves or others **R5.** that people who love and care for each other can be in a committed relationship (e.g. marriage), living together, but may also live apart **R6.** that a feature of positive family life is caring relationships; about the different ways in which people care for one another **R7.** to recognise and respect that there are different types of family structure (including single parents, same-sex parents, step-parents, blended families, foster parents); that families of all types can give family members love, security and stability **R8.** to recognise other shared characteristics of healthy family life, including commitment, care, spending time together; being there for each other in times of difficulty **R9.** how to recognise if family relationships are making them feel unhappy or unsafe, and how to seek help or advice

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Friendships

R6. about how people make friends and what makes a good friendship

R7. about how to recognise when they or someone else feels lonely and what to do

R8. simple strategies to resolve arguments between friends positively

R9. how to ask for help if a friendship is making them feel unhappy

R10. about the importance of friendships; strategies for building positive friendships; how positive friendships support wellbeing

R11. what constitutes a positive healthy friendship (e.g. mutual respect, trust, truthfulness, loyalty, kindness, generosity, sharing interests and experiences, support with problems and difficulties); that the same principles apply to online friendships as to face-to-face relationships

R12. to recognise what it means to 'know someone online' and how this differs from knowing someone face-to-face; risks of communicating online with others not known face-to-face

R13. the importance of seeking support if feeling lonely or excluded

R14. that healthy friendships make people feel included; recognise when others may feel lonely or excluded; strategies for how to include them

R15. strategies for recognising and managing peer influence and a desire for peer approval in friendships; to recognise the effect of online actions on others

R16. how friendships can change over time, about making new friends and the benefits of having different types of friends

R17. that friendships have ups and downs; strategies to resolve disputes and reconcile differences positively and safely

R18. to recognise if a friendship (online or offline) is making them feel unsafe or uncomfortable; how to manage this and ask for support if necessary

Managing hurtful behaviour and bullying

R10. that bodies and feelings can be hurt by words and actions; that people can say hurtful things online

R11. about how people may feel if they experience hurtful behaviour or bullying

R12. that hurtful behaviour (offline and online) including teasing, name-calling, bullying and deliberately excluding others is not acceptable; how to report bullying; the importance of telling a trusted adult

R19. about the impact of bullying, including offline and online, and the consequences of hurtful behaviour

R20. strategies to respond to hurtful behaviour experienced or witnessed, offline and online (including teasing, name-calling, bullying, trolling, harassment or the deliberate excluding of others); how to report concerns and get support

R21. about discrimination: what it means and how to challenge it

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Safe relationships

R13. to recognise that some things are private and the importance of respecting privacy; that parts of their body covered by underwear are private

R14. that sometimes people may behave differently online, including by pretending to be someone they are not

R15. how to respond safely to adults they don't know

R16. about how to respond if physical contact makes them feel uncomfortable or unsafe

R17. about knowing there are situations when they should ask for permission and also when their permission should be sought

R18. about the importance of not keeping adults' secrets (only happy surprises that others will find out about eventually)

R19. basic techniques for resisting pressure to do something they don't want to do and which may make them unsafe

R20. what to do if they feel unsafe or worried for themselves or others; who to ask for help and vocabulary to use when asking for help; importance of keeping trying until they are heard

R22. about privacy and personal boundaries; what is appropriate in friendships and wider relationships (including online);

R23. about why someone may behave differently online, including pretending to be someone they are not; strategies for recognising risks, harmful content and contact; how to report concerns

R24. how to respond safely and appropriately to adults they may encounter (in all contexts including online) whom they do not know

R25. recognise different types of physical contact; what is acceptable and unacceptable; strategies to respond to unwanted physical contact

R26. about seeking and giving permission (consent) in different situations

R27. about keeping something confidential or secret, when this should (e.g. a birthday surprise that others will find out about) or should not be agreed to, and when it is right to break a confidence or share a secret

R28. how to recognise pressure from others to do something unsafe or that makes them feel uncomfortable and strategies for managing this

R29. where to get advice and report concerns if worried about their own or someone else's personal safety (including online)

Respecting self and others

R21. about what is kind and unkind behaviour, and how this can affect others

R22. about how to treat themselves and others with respect; how to be polite and courteous

R23. to recognise the ways in which they are the same and different to others

R24. how to listen to other people and play and work cooperatively

R25. how to talk about and share their opinions on things that matter to them

R30. that personal behaviour can affect other people; to recognise and model respectful behaviour online

R31. to recognise the importance of self-respect and how this can affect their thoughts and feelings about themselves; that everyone, including them, should expect to be treated politely and with respect by others (including when online and/or anonymous) in school and in wider society; strategies to improve or support courteous, respectful relationships

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	R32. about respecting the differences and similarities between people and recognising what they have in common with others e.g. physically, in personality or background **R33.** to listen and respond respectfully to a wide range of people, including those whose traditions, beliefs and lifestyle are different to their own **R34.** how to discuss and debate topical issues, respect other people's point of view and constructively challenge those they disagree with

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CORE THEME 3: LIVING IN THE WIDER WORLD

KS1 Learning opportunities in Living in the Wider World *Pupils learn…*	**KS2** Learning opportunities in Living in the Wider World *Pupils learn…*
Shared responsibilities	
L1. about what rules are, why they are needed, and why different rules are needed for different situations **L2.** how people and other living things have different needs; about the responsibilities of caring for them **L3.** about things they can do to help look after their environment	**L1.** to recognise reasons for rules and laws; consequences of not adhering to rules and laws **L2.** to recognise there are human rights, that are there to protect everyone **L3.** about the relationship between rights and responsibilities **L4.** the importance of having compassion towards others; shared responsibilities we all have for caring for other people and living things; how to show care and concern for others **L5.** ways of carrying out shared responsibilities for protecting the environment in school and at home; how everyday choices can affect the environment (e.g. reducing, reusing, recycling; food choices)
Communities	
L4. about the different groups they belong to **L5.** about the different roles and responsibilities people have in their community **L6.** to recognise the ways they are the same as, and different to, other people	**L6.** about the different groups that make up their community; what living in a community means **L7.** to value the different contributions that people and groups make to the community **L8.** about diversity: what it means; the benefits of living in a diverse community; about valuing diversity within communities **L9.** about stereotypes; how they can negatively influence behaviours and attitudes towards others; strategies for challenging stereotypes **L10.** about prejudice; how to recognise behaviours/actions which discriminate against others; ways of responding to it if witnessed or experienced

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Media literacy & digital resilience	
L7. about how the internet and digital devices can be used safely to find things out and to communicate with others **L8.** about the role of the internet in everyday life **L9.** that not all information seen online is true	**L11.** recognise ways in which the internet and social media can be used both positively and negatively **L12.** how to assess the reliability of sources of information online; and how to make safe, reliable choices from search results **L13.** about some of the different ways information and data is shared and used online, including for commercial purposes **L14.** about how information on the internet is ranked, selected and targeted at specific individuals and groups; that connected devices can share information **L15.** recognise things appropriate to share and things that should not be shared on social media; rules surrounding distribution of images **L16.** about how text and images in the media and on social media can be manipulated or invented; strategies to evaluate the reliability of sources and identify misinformation
Economic wellbeing: Money	
L10. what money is; forms that money comes in; that money comes from different sources **L11.** that people make different choices about how to save and spend money **L12.** about the difference between needs and wants; that sometimes people may not always be able to have the things they want **L13.** that money needs to be looked after; different ways of doing this	**L17.** about the different ways to pay for things and the choices people have about this **L18.** to recognise that people have different attitudes towards saving and spending money; what influences people's decisions; what makes something 'good value for money' **L19.** that people's spending decisions can affect others and the environment (e.g. Fair trade, buying single-use plastics, or giving to charity) **L20.** to recognise that people make spending decisions based on priorities, needs and wants **L21.** different ways to keep track of money **L22.** about risks associated with money (e.g. money can be won, lost or stolen) and ways of keeping money safe

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	L23. about the risks involved in gambling; different ways money can be won or lost through gambling-related activities and their impact on health, wellbeing and future aspirations **L24.** to identify the ways that money can impact on people's feelings and emotions
Economic wellbeing: Aspirations, work and career	
L14. that everyone has different strengths **L15.** that jobs help people to earn money to pay for things **L16.** different jobs that people they know or people who work in the community do **L17.** about some of the strengths and interests someone might need to do different jobs	**L25.** to recognise positive things about themselves and their achievements; set goals to help achieve personal outcomes **L26.** that there is a broad range of different jobs/careers that people can have; that people often have more than one career/type of job during their life **L27.** about stereotypes in the workplace and that a person's career aspirations should not be limited by them **L28.** about what might influence people's decisions about a job or career (e.g. personal interests and values, family connections to certain trades or businesses, strengths and qualities, ways in which stereotypical assumptions can deter people from aspiring to certain jobs) **L29.** that some jobs are paid more than others and money is one factor which may influence a person's job or career choice; that people may choose to do voluntary work which is unpaid **L30.** about some of the skills that will help them in their future careers e.g. teamwork, communication and negotiation **L31.** to identify the kind of job that they might like to do when they are older **L32.** to recognise a variety of routes into careers (e.g. college, apprenticeship, university)

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KEY STAGE 3-4

At **key stage 3**, students build on the knowledge and understanding, skills, attributes and values they have acquired and developed during the primary phase. PSHE education acknowledges and addresses the changes that young people experience, beginning with transition to secondary school, the challenges of adolescence and their increasing independence. It teaches the knowledge and skills which will equip them for the opportunities and challenges of life. Students learn to manage diverse relationships, their online lives, and the increasing influence of peers and the media.

At **key stage 4**, students deepen knowledge and understanding, extend and rehearse skills, and further explore attitudes, values and attributes acquired during key stage 3. PSHE education reflects the fact that students are moving towards an independent role in adult life, taking on greater responsibility for themselves and others.

*Relationships and Sex Education (RSE) falls within both 'Health and Wellbeing' and 'Relationships', as sexual health should always be considered as an element of health education but also taught within the context of healthy relationships.

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CORE THEME 1: HEALTH AND WELLBEING

KS3 Learning opportunities in Health and Wellbeing *Students learn…*	**KS4** Learning opportunities in Health and Wellbeing *Students learn…*
Self-concept	
H1. how we are all unique; that recognising and demonstrating personal strengths build self-confidence, self-esteem and good health and wellbeing **H2.** to understand what can affect wellbeing and resilience (e.g. life changes, relationships, achievements and employment) **H3.** the impact that media and social media can have on how people think about themselves and express themselves, including regarding body image, physical and mental health **H4.** simple strategies to help build resilience to negative opinions, judgements and comments **H5.** to recognise and manage internal and external influences on decisions which affect health and wellbeing	**H1.** to accurately assess their areas of strength and development, and where appropriate, act upon feedback **H2.** how self-confidence self-esteem, and mental health are affected positively and negatively by internal and external influences and ways of managing this **H3.** how different media portray idealised and artificial body shapes; how this influences body satisfaction and body image and how to critically appraise what they see and manage feelings about this **H4.** strategies to develop assertiveness and build resilience to peer and other influences that affect both how they think about themselves and their health and wellbeing
Mental health and emotional wellbeing	
H6. how to identify and articulate a range of emotions accurately and sensitively, using appropriate vocabulary **H7.** the characteristics of mental and emotional health and strategies for managing these **H8.** the link between language and mental health stigma and develop strategies to challenge stigma and misconceptions associated with help-seeking and mental health concerns **H9.** strategies to understand and build resilience, as well as how to respond to disappointments and setbacks **H10.** a range of healthy coping strategies and ways to promote wellbeing and boost mood, including physical activity, participation and the value of positive relationships in providing support	**H5.** the characteristics of mental and emotional health; to develop empathy and understanding about how daily actions can affect people's mental health **H6.** about change and its impact on mental health and wellbeing and to recognise the need for emotional support during life changes and/or difficult experiences **H7.** a broad range of strategies – cognitive and practical – for promoting their own emotional wellbeing, for avoiding negative thinking and for ways of managing mental health concerns **H8.** to recognise warning signs of common mental and emotional health concerns (including stress, anxiety and depression), what might trigger them and what help or treatment is available

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H11. the causes and triggers for unhealthy coping strategies, such as self-harm and eating disorders, and the need to seek help for themselves or others as soon as possible *[NB It is important to avoid teaching methods and resources that provide instruction on ways of self-harming, restricting food/inducing vomiting, hiding behaviour from others etc., or that might provide inspiration for pupils who are more vulnerable (e.g. personal accounts of weight change).]* **H12.** how to recognise when they or others need help with their mental health and wellbeing; sources of help and support and strategies for accessing what they need	**H9.** the importance of and ways to pre-empt common triggers and respond to warning signs of unhealthy coping strategies, such as self-harm and eating disorders in themselves and others *[NB It is important to avoid teaching methods and resources that provide instruction on ways of self-harming, restricting food/inducing vomiting, hiding behaviour from others etc., or that might provide inspiration for pupils who are more vulnerable (e.g. personal accounts of weight change).]* **H10.** how to recognise when they or others need help with their mental health and wellbeing; to explore and analyse ethical issues when peers need help; strategies and skills to provide basic support and identify and access the most appropriate sources of help
Healthy lifestyles	Health-related decisions
H13. the importance of, and strategies for, maintaining a balance between school, work, leisure, exercise, and online activities **H14.** the benefits of physical activity and exercise for physical and mental health and wellbeing **H15.** the importance of sleep and strategies to maintain good quality sleep **H16.** to recognise and manage what influences their choices about physical activity **H17.** the role of a balanced diet as part of a healthy lifestyle and the impact of unhealthy food choices **H18.** what might influence decisions about eating a balanced diet and strategies to manage eating choices **H19.** the importance of taking increased responsibility for their own physical health including dental check-ups, sun safety and self-examination (especially testicular self-examination in late KS3); the purpose of vaccinations offered during adolescence for individuals and society.	**H11.** to make informed lifestyle choices regarding sleep, diet and exercise **H12.** the benefits of having a balanced approach to spending time online **H13.** to identify, evaluate and independently access reliable sources of information, advice and support for all aspects of physical and mental health **H14.** about the health services available to people; strategies to become a confident user of the NHS and other health services; to overcome potential concerns or barriers to seeking help **H15.** the purpose of blood, organ and stem cell donation for individuals and society[1] **H16.** how to take increased personal responsibility for maintaining and monitoring health including cancer prevention, screening and self-examination **H17.** to assess and manage risks associated with cosmetic and aesthetic procedures, including tattooing, piercings and the use of sunbeds **H18.** the ways in which industries and advertising can influence health and harmful behaviours

1 Liaise with the science department regarding the teaching of the science of blood, organ and stem cell donation

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H20. strategies for maintaining personal hygiene, including oral health, and prevention of infection **H21.** how to access health services when appropriate **H22.** the risks and facts associated with female genital mutilation (FGM), its status as a criminal act and strategies to safely access support for themselves or others who may be at risk, or who have already been subject to FGM	
Drugs, alcohol and tobacco	
H23. the positive and negative uses of drugs in society including the safe use of prescribed and over the counter medicines; responsible use of antibiotics **H24.** to evaluate misconceptions, social norms and cultural values relating to drug, alcohol and tobacco use	**H19.** the consequences of substance use and misuse for the mental and physical health and wellbeing of individuals and their families, and the wider consequences for communities **H20.** wider risks of illegal substance use for individuals, including for personal safety, career, relationships and future lifestyle
H25. strategies to manage a range of influences on drug, alcohol and tobacco use, including peers **H26.** information about alcohol, nicotine and other legal and illegal substances, including the short-term and long-term health risks associated with their use **H27.** the personal and social risks and consequences of substance use and misuse including occasional use **H28.** the law relating to the supply, use and misuse of legal and illegal substances **H29.** about the concepts of dependence and addiction including awareness of help to overcome addictions	**H21.** to identify, manage and seek help for unhealthy behaviours, habits and addictions including smoking cessation
Managing risk and personal safety	
H30. how to identify risk and manage personal safety in increasingly independent situations, including online **H31.** ways of assessing and reducing risk in relation to health, wellbeing and personal safety	**H22.** ways to identify risk and manage personal safety in new social settings, workplaces, and environments, including online **H23.** strategies for identifying risky and emergency situations, including online; ways to manage these and get appropriate help, including where there may be legal consequences (e.g. drugs and alcohol, violent crime and gangs)

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H32. the risks associated with gambling and recognise that chance-based transactions can carry similar risks; strategies for managing peer and other influences relating to gambling **H33.** how to get help in an emergency and perform basic first aid, including cardio-pulmonary resuscitation (CPR) and the use of defibrillators	**H24.** to increase confidence in performing emergency first aid and life-saving skills, including cardio-pulmonary resuscitation (CPR) and the use of defibrillators **H25.** to understand and build resilience to thinking errors associated with gambling (e.g. 'gambler's fallacy') the range of gambling-related harms , and how to access support for themselves or others
Puberty and sexual health	Sexual health and fertility
H34. strategies to manage the physical and mental changes that are a typical part of growing up, including puberty and menstrual wellbeing **H35.** about the purpose, importance and different forms of contraception; how and where to access contraception and advice (see also Relationships) **H36.** that certain infections can be spread through sexual activity and that barrier contraceptives offer some protection against certain sexually transmitted infections (STIs)	**H26.** the different types of intimacy — including online — and their potential emotional and physical consequences (both positive and negative) **H27.** about specific STIs, their treatment and how to reduce the risk of transmission **H28.** how to respond if someone has, or may have, an STI (including ways to access sexual health services) **H29.** to overcome barriers, (including embarrassment and misconceptions) about sexual health and the use of sexual health services **H30.** about healthy pregnancy and how lifestyle choices affect a developing foetus **H31.** that fertility can vary in all people, changes over time (including menopause) and can be affected by STIs and other lifestyle factors **H32.** about the possibility of miscarriage and support available to people who are not able to conceive or maintain a pregnancy **H33.** about choices and support available in the event of an unplanned pregnancy, and how to access appropriate help and advice

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CORE THEME 2: RELATIONSHIPS

KS3 Learning opportunities in Relationships and Sex Education *Students learn…*	KS4 Learning opportunities in Relationships and Sex Education *Students learn…*
Positive relationships	
R1. about different types of relationships, including those within families, friendships, romantic or intimate relationships and the factors that can affect them	**R1.** the characteristics and benefits of strong, positive relationships, including mutual support, trust, respect and equality
R2. indicators of positive, healthy relationships and unhealthy relationships, including online	**R2.** the role of pleasure in intimate relationships, including orgasms
R3. about the similarities, differences and diversity among people of different race, culture, ability, sex, gender identity, age and sexual orientation	**R3.** to respond appropriately to indicators of unhealthy relationships, including seeking help where necessary
R4. the difference between biological sex, gender identity and sexual orientation	**R4.** the importance of stable, committed relationships, including the rights and protections provided within legally recognised marriages and civil partnerships and the legal status of other long-term relationships
R5. to recognise that sexual attraction and sexuality are diverse	**R5.** the legal rights, responsibilities and protections provided by the Equality Act 2010
R6. that marriage is a legal, social and emotional commitment that should be entered into freely, and never forced upon someone through threat or coercion	**R6.** about diversity in romantic and sexual attraction and developing sexuality, including sources of support and reassurance and how to access them
R7. how the media portrays relationships and the potential impact of this on people's expectations of relationships	**R7.** strategies to access reliable, accurate and appropriate advice and support with relationships, and to assist others to access it when needed
R8. that the portrayal of sex in the media and social media (including pornography) can affect people's expectations of relationships and sex	**R8.** to understand the potential impact of the portrayal of sex in pornography and other media, including on sexual attitudes, expectations and behaviours
Relationship values	
R9. to clarify and develop personal values in friendships, love and sexual relationships	**R9.** to recognise, clarify and if necessary challenge their own values and understand how their values influence their decisions, goals and behaviours
R10. the importance of trust in relationships and the behaviours that can undermine or build trust	**R10.** to understand a variety of faith and cultural practices and beliefs concerning relationships and sexual activity; to respect the role these might play in relationship values
R11. to evaluate expectations about gender roles, behaviour and intimacy within romantic relationships	

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R12. that everyone has the choice to delay sex, or to enjoy intimacy without sex	
Forming and maintaining respectful relationships	
R13. how to safely and responsibly form, maintain and manage positive relationships, including online	**R11.** strategies to manage the strong emotions associated with the different stages of relationships
R14. the qualities and behaviours they should expect and exhibit in a wide variety of positive relationships (including in school and wider society, family and friendships, including online)	**R12.** to safely and responsibly manage changes in personal relationships including the ending of relationships
R15. to further develop and rehearse the skills of team working	
R16. to further develop the skills of active listening, clear communication, negotiation and compromise	**R13.** ways to manage grief about changing relationships including the impact of separation, divorce and bereavement; sources of support and how to access them
R17. strategies to identify and reduce risk from people online that they do not already know; when and how to access help	
R18. to manage the strong feelings that relationships can cause (including sexual attraction)	**R14.** the opportunities and potential risks of establishing and conducting relationships online, and strategies to manage the risks
R19. to develop conflict management skills and strategies to reconcile after disagreements	
R20. to manage the influence of drugs and alcohol on decision-making within relationships and social situations	**R15.** the legal and ethical responsibilities people have in relation to online aspects of relationships
R21. how to manage the breakdown of a relationship (including its digital legacy), loss and change in relationships	**R16.** to recognise unwanted attention (such as harassment and stalking including online), ways to respond and how to seek help
R22. the effects of change, including loss, separation, divorce and bereavement; strategies for managing these and accessing support	
R23. the services available to support healthy relationships and manage unhealthy relationships, and how to access them	**R17.** ways to access information and support for relationships including those experiencing difficulties
Consent	
R24. that consent is freely given; that being pressurised, manipulated or coerced to agree to something is not giving consent, and how to seek help in such circumstances	**R18.** about the concept of consent in maturing relationships

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R25. about the law relating to sexual consent	
R26. how to seek, give, not give and withdraw consent (in all contexts, including online)	**R19.** about the impact of attitudes towards sexual assault and to challenge victim-blaming, including when abuse occurs online
R27. that the seeker of consent is legally and morally responsible for ensuring that consent has been given; that if consent is not given or is withdrawn, that decision should always be respected	**R20.** to recognise the impact of drugs and alcohol on choices and sexual behaviour
R28. to gauge readiness for sexual intimacy	**R21.** the skills to assess their readiness for sex, including sexual activity online, as an individual and within a couple
R29. the impact of sharing sexual images of others without consent	
R30. how to manage any request or pressure to share an image of themselves or others, and how to get help	**R22.** to evaluate different motivations and contexts in which sexual images are shared, and possible legal, emotional and social consequences
R31. that intimate relationships should be pleasurable	
Contraception and parenthood	
R32. the communication and negotiation skills necessary for contraceptive use in healthy relationships (see also 'Health')	**R23.** how to choose and access appropriate contraception (including emergency contraception) and negotiate contraception use with a partner
R33. the risks related to unprotected sex	**R24.** the physical and emotional responses people may have to unintended pregnancy; the different options available; whom to talk to for accurate, impartial advice and support
R34. the consequences of unintended pregnancy, sources of support and the options available	**R25.** the importance of parenting skills and qualities for family life, the implications of young parenthood and services that offer support for new parents and families
R35. the roles and responsibilities of parents, carers and children in families	**R26.** the reasons why people choose to adopt/foster children
R36. the nature and importance of stable, long-term relationships (including marriage and civil partnerships) for family life and bringing up children	**R27.** about the current legal position on abortion and the range of beliefs and opinions about it
Bullying, abuse and discrimination	
R37. the characteristics of abusive behaviours, such as grooming, sexual harassment, sexual and emotional abuse, violence and exploitation; to recognise warning signs, including online; how to report abusive behaviours or access support for themselves or others	**R28.** to recognise when others are using manipulation, persuasion or coercion and how to respond

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R38. to recognise bullying, and its impact, in all its forms; the skills and strategies to manage being targeted or witnessing others being bullied

R39. the impact of stereotyping, prejudice and discrimination on individuals and relationships

R40. about the unacceptability of prejudice-based language and behaviour, offline and online, including sexism, homophobia, biphobia, transphobia, racism, ableism and faith-based prejudice

R41. the need to promote inclusion and challenge discrimination, and how to do so safely, including online

R29. the law relating to abuse in relationships, including coercive control and online harassment

R30. to recognise when a relationship is abusive and strategies to manage this

R31. the skills and strategies to respond to exploitation, bullying, harassment and control in relationships

R32. about the challenges associated with getting help in domestic abuse situations of all kinds; the importance of doing so; sources of appropriate advice and support, and how to access them

R33. The law relating to 'honour'-based violence and forced marriage; the consequences for individuals and wider society and ways to access support

R34. strategies to challenge all forms of prejudice and discrimination

Social influences

R42. to recognise peer influence and to develop strategies for managing it, including online

R43. the role peers can play in supporting one another to resist pressure and influence, challenge harmful social norms and access appropriate support

R44. that the need for peer approval can generate feelings of pressure and lead to increased risk-taking; strategies to manage this

R45. about the factors that contribute to young people joining gangs; the social, legal and physical consequences of gang behaviours

R46. strategies to manage pressure to join a gang, exit strategies and how to access appropriate support

R47. motivations, misconceptions and consequences of carrying weapons and strategies for managing pressure to carry a weapon

R35. to evaluate ways in which their behaviours may influence their peers, positively and negatively, including online, and in situations involving weapons or gangs

R36. skills to support younger peers when in positions of influence

R37. to recognise situations where they are being adversely influenced, or are at risk, due to being part of a particular group or gang; strategies to access appropriate help

R38. factors which contribute to young people becoming involved in serious organised crime, including cybercrime

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CORE THEME 3: LIVING IN THE WIDER WORLD

KS3 Learning opportunities in Living in the Wider World *Students learn…*	**KS4** Learning opportunities in Living in the Wider World *Students learn…*
Learning skills	
L1. study, organisational, research and presentation skills	**L1.** to evaluate and further develop their study and employability skills
L2. to review their strengths, interests, skills, qualities and values and how to develop them	**L2.** to evaluate their own personal strengths and areas for development and use this to inform goal setting
L3. to set realistic yet ambitious targets and goals	
L4. the skills and attributes that employers value	
L5. the skills and qualities required to engage in enterprise	**L3.** how their strengths, interests, skills and qualities are changing and how these relate to future career choices and employability
L6. the importance and benefits of being a lifelong learner	
Choices and pathways	
L7. about the options available to them at the end of key stage 3, sources of information, advice and support, and the skills to manage this decision-making process	**L4.** about the range of opportunities available to them for career progression, including in education, training and employment
L8. about routes into work, training and other vocational and academic opportunities, and progression routes	**L5.** about the need to challenge stereotypes about particular career pathways, maintain high aspirations for their future and embrace new opportunities
L9. the benefits of setting ambitious goals and being open to opportunities in all aspects of life	
L10. to recognise and challenge stereotypes and family or cultural expectations that may limit aspirations	**L6.** about the information, advice and guidance available to them on next steps and careers; how to access appropriate support and opportunities
Work and career	
L11. different types and patterns of work, including employment, self-employment and voluntary work; that everyone has a different pathway through life, education and work	**L7.** about the labour market, local, national and international employment opportunities
L12. about different work roles and career pathways, including clarifying their own early aspirations	**L8.** about employment sectors and types, and changing patterns of employment

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	L9. to research, secure and take full advantage of any opportunities for work experience that are available **L10.** to develop their career identity, including values in relation to work, and how to maximise their chances when applying for education or employment opportunities **L11.** the benefits and challenges of cultivating career opportunities online **L12.** strategies to manage their online presence and its impact on career opportunities
Employment rights and responsibilities	
L13. about young people's employment rights and responsibilities **L14.** to manage emotions in relation to future employment	**L13.** the skills and attributes to manage rights and responsibilities at work including health and safety procedures **L14.** about confidentiality in the workplace, when it should be kept and when it might need to be broken **L15.** about the unacceptability and illegality of discrimination and harassment in the workplace, and how to challenge it
Financial choices	
L15. to assess and manage risk in relation to financial decisions that young people might make **L16.** about values and attitudes relating to finance, including debt **L17.** to manage emotions in relation to money **L18.** to evaluate social and moral dilemmas about the use of money, including the influence of advertising and peers on financial decisions **L19.** to recognise financial exploitation in different contexts e.g. drug and money mules, online scams	**L16.** how to effectively budget, including the benefits of saving **L17.** how to effectively make financial decisions, including recognising the opportunities and challenges involved in taking financial risks **L18.** to recognise and manage the range of influences on their financial decisions **L19.** to access appropriate support for financial decision-making and for concerns relating to money, gambling, and consumer rights **L20.** the skills to challenge or seek support for financial exploitation in different contexts including online **L21.** to evaluate the financial advantages, disadvantages and risks of different models of contractual terms, including self-employment full-time, part-time and zero-hours contracts

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L20. that features of the internet can amplify risks and opportunities, e.g. speed and scale of information sharing, blurred public and private boundaries and a perception of anonymity

L21. to establish personal values and clear boundaries around aspects of life that they want to remain private; strategies to safely manage personal information and images online, including on social media

L22. the benefits and positive use of social media, including how it can offer opportunities to engage with a wide variety of views on different issues

L23. to recognise the importance of seeking a variety of perspectives on issues and ways of assessing the evidence which supports those views

L24. to understand how the way people present themselves online can have positive and negative impacts on them

L25. to make informed decisions about whether different media and digital content are appropriate to view and develop the skills to act on them

L26. that on any issue there will be a range of viewpoints; to recognise the potential influence of extreme views on people's attitudes and behaviours

L27. to respond appropriately when things go wrong online, including confidently accessing support, reporting to authorities and platforms

L22. that there are positive and safe ways to create and share content online and the opportunities this offers

L23. strategies for protecting and enhancing their personal and professional reputation online

L24. that social media may disproportionately feature exaggerated or inaccurate information about situations, or extreme viewpoints; to recognise why and how this may influence opinions and perceptions of people and events

L25. how personal data is generated, collected and shared, including by individuals, and the consequences of this

L26. how data may be used with the aim of influencing decisions, including targeted advertising and other forms of personalisation online; strategies to manage this

L27. strategies to critically assess bias, reliability and accuracy in digital content

L28. to assess the causes and personal consequences of extremism and intolerance in all their forms

L29. to recognise the shared responsibility to challenge extreme viewpoints that incite violence or hate and ways to respond to anything that causes anxiety or concern

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KEY STAGE 5

By the end of key stage 5, many young people will leave home for the first time and live independently, possibly in distant locations. There is a balance throughout this Programme of Study between preparing students to manage their current lives and laying the foundations for managing future experiences. As students progress through the key stages, this balance shifts towards teaching related to young people's current experiences. It is essential to provide a comprehensive PSHE education programme in key stage 5; this ensures students continue to learn about issues with real-life relevance to them, at a crucial transition point in their lives.

The learning opportunities at key stage 5 assume that students have already covered those in key stage 4. However, students entering key stage 5 from different feeder schools may bring a range of experience and understanding, so it may be appropriate to also draw on learning opportunities in key stage 4 when planning your curriculum. It is important to revisit and reinforce earlier learning through learning that 'connects' it to contexts that are relevant to this age group, such as the workplace.

This key stage represents the last opportunity to ensure that students have the knowledge and understanding, skills, strategies and attributes they need for independent living and the next stage in their education or career.

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KS5 Learning opportunities in Health and Wellbeing

Students learn…

Self-concept

H1. skills and strategies to confidently manage transitional life phases

H2. to recognise how idealised images of bodies and pressure to conform, can adversely affect body image and self-esteem; strategies to manage this pressure

H3. to understand the issues and considerations relating to body enhancement or alteration, including long-term consequences

Mental health and emotional wellbeing

H4. to recognise signs of change in mental health and wellbeing and demonstrate a range of strategies for building and maintaining positive mental health, including managing stress and anxiety

H5. to recognise common mental health issues such as anxiety, depression, eating disorders, self-harm and compulsive behaviours *[NB It is important to avoid teaching methods and resources that provide instruction on ways of self-harming, restricting food/inducing vomiting, hiding behaviour from others etc., or that might provide inspiration for students who are more vulnerable (e.g. personal accounts of weight change).]*

H6. to recognise when they, or others, need support with their mental health and effective strategies to address difficulties and promote wellbeing

H7. to analyse and evaluate support available to manage common mental health issues, and how to access the most appropriate support

Healthy lifestyles

H8. to take responsibility for monitoring personal health and wellbeing, including sun safety, breast awareness and self-examination, testicular self-examination and cervical screening

H9. to consistently access reliable sources of information and evaluate media messages about health; and how to make informed decisions about health, including vaccination/immunisation'

H10. how to register with and access health services in new locations

H11. to recognise illnesses that particularly affect young adults, such as meningitis and 'freshers' flu'

H12. how to maintain a healthy diet, especially on a budget

H13. how to maintain work-life balance, including understanding the importance of continuing with regular exercise and sleep, and balancing time online

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Managing risk and personal safety

H14. to assess and manage risk and personal safety in a wide range of contexts, including online; about support in place to safeguard them in these contexts and how to access it

H15. to manage personal safety in relation to travel, such as cycle safety, young driver safety, passenger safety, using licensed taxis and getting home safely

H16. to travel safely around the UK and abroad; understand legal rights and responsibilities when travelling abroad, including passport, visa and insurance requirements

H17. to perform first aid and evaluate when to summon emergency services, irrespective of any potential legal implications, for example, when the situation involves alcohol, drugs, gangs or violent crime

Sexual health

H18. to develop a nuanced understanding of how to select appropriate contraception in different contexts and relationships

H19. how to reduce the risk of contracting or passing on a sexually transmitted infection (STI)

H20. how to take responsibility for their sexual health and know where, and how, to access local and national advice, diagnosis and treatment

Drugs, Alcohol and Tobacco

H21. to manage alcohol and drug use in relation to immediate and long-term health

H22. to understand how alcohol and drug use can affect decision making and personal safety, including looking out for friends, safe travel and drink-spiking

H23. the impact of alcohol and drug use on road safety, work-place safety, reputation and career

H24. the risks of being a passenger with an intoxicated driver and ways to manage this

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CORE THEME 2: RELATIONSHIPS

KS5 Learning opportunities in Relationships and Sex Education

Students learn...

Relationship values

R1. how to articulate their relationship values and to apply them in different types of relationships

R2. to recognise and challenge prejudice and discrimination and understand rights and responsibilities with regard to inclusion

R3. to recognise, respect and, if appropriate, challenge the ways different faith or cultural views influence relationships

Forming and maintaining respectful relationships

R4. to manage mature friendships, including making friends in new places

R5. to manage personal safety in new relationships, including online activity or when meeting someone for the first time whom they met online

R6. to develop and maintain healthy, pleasurable relationships and explore different levels of emotional intimacy

R7. to evaluate different degrees of emotional intimacy in relationships, the role of pleasure, how they understand the difference between 'love' and 'lust'

R8. to use constructive dialogue to support relationships and negotiate difficulties

R9. to manage the ending of relationships safely and respectfully, including online

R10. to recognise the opportunities to build meaningful relationships in the workplace and the boundaries around professional relationships

Consent

R11. to understand the moral and legal responsibilities that someone seeking consent has, and the importance of respecting and protecting people's right to give, not give, or withdraw their consent (in all contexts, including online)

R12. to understand the emotional, physical, social and legal consequences of failing to respect others' right not to give or to withdraw consent

R13. how to recognise, and seek help in the case of, sexual abuse, exploitation, assault or rape, and the process for reporting to appropriate authorities

Contraception and parenthood

R14. to understand the implications of unintended pregnancy and young parenthood; to recognise the advantages of delaying conception, whilst acknowledging the changes in fertility with age

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R15. to negotiate, and if necessary be able to assert, the use of contraception with a sexual partner

R16. how to effectively use different contraceptives, including how and where to access them

R17. to evaluate the most appropriate methods of contraception in different circumstances (including emergency contraception)

R18. to access the pathways available in the event of an unintended pregnancy and understand the importance of getting advice and support quickly

Bullying, abuse and discrimination

R19. to recognise and manage negative influence, manipulation and persuasion in a variety of contexts, including online

R20. to recognise and manage different forms of abuse, sources of support and exit strategies for unhealthy relationships

R21. to recognise forced marriage and 'honour' based violence; to get help for themselves or others they believe to be at immediate or future risk

R22. to understand their rights in relation to harassment (including online) and stalking, how to respond and how to access support

R23. strategies to recognise, de-escalate and exit aggressive social situations

R24. to evaluate the dangers and consequences of being involved in gangs, serious organised crime or carrying a weapon

R25. ways to celebrate cultural diversity, promote inclusion and safely challenge prejudice and discrimination

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CORE THEME 3: LIVING IN THE WIDER WORLD

KS5 Learning opportunities in Living in the Wider World

Students learn…

Choices and pathways

L1. to be enterprising in life and work

L2. to set realistic yet ambitious career and life goals which are matched to personal values, interests, strengths and skills

L3. to evaluate the 'next step' options available, such as higher education, further training or apprenticeships, and gap year opportunities

L4. the implications of the global market for their future choices in education and employment

Work and career

L5. how to identify and evidence their strengths and skills when applying and interviewing for future roles and opportunities

L6. how to produce a concise and compelling curriculum vitae and prepare effectively for interviews

L7. how to recognise career possibilities in a global economy

Employment rights and responsibilities

L8. their rights and responsibilities as students in casual, part-time jobs, including in the 'gig economy'

L9. the importance of professional conduct and how it can be demonstrated in different workplaces including following health and safety protocols

L10. to understand and appreciate the importance of workplace confidentiality and security including cyber-security and data protection

L11. to recognise bullying and harassment in the workplace in all its forms and ways to seek or provide support to resolve the situation

L12. the role of trade unions and professional organisations; when and how to constructively challenge workplace behaviours

Financial choices

L13. how to plan expenditure and budget for changes in circumstances (e.g. when moving out or going to university)

L14. to understand and manage salary deductions including taxation, national insurance and pensions

L15. to evaluate savings options

L16. to exercise consumer rights, including resolving disputes and accessing appropriate support

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L17. to manage financial contracts including, mobile phone services and renting items and accommodation; how to identify appropriate advice

L18. to evaluate the potential gains and risks of different debt arrangements and repayment implications

L19. to evaluate the risks in different financial ventures including illegal schemes e.g. illegal money transfers

Media literacy and digital resilience

L20. to set and maintain clear boundaries around personal privacy and to manage online safety in all its forms, including seeking help when appropriate

L21. to effectively challenge online content that adversely affects their personal or professional reputation

L22. to build and maintain a positive professional online presence, using a range of technologies

L23. how social media can expand, limit or distort perspectives and recognise how content they create and share may contribute to, or challenge this

L24. to be a critical consumer of online information in all its forms, including recognising bias, propaganda and manipulation

L25. when and how to report or access help for themselves or others in relation to extremism and radicalisation

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HOW DO THE PROGRAMME OF STUDY LEARNING OPPORTUNITIES RELATE TO THE STATUTORY GUIDANCE?

The learning opportunities in the Programme of Study cover all of the content outlined in the Department for Education's statutory Relationships, Sex and Health Education guidance, and go beyond this to integrate the statutory content within a complete and comprehensive PSHE education programme. The grids below set out where each aspect of the statutory guidance is covered by Programme of Study learning opportunities in key stages 1-4.

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	By the end of primary school: Pupils should know:	KS1	KS2
Families and people who care for me	• *that families are important for children growing up because they can give love, security and stability.*	R2	R6
	• *the characteristics of healthy family life, commitment to each other, including in times of difficulty, protection and care for children and other family members, the importance of spending time together and sharing each other's lives.*	R1, R4	R8
	• *that others' families, either in school or in the wider world, sometimes look different from their family, but that they should respect those differences and know that other children's families are also characterised by love and care.*	H22, R3	R2, R7
	• *that stable, caring relationships, which may be of different types, are at the heart of happy families, and are important for children's security as they grow up.*	R3	R1, R6, R7
	• *that marriage represents a formal and legally recognised commitment of two people to each other which is intended to be lifelong.*	R4	R3, R5
	• *how to recognise if family relationships are making them feel unhappy or unsafe, and how to seek help or advice from others if needed.*	R5	R4, R9
Caring friendships	• *how important friendships are in making us feel happy and secure, and how people choose and make friends.*	R6	R10
	• *the characteristics of friendships, including mutual respect, truthfulness, trustworthiness, loyalty, kindness, generosity, trust, sharing interests and experiences and support with problems and difficulties.*	R6	R11
	• *that healthy friendships are positive and welcoming towards others, and do not make others feel lonely or excluded.*	R7	R13, R14
	• *that most friendships have ups and downs, and that these can often be worked through so that the friendship is repaired or even strengthened, and that resorting to violence is never right.*	R8	R16
	• *how to recognise who to trust and who not to trust, how to judge when a friendship is making them feel unhappy or uncomfortable, managing conflict, how to manage these situations and how to seek help or advice from others, if needed.*	R9	R18

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Respectful relationships	• *the importance of respecting others, even when they are very different from them (for example, physically, in character, personality or backgrounds), or make different choices or have different preferences or beliefs.*	H22, R23, L4, L6	R32, R33, L6
	• *practical steps they can take in a range of different contexts to improve or support respectful relationships.*	R6, R8	R33, R34
	• *the conventions of courtesy and manners.*	R22	R33
	• *the importance of self-respect and how this links to their own happiness.*	H21, H23 R22	R31
	• *that in school and in wider society they can expect to be treated with respect by others, and that in turn they should show due respect to others, including those in positions of authority.*	R22, H22	R31
	• *about different types of bullying (including cyberbullying), the impact of bullying, responsibilities of bystanders (primarily reporting bullying to an adult) and how to get help.*	R10, R11, R12	R19, R20, R28
	• *what a stereotype is, and how stereotypes can be unfair, negative or destructive.*	L4	R21, L7, L8, L9
	• *the importance of permission-seeking and giving in relationships with friends, peers and adults.*	R15, R17	R22, R26
Online relationships	• *that people sometimes behave differently online, including by pretending to be someone they are not.*	R14	R23
	• *that the same principles apply to online relationships as to face-to- face relationships, including the importance of respect for others online including when we are anonymous.*	R12	R24, R30, R31
	• *the rules and principles for keeping safe online, how to recognise risks, harmful content and contact, and how to report them.*	R20	R24, R29
	• *how to critically consider their online friendships and sources of information including awareness of the risks associated with people they have never met.*	R15	R24
	• *how information and data is shared and used online.*	H34	L13, L14

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Being safe	• *what sorts of boundaries are appropriate in friendships with peers and others (including in a digital context)*	R17	R22
	• *about the concept of privacy and the implications of it for both children and adults; including that it is not always right to keep secrets if they relate to being safe.*	R13, R18	R27
	• *that each person's body belongs to them, and the differences between appropriate and inappropriate or unsafe physical, and other, contact.*	R13	H45, R25
	• *how to respond safely and appropriately to adults they may encounter (in all contexts, including online) whom they do not know.*	R14, R15, R19	R24
	• *how to recognise and report feelings of being unsafe or feeling bad about any adult.*	R20	R29
	• *how to ask for advice or help for themselves or others, and to keep trying until they are heard.*	R20	R29
	• *how to report concerns or abuse, and the vocabulary and confidence needed to do so.*	R20	R29, H45
	• *where to get advice e.g. family, school and/or other sources.*	R20	R29

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	By the end of primary school: Pupils should know:	KS1	KS2
Mental wellbeing	• *that mental wellbeing is a normal part of daily life, in the same way as physical health.*	H1	H15
	• *that there is a normal range of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) and scale of emotions that all humans experience in relation to different experiences and situations.*	H11, H12, H13, H14	H17
	• *how to recognise and talk about their emotions, including having a varied vocabulary of words to use when talking about their own and others' feelings.*	H15, H16	H19
	• *how to judge whether what they are feeling and how they are behaving is appropriate and proportionate.*	H18, H19	H20, H21
	• *the benefits of physical exercise, time outdoors, community participation, voluntary and service-based activity on mental wellbeing and happiness.*	H17	H16
	• *simple self-care techniques, including the importance of rest, time spent with friends and family and the benefits of hobbies and interests.*	H18, H20, H24	H16,
	• *isolation and loneliness can affect children and that it is very important for children to discuss their feelings with an adult and seek support.*	H24, H27, R7	H24, R13
	• *that bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing.*	R10, R11	R19
	• *where and how to seek support (including recognising the triggers for seeking support), including whom in school they should speak to if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online).*	H19, R12	H21, R20
	• *it is common for people to experience mental ill health. For many people who do, the problems can be resolved if the right support is made available, especially if accessed early enough.*	H24	H22

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Internet safety and harms	• *that for most people the internet is an integral part of life and has many benefits.*	L7, L8	L11
	• *about the benefits of rationing time spent online, the risks of excessive time spent on electronic devices and the impact of positive and negative content online on their own and others' mental and physical wellbeing.*	H9	H13
	• *how to consider the effect of their online actions on others and know how to recognise and display respectful behaviour online and the importance of keeping personal information private.*	R10, R12	R30, L11, L15
	• *why social media, some computer games and online gaming, for example, are age restricted.*	H28	H37, L23
	• *that the internet can also be a negative place where online abuse, trolling, bullying and harassment can take place, which can have a negative impact on mental health.*	H34	H37, R20, L11,
	• *how to be a discerning consumer of information online including understanding that information, including that from search engines, is ranked, selected and targeted.*	L9	L12, L13, L14, L16
	• *where and how to report concerns and get support with issues online.*	H34	H42
Physical health and fitness	• *the characteristics and mental and physical benefits of an active lifestyle.*	H1	H7
	• *the importance of building regular exercise into daily and weekly routines and how to achieve this; for example walking or cycling to school, a daily active mile or other forms of regular, vigorous exercise.*	H3	H7
	• *the risks associated with an inactive lifestyle (including obesity).*	H3	H4, H7
	• *how and when to seek support including which adults to speak to in school if they are worried about their health.*	H10	H14
Healthy eating	• *what constitutes a healthy diet (including understanding calories and other nutritional content).*	H2, H3	H1, H6
	• *the principles of planning and preparing a range of healthy meals.*	H2	H6
	• *the characteristics of a poor diet and risks associated with unhealthy eating (including, for example, obesity and tooth decay) and other behaviours (e.g. the impact of alcohol on diet or health).*	H2	H2,H3, H6

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Drugs, alcohol and tobacco	• *the facts about legal and illegal harmful substances and associated risks, including smoking, alcohol use and drug-taking.*	H37	H46, H47, H48
Health and prevention	• *how to recognise early signs of physical illness, such as weight loss, or unexplained changes to the body.*		H5
	• *about safe and unsafe exposure to the sun, and how to reduce the risk of sun damage, including skin cancer.*	H8	H12
	• *the importance of sufficient good quality sleep for good health and that a lack of sleep can affect weight, mood and ability to learn.*	H4	H8
	• *about dental health and the benefits of good oral hygiene and dental flossing, including regular check-ups at the dentist.*	H7	H11
	• *about personal hygiene and germs including bacteria, viruses, how they are spread and treated, and the importance of handwashing.*	H5	H9, H40
	• *the facts and science relating to allergies, immunisation and vaccination.*	H6	H10
Basic first aid	• *how to make a clear and efficient call to emergency services if necessary.*	H35, H36	H44
	• *concepts of basic first-aid, for example dealing with common injuries, including head injuries.*	H35, H37	H43
Changing adolescent body	• *key facts about puberty and the changing adolescent body, particularly from age 9 through to age 11, including physical and emotional changes.*	H25, H26	H30, H31, H32, H34
	• *about menstrual wellbeing including the key facts about the menstrual cycle.*		H30 H31

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RELATIONSHIPS EDUCATION (SECONDARY)

	By the end of secondary school: Pupils should know:	KS3	KS4
Families	• *that there are different types of committed, stable relationships.*	R1, R36	R1, R4
	• *how these relationships might contribute to human happiness and their importance for bringing up children.*	H2, R36	R2, R4, R25
	• *what marriage is, including their legal status e.g. that marriage carries legal rights and protections not available to couples who are cohabiting or who have married, for example, in an unregistered religious ceremony.*		R4, R10
	• *why marriage is an important relationship choice for many couples and why it must be freely entered into.*	R6	R4, R10, R33
	• *the characteristics and legal status of other types of long-term relationships.*	R1	R1, R4
	• *the roles and responsibilities of parents with respect to raising of children, including the characteristics of successful parenting.*	R35, R36	R25
	• *how to: determine whether other children, adults or sources of information are trustworthy: judge when a family, friend, intimate or other relationship is unsafe (and to recognise this in others' relationships); and, how to seek help or advice, including reporting concerns about others, if needed.*	R2, R6, R23, R37, R38, R46, L23, L27	R2, R17, R23, L24, L27
Respectful relationships, including friendships	• *the characteristics of positive and healthy friendships (in all contexts, including online) including: trust, respect, honesty, kindness, generosity, boundaries, privacy, consent and the management of conflict, reconciliation and ending relationships. This includes different (non-sexual) types of relationship.*	R2, R10, R13, R14, R16, R19, R21	R1, R12, R13
	• *practical steps they can take in a range of different contexts to improve or support respectful relationships.*	R13, R14, R41, R42	R30, R31, R34, R36
	• *how stereotypes, in particular stereotypes based on sex, gender, race, religion, sexual orientation or disability, can cause damage (e.g. how they might normalise non-consensual behaviour or encourage prejudice).*	R7, R8, R39, R40, L10	L5
	• *that in school and in wider society they can expect to be treated with respect by others, and that in turn they should show due respect to others, including people in positions of authority and due tolerance of other people's beliefs.*	R2, R14	R1, R10, L29

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Continued...	• *about different types of bullying (including cyberbullying), the impact of bullying, responsibilities of bystanders to report bullying and how and where to get help.*	R14, R23, R38, R40	R7, R34
	• *that some types of behaviour within relationships are criminal, including violent behaviour and coercive control.*	R2, R25, R37	R28, R29, R30
	• *what constitutes sexual harassment and sexual violence and why these are always unacceptable.*	R37	R16, R29, L15
	• *the legal rights and responsibilities regarding equality (particularly with reference to the protected characteristics as defined in the Equality Act 2010) and that everyone is unique and equal.*	R40, R41, L10	R5, R6, L15
Online and media	• *their rights, responsibilities and opportunities online, including that the same expectations of behaviour apply in all contexts, including online.*	R13, R14, L20, L22	R15, R16, L11, L12, L22, L23
	• *about online risks, including that any material someone provides to another has the potential to be shared online and the difficulty of removing potentially compromising material placed online.*	H30, R17, R21, R37, L20, L21	H22, R14, R22, L25
	• *not to provide material to others that they would not want shared further and not to share personal material which is sent to them.*	R29, R30, L21	R22, L23, L25
	• *what to do and where to get support to report material or manage issues online.*	R17, R30, R37, L27	R14, R17, L23
	• *the impact of viewing harmful content.*	H3, R7, R8, L25	H3, R8
	• *that specifically sexually explicit material e.g. pornography presents a distorted picture of sexual behaviours, can damage the way people see themselves in relation to others and negatively affect how they behave towards sexual partners.*	R8	R8
	• *that sharing and viewing indecent images of children (including those created by children) is a criminal offence which carries severe penalties including jail.*	R30	R22
	• *how information and data is generated, collected, shared and used online.*	L20, L21	L22, L23, L25, L26
Being safe	• *the concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, forced marriage, honour-based violence and FGM, and how these can affect current and future relationships.*	H22, R6, R24, R25, R27, R37	H23, R16, R18, R19, R28, R29, R30, R31, R32, R33, R37
	• *how people can actively communicate and recognise consent from others, including sexual consent, and how and when consent can be withdrawn (in all contexts, including online).*	R24, R26, R27	R18, R20, R21, R22

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Intimate and sexual relationships, including sexual health	• *how to recognise the characteristics and positive aspects of healthy one-to-one intimate relationships, which include mutual respect, consent, loyalty, trust, shared interests and outlook, sex and friendship.*	R2, R10, R14, R24, R31	R1, R2, R18
	• *that all aspects of health can be affected by choices they make in sex and relationships, positively or negatively, e.g. physical, emotional, mental, sexual and reproductive health and wellbeing.*	H2, H36, R13, R18, R33	H2, H6, H26, H27, R24
	• *the facts about reproductive health, including fertility, and the potential impact of lifestyle on fertility for men and women and menopause.*		H26, H30, H31, H32, R24, R26
	• *that there are a range of strategies for identifying and managing sexual pressure, including understanding peer pressure, resisting pressure and not pressurising others.*	H5, R24, R26, R30, R42	H4, R3, R18, R21, R28
	• *that they have a choice to delay sex or to enjoy intimacy without sex.*	R9, R11, R12, R24, R25, R28, R31	R2, R9, R10, R21
	• *the facts about the full range of contraceptive choices, efficacy and options available.*	H35, H36, R33	H26, H29, R23
	• *the facts around pregnancy including miscarriage.*	R33, R34	H30, H32
	• *that there are choices in relation to pregnancy (with medically and legally accurate, impartial information on all options, including keeping the baby, adoption, abortion and where to get further help).*	R34	H33, R23, R24, R26, R27
	• *how the different sexually transmitted infections (STIs), including HIV/AIDs, are transmitted, how risk can be reduced through safer sex (including through condom use) and the importance of and facts about testing.*	H35, H36, R33	H27, H28, H31, R23
	• *about the prevalence of some STIs, the impact they can have on those who contract them and key facts about treatment.*	H36	H27, H28, H31
	• *how the use of alcohol and drugs can lead to risky sexual behaviour.*	H27	H20, R20
	• *how to get further advice, including how and where to access confidential sexual and reproductive health advice and treatment.*	H35, R23, R34, R37	H14, H28, H29, H32, H33, R7, R17, R24, R32

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HEALTH EDUCATION (SECONDARY)

	By the end of secondary school: Pupils should know:	KS3	KS4
Mental wellbeing	• *how to talk about their emotions accurately and sensitively, using appropriate vocabulary.*	H6, H8	
	• *that happiness is linked to being connected to others.*		R1
	• *how to recognise the early signs of mental wellbeing concerns.*	H11, H12	H6, H8, H10
	• *common types of mental ill health (e.g. anxiety and depression).*	H11	H8, H9
	• *how to critically evaluate when something they do or are involved in has a positive or negative effect on their own or others' mental health.*	H1, H7, H13, H14, H15, L2, L25	H2, H7, H11
	• *the benefits and importance of physical exercise, time outdoors, community participation and voluntary and service-based activities on mental wellbeing and happiness.*	H2, H10, H13, H14, L11	H7, H11
Internet safety and harms	• *the similarities and differences between the online world and the physical world, including: the impact of unhealthy or obsessive comparison with others online (including through setting unrealistic expectations for body image), how people may curate a specific image of their life online, over-reliance on online relationships including social media, the risks related to online gambling including the accumulation of debt, how advertising and information is targeted at them and how to be a discerning consumer of information online.*	H3, H13, H14, H30, H32, L18, L20, L24	H3, H12, H22, H25, L11, L18, L24, L25, L26
	• *how to identify harmful behaviours online (including bullying, abuse or harassment) and how to report, or find support, if they have been affected by those behaviours.*	H30, R13, R14, R17, R23, R30, R37, R38, L27	H23, R3, R7, R14, R15, R16, R17, R22, R29, R30, R31, R34, R38, L20
Physical health and fitness	• *the positive associations between physical activity and promotion of mental wellbeing, including as an approach to combat stress.*	H10, H13, H14	H7, H11
	• *the characteristics and evidence of what constitutes a healthy lifestyle, maintaining a healthy weight, including the links between an inactive lifestyle and ill health, including cancer and cardio- vascular ill-health.*	H13, H14, H15	H11, H16
	• *about the science relating to blood, organ and stem cell donation.*		H15

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Healthy eating	• *how to maintain healthy eating and the links between a poor diet and health risks, including tooth decay and cancer.*	H17, H18	H11
Drugs, alcohol and tobacco	• *the facts about legal and illegal drugs and their associated risks, including the link between drug use, and the associated risks, including the link to serious mental health conditions.*	H23, H26, H27, H28, R20	H19, H20, R20
	• *the law relating to the supply and possession of illegal substances.*	H26, H28	H19
	• *the physical and psychological risks associated with alcohol consumption and what constitutes low risk alcohol consumption in adulthood.*	H24, H26, H27, H29, R20	H19, R20
	• *the physical and psychological consequences of addiction, including alcohol dependency.*	H26, H27, H29, R20	H19, H20, H21
	• *awareness of the dangers of drugs which are prescribed but still present serious health risks.*	H23, H26, H27	H19
	• *the facts about the harms from smoking tobacco (particularly the link to lung cancer), the benefits of quitting and how to access support to do so.*	H26, H27	H19, H21
Health and prevention	• *about personal hygiene, germs including bacteria, viruses, how they are spread, treatment and prevention of infection, and about antibiotics.*	H19, H20	H16
	• *about dental health and the benefits of good oral hygiene and dental flossing, including healthy eating and regular check-ups at the dentist.*	H19, H20	
	• *(late secondary) the benefits of regular self-examination and screening.*	H19	H16
	• *the facts and science relating to immunisation and vaccination.*	H19	H16
	• *the importance of sufficient good quality sleep for good health and how a lack of sleep can affect weight, mood and ability to learn.*	H15	H11

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Basic first aid	• *basic treatment for common injuries.*	H33	H24
	• *life-saving skills, including how to administer CPR.*	H33	H24
	• *the purpose of defibrillators and when one might be needed.*	H33	H24
Changing adolescent body	• *key facts about puberty, the changing adolescent body and menstrual wellbeing.*	H34	
	• *the main changes which take place in males and females, and the implications for emotional and physical health.*	H34, R5, R18	R6

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CURRICULUM

PSHE

The PSHE Way

Our subject has a 'Subject Way' at the heart of it. Our Subject Way is designed to help students become young subject specialists. The Subject Way has two main purposes:

Firstly, to teach students the vital skills they need to achieve their full potential and gain the very best grades they can. Secondly, to teach students how each subject relates to the wider world, incorporating the life skills they will learn.

It is our belief that knowing how what you learn links to the wider world, brings a subject to life and therefore improves overall understanding and engagement.

Curriculum Intent

At Wickersley Partnership Trust, we firmly believe that all students have the right to be healthy, happy and comfortable in all areas of their life. Personal, Social, Health and Economic (PSHE) education is the school subject through which pupils develop the knowledge, skills and attributes they need to manage their lives, now and in the future. It helps children and young people to stay healthy and safe, while preparing them to make the most of life and work.

Topics taught through PSHE at WPT include relationships education, sexual health education, emotional wellbeing, substance misuse, careers, citizenship and anti-bullying. All units of work make clear connections to online safety and aim to empower our students to make their own safe choices, both on

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RSE Policy Statement (https://cliftonschool.org/wp-content/uploads/2025/RSE-Secondary-Policy-July-2025.pdf)

AWARE Website (https://aware.wickersleypt.org/)

and offline. The key character traits we seek to develop are; communication and debate, accessing support, respect, assertiveness and responsibility. Equality and inclusion are key to successful PSHE, and are apparent in all we do.

We have developed a spiral PSHE curriculum which aims to equip students with the necessary knowledge and skills to allow them to identify risk and evaluate choices regarding health, relationships and future goals. Our curriculum is informed by pupil, staff and parent voice, which allows us to sequence statutory guidance to meet the needs of our young people. Lessons involve deliberate opportunities for students to apply their understanding to scenarios and reflect on their learning.

Our work in timetabled PSHE lessons is also complimented by work in the pastoral curriculum, our wider personal development program and some drop down events.

What we teach in the classroom will help our pupils foster lifelong aspirations, goals and values.

With this in mind, PSHE education isn't just another school subject. It's a chance to give every child and young person an equal opportunity to develop the skills and knowledge they need to thrive now and in the future. This includes helping them to deal with critical issues they face every day such as friendships, emotional wellbeing and change. And giving them a solid foundation for whatever challenging opportunities lie ahead, so they can face a world full of uncertainty with hope.

From making informed decisions about alcohol to succeeding in their first job, PSHE education helps pupils prepare for all the opportunities, challenges, life decisions and responsibilities they'll face. This in turn achieves a 'virtuous circle', whereby pupils with better health and wellbeing can achieve better academically, and enjoy greater success.

INTENTION 1 – The removal of barriers to learning

In PSHE we remove barriers to learning and support students' ability to access the curriculum through the development of literacy, numeracy, oracy skills and vocabulary acquisition. Misconceptions do not go unchallenged and the supportive environment within each and every lesson ensures that students develop their own literacy and vocabulary.

Students are given many opportunities to read a range of news sources and research independently. We aim to develop students' ability to be critical consumers of information, and to apply their knowledge and understanding to written scenarios. Across all year groups, students take part in Money Matters week towards the end of the financial year. This provides opportunities to apply their numeracy skills to topics of economic relevance, such as budgeting, borrowing and interest and the benefits of saving. Within PSHE

PSHE Newsletters

2025-26

Autumn Term 1 (https://sites.google.com/wickersleypt.org/psher autumn25/home)

2024-25

Autumn Term 1 (https://cliftonschool.org/wp-content/uploads/2024/09/PSHE-Newsletter-Autumn-1-2024-25.pdf)

Autumn Term 2 (https://cliftonschool.org/wp-content/uploads/2024/11/PSHE-Newsletter-Autumn-2-2024-25-sml.pdf)

Spring Term 1 (https://cliftonschool.org/wp-content/uploads/2025/02/PSHE-Newsletter-Spring-1-25-1.pdf)

Summer Term (https://cliftonschool.org/wp-content/uploads/2025/05/PSHE-Newsletter-Summer-24-25.pdf)

Curriculum Home (/curriculum/)

lessons students may be required to calculate units of alcohol, or sequence developments in the law chronologically. Deliberate opportunity for students to verbally articulate their understanding features in every PSHE lesson. Students may discuss with a partner, small group or participate in full class debate. Teaching aims to encourage students to extend their verbal communications, expectations in this area are ambitious for all, regardless of written abilities. Students are introduced to key subject specific vocabulary and have regular opportunities to reinforce their understanding. Key terminology is identified in students notes, and referred back to during written and verbal assessment tasks.

INTENTION 2 – Developing skills for learning

PSHE lessons foster a high challenge, low fear environment. Aiming high, communication skills and active participation are built into all topics and students are given opportunities to develop in each and every lesson. PSHE lessons provide students with the skills to learn to manage risks and remain positive and resilient. Engaging activities help students develop new knowledge and skills and also to recall the key concepts of prior learning. The spiralling curriculum supports them to apply this to new knowledge. Students will regularly partake in a variety of assessments and in pre-planned well-being surveys. Through these the curriculum can be developed for students needs and additional support and interventions can be provided.

INTENTION 3 – Fostering personal attributes

PSHE lessons rely on the 'PSHE Way' to lay the ground rules for respectful and mature conduct. PSHE develops emotional intelligence and compassion in our pupils. Lessons build awareness of the experiences of others and the resulting impact on their lives. This adds depth to students' understanding of respect and tolerance, as well as their self efficacy and sense of responsibility.

INTENTION 4 – Enriching student experiences and broadening their horizons

PSHE lessons use resources from leading charities in the area, such as Barnardo's, CEOPS, teenage cancer trust, mind as well as local police and fire services. This ensures our students have access to the best quality information available. We also provide learning opportunities such as practical first aid sessions, mock trial, visits from those working with named charities and encounters with employers.

Find out more

If you would like more information about our curriculum, please contact Mrs Smith, Headteacher using the details on our contact page.

Our Subjects at KS4

CORE SUBJECTS

English / Literature
(/curriculum/english/)

Maths
(/curriculum/maths)

Science
(/curriculum/science)

Religious Education
(/curriculum/religious-education)

EBACC SUBJECTS

History
(/curriculum/history)

Geography
(/curriculum/geography)

Spanish
(/curriculum/spanish)

PSHE Curriculum

Year 7 | **Year 8** | **Year 9** | **Year 10** | **Year 11**

Substance misuse	Healthy and unhealthy friendships, assertiveness, alcohol education, substance misuse. Debates over the criminalisation of drug use and real-life drug stories.

OPTION SUBJECTS

Art, Craft & Design (GCSE)
(/curriculum/art-craft-design)

Art (Fine)
(/curriculum/art-fine)

Business Studies
(/curriculum/business)

Childcare
(/curriculum/childcare)

Computer Science
(/curriculum/computer-science)

Construction
(/curriculum/construction)

Dance (BTEC)
(/curriculum/dance)

Design Technology
(/curriculum/design-technology)

Drama (RSL)
(/curriculum/drama)

Duke of Edinburgh
(/curriculum/dofe)

Engineering
(/curriculum/engineering)

Graphics
(/curriculum/graphics)

Health & Social Care
(/curriculum/health-social-care)

Crime, citizenship and the law	Developing an understanding of being a responsible citizen, crimes and anti-social behaviour and the consequences they have on individuals and society. Including knife crime, county lines and child criminal exploitation.
Relationships and sexual health education	About sexual harassment and harmful sexualised behaviour and coercive relationships. Sex education including consent, contraception, the risks of STIs, and choices in unintended pregnancy. Communication skills.
Mental health and well-being	Attitudes to mental health and the consequences and impact of bullying, equipping young people with the skills to seek help and support others. Understanding the impact of family conflict and grief/bereavement.

~~RSE Curriculum~~

+ Year 7
+ Year 8
− Year 9

Lesson title	Lesson overview

Hospitality & Catering (/curriculum/hospitality-catering)

ICT/Media (/curriculum/ict-media)

Music Performance (RSL) (/curriculum/music-performance)

Music Technology (RSL) (/curriculum/music-technology)

Photography (/curriculum/photography)

PHSE (https://cliftonschool.org/curriculum/pshe/)

Religious Studies (https://cliftonschool.org/curriculum/religious-studies/)

Sport (BTEC) (/curriculum/sport)

Textiles (/curriculum/textiles)

Review of learning from previous years	Confidently identifying the different myths and facts around sex and your bodies. Helping others learn by expressing your views and opinions in class discussions. Positive affirmation and reflections on our personal qualities. Why we need RSE discussion and reflection on previous learning. Value continuum looking at issues around body image social media, age of consent, gender inequality. Team challenge-knowing our bodies and the facts not myths. Focus on misconceptions, laws, sexual body parts. Consolidating learning/opportunity to ask anonymous questions and signpost for support.

Consent	Explain what is meant by freedom and capacity to consent Recognise contexts where someone's freedom or capacity to consent have been reduced or removed, and why this means consent has no longer been given Explain why trying to make someone more vulnerable, or misleading them, is wrong, and can be a very serious offence Explain where, why and how to get advice and support for issues relating to consent. Group work to explore positive and negative relationships. Focus on a case study to explore 'red flags' support needed and how to access it. Was consent given video- students vote and discuss their perceptions before the law and clear guidance is provided. Consent battle- students work in groups to develop confidence on how to say/show 'no'. Highlight laws and our rights/responsibilities. Where to seek help and support.
Contraceptive choices	investigating examples of contraceptives. Sharing with others how they are used effectively. Helping yourself become a safer sex expert. Baseline check in. Students explore options available with teacher guidance and then move in to a marketplace research activity to further knowledge. Videos from SEXWISE to bust myths around contraception and develop learning. Support and information about unintended pregnancy and miscarriages- students will cover key facts, definitions and the laws.

Sexually transmitted infections and sexual health	The key symptoms and risks associated with a variety of different STI's Understanding what HIV is and how it can be transmitted Understand the importance of sexual Health Clinics (GUM) Explain why young people after unprotected sex should always get themselves checked out. Students explore what they know and still need to know. Explore stigma and myths around STIs, protection and treatment. Focus on facts on HPV and ways to remain protected. Marketplace/research task to develop STI flashcards. Sexual health clinics-what they do/how they support. Understanding HIV-focus on stigma/facts/myths/transmission and treatment. Check in/signposting and assess progress

The male condom	Understanding the correct steps for using an external or male condom Being able to describe three obstacles to condom use and explain how they can be overcome. Baseline Assessment-Students match a set of statements about contraception and discuss key points as a class. Contraceptive Methods-Students watch the clip about different contraceptive methods and note key information. Contraception negotiation-Students suggest appropriate responses to common excuses for not using contraception. They then review two versions of a conversation about contraception use Condom Demonstration-Teacher-led demonstration of the correct way to use a male condom (or video clip alternative). Card match Students match cards to ensure understanding of condom demonstration. Condom practical- Students practise using a condom with condom demonstrators. [Allow time to tidy up and wash hands.] Endpoint assessment and signposting-Students answer key questions to gauge understanding. They reflect on their standard response if asked to do something they are uncomfortable with and set a goal. Remind students of support available.

Pornography and the emotional/social impact	Explain in detail the distortions about sex and relationships in pornography. Discuss the consequences this can have on young people's self-esteem and their future relationships. Students explore misconceptions of what is reality Vs what is created for entertainment. Work in groups to look at real world relationships Vs fantasy and fake world. Students will share opinions on the laws, body image, gender roles and stereotypes. Discussions on misconceptions about healthy and safe relationships and self-esteem. Update on the laws and recent facts-students will be signposted and given guidance on how to seek support.
Revenge pornography-personal safety	Identify what to do to prevent revenge porn and what to do if you become a victim Describe the long- and short-term consequences of sharing intimate images with partners or friends Explain, using new terminology in the correct context the legal, short and long-term consequences for perpetrators and victims. Students will explore what they know about the term revenge porn and look at how this can happen to a person. The lesson will explore a case study documentary lesson https://www.bbc.co.uk/iplayer/episode/p096h12v/zara-mcdermott-revenge-porn (https://www.bbc.co.uk/iplayer/episode/p096h12v/zara-mcdermott-revenge-porn) Students will reflect together on the lessons learned, the impact this can have on a victim and perpetrator. Signposting/guidance and support provided.

Bounce Together: Supporting Your Child's Wellbeing

At our school, the wellbeing of our students is at the heart of everything we do. To strengthen the support we offer, we are introducing a wellbeing platform called **Bounce Together**.

Bounce Together allows us to gain a deeper understanding of young people's social and emotional wellbeing, their lifestyles, and any areas where they may benefit from additional support. Over the course of the academic year, **all students will complete a series of wellbeing surveys** through the platform.

The insights gained from these surveys will help us:

- **Develop tailored tutor time sessions** that respond to the needs of each year group.
- **Shape our assemblies** to cover relevant topics that promote positive mental health and personal development.
- **Offer targeted workshops and support opportunities** for students who may need extra help.

By using Bounce Together, we aim to create a more responsive and nurturing school environment where every student can thrive – academically, socially, and emotionally.

If you have any questions about how Bounce Together will be used, or if you would like to know more about how we support student wellbeing, please don't hesitate to get in touch.

Sexual harassment and harmful sexualised behaviour	Understand what sexual harassment and harmful sexualised behaviour is and consider the effects of harassment on everyone in society To practice challenging harassment and consider the role of bystanders in this. Key words and definitions activity-baseline of knowledge in the room. Storyboard to reflect on the issues a young person may be facing in their lives. Explore what is sexual harassment-in schools/work places/online and in society. Is this harassment-value continuum activity. Group discussion-how we handle unwanted sexual attention-support and laws we need to know. Explore through case studies-what these news stories have in common and lessons to be learned for the future. An overview of the 'Me Too' campaign and the developments it has created. A campaign to make a difference- students use their creativity and knowledge to create a display for schools to educate and inform others about reducing harassment and how to report any concerns.

CONTACT

Middle Lane,
Rotherham,
S65 2SN

Tel: 01709 515005

Email: info@cliftonschool.org

QUICK LINKS

Vacancies (http://recruitment.wickersleypt.org)
Contact Us (/contact-us/)
Wickersley Partnership Trust (/our-school/wickersley-partnership-trust/)
Policies (/our-school/policies/)
Term Dates (/parents/term-dates/)
(/parents/term-dates/)Cookie & Privacy Policy (https://cliftonschool.org/wp-content/uploads/2024/04/WPT-Website-Privacy-and-Cookie-Policy.pdf)
(/parents/term-dates/)Terms & Conditions (https://cliftonschool.org/wp-content/uploads/2024/04/WPT-Website-Terms-and-Conditions.pdf)
(/parents/term-dates/)Zero Tolerance (https://cliftonschool.org/our-school/zero-tolerance/)

(https://www.facebook.com/Cliftoncommunityschool)
(https://www.instagram.com/cliftoncommunityschool/)

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Useful websites to help you discuss this topic with your child.

https://www.fpa.org.uk/for-parents/ (https://www.fpa.org.uk/for-parents/)

https://www.brook.org.uk/ (https://www.brook.org.uk/)

https://riseabove.org.uk/topic/love-life/ (https://riseabove.org.uk/topic/love-life/)

https://www.childnet.com/parents-and-carers/ (https://www.childnet.com/parents-and-carers/)

https://www.childline.org.uk/info-advice/friends-relationships-sex/ (https://www.childline.org.uk/info-advice/friends-relationships-sex/)

https://www.thinkuknow.co.uk/11_18/ (https://www.thinkuknow.co.uk/11_18/)

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(https://cliftonscho

content/uploads/2021/03/14

Year 7, Life Skills, 2023-24

MALTBY ACADEMY

Half Term 1: 4h Sept - 20st Oct (7 weeks)								
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7		Half Term 2
What is Life Skills? Life Skills and Maltby Academy Key Drivers		Rights and Responsibilities		Child on Child Abuse		Bullying	October Half-Term Holiday	Week 8 / Bullying; Week 9 / Mental and Emotional Health

Half Term 2: 30th Oct - 22nd Dec (8 weeks)							
Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Christmas Holiday	Half Term 3
Mental and Emotional Health	Managing Puberty & Period Management		Hygiene and Reproduction		Careers		Week 16 / Careers; Week 17 / Bereavement

Half Term 3: 8th Jan - 9th Feb (5 weeks)				Half Term 4: 19th Feb - 29th March (6 weeks)			
Week 18	Week 19	Week 20	February Half-Term Holiday	Week 21	Week 22	Week 23	Week 24	Week 25	Week 26
Bereavement	Cancer: Myths and Facts			Healthy Eating & Oral Hygiene		Looking After My Physical Health		CCE, Gun Crime and Lockdown Procedures	

Easter Holiday	Half Term 5: 15th April - 24th May (6 weeks)						Spring Bank Holiday	Half Term 6
	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32		Week 33
	Smoking, Drugs, and Alcohol		Healthy Relationships & Managing Emotions		Online Relationships and Safety			Sexual Bullying

Half Term 6: 3rd June - 19th July (7 weeks)					
Week 34	Week 35	Week 36	Week 37	Week 38	Week 39
Sexual Bullying	Road and Rail Safety		Safety in the Community and Anti-Social Behaviour		The Big Community Project

Curriculum Intent: In Key Stage 3 Life Skills, students build on their knowledge, understanding, skills, attributes and values they have acquired and developed during the primary phase under the headings Relationships, Health and Wellbeing and Living in the Wider World. The topics this year will focus on mental and physical health and help them deal with the changes they may be going through. It will also consider various different relationships and the behaviours expected within them. Students will learn how to keep themselves and others safe, as well as focus on British Values and the world of work.

Year 8, Life Skills, 2023-24

Half Term 1: 4h Sept - 20st Oct (7 weeks)									
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7		Week 8	Week 9
First Aid		Child on Child Abuse		Bullying		Substance Misuse	October Half-Term Holiday	Substance Misuse	Alcohol and Society

Half Term 2: 30th Oct - 22nd Dec (8 weeks)							Half Term 3	
Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Christmas Holiday	Week 16	Week 17
Alcohol and Society	Peer Pressure, Gangs and County Lines		Crime and Punishment		Health and Fitness		Health and Fitness	Body Image

Half Term 3: 8th Jan - 9th Feb (5 weeks)				Half Term 4: 19th Feb - 29th March (6 weeks)					
Week 18	Week 19	Week 20	February Half-Term Holiday	Week 21	Week 22	Week 23	Week 24	Week 25	Week 26
Body Image	Mental and Emotional Health			Careers		Political Awareness and British Values		Freedom of Speech and Democracy	

Easter Holiday	Half Term 5: 15th April - 24th May (6 weeks)						Spring Bank Holiday	Half Term 6
	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32		Week 33
	Sexting and Online Safety		Grooming and CSE		Gender Identity			Sexuality

Half Term 6: 3rd June - 19th July (7 weeks)					
Week 34	Week 35	Week 36	Week 37	Week 38	Week 39
Sexuality	Respect, Love and Relationships		Safety in the Community and Anti-Social Behaviour		The Big Community Project

Curriculum Intent: The Life Skills curriculum is a spiral curriculum, meaning that students will build on their prior knowledge, values and skills from year 7 and the primary phase. Students will continue to develop across the three key strands: Relationships, Health and Wellbeing and Living in the Wider World. The topics this year will focus on mental and physical health, and help students deal with the changes they may be going through. It will also consider different relationships and the behaviours expected within them. Students will be expected to learn how to keep themselves and others safe, as well as focus on British Values and the world of work.

Year 9, Life Skills, 2023-24

MALTBY ACADEMY

Half Term 1: 4h Sept - 20st Oct (7 weeks)									
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7		Week 8	Week 9
Managing Stress and Mental Wellbeing		Body Image		Risks of Cosmetic and Aesthetic Procedures		Self Awareness	October Half-Term Holiday	Self Awareness	Male Contraception

Half Term 2: 30th Oct - 22nd Dec (8 weeks)							Half Term 3	
Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Christmas Holiday	Week 16	Week 17
Male Contraception	Female Contraception		STIs		Careers (START website) and Investigating Careers		Careers (START website) and Investigating Careers	Employability Skills

Half Term 3: 8th Jan - 9th Feb (5 weeks)				Half Term 4: 19th Feb - 29th March (6 weeks)					
Week 18	Week 19	Week 20	February Half-Term Holiday	Week 21	Week 22	Week 23	Week 24	Week 25	Week 26
Employability Skills	Stereotyping in Careers			Sexual Bullying		Relationships , Honour Based Violence, and Self Respect		Positive Online Relationships	

Easter Holiday	Half Term 5: 15th April - 24th May (6 weeks)						Spring Bank Holiday	Half Term 6
	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32		Week 33
	Substance and Alcohol Abuse		Grooming and CSE		CCE and County Lines			Gender Identity: Respect and Tolerance

Half Term 6: 3rd June - 19th July (7 weeks)					
Week 34	Week 35	Week 36	Week 37	Week 38	Week 39
Gender Identity: Respect and Tolerance	Sexuality (LGBTQ+)		Safety in the Community and Anti-Social Behaviour		The Big Community Project

Curriculum Intent:
The Life Skills curriculum is a spiral curriculum, meaning that students will build on their prior knowledge, values and skills from year 7 and 8. Students will continue to develop across the three strands: Relationships, Health and Wellbeing and Living in the Wider World. The topics this year will focus on managing personal risk, positive relationships and discrimination. We will also consider different relationships and the behaviours expected within them. Students will learn how to keep themselves and others safe, as well as focus on British Values and the world of work.

Year 10, Life Skills, 2023-24

Half Term 1: 4h Sept - 20st Oct (7 weeks)									
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7		Week 8	Week 9
Careers		Parenting		Fertility, Pregnancy and Miscarriage		Abortion	October Half-Term Holiday	Abortion	Contraception and STIs

Half Term 2: 30th Oct - 22nd Dec (8 weeks)							Half Term 3	
Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Christmas Holiday	Week 16	Week 17
Contraception and STIs	Roles of Men and Women in Christianity		Roles of Men and Women in Islam		Religion, Contraception, Arranged Marriage & Female Genital Mutilation		Religion, Contraception, Arranged Marriage & Female Genital Mutilation	Religion and Divorce

Half Term 3: 8th Jan - 9th Feb (5 weeks)				Half Term 4: 19th Feb - 29th March (6 weeks)				
Week 18	Week 19	Week 20	February Half-Term Holiday	Week 21	Week 22	Week 23	Week 24	Week 25	Week 26
Religion and Divorce	Religion and Gender Identity			Positive Role Models		Harassment, Stalking and Online Relationships		Financial Choices	

Easter Holiday	Half Term 5: 15th April - 24th May (6 weeks)						Spring Bank Holiday	Half Term 6
	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32		Week 33
	Peer Pressure, Gangs and County Lines		Child Exploitation and CSE		Extremism and Radicalisation			Gender and the Equality Act

Half Term 6: 3rd June - 19th July (7 weeks)					
Week 34	Week 35	Week 36	Week 37	Week 38	Week 39
Gender and the Equality Act	Mental Health in Young Men		Safety in the Community and Anti-Social Behaviour		The Big Community Project

Curriculum Intent:
At Key Stage 4, students will deepen their knowledge and understanding and further explore attitudes, values and attributes acquired during Key Stage 3. The curriculum reflects the fact that students are moving towards an independent role in adult life, taking on greater responsibility for themselves and others. Students will also have the opportunity to study social issues, such as marriage, relationships and contraception, from a religious perspective – in order to further enhance their understanding of issues in the wider world.

Year 11, Life Skills, 2023-24

Half Term 1: 4h Sept - 20st Oct (7 weeks)									
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7		Week 8	Week 9
Preparing for Year 11		Key Drivers in the real world		Financial Choices		Relationships and Consent	October Half-Term Holiday	Relationships and Consent	Sexual Health

Half Term 2: 30th Oct - 22nd Dec (8 weeks)							Half Term 3	
Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Christmas Holiday	Week 16	Week 17
Sexual Health	Careers: employability and the future		Careers: considering Post 16		Careers: interview technique		Careers: interview technique	Online Behaviours

Half Term 3: 8th Jan - 9th Feb (5 weeks)				Half Term 4: 19th Feb - 29th March (6 weeks)				
Week 18	Week 19	Week 20	Week 21	Week 22	Week 23	Week 24	Week 25	Week 26
Online Behaviours	Responsible Health Choices		Substance Misuse, Smoking and Vaping		Discrimination and Diversity - Protected Characteristics		Mental Health	

Half Term 5: 15th April - 24th May (6 weeks)						Half Term 6
Week 27	Week 28	Week 29	Week 30	Week 31	Week 32	Week 33
Exam stress and pressures		Exam stress and pressures		GCSE EXAM PERIOD		GCSE EXAM PERIOD

Half Term 6: 3rd June - 19th July (7 weeks)					
Week 34	Week 35	Week 36	Week 37	Week 38	Week 39
GCSE EXAM PERIOD					

Easter Holiday

February Half-Term Holiday

Spring Bank Holiday

Curriculum Intent:
At Key Stage 4, students will deepen their knowledge and understanding and further explore attitudes, values and attributes acquired during Key Stage 3. The curriculum reflects the fact that students are moving towards an independent role in adult life, taking on greater responsibility for themselves and others. Students will also have the opportunity to study social issues, such as marriage, relationships and contraception, from a religious perspective – in order to further enhance their understanding of issues in the wider world.

Art & Design (/curriculum-2/art-design)

Child Development (/curriculum-2/child-developtment)

Computer Science (/curriculum-2/computer-studies)

Design Technology (/curriculum-2/design-technology)

English (/curriculum-

PSHE

How is PSHE Taught at Saint Pius Catholic High School?

Throughout KS3 and KS4, students study the statutory PSHE content alongside additional content including careers and financial education. Students in Year 7, year 8 and year 10 receive one hour of dedicated PSHE lesson time on their timetable whilst Year 9 and Year 11 students receive PSHE education through cross curricular teaching alongside drop-down days where appropriate. The intent of PSHE at Saint Pius X is to provide students with knowledge that will enable students to pursue their academic and social ambitions successfully.

The teaching of PSHE throughout the school year can be roughly mapped as follows;

Autumn 1 **Autumn 2** **Spring 1** **Spring 2** **Summer 1** **Summer 2**

2/english)

Film Studies (/curriculum-2/film-studies)

Food & Nutrition (/curriculum-2/food-nutrition)

Modern Foreign Languages (/curriculum-2/french)

Geography (/curriculum-2/geography)

History (/curriculum-2/history)

Horticulture (/curriculum-2/horticulture)

Mathematics (/curriculum-2/mathematics)

Music & Performing Arts (/curriculum-2/music)

Human rights and citizenship **Drugs Education** **Relationships and Sex Education** **Careers Education** **Financial Education** **Personal and Emotional Wellbeing**

PSHE is focused around three core themes as recommended by the PSHE Association;

1. Health and well-being- self-concept, mental health and well-being, healthy lifestyles, drugs, alcohol and tobacco, managing risk and personal safety, sexual health
1. Relationships- positive relationships, relationship values, forming and maintaining respectful relationships, consent, parenting, bullying, abuse and discrimination and social influences
1. Living in the wider world- choices and pathways, work and career and financial choices

Please note that other aspects of the PSHE curriculum are covered cross curricular alongside the other subject areas within school.

Teacher in Charge: Miss. E. Harris

Relationships and Sex Education

As part of the statutory curriculum your child will be studying Relationships and Sex Education (RSE). The school will be following the foundation curriculum created by the company Ten Ten whose resources have been created to fulfil the government guidance and support the Catholic ethos of the school.
A detailed overview of the content and example of the resources used are accessible for you on the Parent Portal of Ten Ten's website.

Physical Education (/curriculum-2/physical-education)

PSHE (/curriculum-2/pshce)

Religious Education (/curriculum-2/religious-education)

Science (/curriculum-2/science)

Ten Ten Resources

Username: st-piusx-s63

Password: pope-637

Parent Portal: https://www.tentenresources.co.uk/parent-portal/ (https://www.tentenresources.co.uk/parent-portal/)

Teacher in charge: Mr D McGee (Head of RE)

Saint Pius X Catholic High School (/)

Contact

Head Teacher
Mrs L Bullars

Operations Manager
Mrs S Graham

Wath Wood Road,
Wath-upon-Dearne,
Rotherham, Yorkshire,
S63 7PQ

Quicklinks

Staff Email (https://login.microsoftonline.com/)

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Click CEOP

(https://www.ceop.police.uk/Safety-Centre/)

(https://www.ceop.police.uk/Safety-Centre/)

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Appendix 8

GP mythbuster 8: Gillick competency and Fraser guidelines

Page last updated: 23 December 2022

Categories: Organisations we regulate

We have updated and republished this mythbuster to provide even greater clarity about the difference between these two terms. We have also added a section about safeguarding concerns.

When consenting children to medical treatment, the terms ‘Gillick competence’ and ‘Fraser guidelines’ are frequently used interchangeably despite there being a clear distinction between them.

Gillick competence is concerned with determining a child’s capacity to consent. Fraser guidelines, on the other hand, are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment. By confusing them, we lose crucial details necessary for obtaining consent. This mythbuster clarifies the principles, laws and guidelines used when we assess children’s ability to make decisions about their treatment, as well as the differences between Gillick competence and Fraser guidelines.

Age of consent

In law, a person's 18th birthday draws the line between childhood and adulthood (Children Act 1989 s105) - so in health care matters, an 18 year old enjoys as much autonomy as any other adult. To a more limited extent, 16 and 17 year-olds can also take medical decisions independently of their parents. The right of younger children to provide independent consent is proportionate to their competence - a child's age alone is clearly an unreliable predictor of his or her competence to make decisions.

Gillick competence

Victoria Gillick challenged Department of Health guidance which enabled doctors to provide contraceptive advice and treatment to girls under 16 without their parents knowing. In 1983 the judgement from this case laid out criteria for establishing whether a child under has the capacity to provide consent to treatment; the so-called 'Gillick test'. It was determined that children under 16 can consent if they have sufficient understanding and intelligence to fully understand what is involved in a proposed treatment, including its purpose, nature, likely effects and risks, chances of success and the availability of other options.

If a child passes the Gillick test, he or she is considered 'Gillick competent' to consent to that medical treatment or intervention. However, as with adults, this consent is only valid if given voluntarily and not under undue influence or pressure by anyone else. Additionally, a child may have the capacity to consent to some treatments but not others. The understanding required for different interventions will vary, and capacity can also fluctuate such as in certain mental health conditions. Therefore each individual decision requires assessment of Gillick competence.

If a child does not pass the Gillick test, then the consent of a person with parental responsibility (or sometimes the courts) is needed in order to proceed with treatment.

Fraser guidelines

The 'Fraser guidelines' specifically relate only to contraception and sexual health. They are named after one of the Lords responsible for the Gillick judgement but who went on to address the specific issue of giving contraceptive advice and treatment to those under 16 without parental consent. The House of Lords concluded that advice can be given in this situation as long as:

1. He/she has sufficient maturity and intelligence to understand the nature and implications of the proposed treatment
2. He/she cannot be persuaded to tell her parents or to allow the doctor to tell them
3. He/she is very likely to begin or continue having sexual intercourse with or without contraceptive treatment
4. His/her physical or mental health is likely to suffer unless he/she received the advice or treatment
5. The advice or treatment is in the young person's best interests.

Health professionals should still encourage the young person to inform his or her parent(s) or get permission to do so on their behalf, but if this permission is not given they can still give the child advice and treatment. If the conditions are not all met, however, or there is reason to believe that the child is under pressure to give consent or is being exploited, there would be grounds to break confidentiality.

Fraser guidelines originally just related to contraceptive advice and treatment but, following a case in 2006, they now apply to decisions about treatment for sexually transmitted infections and termination of pregnancy.

Under 13

There is no lower age limit for Gillick competence or Fraser guidelines to be applied. That said, it would rarely be appropriate or safe for a child less than 13 years of age to consent to treatment without a parent's involvement. When it comes to sexual health, those under 13 are not legally able to consent to any sexual activity, and therefore any information that such a person was sexually active would need to be acted on, regardless of the results of the Gillick test.

16-17 year olds

Young people aged 16 or 17 are presumed in law, like adults, to have the capacity to consent to medical treatment. However, unlike adults, their refusal of treatment can in some circumstances be overridden by a parent, someone with parental responsibility or a court. This is because we have an overriding duty to act in the best interests of a child. This would include circumstances where refusal would likely lead to death, severe permanent injury or irreversible mental or physical harm.

Under 16: safeguarding considerations

If a young person under the age of 16 presents to a health care professional, then discloses a history raising safeguarding concerns:

- If they are **not** deemed to be Gillick competent, the health professional is obliged to raise the issue as a safeguarding concern and escalate their concerns through the safeguarding process
- If they **are** deemed to be Gillick competent and disclosure is considered essential to protect them from harm or to be in the public interest, the health professional should escalate concerns through the safeguarding processes
- In **both** cases, the health professional should inform the young person of this action, unless doing so could pose significant additional risk for their safe care.

It is reasonable for the local authority or police to decide whether it is appropriate to inform the parents of the concerns raised. In some circumstances this may not be in the best interest of the young person.

Summary

Gillick competence is the principle we use to judge capacity in children to consent to medical treatment. Fraser guidelines are used specifically for children requesting contraceptive or sexual health advice and treatment. Where a person under the age of 16 is not Gillick competent and therefore is deemed to lack the capacity to consent, it can be given on their behalf by someone with parental responsibility or by the court. However, there is still a duty to keep the child's best interests at the heart of any decision, and the child or young person should be involved in the decision-making process as far as possible.

Further information

Wheeler R (2006) Gillick or Fraser? A plea for consistency over competence in children. BMJ **332**(7545): 807

Gillick v West Norfolk & Wisbech AHA & DHSS [1983] 3 WLR (QBD)

Axon, R (on the application of) v Secretary of State for Health [2006] EWHC 37 (Admin)

Mental Capacity Act 2005

GP mythbusters

Clearing up some common myths about our inspections of GP and out-of-hours services and sharing agreed guidance to best practice.

See all issues:

- GP mythbusters: listed by key question
- GP mythbusters: full list
- GP mythbusters: recently updated

© Care Quality Commission 2025

Rotherham Metropolitan Borough Council

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 16 March 2026

Report Title
Families First Partnership Programme

Is this a Key Decision and has it been included on the Forward Plan?
No, but it has been included on the Forward Plan

Executive Director Approving Submission of the Report
Nicola Curley, Executive Director of Children and Young People's Services

Report Author(s)
Rob Savage
Strategic Programme Lead (Families First Partnership)
01709 333108 or robert.savage@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary
Cabinet received an update report on 17 November 2025 following the start of the Families First Partnership Programme which was approved at Cabinet in June 2025.

This report provides a further update in respect of the progress to date and the Children's Social Care Prevention Grant spend.

Recommendations

That Cabinet:

1. Note the progress made since the last update on 17 November 2025.

2. Note the Children's Social Care Prevention Grant spend since the last update on 17 November 2025.

List of Appendices Included

Appendix 1 – RSCP Multi-Agency Threshold Guidance and Descriptors
Appendix 2 – Initial Equality Screening Assessment
Appendix 3 – Climate Impact Assessment

Background Papers

The families first partnership programme guide March 2025
Children's Social Care Prevention Grant Determination 2025 to 2026 February 2025
Cabinet report - 18th March 2024
Early Help Strategy – Family Help in Rotherham 2024-2029
Working together to safeguard children 2023: statutory guidance (publishing.service.gov.uk)
Children Act 2004 (legislation.gov.uk)
Guide for children and young people: Stable Homes, Built on Love - GOV.UK (www.gov.uk)
Children's social care: national framework - GOV.UK (www.gov.uk)
Cabinet Report 09 June 2025
Cabinet Report 17 November 2025
Rotherham Metropolitan Borough Council Plan 2025-2030
Rotherham Health and Wellbeing Strategy 2025-2030
Rotherham Health and Social Care Place Plan.

Consideration by any other Council Committee, Scrutiny or Advisory Panel
No

Council Approval Required
No

Exempt from the Press and Public
No

Families First Partnership Programme

1. Background

1.1 In February 2025, the Government published the grant determination for the Children's Social Care Prevention Grant for 2025-26 (RMBC allocation £2.083m). This new grant is specifically for direct investment in additional prevention activity for children and families implementing the Department for Education's (DfE) Family Help and Child Protection reforms. The grant is intended to fund local authorities to deliver against the planned new legislative duties. The grant is in addition to the Children and Families Grant, which is now mainstreamed funding, initially for the Supporting Families programme and intended to enable continuation of existing prevention services.

1.2 In March 2025, the Government published the Families First Partnership Programme Guide. The aim of the programme is to support safeguarding partners to implement Family Help and multi-agency child protection reforms and make greater use of Family Group Decision Making (FGDM). The programme guide describes the vision and objectives and sets out the practice change Government expect to see to improve the support provided to children and their families. The timeline for delivery of the transformation is ambitious, with significant progress anticipated within the first year.

1.3 In December 2025, Ministers issued a joint letter confirming further funding to continue the Families First Partnership Programme, as well as emphasising the expectation of effective partnership working.

2. Key Progress

2.1 Transformation Team

2.1.1 Since the update to Cabinet in November 2025, the transformation team has made the following appointments;

- A Detective Inspector from South Yorkshire Police to work with Rotherham and Doncaster on the programme.
- An education lead to represent both primary and secondary education sectors.
- A health lead to act as the link between the Council and health settings.

2.1.2 The appointment of these officers is a positive reflection of the appetite in Rotherham for co-production and partnership working, to ensure families, children and young people receive the best support and early intervention they can.

2.2 Regional work

2.2.1 Since the previous update, progress has been made against the delivery plan with officers positively engaging in regional Communities of Practice to help improve understanding of good practice across the region.

2.2.2 Mutual Ventures, with the Innovation Unit, is working as the DfE delivery partner. They are supporting pathfinders with local delivery, as well as collecting and sharing learning with other local authorities.

2.2.3 The programme is independently evaluated by the National Children's Bureau alongside Verian and Alma Economics. The evaluation will support the DfE's understanding of the pathfinder and pilot areas by assessing implementation, delivery, impact and value for money.

2.3 Delivery Plan

2.3.1 The Families First Programme Delivery Group, chaired by the Executive Director of Children and Young People's Services, is ensuring progress against the delivery plan. This meeting is monthly and is well attended with key officers from across the partnership including South Yorkshire Police, Health, and Education, along with local authority service areas.

2.3.2 The project team have reviewed other projects managed across the council and by partners to ensure the Families First Partnership Programme is in line with other change activity.

2.4 Co-Production

2.4.1 A key focus of the Families First Partnership Programme is to review and refresh the Multi-Agency Threshold Guidance and Descriptors document. This work is underway.

2.4.2 The original document was co-produced by the Rotherham Safeguarding Children Partnership and provides guidance for all practitioners working with children and families, who may be considering a referral to Children's Social Care services via the Multi Agency Safeguarding Hub (MASH).

2.4.3 It is expected by DfE that safeguarding partners work together to publish a refreshed threshold document to incorporate the changes of the Families First Partnership Programme and that this piece of work is co-produced.

2.4.4 The document should set out the level of need for children and the stages of Family Help to best support them.

2.4.5 The Participation Lead has contacted Voluntary Community Sector organisations to support this work and ensure it is accessible to families.

2.4.6 Practitioners across Rotherham will also be invited to contribute to this review providing their own knowledge and experience.

2.4.7 A refresh of the Multi-Agency Threshold Guidance and Descriptors document is expected to be published in June 2026.

2.5 Needs Assessment

2.5.1 Officers within the RMBC Public Health team have undertaken a Needs Assessment on behalf of the programme and have reviewed data provided from Children and Young People Services (CYPS) and partners for the period July 2024 to June 2025.

2.5.2 The data that has emerged from the report, broadly reaffirms the position already understood by the CYPS directorate, which is encouraging. Domestic abuse is a main reason for concern when professionals and members of the public contact MASH, as is parental mental ill health and a need for parenting support. There is also a clear correlation between the areas of Rotherham which are most deprived and those where requests for support come from.

2.5.3 This assessment when combined with other data from partners provides a clear picture of where to provide services to engage families earlier, and this may include providing more targeted support, improving access to parenting programmes or seeking peer support.

2.6 Family Group Decision Making

2.6.1 Work has started to review how Family Group Decision Making (FGDM) can be improved in Rotherham. FDGM is a voluntary, family-led process where relatives and other support networks create a plan to ensure a child's safety and wellbeing. This way of working supports families to identify their own solutions, reducing their reliance on services.

2.6.2 Rotherham is already successfully incorporating families into decision making using Family Network Meetings or Family Group Conferences. Both of these are forms of FGDM. This was reflected in the recent Ofsted Report published 16 December 2025

- ‘Enabling more children to remain safely within their family networks with timely, targeted support that is making a measurable difference to their lives.’

- ‘Workers connect families and their network to services at the earliest opportunity.’

- ‘Family and friends’ networks have usually already been explored by social workers, who recognise the importance of maintaining safe and familiar relationships and cultural identity.’

2.6.3 Key next steps for the development of the FGDM arrangements include;

- A simple explanation of the differences between Family Group Conferencing and Family Network Meetings for families to better understand why they might need one.

- Improving how meetings are recorded and how these are reflected in systems.

2.7 Department for Education (DfE)

2.7.1 The Families First Partnership Programme remains fluid as new information, advice and policy statements continue to be shared by central Government. The Transformation Team will review all new guidance and seek direction from the Delivery Group as required.

2.7.2 The DfE has indicated new guidance will be available in the spring. This will be reviewed and any changes will be managed in line with the governance arrangements for the programme.

3. Recommendations

3.1 That Cabinet

1. Note the progress made since the last update on 17 November 2025.

2. Note the Children's Social Care Prevention Grant spend since the last update on 17 November 2025.

4. Consultation on proposal

4.1 A key focus of the Families First Partnership Programme is to keep partners fully engaged both in terms of shaping the approach to delivery but also accountable in terms of their respective responsibilities. The Families First Partnership Programme Delivery Group ensures all partners are consulted on progress. Further assurance of partner engagement is evidenced through the secondment agreements in place for Police, Health, and Education, respectively.

5. Timetable and Accountability for Implementing this Decision

5.1 A further update in relation to the progress of the Families First Partnership Programme will be presented to Cabinet when the proposed new model of working has been finalised by the Service and wider partnership.

6. Financial and Procurement Advice and Implications

6.1 The Children's Social Care Prevention Grant has been fully committed for 2025/26. The table below outlines the planned expenditure for 2025/26, as agreed under delegated authority in accordance with the June 2025 Cabinet report:

Transformation Funding (maximum of 30%) should be spent on activities to increase readiness for system change and establishing a transformation team		
1	Transformation team - programme manager; service, data/performance, communications, parent partnership leads and project support	£344,677
2	Secondments from Partner organisations	£150,000
		£494,667

Service Delivery (Practice, Workforce & ICT) Funding to be used across the full breadth of preventative services, including, Family Help, Family Networks, and child protection. Costs are expected to include additional workforce and commissioned services to enable the council to offer new and updated services		
3	Early Help - Establishing a Kinship Virtual Hub	£85,772
4	Children Social Care - funding 2x post- Special Guardianship Order (SGO) support posts	£63,000
5	Education - increasing staff capacity in the Elective Home Education team	£100,149
6	Education - strengthening the role of education in multi-agency safeguarding arrangements	£120,000
7	Early Help - increased service management capacity	£155,874
8	Children Social Care - funding 3x temporary FSWs in Engage team	£32,579
9	Early Help - 0-19 family help graduated response for children with SEND	£223,007
10	Education - focused multi agency / preventative work in Education Psychology Service	£62,773
11	Children's Social Care - enhancing multi-agency child protection teams / safeguarding arrangements	£250,000
12	ICT Developments - to support single system information / data sharing	£220,535
13	Further investment in Integrated Working and Outreach and Engagement	£352,512
		£1,666,201
Service Design (children & families voice) The funding is allowed to be used for undertaking a joint family help needs analysis and on stakeholder engagement (with local partners) to co-produce and design new service delivery models		
13	Commissioning joint family help needs analysis	£19,484
14	Co-production work with partners, children, and families	£30,000
		£49,484
	Total commitments to date	**£2,210,352**

6.2 In accordance with the grant conditions, the Council is required to provide assurance to the DfE on its transformation and delivery progress as well as a quarterly breakdown of expenditure, detailing costs across transformation activity, service design, and service delivery. To date all required grant returns to the DfE have been completed on time and accepted.

6.3 There is no direct procurement implications associated with the recommendations detailed in this report. Where there is a need to procure third party suppliers to support the delivery of this programme this must be done in compliance with relevant legislation (Public Contracts Regulations, 2015 or the Procurement Act

2023) dependent on the route to market selected as well as the Council's own Financial and Procurement Procedure Rules.

7. Legal Advice and Implications

7.1 The Families First Partnership Programme represents the Government's expectations around children getting the best start in life and breaking down barriers to opportunities to achieve this. It is to be noted that the programme is not statutory guidance and therefore does not replace the current statutory guidance such as, Working Together to Safeguard Children 2023 "Working Together" or Children's social care; national framework, "National Framework." However, its use builds on foundations already in place, such as the need for safeguarding partners and agencies to work collaboratively to design and implement local arrangements to meet the needs of children and families in the local area which this paper addresses.

7.2 The establishment of workstreams that will be accountable to the Families First Partnership Programme Delivery Group are noted at 2.3 above which is in line with the delivery expectations covered in the Families First Partnership (FFP) Programme Guide including the appointment of the Family Help Lead Practitioner (FHLP), further progress around family group decision-making, establishing multi-agency child protection arrangements and implementing new technologies around information sharing between agencies. It is also to be noted that the views of the family are also being captured at The Voice Steering group which also captures the voice of the child. The voice of the child is a principle from the Children Act 1989 and also embedded in the UN Convention of the Rights of the Child, (UNCRC), article 3 and article 12 taking into consideration the best interests of the child and preserving a child's right to express their views about decisions affecting them.

7.3 There are no legal implications raised in the update provided by following the recommendations at 3.1 above.

8. Human Resources Advice and Implications

8.1 Other than recruitment to any additional posts required to support service delivery, there are no HR implications highlighted in this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The aim of the Families First Partnership Programme is to support safeguarding partners to implement Family Help and multi-agency child protection reforms and make greater use of Family Group Decision Making. Government expects to see improved support provided to children and their families. The programme aligns with the key local partnership priorities and plans including Rotherham Metropolitan Borough Council Plan, Rotherham Safeguarding Children Partnership plan and associated strategies, Rotherham Health and Wellbeing Plan and Rotherham Health and Social Care Place Plan.

9.2 In delivering the expectations outlined in the Families First Partnership Programme guide, safeguarding partners will transform how support and

protection is provided to families, focusing on early intervention and prevention to avoid crisis situations. This will emphasise the whole-family approach embedded in Rotherham practice, bringing together multi-disciplinary professionals to support families in overcoming challenges and remaining together.

10. Equalities and Human Rights Advice and Implications

10.1 As this is a progress update, there are no wider equality implications, but equality and diversity will continue to be considered and monitored as part of the strategy. Any equality implications arising from a full analysis of the Needs Assessment will be considered by the Families First Partnership Programme Delivery Group and where required commission engagement of voluntary community sector organisations who work at the heart of communities in Rotherham to support.

11. Implications for CO2 Emissions and Climate Change

11.1 Implications included in the Carbon Impact Assessment.

12. Implications for Partners

12.1 These are referred to in the report.

13. Risks and Mitigation

13.1 There are no new risks associated with this progress update, a risk register is maintained as part of the Programme Delivery and reviewed by the Families First Partnership Programme Delivery Group.

14. Accountable Officers

Kelly White, Service Director – Family Help
Rob Savage, Strategic Programme Lead (Families First Programme)

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	26/02/26
Executive Director Corporate Services (S.151 Officer)	Judith Badger	26/02/26
Service Director of Legal Services (Monitoring Officer)	Phil Horsfield	26/02/26

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ROTHERHAM SAFEGUARDING CHILDREN PARTNERSHIP (RSCP)

Multi-Agency Threshold Guidance & Descriptors

Providing the right services at the right time for children and their families

Rotherham Safeguarding Children Board

Rotherham Metropolitan Borough Council

ROTHERHAM SAFEGUARDING CHILDREN PARTNERSHIP (RSCP)

Multi-Agency Threshold Guidance & Descriptors

Providing the right services at the right time for children and their families

This Guidance is for all practitioners – paid or voluntary – working with children and families in Rotherham, who may be considering referral to Children's Social Care services via the Multi Agency Safeguarding Hub (MASH). The Guidance and Descriptors set out a framework of needs and vulnerabilities that seek to place the circumstances of individual children on a continuum – from Universal to Acute – that can be used to assist in understanding situations that may be highly complex. This is not a prescriptive framework and should not be thought to determine the level of services offered to a child and their family. It is a tool for understanding and communicating those highly complex situations. Professionals should refer to this guidance and the descriptors below, taking note of all those that apply to the child and family under consideration, before calling the MASH. The threshold descriptors also apply to children who are looked after (LAC) and Careleavers. Professionals need to access their own safeguarding leads for advice and support. More information can be found in the RSCP procedures.

When contacting the Rotherham MASH, professionals need to be clear about whether they are seeking help for a family as a preventative measure, or whether there is a risk of harm. Unless there is a risk of Significant Harm (as defined in the Children Act 1989) parental consent is required, but professionals can consult with MASH on a hypothetical basis to talk through worries prior to making a referral. If in doubt, please refer to:

Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers

Framework of Care
Universal: Services for all children, provided by a range of statutory and voluntary organisations
Early Help: Services for families of children with additional needs
Child in Need: (Section 17, Children Act 1989)
Child Protection: (Section 47, Children Act 1989)

Services for children and families are provided on a multi-agency basis. No one service or organisation can be expected to provide for all the needs of any child or family, and agencies cannot expect to pass on all the responsibility for any child to another agency. Professionals in a wide range of services must agree on how to work together to safeguard and promote the welfare of children. Working together to safeguard children

Referrals to Rotherham MASH (Option 2) are initially screened by MASH Social Care, who will make a Triage decision:

- Children's Social Care assessment; or
- Signposting, advice, and guidance with no further action for MASH; or
- Multi-Agency Information Sharing to assist with decision making

Referrers are informed of the outcome of their contact as early as possible.

Calling the MASH – 01709 336080

The automated phone system has four Options:

1. If known to a Social Worker or Early Help Worker
2. To get help for a child or family (refer in)
3. If a child is at risk of Significant Harm
4. Other RMBC services

GUIDING PRINCIPLES

The Rotherham Family Approach

- **Signs of Safety**
- **Social Pedagogy:**
  Getting alongside childen and families and working together with them to achieve the best outcomes
- **Restorative Practice:**
  Reflective analysis of past relationships, towards building positive relationships between professionals and with children and families

Framework for Assessment

Signs of Safety

- What are we worried about?
  (Past harm and future danger)
- What's going well?
  (Strengths, resources, and proven safety)
- What needs to happen?
  (Goals and next steps)

PHYSICAL ABUSE

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
Mobile children may experience minor injuries through play and activities, whilst exploring their environment. Injuries are likely to be sustained on bony prominences (e.g., knees, shins, elbows) and are usually minor. Context and professional judgement are key to the assessment and understanding of any accidents or injuries. This should include the developmental stage of the child, patterns of concerns, previous injuries, and the voice of the child. This should also include the explanation for the injury given by parent/carer or child and whether this is consistent with the injury.	Frequent accidental injuries/ concerning patterns of injuries which indicate a lack of parental supervision (Also see Neglect and Parenting Capacity). Inappropriate parenting/ behaviour management strategies which resort to physical chastisement. Girl is vulnerable to Female Genital Mutilation (FGM) or Breast Ironing practice due to links with their community or family, where family views are known and there is no risk.	Threats of physical abuse and violence from parent, carer or sibling. Escalating pattern of accidents causing injury (Also see Neglect and Parenting Capacity) Environmental factors which place child at risk of physical harm. Inappropriate and overuse of physical chastisement Girl is vulnerable to FGM or Breast Ironing practice due to links with their community or family, where family views are unknown. Fabricated or induced illness – intentional or unintentional harm to child caused by parent/ carer to receive medical attention (perplexing presentation).	Physical harm has occurred/ suspected: non–accidental injury (e.g., fractures, bruises, scalds, burns, cuts, poisoning). Female Genital Mutilation (FGM) occurred or suspected. Repeated incidents of unexplained illness, accidents, or injuries (which are of concern) and not consistent with developmental stage of child and/or significant GP/ Urgent Emergency Care Centre (UECC) attendances. Environment is not safe for the child/ risk of harm through serious accident or injury.xq Risk of physical and emotional abuse from domestic abuse, including peers abuse and exploitation. Fabricated or induced illness – immediate risk, e.g., child has been deliberately poisoned.

PHYSICAL ABUSE (CONTINUED)

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
Sometimes children will have a birth mark which can appear to be an injury. A specific health led pathway has been developed to assist professionals to differentiate between birth marks and injuries.		For health practitioners, bruises or other injuries on a non-independently mobile child should lead to information check to MASH to inform medical assessment and decision making for the next steps. Child is vulnerable to forced marriage or honour-based abuse.	For non-health practitioners, bruises or other injuries on a non-independently mobile child should lead to immediate referral to MASH and for medical assessment. For health practitioners, after medical assessment, any bruises, or other injuries without an adequate explanation on a non-independently mobile child should lead to immediate referral to MASH for joint decision making about next steps. Girl is born to family who are from a FGM practicing community and mother has been subjected to FGM/ family are known to support the practice. Child is at risk of or has suffered harm due to forced marriage or honour-based abuse. Assault and/or injury because of domestic abuse, bullying or exploitation.

EMOTIONAL ABUSE

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
Age-appropriate physical, sexual, and emotional development.	Displays some insecurities around identity.	Demonstrates significantly low self-esteem.	Little or no confidence, self-esteem and self-image; affecting all areas of life, total withdrawal, and isolation.
Positive self-esteem.	Poor self-image, limited self-confidence, subject to discrimination	Lacks confidence, watchful or wary.	Frozen watchfulness.
Good quality and appropriate attachment.	Difficulties with family relationships.	Withdrawn, unwilling to engage or is isolated.	Rejection or taunting by peers/ serious assault from bullying.
Able to demonstrate empathy.	Limited support from family or friends.	Significant emotional/behavioural challenges.	Relationships characterised by rejection, abandonment, or scapegoating.
Demonstrates appropriate responses in feelings and actions.	Parent has unrealistic expectations.	Child expresses suicidal thinking or actions.	Chronic and serious domestic abuse or parent unable to restrict access to home by dangerous adults.
Demonstrates feelings of belonging and acceptance.	Parent/carer's inability to support the child in maintaining healthy relationships with significant adults.	Child unable to make their feelings known to adults and there is evidence of distress.	Child/unborn babies' ongoing exposure to domestic abuse.
Strong family networks and friendships outside of the family unit.	Unresolved issues arising from parents' relationship/ divorce/ separation /step parenting/ death of parent or significant carer.	Child is emotionally/physically harmed by bullying.	Family characterised by conflict and serious, chronic relationship difficulties.
Stable and affectionate relationships with parent/carer.	Parents experiencing conflicts that may involve child.	Experiences persistent discrimination.	Relationship with parent and family persistently experienced as low warmth, high criticism.
Good relationship with siblings.		Child /unborn exposed to domestic abuse.	
		Alienation and/or withdrawing from peers and family.	

EMOTIONAL ABUSE (CONTINUED)

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
	Child is anxious / angry /defiant/ withdrawn/ emotionally distressed. Difficulties relating to child contact with absent parent/ family members.	Parents are critical of child and show little warmth or praise. Child included in parental conflict, may be emotional (e.g., contact arrangements, parental alienation). Controlling home environment.	Complete rejection by a parent/ carer. Concern of fabricated or induced illness (perplexing presentation). Witnessing physical/sexual abuse.

NEGLECT

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
Child is of an appropriate height and weight for age, has a healthy Body Mass Index (BMI). Adequate and nutritious diet. Physical care needs provided for, and health needs effectively promoted. Child's developmental checks, immunisations, dental and optical care up to date. Any additional health needs are met e.g., speech and language therapy. Child is clean, with well-fitting clothing. Child has a good level of practical, emotional, and independent living skills appropriate to age e.g., feeding, dressing and social skills.	Inconsistency in child being brought to appointments. Medical advice not always sought. Late booking for maternity care. Dental care/developmental checks /immunisations not all up to date (Immunisations are parental choice, should be considered as part of assessment) Additional health needs are not consistently met/up to date. Frequent Urgent Emergency Care Centre (UECC) or GP attendances following accidents. Child has limited self-care/ independence skills for age. Child has some hygiene/ continence problems.	Poor diet adversely affecting child's health, growth and/or development/ possible faltering growth. Very high or low BMI. Child's health needs/concerns not addressed or poorly managed by parent/carer (immunisations, developmental checks, dental care, delay seeking appropriate health advice and appointments; frequent/pattern of Urgent Emergency Care Centre (UECC) or GP following accidents identifying parenting concerns). Child's self-care skills are limited/ impacted by parenting capacity. Clothing is regularly unwashed and ill-fitting; poor hygiene which is not addressed. Unacceptable or deteriorating provision of basic care/ care arrangements/ level of supervision.	Diet causing severe concerns or impairments to child's health/ evidence of faltered growth. Sudden weight loss/ extreme weight gain. Eating disorder. Child / unborn has significant unmet/ outstanding health needs/ lack of prescribed medication impacting on child's health. Parents not seeking medical advice / intervention/ dental care with potential for significant harm. Consistent poor care basic compromising general well-being, dirty clothes, ill-fitting shoes, inappropriate care of hair and skin. Child consistently hungry – unfed. Lack or absence of basic care or supervision causing harm or risk of significant harm, e.g., fall from window, unsafe home environment.

NEGLECT (CONTINUED)

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
Child is afforded experiences/ stimulation appropriate to age and interest through leisure, play, reading, activities, and socialisation with peers. Home conditions and environment are appropriate and adequate for the child's needs/safety. Good school attendance and positive home/ school link	Inappropriate or inconsistent provision of basic care needs, including supervision, guidance and boundaries Child's weight/diet potentially impacting health and development. High or low BMI. Inconsistent opportunities for stimulation and socialisation. Home conditions and environment may impact on child's needs/ safety. Safe sleep space requires improvement. Poor punctuality/frequent absences from school. Home /school link not well established.	Inappropriate/ inadequate guidance /boundaries. Limited opportunities for stimulation and socialisation. Parent/carer unresponsive to emotional needs / child self-harming / suicidal ideation or actions. Aspects of home conditions/ environment are inadequate/ unsafe. Significant school attendance issues/ poor link between home and school. Un-booked pregnancy for maternity care –health risk to mother and baby.	Unacceptable/absent levels of boundaries/ guidance/ supervision/ child abandoned. Absence of appropriate levels of stimulation/socialisation. Lack of self-care skills is adversely impacting on child's health and development. Persistent absence from school/ no school place. No or acrimonious home/school link. Parent/carer unresponsive to emotional needs / child self-harming / suicidal ideation or actions.

SEXUAL ABUSE

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
Age-appropriate physical, sexual, and emotional development. Appropriate confidence in social situations and sufficiently aware of the difference between 'safe' and 'unsafe' relationships. Appropriate sexual boundaries within family unit between adults and children and between siblings. Child has appropriate guidance in relation to online use and risks.	Attendance at sexual health services or pregnancy where age or other factors indicate a level of vulnerability. Persistent urinary tract infections/ concerns about enuresis. Sexualised language or behaviour which is not consistent with the child's age or developmental stage. Can be overfamiliar with others, including people not known to the child. Withdrawn or isolated. Child has limited guidance and boundaries relating to online risks.	Attendance at sexual health services or pregnancy, where age or other factors indicate a level of needs/concerns. Sexually transmitted infections dependent on age and circumstances. Persistent urinary tract infections/ concerns about enuresis/ smearing behaviour. Previous victim of sexual abuse/ history of sexual abuse within the family. Sexualised language or behaviour which is not consistent with the child's age or developmental stage which is considered harmful to them or another. Withdrawn or isolated/ self-harm / suicidal statements or actions.	Disclosure from child or other of sexual abuse. Attendance at sexual health services or pregnancy/ miscarriage/ termination, where there are safeguarding risks for the mother or unborn child. Sexual abuse indicated by genital warts and/or sexually transmitted infections. Child under 13yrs (statutory rape). Witnessing sexual harm to another person. Trans-generational sexual abuse within the family, including sibling abuse. Harmful sexualised behaviour towards others. Withdrawn or isolated/ self-harm requiring treatment/ serious suicidal statements or actions.

SEXUAL ABUSE (CONTINUED)

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
		Evidence of technology / on-line exploitation e.g., exchanging of images/ exposure to pornography.	Evidence of technology / on-line exploitation e.g., exchanging of images/ exposure to pornography – evidence of coercive behaviour.

EXPLOITATION

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
Good school attendance Demonstrating age-appropriate behaviours. Child is sufficiently aware of the difference between 'safe' and 'unsafe' relationships. Strong and positive family networks and peers within and outside of the family unit.	Poor school attendance or exclusion/ fixed term exclusions. Early evidence of escalating anti-social/ potential involvement in criminal behaviour. Experimenting with substances/ alcohol, which is leading to concerns about impact on child's welfare. Associating with unknown adults / evidence of a relationship with a power imbalance. Regularly coming home late; staying out overnight without parental oversight. Emerging concerns about child/ young person's dress/presentation/ money or material items. Emerging concerns regarding the child's peer relationships (includes bullying/ controlling behaviour).	Regular fixed term exclusions/at risk of permanent exclusion. Potential indicators of child exploitation, with escalating concerns relating to alcohol, drugs and/or self-harm. Potential indicators of child exploitation linked to anti-social behaviour/ criminal activity. Potential indicators of child exploitation linked to locations/ groups/activity within the community (e.g., hotels / nightclubs / parks /shopping centres or relating to vehicles). Associating with other young people at risk of exploitation or those known to be exploited. Unaccounted sums of money/ material items/ additional mobile phone. Inappropriate adult association.	No education/training placement or persistent absence. Indicators of child exploitation with alcohol, drugs and/or self-harm. Substantial quantities of drugs found on the child/ in their home/ drug debts. Evidence of exploitation at specific locations / groups/ activity within the community (e.g., hotels / nightclubs/parks/shopping centres or relating to vehicles). Disclosure or evidence of rape/ serious sexual assault/physical harm. Evidence of child exploitation leading to teenage pregnancy/ multiple miscarriages/ access to sexual health services/ sexually transmitted infections. Abduction, forced imprisonment or trafficking/ modern slavery.

EXPLOITATION (CONTINUED)

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
	Reduced contact with family, friends, and other support networks. Vulnerabilities due to community locations which are cause for concern. Teenage pregnancy. Child is expressing language, views or behaviour which could be identified with extremist or radical views. Research indicates that children with neurodevelopmental condition (e.g., autism) are more vulnerable.	Indicators of exploitation leading to teenage pregnancy/multiple miscarriages/ access to sexual health services. Missing episodes indicative of exploitation. Child is becoming increasingly isolated from family, friends, and other support networks. Evidence that child or young person is taking an active interest in radical/extreme views or ideologies. Potential indicators and concerns relating to online exploitation/ coercion (e.g., child becoming more secretive/anxious about phone/ internet use). Peer on peer /abuse/ bullying which is potentially indicative of exploitation.	Evidence of online exploitation/ coercion e.g., exchanging of images Child is being drawn into radical/ extreme ideologies or behaviours. Gang member or association with gangs/groups (consider tattoos, injuries, language and activity of group)/ secretive about friends/ associates. Child is isolated from family, friends, and other support networks. Criminal behaviour linked to or because of exploitation. Possession of weapons (knives, guns etc) and unaccounted sums of money/material items/ additional mobile phone. Missing episodes with evidence of exploitation.

EXPLOITATION (CONTINUED)

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
	Reduced contact with family, friends, and other support networks. Vulnerabilities due to community locations which are cause for concern. Teenage pregnancy. Child is expressing language, views or behaviour which could be identified with extremist or radical views. Research indicates that children with neurodevelopmental condition (e.g., autism) are more vulnerable.	Concerns that child is being sexually exploited and abused through an exploitative relationship (consider adult/peer on peer abuse). Pattern of Urgent Emergency Care Centre (UECC) attendances with injuries and which are causing concern of possible child criminal exploitation Attendances with mental health concerns where indicators of exploitation identified	Peer on peer exploitation/abuse/ bullying that is indicative of exploitation. Indicators that a child/young person is at risk of honour- based violence or forced marriage.

CHILD VULNERABILITY

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
Growing level of competencies in practical emotional and independent living skills. Positive sense of self and abilities. Demonstrates feelings of belonging and acceptance Acquires a range of skills/interests. Able to adapt to change Able to socialise appropriately. Positive relationship with peers and siblings.	Delay in reaching developmental milestones. Delay in development of age-appropriate self-care skills e.g., resulting in poor hygiene Some insecurities around identity expressed – e.g., low self-esteem, confidence, aspirations for the future. Subject to discrimination e.g., racial, sexual, or due to disabilities or appearance. Limited self-confidence. Child is a victim of crime/ bullying Child is a perpetrator of bullying Child is a carer/young carer Can find managing change difficult.	Significant delay in reaching developmental milestones. Child takes little or no responsibility for self-care tasks in comparison to peer group. Signs of deteriorating emotional wellbeing. Demonstrates significantly low self-esteem in a range of situations. Experiences persistent discrimination e.g., based on ethnicity, sexual orientation, disability. Any child with a disability. Withdrawn/unwilling to engage or isolated Significant delay in age-appropriate self-care skills. Involved in serious conflicts with siblings/peers, bullying/victim of bullying.	Significant delay in reaching developmental milestones, leading to risk of significant harm. Lack of self-care significantly affecting health or social development. Significantly withdrawn from educational or social interaction/ relationships. Unable to display empathy, serious abuse to others, cruelty to animals. Perpetrator or victim of crime which could lead to trauma for the child. Relationships with significant adults characterised by rejection / poor attachment.

CHILD VULNERABILITY (CONTINUED)

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
	Has difficulty sustaining some relationships. Difficulty in displaying empathy. Confrontational/defiant Finds it difficult to cope with anger and frustration.	Child has experienced traumatic event e.g., bereavement. Child is privately fostered / potentially private fostering.	

PARENTING CAPACITY

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
Appropriate and safe accommodation which meets the needs of the family. Parents are able to manage their working or unemployment arrangements. Positive and stable home/school link. Parents making plans for becoming a parent/positive about pregnancy. Parent in positive adult relationship. Parent is a good role model for child; shows warm regard, praise, and encouragement. Parent is always emotionally responsive to needs and behaviours of the child > child living in high warmth, low criticism family.	Poor socio- economic situation (e.g., housing, finances). Parents mental health, disabilities, or substance misuse impacts on their parenting capacity. Parent/carer's inability to support the child in maintaining healthy relationships with significant adults. Poor parenting history/ parent is a care leaver. Parent/carer has adverse childhood experiences. Home/school link not well established. Inappropriate care arrangements. Parental vulnerability or behaviour prevents them from always being emotionally responsive to the needs and behaviours of the child.	No recourse to public funds and/ or financial situation impacting on parenting capacity. Unsafe or insecure home conditions / homelessness. Electively Home educated with little opportunity for external support or social integration or poor home/ school link. Experiencing frequent housing moves/transient lifestyle. Domestic abuse, parent's/ carer's mental health, disabilities, or substance misuse impacts on their parenting capacity and care provided to child or unborn. Child is a young carer. Parent is not consistently emotionally responsive to the needs and behaviours of the child.	Parents with physical or mental health issues and or learning disability significantly impacting on child's welfare. Parental substance misuse or domestic abuse significantly impacting on child's welfare. Transient nature/suitability/ safety of accommodation poses a significant risk to the child. Persistent absence of resources to provide basic care for child. Asylum seekers/unaccompanied children/ no recourse to public funds/missing family/children Parents emotionally unresponsive to child's needs and behaviours, child living in high criticism, low warmth family. Previous child has been removed from parent/ previous child protection planning.

PARENTING CAPACITY (CONTINUED)

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
Parent provides guidance so that child/young person can develop properly. Community are generally supportive of families with children/ young people. Access to good universal services. Family feels integrated within the community. Good social and friendship network exists. Parent/carers protects from danger or harm inside the home or elsewhere.	Inconsistent supervision and guidance, unaware of child/young person's whereabouts (dependant on child's age and developmental stage). Inability to respond to concerns about basic care. Inconsistent approach to child's overall well-being and development. Parents/parents to be with learning disability/teenage parents. Parents are asylum seekers. Inadequate/poor housing/ safe sleep practice requires support and guidance. Parents have required additional support to care for a previous child Parent has had additional service support in childhood	Inappropriate parenting strategies exposing the child to harm and inconsistencies in care (including multiple carers/no main carer) and limited supervision. Imprisonment of a parent. Teenage parents with adverse childhood experiences/minimal support. No home/school link. Parental non-engagement with education. Acrimonious relationships within community; family socially isolated.	Breakdown of relationship between parent and child e.g., family no longer wants to care for the child/ have abandoned child. Parent's spiritual, cultural or religious beliefs are risk of significant harm to child. Parents are receiving threats or are in danger from/within their community. Parents unable or unwilling to restrict access to persons who are known to be a risk to children Parent/carer unable to provide even basic care needs to child.

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: Families First Partnership Programme Update March 2026	
Directorate: CYPS	**Service area:** Family Help
Lead person: Rob Savage – Strategic Programme Lead – Families First Partnership	**Contact:** 01709 333108
Is this a: ☐ **Strategy / Policy** ☒ **Service / Function** ☐ **Other** **If other, please specify**	

2. Please provide a brief description of what you are screening
An update to cabinet on the progress of the Families First Partnership Programme since 17 November 2025 and 09 June 2025 respectively.

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

This is a progress update report and so has no equality implications. Equality and diversity will continue to be monitored, and the governance and delegated authority proposed in this paper would enable commissioning of a population needs assessment to inform the transformation. This would ensure that the needs of diverse groups and individuals are considered throughout delivery of the transformation.

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?**
• **Key findings**
• **Action**

Date to scope and plan your Equality Analysis:	N/A
Date to complete your Equality Analysis:	N/A
Lead person for your Equality Analysis (Include name and job title):	N/A

5. Governance, ownership and approval

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

Name	Job title	Date
Kelly White	Service Director, Family Help, Children & Young Peoples Service	26/01/2026

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	
Report title and date	Families First Partnership Programme Update 16 March 2026
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	16 March 2026
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	02/02/2026

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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	None	None	None	None
Emissions from transport?	Increase	New face to face meetings of groups established through proposed governance may require members to travel.	External partners may also need to travel to proposed governance meetings.	Use of Microsoft Teams reducing the requirement to travel will be considered. Meetings will be located in central building to encourage the use of public transport. Car sharing will be promoted.	Council officer travel is included with the Council's net zero 2030 greenhouse gas emissions accounting.
Emissions from waste, or the quantity of waste itself?	None	None	None	None	None
Emissions from housing and domestic buildings?	None	None	None	None	None
Emissions from construction and/or development?	None	None	None	None	None

Carbon capture (e.g. through trees)?	None	None	None	None	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?

While the proposed programme of works does not have any direct impacts on resilience to climate change, supporting families could contribute to families' broader resilience, including their capacity to deal with the impacts of climate change.

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

The principal climate impact resulting from this decision is increased transport emissions related to attendance of meetings by council offices and partner organisations. To mitigate this, the use of Microsoft Teams will be considered to remove the need to travel. Where meetings are considered necessary, they will be located in central building to encourage the use of public transport. Car sharing will be promoted.

Supporting information:	
Climate Impact Assessment Author	Rob Savage Strategic Programme Lead – Families First Partnership Family Help Children and Young People's Services
Please outline any research, data or information used to complete this Climate Impact Assessment.	A previous climate impact assessment, reference CIA 451 has been used to prepare this update to the Families First programme.
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.	None
Validation	Tracking Reference: CIA 594 Arthur King Principal Climate Change Officer

Rotherham Metropolitan Borough Council

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 16 March 2026

Report Title
Best Start Local Plan 2026 - 2029

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

Executive Director Approving Submission of the Report
Nicola Curley, Executive Director of Children & Young People's Service

Report Author(s)
Helen Sweaton Service Director, Commissioning, Performance and Quality
helen.sweaton@rotherham.gov.uk

Niall Devlin Service Director, Education and Inclusion
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Alex Hawley, Consultant, Public Health
alex.hawley@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary
The Department for Education (DfE) issued targets for Local Authorities (LAs) to improve Good Level of Development (GLD) as part of its "Best Start in Life" strategy, aiming for 75% of 5-year-olds nationally to reach GLD nationally by 2028, issuing new data tools and funding to guide local planning and intervention.

This report provides an overview of current activity across Rotherham to improve early years outcomes, tackle inequalities, and ensure that all children, especially those who are disadvantaged, get a strong foundation for school, contributing to the Council's wider ambition that children and young people achieve.

The report outlines the key activity undertaken in developing the new Best Start Local Plan, including a comprehensive needs analysis, engagement, and consultation.

The report seeks approval of the Best Start Local Plan and outlines the timeline for implementation to achieve the ambitions identified.

Recommendations

That Cabinet:

1. Note the activity to date to improve early years outcomes and tackle inequalities.

2. Approve the Best Start Local Plan for implementation from April 2026.

List of Appendices Included

Appendix 1 Best Start Local Plan
Appendix 2 Best Start Summit summary
Appendix 3 Best Start and Beyond Framework
Appendix 4 Equality Analysis
Appendix 5 Part B – Equality Impact Analysis
Appendix 6 Carbon Impact

Background Papers
Rotherham Health and Care Place Plan
Rotherham Council plan 'Forging Ahead'
Rotherham Health and Wellbeing Strategy for 2025-2030
'Fit for the Future', the NHS 10 year plan
Rotherham Early Years Education & Childcare Strategy 2024–2027
'No Family Left Behind' child poverty strategy (Rotherham)
Early Help Strategy: Family Help in Rotherham 2024-2029
Rotherham SEND Strategy: My Life, My Rights 2024-2028

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

Council Approval Required
No

Exempt from the Press and Public
No

Best Start Local Plan 2026 - 2029

1. Background

1.1 Purpose of the report

1.1.1 The purpose of the report is to:

- Provide an overview of current activity contributing to the achievement of the DfE issued target to improve Good Level of Development (GLD) so that at least 73.3% of 5-year-olds across Rotherham reach GLD by 2028.

- Seek approval of the Best Start Local Plan 2026 – 2029 and outline the timeline for implementation to achieve the ambitions identified.

1.2 Statutory Duty and Local Responsibility

1.2.1 Under the Childcare Act 2006, the Secretary of State has powers to set local authority (LA) targets relating to early years outcomes and the Early Years Foundation Stage Profile.

1.2.2 Under Section 1 of the Childcare Act 2006, Local Authorities have a mandatory duty to improve the well-being of all young children in their area and reduce inequalities between those with the poorest outcomes and their peers.

1.2.3 Under Section 6, LAs must secure sufficient childcare for working parents and ensure it is of high enough quality to support school readiness.

1.2.4 The Government's "Plan for Change," giving every child the Best Start in Life, requires LAs to secure quality early years education, use new data tools and co-ordinate Family Hubs and relevant health services.

1.2.5 All LAs must develop and publish "Best Start" local plans by 31st March 2026 in line with guidance issued. These plans must outline strategies to reach the agreed local contribution to the national 75% GLD target and address regional disparities.

1.2.6 The reinforced legal and strategic framework shifts the local focus from simply providing childcare places to achieving specific developmental outcomes. Rotherham Council is required to improve the percentage of five-year-olds reaching a Good Level of Development in their Early Years Foundation Stage (EYFS) assessments to 73.3% (and 56.6% of five-year-olds eligible for free school meals) by 2028.

1.3 Rotherham Context

1.3.1 Rotherham has 14,893 children aged 0-4 according to the 2023 mid-year population estimate.

1.3.2 In Rotherham, 27.7% of pupils are eligible for FSM, which compares to an average of 24.6% across England Authorities. 23.5% of pupils have either a statutory plan for Special Educational Need or Disability (SEND), known as an Education, Health and Care Plan (EHCP) or are receiving SEND support (previously known as school action and school action plus). This compares to an average of 19.6% across all England Authorities.

1.3.3 In the 2023/24 academic year, 64.3% of Rotherham 5-year-olds reached a Good Level of Development (GLD). In the 2024/25 academic year, Rotherham's GLD rate was 65.0%. This is slightly below National (68.3%), Yorkshire & Humber (66.3%) and Statistical Neighbours (66.4%).

1.3.4 Despite other strengths, 35% of children are not achieving GLD — with a significant proportion needing targeted support. To meet the local target of 73.3%, Rotherham needs an increase of 8.3 percentage points within three years from the current 65.0%.

1.4 **Existing activity aligned to Best Start priorities**

1.4.1 Rotherham Council's ambition for a family-friendly Borough, where all children and young people achieve, ensures child-focused strategies create a golden thread aligning high level goals with practical, community-based support focused on early intervention and integrated partnership working.

1.4.2 The Rotherham Council Plan (2025–2030) includes the establishment of Best Start Family Hubs and an associated network of community sites and services to provide single points of access to advice and support. There is also an expansion of Early Education to create capacity to meet the Government's expanded 30-hour free childcare entitlement for working parents of children from 9 months to age five by September 2025 and activity to address inequality including the provision of cost-of-living support packages, auto-enrolment of eligible children for free school meals and school uniform assistance.

1.4.3 The Health and Wellbeing Strategy commitment to "Enable all children and young people up to age 25 to have the best start in life, maximise their capabilities and have influence and control over their lives" underpins a partnership response which starts before a child is conceived. This includes activity in community health to facilitate easier access to wellness services via the launch of the "Rotherhive" digital platform, delivery of the universal Baby Packs and targeted outreach support focusing on improving take-up of early education places in specific areas like Central Rotherham to close development gaps.

1.4.4 The Children and Young People's transformation workstream under the Health and Care Place Plan was instrumental in the development of the Best Start and Beyond Framework (Appendix 3). Key activities include the Health and Wellbeing Board's "Supporting a Breastfeeding Borough" declaration and the development and delivery of the associated

"Rotherham Backs Breastfeeding" campaign, community support and early identification of speech and language needs.

1.4.5 Key activities in the Early Help Strategy include the expansion of the physical and digital Family Hub Start for Life offer, to ensure that families have access to the information and tools they need to care for and interact positively with their babies and children, and to look after their own wellbeing. This includes a focus on activities and interventions to support GLD and which promote language and emotional bonding, such as the Peep Home Learning Programme, as well as access to evidenced-based parenting support and a range of targeted family help.

1.5 **Proposed next steps**

1.5.1 Approval is sought for the Best Start Local Plan 2026 – 2029. This will meet the requirement to publish a Best Start Local Plan by 31st March 2026 and ensure continued progress towards the achievement of the DfE-issued target to improve Good Level of Development (GLD) so that 73.3% of 5-year-olds across Rotherham reach GLD by 2028.

2. Key Issues

2.1 Developing the Best Start Local Plan

2.1.1 On the 1st of December 2025, a Summit led by Rotherham Council brought together multi-agency partners, aiming to foster collaborative discussion and actionable strategies for improving early years development outcomes. Presentations provided a comprehensive needs analysis with a range of quantitative and qualitative information, including feedback from children and families, delivered by Children and Young People's Services, Early Years Education and 0-19 Public Health. Participants engaged in two workshops: the first focusing on current practices and the second on generating ideas for doing things differently. The summit concluded by agreeing the appropriate next steps, informing the development of the Best Start Local Plan.

2.1.2 The Summit captured examples of current activity evidencing delivery of a comprehensive early years support system through integrated health checks, family engagement, robust multi-agency delivery including a vibrant voluntary and community sector and workforce development. Collectively, these actions aim to improve school readiness, reduce inequalities, and foster strong home learning environments. Some key examples of such activity are set out in the following paragraphs.

2.1.3 Health services provide key developmental reviews and performance in this area is high and compares positively to regional and national averages.

2.1.4 The Family Information Service promotes activities, SEND updates, and regular communications to strengthen family support.

2.1.5 Parenting initiatives are delivered via Family Hubs, complemented by home learning programmes that promote parental engagement.

2.1.6 Community engagement is enhanced through partnerships with the voluntary sector, for example Grimm & Co, which delivers creative literacy, cultural storytelling, and parental support, alongside links to Sheffield Hallam University for impact evaluation.

2.1.7 Professional development is embedded through the annual Early Years Conference, bespoke school visits, moderation and best practice meetings and targeted training on curriculum, assessment, and EYFS requirements led by Rotherham School Improvement Service (RoSIS).

2.2 Guiding Principles

2.2.1 The Strategy has been developed in line with the principles of the Rotherham Charter (Four Cornerstones): 1. Welcome and Care 2. Value and Include 3. Communicate 4. Work in Partnership.

2.2.2 In line with the Four Cornerstones, the Summit proposed the key principles to underpin the Best Start Local Plan should be:

- **Partner with parents and carers** as the most important people in a child's life.
- **Provide high-quality early years experiences** that spark curiosity and build strong foundations.
- **Offer timely support** for any additional needs (child or family) so no child is left behind.
- **Make moving between stages smooth and positive**, so every child and family feels supported as they grow.

2.3 Analysis of local need

2.3.1 Rotherham shows high expected levels in Physical Development (82.0%) and Personal, Social and Emotional Development (79.3%), which support GLD attainment.

2.3.2 Expected levels in Writing (67.8%) and Word Reading (72.1%) are lower than other domains, potentially holding back GLD achievement. Rotherham is not exceptional is this respect, as the writing domain is also a limiting factor nationally, affecting a significant proportion of children.

2.3.3 22.2% of children are still at the emerging level in Communication and Language, which can impact readiness for Key Stage 1 and overall GLD.

2.3.4 Expected" and "emerging" are specific judgments used in assessing a child's development against each of the 17 early learning goals (ELGs). Where a teacher judges that a child has not met the expected level of development for a particular ELG, the child should be assessed as "emerging" for that particular ELG, and further context should be provided within the profile.

2.3.5 A Good Level of Development is achieved when a child reaches the expected level against the 3 prime areas of the EYFS (communication and language; personal, social and emotional development; physical development), and for literacy and mathematics.

2.3.6 The proportion of children with EHCPs continues to increase which means that more SEN places will be needed in mainstream schools, special schools, and post 16 provision.

2.4 **Best Start Local Plan**

2.4.1 Based on the analysis of local need, the following priorities are identified (text shown below is verbatim from the plan):

1. **Strengthening early communication, language, and literacy for all children**

We know that communication and language are the biggest drivers of school readiness. Improving early speech, language and literacy is central to our ambition to increase the proportion of children achieving a Good Level of Development.

2.4.2 2. **Increasing early education access for disadvantaged children**

While many families take up funded early education places, too many children in our most disadvantaged communities still miss out, including 12.9% of 3–4-year-olds who live in one of the most deprived 30% of areas in England, based on the Index of Multiple Deprivation (IMD). Closing this gap is essential to closing our GLD gap.

2.4.3 3. **Improving the quality of early years provision, including Reception, for all children**

The first years of education shape life chances. We will work with providers, childminders, schools, Stronger Practice Hubs and the Regional Improvement for Standards and Excellence (RISE) in the Department for Education (DE) to improve practice, strengthen transitions and rais outcomes for all children.

2.4.4 4. **Identifying needs early and supporting children with SEND and vulnerable families**

With SEND prevalence above national levels and rising EHCP demand, we must act earlier and more collaboratively to ensure children get the right help at the right time – reducing escalation and improving long-term outcomes.

2.4.5 **5. Providing joined-up family support through our Family Hubs**

Rotherham's Family Hubs network is already strong. Through these hubs we will offer integrated health, early help, childcare, and community support so families experience a seamless pathway from pregnancy to school age.

2.4.6 **6. Tackling inequalities across the 0–5 system**

We are determined to narrow the gaps linked to deprivation, SEND, health inequalities and access to opportunity. Our actions will target the communities who need us most, helping to level the playing field and improve the life chances of every child.

2.4.7 The Best Start Local Plan 2026-2029 details the outcomes under each priority with clear milestones and performance metrics. The Best Start Local Plan is included as Appendix 1.

2.5 **Governance**

2.5.1 Progress against the Best Start Local Plan will be monitored by the Best Start and Beyond Steering Group. Regular updates will be provided to the Health and Care Place Board, Children and Young People's Change Management Board and Senior Leadership Team. Overarching responsibility will sit with the Cabinet Member for Children and Young People who will report into the Health and Wellbeing Board.

3. Options considered and recommended proposal

3.1 **Option 1:** Consideration has been given to not developing and publishing a Best Start Local Plan. This option of doing nothing would create a risk that the Council does not meet the statutory duty and expectations detailed in Policy guidance. Should the Council choose not to deliver the key activities described in the Best Start Local Plan it is likely that fewer children in Rotherham will achieve a Good Level of Development in 2028. This may present a reputational risk if Rotherham is unable to achieve the target set by Government.

3.2 **Option 2 (preferred option):** Approval of the Best Start Local Plan to be published by 31st March 2026 will deliver against the Council's statutory duty, meet the requirements of Policy guidance, and support coordinated multi-agency activity to support more children to achieve a Good Level of Development.

4. Consultation on proposal

4.1 Due to the challenging timeframe set by Government for publication of the Plan, there has been insufficient time to undertake widespread public consultation specific to the Best Start Local Plan. Relevant in-depth consultation and engagement has been completed as part of the ongoing work to support children and families; this has been used to inform the development of the Plan. This has included events with Rotherham Parent

Carer Forum, work with the Family Hub parent/carer group, quality feedback from families accessing Family Hubs and feedback from families following engagement with 0-19 public health services. Child and family voice is also captured as part of regular quality assurance activity.

4.2 The Summit included stakeholders across Education, Health, Care, Regeneration and Environment, SEND and the Voluntary Sector. There were representatives from 0-19 service, Child Development Centre, Family Hubs, Grimm and Co, Rotherham Parent Carer Forum, Children's Social Care, Education and Inclusion, Culture, Sport and Tourism, NHS South Yorkshire Rotherham Integrated Care Board, Public Health, School Improvement, Early Years, Commissioning and Performance.

4.3 Updates have been provided to the Lead Member for Children and Young People, the Lead Member for Adult Social Care and Health, Children and Young People Directorate Leadership Team and the Senior Leadership Team.

5. Timetable and Accountability for Implementing this Decision

5.1
- Approval of the Best Start Local Plan – March 2026
- Publication of the Best Start Local Plan – 31st March 2026
- Implementation of the Best Start Local Plan – from April 2026
- Review of the Best Start Local Plan – March 2027

6. Financial and Procurement Advice and Implications

6.1 Starting in April 2026, the UK government is transitioning the current Family Hubs and Start for Life programme into a new national model called Best Start Family Hubs (BSFHs). Provisional funding allocations have been confirmed by the Government covering the 3 financial years 2026-2029. All local authorities will receive funding to:

1. Develop and implement Best Start local plans.
2. Establish and deliver BSFHs.
3. Provide evidence-based parenting and home learning environment services.

6.2 Funding is split into two streams:

Delivery grant
The delivery grant supports local authorities to establish and run Best Start Family Hubs by funding staff capacity, leadership, outreach and engagement, multi-agency workforce training and development, digital systems, and service integration. It is intended to help areas deliver their Best Start local plans, strengthen joined-up working across health and family services and improve outcomes for babies, children, and families.

Capital grant
Capital funding is a small, ring-fenced element of the delivery grant and must be used for capital works only. It supports adaptations to existing

buildings, such as improving accessibility, upgrading IT and facilities, and providing equipment and furniture to enable multi-agency working and co-location of services within Best Start Family Hubs.

6.3 Rotherham has received indicative funding allocations for the next three financial years, detailed below:

	2026-27 Allocation	**2027-28 Allocation**	**2028-29 Allocation**
Delivery Grant	1,633,600	1,560,300	1,592,200
Capital Grant	87,200	88,900	90,600
Total	**1,720,800**	**1,649,200**	**1,682,800**

6.4 Funding beyond the 2026-29 period will be subject to future Government spending review processes, but local authorities are required to consider long-term sustainability, including join up with statutory services, in the development of their local offer.

7. Legal Advice and Implications

7.1 Section 1 of the Children Act 2006 places a general duty on local authorities to improve the wellbeing of young children in their area. Section 1(2) defines wellbeing which includes education, training, and recreation. Section 1(3) provides for the Secretary for State to set targets for the improvement of the wellbeing of young people and a reduction of inequalities between young children.

7.2 The Government's Best Start in Life Strategy was published in July 2025, and as a result, local authorities are expected to develop Best Start local plans to achieve the Plan for Change milestone to get a record number of children school-ready every year by 2028. The Strategy set out that plans should detail each local authority's approach to achieving and measuring their progress towards their 2028 target. Each local authority received a target in August 2025, and these were confirmed in November 2025. Under section 1(4), a local authority must act in the manner that is best calculated to secure that any targets set by the Secretary of State are met.

7.3 Guidance published by the Department for Education and Department for Health and Social Care in December 2025 states that Local Plans should be published by no later than 31 March 2026. Under section 1 (1) (5) a local authority in performing their duties must have regard to any guidance from the Secretary of State.

7.4 The options outlined at Paragraph 3.1 and 3.2 of the report provides 2 options, the recommended option is Option 2 at paragraph 3.2 following the statutory guidance to each Local Authority to publish its plan. Option 1 (paragraph 3.1) does not comply with the statutory guidance. There are no legal implications with following option 2.

8. Human Resources Advice and Implications

8.1 There is no direct HR implication within this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 Additional focused activity to improve early identification of barriers to learning the home learning environment and the quality of teaching and assessment within the borough will give more children and young people the opportunity to achieve a Good Level of Development.

9.2 Key considerations are referenced within the report.

10. Equalities and Human Rights Advice and Implications

10.1 Children not achieving a Good Level of Development are more likely to be from areas of deprivation. Targeted activity to address inequalities and increase engagement in provision is included within the Plan.

10.2 An equalities impact assessment is an appendix to this report.

11. Implications for CO2 Emissions and Climate Change

11.1 Wider consideration of indirect implications or unintended consequence of work in this area has on CO_2 Emissions and Climate Change is considered across all partners as the Council are committed to long term targets to mitigate these areas of concern in the Borough. An environmental impact assessment has been completed and is an appendix to this report.

12. Implications for Partners

12.1 Achieving the target for 73.3% of children to achieve a Good Level of Development in 2028 will require a coordinated partnership response. Key considerations are referenced throughout the report.

12.2 Ongoing updates will be provided to key stakeholders including Parent/carers forum, health leaders, school leaders, and other associated stakeholders.

13. Risks and Mitigation

13.1 Processes oversight will be provided through the Best Start and Beyond Steering Group and Children and Young People's Services Change Management Board, which involves all key internal parties including legal, assets, HR, procurement, transport, finance, commissioning, and education specialists.

13.2 There is a risk that despite coordinated work to improve the home learning environment, early identification and targeted support for children who need it and effective workforce development and quality assurance Rotherham will still not achieve the target set. The DfE's target

methodology was not differentiated based on the level of need in local areas and therefore does not take into account the intersectionality of need in Rotherham specifically.

14. Accountable Officers

Helen Sweaton – Joint Service Director, Commissioning, Performance and Quality

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	27/02/2026
Executive Director of Corporate Services (S.151 Officer)	Judith Badger	26/02/2026
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Foreword from the Portfolio Holder for Children & Young People

Every child in Rotherham deserves the very best start in life. As a council, and as a partnership, we are united in our belief that a child's background must never determine their future. This Best Start Local Plan sets out our ambition to make that belief a reality — through decisive action, strong collaboration and an unwavering focus on child development.

Rotherham is a borough with enormous strengths: committed professionals, dedicated early years settings and schools, an established Family Hub network, and families who want the very best for their children. But we also face real challenges. Too many children start school without the communication skills, language, confidence or early learning experiences that set them up to thrive. Inequalities across our neighbourhoods. — in access to early education, in health, and in early development — are persistent and must be addressed head-on.

This plan is our collective response. It is built around **six shared priorities** that reflect both our evidence and our values:

1. Strengthening early communication, language and literacy for all children

We know that communication and language are the biggest drivers of school readiness. Improving early speech, language and literacy is central to our ambition to increase the proportion of children achieving a Good Level of Development (GLD).

2. Increasing early education access for disadvantaged children

Despite good overall uptake, 12.9% of 3–4-year-olds living in the 30% most deprived IMD areas still do not access their funded early education places. Reducing this shortfall is key to closing our GLD gap

3. Improving the quality of early years provision, including Reception for all children

The first years of education shape life chances. We will work with providers, childminders, schools, Stronger Practice Hubs and RISE to improve practice, strengthen transitions and raise outcomes for all children.

4. Identifying needs early and supporting children with SEND and vulnerable families

With SEND prevalence above national levels and rising EHCP demand, we must act earlier and more collaboratively to ensure children get the right help at the right time – reducing escalation and improving long-term outcomes.

5. Providing joined-up family support through our Family Hubs

Rotherham's Family Hubs network is already strong. Through these hubs we will offer integrated health, early help, childcare and community support so families experience a seamless pathway from pregnancy to school age.

6. Tackling inequalities across the 0–5 system

We are determined to narrow the gaps linked to deprivation, SEND, health inequalities and access to opportunity. Our actions will target the communities who need us most, helping to level the playing field and improve the life chances of every child.

Together, these priorities represent a bold and ambitious programme for change — one that reflects our values as a borough and our belief in children's potential. By 2028, we want to see more children achieving a Good Level of Development, fewer inequalities, stronger early relationships and families who feel supported from the very beginning.

This plan belongs to all of us. I would like to thank our partners across health, education, early years, the voluntary and community sector — and especially our parents and carers — for shaping it. By working with unity, compassion and determination, we can ensure that every child in Rotherham is ready to learn, ready to grow and ready to thrive.

Cllr Cusworth

Cabinet Member for Children & Young People | RMBC

Deputy Leader | RMBC

1. Our Shared Vision

Every child in Rotherham thrives in their earliest years — safe, nurtured, curious, and ready for a lifetime of learning and wellbeing.

Together, we will:
Together, we will:

- **Work in genuine partnership with parents and carers**, recognising them as children's first and most important teachers.
- **Create highquality early years environments** that inspire play, curiosity, and early learning.
- **Identify needs early and provide the right support at the right time** so every child has the chance to thrive.
- **Ensure smooth, positive transitions** between home, childcare, nursery, and school so families feel confident and supported.
- **Tackle inequalities from the earliest point**, ensuring every child—wherever they live—has the same chances to succeed.
- **Build connected services around families** making it easier to access help, information, and opportunities during pregnancy and the early years.

Our Shared Ambition

The six shared priorities reflect the voices of our families, the expertise of our practitioners and the realities shown by our local data. They set a clear direction for the next three years — a shared commitment to improving early development, strengthening family support and reducing inequalities.

Together, we will ensure that **every child in Rotherham begins school ready to learn, ready to grow and ready to thrive.**

In Rotherham we have developed Four Cornerstones which we believe are essential for ensuring that good practice in working with children, young people, parents and carers is achieved. These are:

By working together, we can give every child the chance to reach their full potential and thrive—now and in the future.

The national Best Start in Life strategy, published in July 2025, aims to

- enhance family services and early intervention through ‘Best Start Family Hubs’
- provide affordable and accessible childcare
- deliver high quality early education.

Rotherham’s Best Start Local Plan will play a key role in delivering the Government’s national commitment to improve early child development and reduce inequalities. This will contribute to achieving one of the key aims of Rotherham’s Health and Wellbeing Strategy, which is to “Enable all children and young people up to age 25 to have the best start in life, maximise their capabilities and have influence and control over their lives.”

2. Strategic Priorities and Actions

Rotherham Council's plan 'Forging Ahead' has "children and young people achieving" as one of its five key outcomes for 2025-2030.

Partners in Rotherham are passionate about children getting the best start in life and going on to achieve their potential. **The Health and Wellbeing Strategy for 2025-2030** has just four aims, with the first being to "enable all children and young people up to age 25 to have the best start in life, maximise their capabilities and have influence and control over their lives."

Fit for the Future, the NHS 10 year plan, has a vision of a neighbourhood health service, with care happening as locally as it can. Rotherham is a pioneer site for the national neighbourhood implementation plan, and has a well-developed family hub network that already forms an important part of health services delivered in community settings.

This Best Start Local Plan therefore builds from a strong strategic position locally

There is no need for this plan to start from scratch, as it also builds on other key existing strategies, plans and frameworks that address different aspects of the early lives of Rotherham children. These are all already working together to help improve the life chances of Rotherham's current and future generations of children and young people. This plan's main purpose is to bring these existing plans, initiatives and working arrangements together to best achieve the vision of the best start for life for every child, and in particular that all Rotherham children should be starting primary school ready to learn.

The Government's 'Giving every child the best start in life' strategy focuses on three areas: better support for families; better access to early years childcare and education; and improving quality in early years and Reception. Rotherham already has plans and programmes across all of these areas, providing excellent foundations for this Best Start Local Plan.

Rotherham Baby Pack

This programme is part of the Council's commitment to ensuring every child in Rotherham gets the best possible start in life. It provides every Rotherham expectant parent (with very high uptake) a box of high quality essential items for the first six months of a baby's life, and also contains the booklet 'Giving your child the best start in life', co-designed by Rotherham parents and offering information on access to services, activities, and help via local Family Hubs and online, focusing on early development and wellbeing.

Best Start Family Hubs and Health Babies Programme

Rotherham has a well established Family Hub network of sites and organisations working collaboratively across the borough, anchored by three Best Start Family Hubs, serving the north, south and central localities, and offering appointments, drop-in clinics and groups, social connection, and access to a wide range of health, family help and other support services, which include infant feeding support, perinatal mental health assistance, and strengthening parent-infant relationships

Best Start and Beyond Framework

This is owned by a partnership steering group, and it provides a tool to help achieve the Health and Wellbeing Board's aim to give all children the best start and enable them to maximise their capabilities.

It is a toolkit, providing lenses to focus attention on different aspects of the children's workforce, available family support services and wider determinants of health, in order to identify system improvement opportunities within four key phases of a child's journey – the first 1001 days; the early pre-school years; primary and secondary school years; the transition to adulthood.

Rotherham Early Years Education & Childcare Strategy 2024–2027

The strategy sets out to realise the vision, in the early years education and child care strategy, that "in Rotherham there will be no barriers to children achieving the best they can and realising their full potential."

It aims to achieve this through universal access to affordable, high-quality childcare, supporting provider sustainability and continuous improvement, with a focus on vulnerable children.

'No Family Left Behind' child poverty strategy

Seeks to mitigate the impact of poverty and work with organisations to reduce the barriers that children, young people, and families who live in poverty may experience, and puts families at the heart of decision making.

Early Help Strategy: Family Help in Rotherham 2024-2029

Rotherham has a vision for Family Help that has been co-produced and agreed by partners, stakeholders, children, young people, and families. The vision is for all agencies to be working together to ensure that children, young people, and families have their

needs identified early so that they can receive swift access to targeted help and support under the Families First Partnership Programme.

Rotherham SEND Strategy: My Life, My Rights 2024-2028

Rotherham aims to be just as ambitious for children and young people with SEND as for every other child. The vision places a strong emphasis on equity and inclusion, recognising that SEND is everyone's responsibility and that systems should adapt to children and families – not the other way round.

3. Best Start Local Plan Needs Assessment

Introduction

This needs assessment provides an overview of development outcomes and engagement of young children and families in Rotherham. It draws on local and national datasets to understand levels of need, identify inequalities, and inform priorities for the Best Start Local Plan.

The analysis highlights both areas of strong performance and those that require targeted intervention to improve early childhood outcomes.

Unless otherwise identified data has been used from 2023/2024. This is because the target to increase the number of children achieving a good level of development was set based on data from 2023/2024.

Indicator	Period	England	Yorkshire and Humber	Rotherham
Proportion of children who received a 2 to 2½ year review, Persons, 2–2.5 yrs	2023/24	78.4%	89.3%	90.7%
Child development: % of children achieving a good level of development at 2 to 2½ years, Persons, 2–2.5 yrs	2023/24	80.4%	85.7%	88.2%
School readiness: % of children achieving a good level of development at the end of Reception, Persons, 5 yrs	2023/24	67.7%	66.1%	64.3%
School readiness: % of children achieving a good level of development at the end of Reception, **Male**, 5 yrs	2023/24	60.7%	59.0%	56.4%
School readiness: % of children achieving a good level of development at the end of Reception, **Female**, 5 yrs	2023/24	75.0%	73.5%	72.3%
School readiness: % of children with free school meal status achieving a good level of development at end of Reception, Persons, 5 yrs	2023/24	51.5%	50.1%	47.6%
School readiness: % of children without free school meal status achieving a good level of development at end of Reception, **Male**, 5 yrs	2023/24	43.2%	41.4%	39.0%
School readiness: % of children without free school meal status achieving a good level of development at end of Reception, **Female**, 5 yrs	2023/24	60.1%	59.2%	57.4%
Free school meals: % eligible, Persons, school age	2023/24	24.6%	26.8%	27.7%

Local Context and Demographics

Rotherham has a population of 265,800 and faces significant socio-economic challenges, ranking 35th among England's upper-tier local authorities by deprivation. Levels of child poverty are notably high: 30.0% (2023/24) of children aged 0–15 live in relative low-income households, well above the national average of 22.1%. The scale of deprivation is further reflected in the educational landscape, with 27.7% of pupils eligible for free school meals in 2023/24 (and evidence that this has declined further to 29.1% in 2024/25).

The borough also supports a substantial cohort of children with statutory social care involvement. As of late 2023, there were 505 children in care and 323 care leavers, highlighting the continued demand for targeted early help, safeguarding, and family support services.

Early Development and School Readiness

Early developmental outcomes are encouraging at age 2–2½. Completion rates for the mandated health review are high at 90.7%, and 88.2% of children meet developmental expectations at this stage—both results exceeding national benchmarks. These outcomes suggest strong early identification systems and effective early years provision during the first years of life.

However, outcomes at the end of the Reception year show a decline, with only 64.3% of children achieving a Good Level of Development (GLD), below national and regional comparators. This means 102 fewer children are achieving GLD than would be expected if Rotherham matched national performance.

The data suggest that **literacy and communication are key limiting factors** for overall GLD attainment. Expected levels in writing (67.8%) and word reading (72.1%) fall below other prime and specific areas. Additionally, 22.2% of children are still at emerging levels in Communication and Language, highlighting a need for enhanced speech, language, and communication support both pre-school and during Reception.

A **gender gap** persists, with boys significantly less likely to achieve GLD than girls (56.4% vs 72.3%). Outcomes for children eligible for free school meals (47.6%) are also lower than national averages, demonstrating entrenched socio-economic inequalities in school readiness.

Children with Special Educational Needs and Disabilities (SEND)

Rotherham has a higher proportion of children with identified SEND than the national picture, with 20.4% of pupils recorded as having SEND compared to 17.1% nationally. The number of children with an Education, Health and Care Plan (EHCP) has grown by 44% in three years, rising to 3,192 children aged 0–25.

Despite these barriers take-up of early education among SEND children is strong. In the most recent term, 72% of eligible 2-year-olds with SEND took up a funded early education place, increasing to 93.3% among 3 and 4-year-olds. This suggests effective targeting of early education entitlements to support early intervention, though the increasing demand underscores the pressure on local SEND services and the need for continued investment in early identification and specialist support.- and 4-year-olds. This suggests effective targeting of early education entitlements to support early intervention, though the increasing demand underscores the pressure on local SEND services and the need for continued investment in early

Early Help and Family Hub Engagement

Engagement with Family Hubs and Children's Centres is a particular strength. Registration levels are high, with 89% of all children aged 0–5 registered, rising to 92% among those living in the 30% most deprived areas. Participation in Family Hubs and Children's Centre activities is also strong: 73% of all 0–5s and 78% of those in the most deprived neighbourhoods access services. This level of engagement provides a strong platform for early intervention and family outreach.

Early Education and Childcare Take-Up

Take-up of early education entitlements is high across all age groups, though a small but significant inequality persists. For 2-year-olds, take-up ranges from 85.7% to 96.6% across the academic year. Among 3- and 4-year-olds, universal entitlement take-up ranges from 90.6% to 97%.- - and 4-year-olds, universal entitlement take-up ranges from 90.6% to 97%.

However, children living in the most disadvantaged areas are less likely to access early education than their peers: 12.9% of disadvantaged 3- and 4-year-olds did not take up a place compared with 8.9% in more affluent areas. This disparity suggests potential barriers to access—potentially including availability, parental awareness, or practical challenges—that disproportionately affect families in deprived communities.

Reassuringly, children in care have 100% take-up of early education entitlements across both age groups, reflecting strong multi-agency processes and prioritisation.

Summary of Key Needs

Rotherham has a strong foundation in early developmental outcomes in the first years of life, high levels of engagement with Family Hubs and Children's Centres, and strong uptake of early education among most groups. However there are some important challenges to address:

- **Developmental inequalities** persist and widen between the ages of 2½ and school entry, particularly for boys, children from low-income families, and children in deprived neighbourhoods.
- **Literacy and communication** difficulties are some of the primary barriers to achieving a Good Level of Development.
- **Rising SEND demand**, including a 44% increase in EHCPs, is placing significant pressure on services.
- **Early education take-up gaps in the most disadvantaged areas,** indicating a need for targeted intervention.**-up gaps in the most disadvantaged areas,**
- **School readiness outcomes** at the end of Reception remain below national expectations despite strong early progress at age 2–2½.

Implications for the Best Start Local Plan

To address these challenges, the Best Start Local Plan will prioritise:

- Maintaining high levels of Family Hub and Children's Centre engagement while tailoring services to emerging needs.

- Enhancing early SEND identification, specialist support, and inclusive early years practice.
- Strengthening early language, literacy and communication pathways from birth to age 5.
- Targeting support to disadvantaged communities, focusing on narrowing gaps in early development and school readiness.
- Improving early education access in the most deprived areas through targeted outreach and provider capacity building.
- Strengthening the transition pathway from early years settings into school to maintain strong development trajectories.

4. Our Priorities

This section of the plan sets out our priorities and what we will do to deliver on them. Details about delivering, commissioning and funding will be included in the subsequent comprehensive action plan.

Priority 1 – Strengthening Early Communication, Language and Literacy for all children

Early communication, language and literacy lay the foundations for learning, relationships and wellbeing. In Rotherham, these areas are our most significant barriers to children reaching a Good Level of Development, with **writing (67.8%)** and **word reading (72.1%)** lower than other domains.

We will:

- Universally promote early interaction, talking, reading and play from pregnancy onwards.
- Expand targeted communication and language programmes in communities where children need the most support.
- Strengthen speech and language pathways and embed evidence-based practice across settings and schools.

Priority 2 – Increasing Access to Early Education for Disadvantaged Children

Take-up of early education is high in Rotherham overall, but too many children in our most disadvantaged neighbourhoods still miss out on the benefits of early learning. **12.9% of 3–4-year-olds** in the 30% most deprived areas did not access a funded place in Summer 2025.

We will:

- Work with settings, health visitors and Family Hubs to identify and support families not accessing early education.
- Address practical and cultural barriers to take-up.
- Promote early education as a universal opportunity to learn, play and grow.

Priority 3 – Improving the Quality of Early Years Provision, Including Reception for all children

High-quality early years provision has a powerful impact on children's outcomes and helps reduce inequalities. While many settings in Rotherham provide excellent support, GLD outcomes show that more must be done to strengthen quality and consistency across settings and into Reception.

We will:

- Partner with Stronger Practice Hubs, RISE, MATs and schools to strengthen practice.
- Embed evidence-based professional development, including communication-rich practice and early literacy approaches.
- Improve transition into Reception so all children experience continuity and stability.

Priority 4 – Identifying Needs Early and Supporting Children with SEND and Vulnerable Families

Rotherham has **higher SEND prevalence than national (20.4% vs 17.1%)**, and a **44% rise** in EHCPs over three years — one of the strongest signals that families need help earlier.

We will:

- Strengthen early identification pathways across health, early education and family support.
- Provide timely SEND support within settings and Family Hubs, reducing escalation and waiting.
- Ensure vulnerable families are identified early and connected to support through coordinated early help.

Priority 5 – Providing Joined-Up Family Support Through Rotherham's Family Hubs

Family Hubs are central to our vision. With **89% of 0–5s registered**, and even higher engagement in our most disadvantaged communities, Rotherham already has a strong platform for truly integrated family support.

We will:

- Strengthen the offer across maternity, health visiting, early help, parenting support and early learning.
- Create seamless pathways so families do not have to repeat their story.
- Make Family Hubs the trusted, visible, accessible first point of contact for parents.

Priority 6 – Tackling Inequalities Across the 0–5 System

Rotherham experiences significant inequalities in income, health and early development. **21.9% of children live in absolute low-income families**, and GLD rates for children eligible for free school meals are **47.6%**, well below those not eligible.

We will:

- Target support and investment to the communities where the barriers are greatest.
- Work across Family Hubs, settings, health and the VCS to remove inequalities in access and outcomes.
- Ensure that all actions in this plan contribute to closing the gap by 2028.

5. Engagement with Children and Families

We place children's and families' voices at the heart of the Best Start Local Plan. Their lived experiences, ideas, and feedback shape our decisions to make services inclusive, relevant, and empowering. Engagement is not a one-off activity, but a continuous process built on trust, respect, and collaboration.

We will continue to work restoratively with families, turning every interaction into an opportunity to truly understand what life is like raising babies, children, and young people in Rotherham. Through Family Hubs, community outreach, and co-production opportunities, we will create accessible and welcoming spaces for families to share their experiences, ideas, and priorities. This includes targeted efforts to reach underrepresented groups, ensuring every family feels heard and valued.

Their voices will guide and shape everything we do, ensuring that our work reflects their hopes, challenges, and aspirations. Feedback will be acted upon transparently, with clear communication about how it influences decisions. By embedding these principles into our approach, we aim to empower families as active partners in designing and improving services, leading to better

outcomes for children and stronger communities. Rotherham has already well-established mechanisms for engaging with children and families which will be maximised for the Best Start Local Plan.

6. Partnership and Governance

Proposed Governance Structure for Best Start Local Plan

- Oversight of the Best Start Local Plan will be provided by Rotherham's existing **Best Start and Beyond Steering Group**.
- The Steering Group brings together key local partners and **reports to the Health and Wellbeing Board**, aligning with Rotherham's Joint Health and Wellbeing Strategy.

- The group supports the shared aim of **giving all children and young people (up to age 25) the best possible start in life**, helping them to thrive and reach their potential.
- Membership and terms of reference will be **reviewed and updated** to ensure the right organisations are involved and children's outcomes remain the focus.
- The plan will be delivered through a **combination of existing partnerships**, supported by **newly formed subgroups and short-term task and finish groups** where needed. **-groups and short-term task and finish groups**
- One of the group's first priorities will be to develop a **detailed action plan** following publication of this high-level Best Start Local Plan.
- Progress and delivery will be **monitored and reported regularly** through the Health and Wellbeing Board.

7. Delivering this plan

Key Outcomes

We will know we have made a difference if there is an improvement in proportion of children:

- **Aged 5 years old achieving a good level of development measured by the Early Years Foundation Stage profile**
- **Aged 5 years old and eligible for free school meals achieving a good level of development measured by the Early Years Foundation Stage profile**

Lots of factors affect child development; it can take many years for impact to be seen.

Child and Family Voice

- A parent-carer panel will support us to ensure the voice of children and families influences the development and oversight of the delivery plan.
- Feedback from children and families will help us understand the impact of the delivery plan.
- Parent-carer voice will influence decision making at the Best Start and Beyond Steering Group

Data

Data can help to monitor and measure the impact of the plan. We will collect data about activity and outcomes that will support us to improve outcomes.

- Proportion of children receiving a 2-2.5-year review
- Proportion of children registered with a family hub
- **Proportion of 2-year-olds** accessing a funded place

- **Proportion of 3–4-year-olds** accessing a funded place
- **Proportion of 2-year-olds** in the 30% most deprived areas accessing a funded place
- **Proportion of 3–4-year-olds** in the 30% most deprived areas accessing a funded place
- Children reaching a Good Level of Development, with **writing**
- Children reaching a Good Level of Development **word reading**

Delivery Plan

A detailed delivery plan will be developed for each priority. Wherever possible we will work as a system (across early years, education, health services and family help).

Glossary of Acronyms – Best Start Local Plan

E

EHCP – Education, Health and Care Plan

EYFS – Early Years Foundation Stage

G

GLD – Good Level of Development

I

IMD – Index of Multiple Deprivation

M

MAT – Multi-Academy Trust

N

NHS – National Health Service

R

RISE – Regional Improvement Support in Education

S

SEND – Special Educational Needs and Disabilities

V

VCS / VCSE – Voluntary, Community and Social Enterprise

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Appendix 2

Best Start Summit

Rockingham Development Centre, Monday 1st December 2025.

Combined Notes and Actions

Compiled from workshop flipcharts and diagrams

1) Priorities / Issues

- Lack of understanding of appropriate play (parent).
- Lack of universal service for schools.
- Targeted work for people unable to access childcare.
- Integrated review (better information sharing between services).
- Cross match Family Hub access against IMD; how to strengthen ASQ – ELIM – possibly bring in? – could be targeted.
- Universal OPS plan to EYFS model.
- EYFS training for workforce (what/what anyone delivering stay/play).
- Strengthening transition – relationships between FS/ISF – roll out consistent; information sharing – B23 transition document.
- Additional tracked check between 3+4 (possibly with support).
- Evidence-based interventions – establishing evidence.
- Sharing good practice – Early Years conference.
- Child Development Document (Early Years).
- Non-traded service for Early Years + English.
- Involvement of English Hub + Maths Hub.
- Training links to DfE webinars linked to assessment.
- Informed assessment of need for FSM.
- Targeted voluntary sector delivery for targeted groups.
- Use intelligence to decide where to target work.
- Targeting grandparents.
- SEND support for settings + schools; enhanced transition for SEND.
- Wider awareness of child development.
- Team to project manage GLD; DfE to release GLD baseline.
- How to engage parents/carers and raise awareness of GLD and EYFS in general; themes within schools to target GLDs.

2) What could we do? (Key actions)

- Secure attachment; multi-agency working; intelligence.
- Reduce wait for speech & language or train staff in settings to increase knowledge to develop.

- Unified transition documents.
- Target schools with high levels of deprivation with Early Years training.
- Better risk indicators.
- Raise awareness of toxic screening.

3) What could we do? (By age/stage)

Ages 3–5:

- Target risk model; better risk indicators; toxic trio (domestic abuse, substance misuse, mental health).
- Parental mental health; parental substance misuse; domestic abuse; poverty.
- Parental engagement; speech & language; parental capacity; parental learning difficulties; SEND; complex needs.
- Early help; family support; universal services; targeted services.
- Workforce development; training; multi-agency working; intelligence sharing.

Ages 4–5:

- Improve attendance from 1–2 years; address low attendance early on.
- Referrals.

Age 1:

- Keep up momentum; annual conference; training; workforce development; multi-agency working; intelligence sharing.

4) Universal Offer & Connected Services (diagram + details)

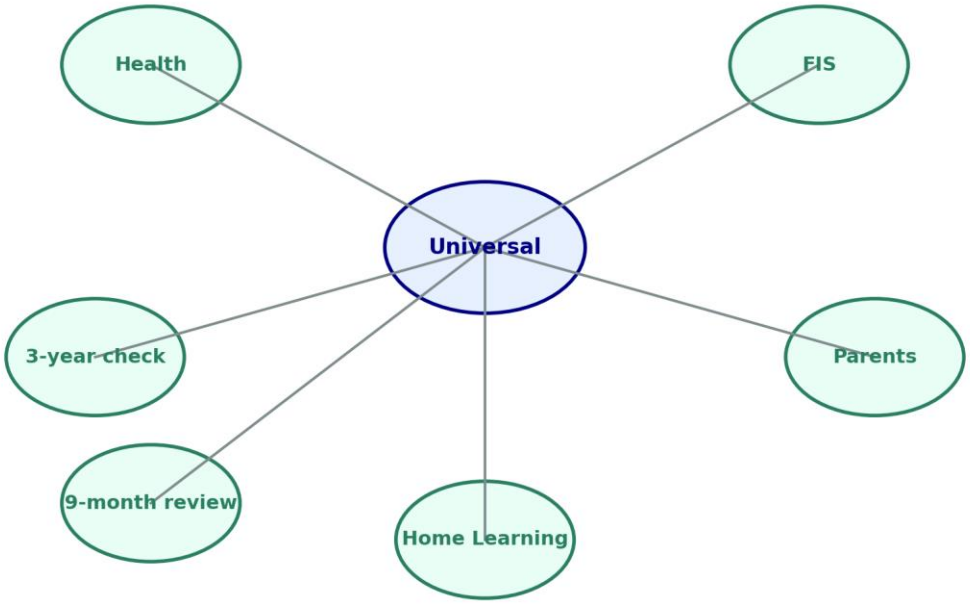


Figure: Universal offer mind map (Health, FIS, Parents, Home Learning, 3-year check, 9-month review).

Health

- 4–5
- SGH speech pathway
- 3-year check
- 9-month review – health visit

FIS (Family Information Service)

- Activities for families
- Recruitment
- Regular updates
- SEND

Parents

- Parenting offer
- CLIC
- Call into Family Hub → EYFS

- Contact details

Home Learning

- Try activities
- Parental engagement
- Home learning environment
- Workforce training
- Doorstep teaching
- Enrichment opportunities

3-year check

- Health visit

9-month review

- Health

Early Years Conference

- 1 week
- F/F
- 100+ children March 24
- outside speakers

Bespoke Visits

- into schools

Proactively seek out maintained schools

ROSIS – meetings held regularly

- EYFS information meetings ×2
  - best practice yearly
  - sharing messages
- Moderation Meetings
  - Feb / June
  - focused areas (writing) provide input
- Early Reading & Writing visits
- Training
  - curriculum / assessment

    - new EYFS training
- Workshops targeting parents

Writing has been targeted for over last 2 years

- Children are frightened of making mistakes

Grimm & Co.

- offer parental support, work directly with families
    - community services/groups (EID party)
    - Family hub, perinatal care led by volunteer
    - links to PCF –barriers, parent, carers, fathers
    - cultural stories / creativity
    - communication, speech & language advice
    - have impact measures & data, evaluate everything (links to Sheffield Hallam)

Hard to reach parents – Grimm doesn't look school-like
→ Going out to settings & communities to overcome barriers to access

What could we do differently?

- Measuring impact on teacher confidence *(e.g., from ROSIS support)*
- Celebrating is part of ROSIS work
- Tailored support, based on self-generated checklist
- What will DfE guidance look like?
- GLD will return to Ofsted → will this lead to "teaching to the assessment?"
- Grimm is already targeting need
- Vol sector consortium sees the issues as they arise?
- Working directly with families and with practitioners → importance of attending school and EY

Post-COVID trend towards more stay-at-home relationship with children.
→ Overcome fear of settings and socialisation, with positive feedback in child social development.

It's OK to be bored (without a device as a stand-in parent).

Life skills – being “world ready” or “life ready”
→ how to make it fun.

Grimm & Co sets the template for a family-friendly place.

Social cultural literacies – get this to parents earlier – without it being like someone is watching or assessing.

Focus on parental mental health. Given its impact on children.

Summary:

Ambition/ Vision

Every child in Rotherham reaches a Good Level of Development (GLD) by end of Reception, supported by strong parental engagement, high-quality early years practice, timely support for SLCN and SEND, and seamless transitions.

Primary Outcomes (by July 2027):

Increase GLD by +6–8 percentage points in the borough, with faster improvement for IMD deciles 1–3.

Reduce the gap between disadvantaged/FSM and non-FSM by ≥2 percentage points.

Improve attendance patterns in Nursery and Reception (especially for those with prior low attendance at age 1–2).

Earlier identification and support for SLCN and SEND (measured by time-to-intervention and children's progress).

Parental engagement uplift: ≥25% increase in families accessing home learning support/Family Hub activities in most deprived wards.

Workforce confidence and capability increased (EYFS practice, assessment, SLCN, SEND) — evidenced by pre/post training and moderation indicators.

Guiding Principles

Whole-system approach: Universal → Targeted → Specialist.

Evidence-informed: Adopt/strengthen interventions with data on impact; evaluate new offers.

Data-led targeting: Use IMD, EYFSP, ASQ, health checks, attendance, referrals to focus support.

Integrated pathways: Health, education, voluntary sector aligned through shared tools and common language.

Parent-first design: Accessible, non-judgemental, culturally sensitive, and playful — 'world ready' not device dependent.

Consistent transitions: Unified documents and expectations B23 → Nursery → Reception → Year 1.

Workstreams & Leads:

Universal Offer & Home Learning – Family Hubs/FIS + ROSIS

Targeted SLCN & Early Help – Health (SGH) + Early Help

Transitions & Assessment – ROSIS + Schools + Health

Workforce Development & QA – ROSIS + Hubs

Data, Intelligence & Risk Model – Performance & BI + partners

SEND & Inclusion Pathways – SEND Service + Settings/Schools + Health
Parental Engagement & Comms – Family Hubs + Grimm & Co + Voluntary sector consortium

Strategic Workstreams & Key Actions

A) Universal Offer & Connected Services
Publish Universal OPS plan mapped to EYFS model via FIS.
Launch Home Learning Environment (HLE) campaign with Grimm & Co.
Integrate parenting offer (CLIC) into Family Hubs.
Proactive maintained schools outreach and ROSIS moderation meetings.
Cross-match Family Hub access to IMD and expand outreach.
B) Targeted SLCN & Early Help
Reduce waits for speech & language; train setting staff.
Select and evaluate evidence-based interventions.
Target grandparents and carers for engagement.
Raise awareness of toxic trio and integrate risk indicators.
C) Transitions & Assessment
Implement unified transition documents.
Add tracked check at 3–4 years.
Adopt DfE GLD baseline when released.
Strengthen information sharing and integrated review flow.

Appendix 3

Best Start and Beyond

A framework for ensuring the best start to life for all Rotherham children and young people, from pre-conception through to becoming an adult.

Best Start and Beyond Framework Overview

Our Vision

All children and young people get the best start in life and go on to achieve their potential.

'Best Start and Beyond' is a framework which seeks to meet one of the key aims of Rotherham's Health and Wellbeing Strategy, which is to improve the life chances of children and young people, by addressing inequalities, narrowing the gap in attainment and improving outcomes for all children and young people, with a strong focus on health and wellbeing in the early years to ensure all Rotherham children and young people can fulfil their potential in later life.

Why is it necessary?

The purpose of the framework

The principal reason for developing this framework is to enable an overview of work delivered by public agencies (including those in the voluntary sector) that influence the health and wellbeing of children, young people and families (CYP&F). This will be through the impact those agencies can have on the circumstances in which children, young people and families live, learn, work and play, or through provision of services that have a more direct relationship to their health and wellbeing.

The framework is designed as a tool to describe direct or indirect influences, using priority 'lenses' for how we wish important health and wellbeing outcomes to be pursued. Whilst it is not therefore a delivery plan, it does provide a way to identify opportunities across the whole system, e.g., in terms of commissioning and service delivery. In order to accelerate achieving the vision that every child gets the best start to life and is able to reach their potential, and that no child is held back in ways that are unfair.

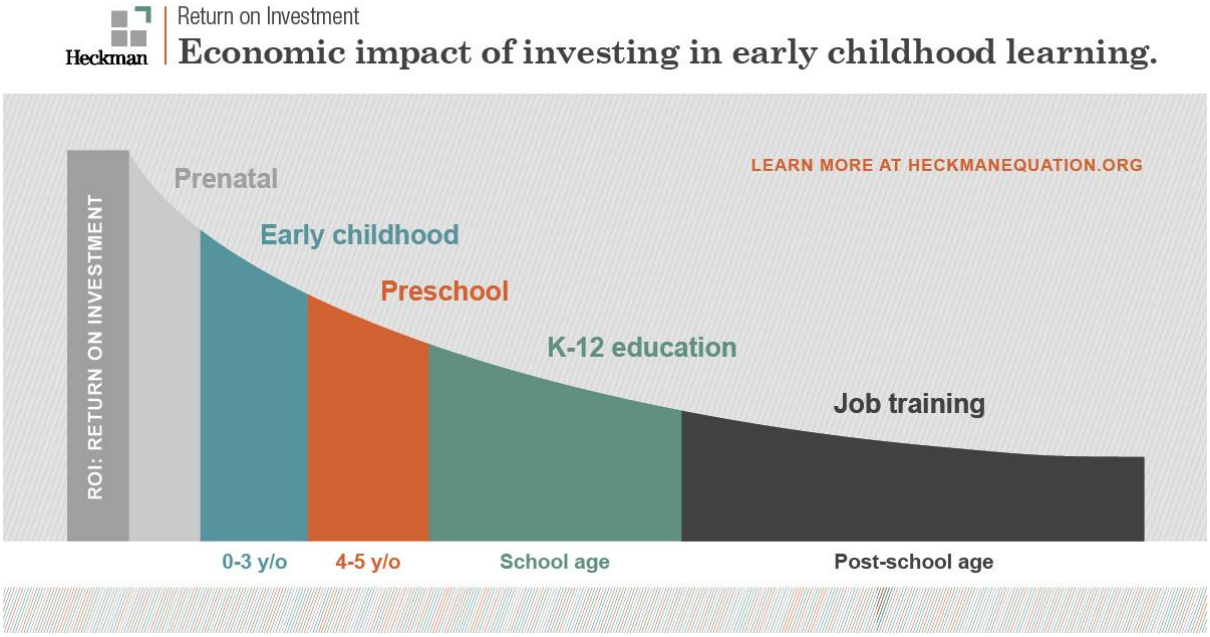
The Best Start and Beyond Framework adopts a population-level health and wellbeing focus, based on addressing wider determinants, primary prevention and universal health services. It is intended to be complementary to the Early Help Strategy.

Rotherham is currently (September 2022) preparing to commit to the DHSC's Family Hub and Start for Life programme, with direct oversight provided by the Early Help Steering Group. As its delivery plan is developed and related task and finish groups are established, priorities identified through the Best Start and Beyond framework should seek to coordinate with that work. As part of the family hubs programme, publication of a 'Start for Life' offer is expected by April 2023, which should set out the services and support available to families during the critical 1001 days. This framework and its steering group will provide a key mechanism to ensure that that offer is a comprehensive, needs-based, partnership-owned offer, and one that can be continuously improved.

Optimising the benefits of early investment

The Heckman Curve famously describes the theoretical economic case for investments early in the life course, which are expected to provide significantly higher rates of return compared to investments targeted at adults.

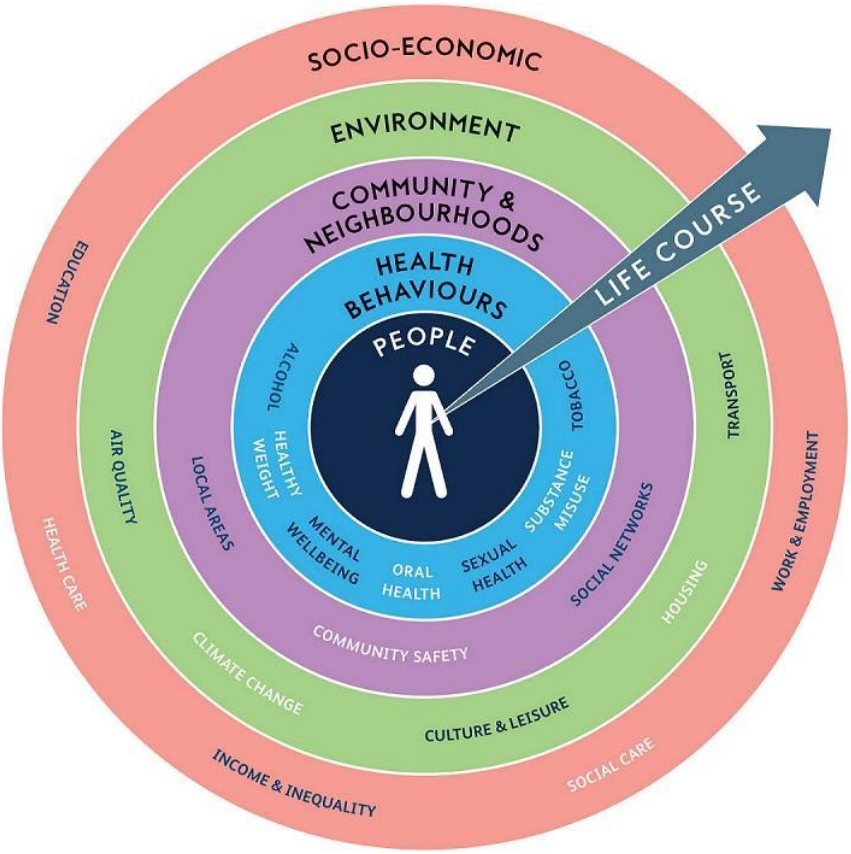
With respect to health outcomes, the body of evidence is growing to support theories of foetal and early childhood origins of adult disease. In acknowledgement of this, a recent government-commissioned report has made recommendations for optimising the impact of support to the critically important first 1001 days of each human life (the period between conception and age two), and recent additional funding announcements by The Chancellor of the Exchequer appear to be responding directly to some of these recommendations.



Addressing the wider determinants

Public health takes the viewpoint that health is a product of where we live, learn, work and play and that the more we are able to address these wider determinants of individuals' and communities' health and well-being, the greater the net benefit, when compared with addressing problems at the individual level.

The wider determinants include socio-economic factors, housing, social networks and education as well as the commercial determinants of health – a phrase designed to encapsulate a conflict of interest in some parts of private sector activity where profit maximisation may be dependent on promoting products and behaviours that are detrimental to health. Within this discourse, poverty is quite often overlooked but should be considered a key social determinant of child health, and an important context for understanding and responding to families' needs and experiences.



Wider determinants of health through the life course. Source: Rotherham JSNA

During the course of a child's life from conception through to transition to adulthood, the importance of the range wider socio-economic and environmental determinants and exposures on the child's health and wellbeing will change.

From before conception and through pregnancy, social disadvantage experienced by women is likely to increase the risk of poorer maternal outcomes. The individual risk factors that such disadvantage might lead to include existing health problems (mental and physical), misuse of substances prior to or during pregnancy, a low level of education, being poorly nourished or in poor quality housing, and having unsupportive or even abusive partners.

Socio-economic determinants can have an important influence on the early phase of a child's life in the way that it affects parental income, parenting styles, housing quality, the extent to which the home and family environment is a nurturing one, the quantity and quality of stimulation and interaction within the home learning environment, exposures to environmental toxins both indoors and outdoors, and the quality of nutrition.

As a child ages, so other determinants beyond the home environment increase in importance, such as social and community networks, influences of peers, education, culture and leisure influences, the quality of the local built and natural environment.

Health and care services and other public sector services can exert some influence over these determinants but have limited power in respect of socio-economic determinants. Ironically, the sphere of influence of public/voluntary sector services

tends to increase as a child ages, whereas a greater potential benefit might result from improving the conditions that affect a child earlier in life.

The best way for the health and care system to respond is to draw on the concept of ‘proportionate universalism’ - making services universally available but delivering them at a scale and intensity that is proportionate to the degree of need.

There is growing evidence that wide-reaching strategies to provide support at a population level result in fewer children and families in need of more intensive services. Such an approach has the additional benefit of avoiding stigmatisation of people in receipt of those services.

Prevention and early help/early intervention

In public health the word prevention is often categorised into three types of prevention: primary, secondary and tertiary. Within a strategy to give children the best start in life, prevention offers the greatest return in the long term, and primary prevention is the ideal. Secondary prevention is more targeted prevention, and effectively refers to identifying and responding to risks or emergent problems at the earliest possible opportunity.

‘Early help’ and ‘early intervention’ are terms that are often used interchangeably to describe a range of services, programmes or interventions to help children and families resolve problems before they become more difficult to reverse or require more interventionist support. In this respect early help can be seen as a form of secondary prevention.

Sometimes the default understanding of early help or early intervention is as a risk-based individual-level form of protection. However, it is the wider conditions of people’s lives (those wider determinants that include their homes, their financial resources, education and employment, access to services, etc.) that have the biggest impact on their health and wellbeing.

Our early help and wider system of support provided through public policies, investment and service provision needs to adopt an holistic approach, informed by evidence on preventative public health.

The diagram below depicts the Early Help system in its widest possible sense, showing 3 types of support service around the family – community support, universal services, and acute and targeted support. Those described as universal are effectively universally available, but some will require agency on the part of the family to receive the service.

Early Help System. Source: Early Help System Guide, DfE and DLUHC

Life course

Physical and cognitive growth occur rapidly during the early stages of life, and there are key stages in utero, in infancy, and in later childhood/adolescence when such changes accelerate.

In addition, there are particular transitional moments in the life of a child relating to growing independence from their parents, and greater participation in wider society that mean that the context for the influence of wider determinants of health and for the provision of services go through step changes.

In the light of this, it makes sense to organise this Best Start and Beyond framework, and in particular the priority issues of concern, the outcomes that are sought, and the consideration of access to services and the interplay between them into key life-course stages.

The framework will adopt four key phases:

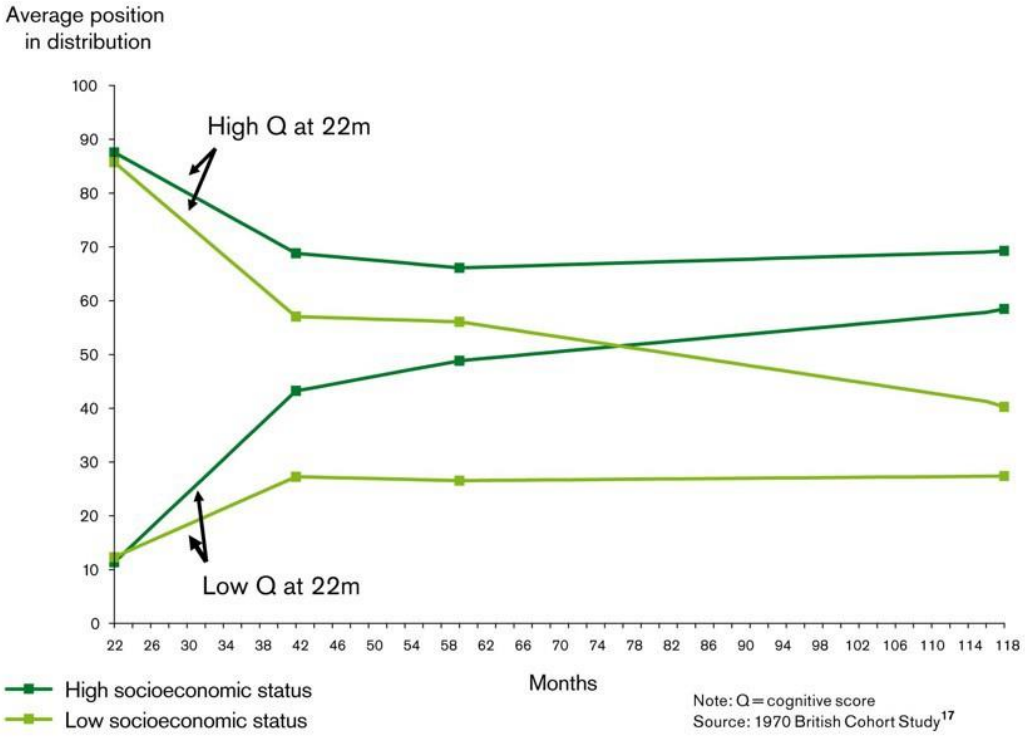
1. The first 1001 Days (from conception to 2 years, but also including consideration of pre-conception phase)
2. The early pre-school years of life
3. The school years – primary and secondary
4. The transition to adulthood

Inequality

The wider determinants of health matter because they drive unequal outcomes. In particular, inequalities in the way income and wealth are distributed through the

population tend to be reflected in inequalities in exposures to all the wider determinants, and this in turn leads to most health outcomes following a social gradient.

The extent to which these unequal effects are also unfair is well illustrated by the graph below, which shows how a child's low socioeconomic status drags down early high cognitive scores, whereas high socioeconomic status can pull up low early scores.



Childhood inequality and cognitive development at 22 months and 10 years

Source: Marmot Review (2010). Fair Society, healthy lives. Review of health inequalities in England post-2010

Very often we measure outcomes by looking at averages across a whole population. This inevitably risks overlooking the way the outcome is distributed within the population, and the gradient of the slope.

Reducing inequality in health and related outcomes should be seen as a key aim of this framework, and one that is more important than simply improving the average.

Co-production

A key principle is that families and communities are likely to have the best knowledge and assets to respond to local challenges, and that such knowledge should be brought to bear on the design of services and support networks that are better distributed and avoid stigmatising interventions. Families and relationships within them are hugely important to the health and wellbeing of a child, and we will

seek to work with the whole family and to understand those relationships in seeking the best outcomes for the child/young person.

The Rotherham Charter

Also referred to as The Four Cornerstones, the Rotherham Charter is a set of principles and a way of working that was developed to enable better parental involvement in ensuring better outcomes for Rotherham children and young people with special educational needs.

It is now recognised that these principles should be equally reflected in relationships with all the children and young people of Rotherham, and their parents and carers, as a way to underpin co-productive processes.

How we will effect change

Principles

A set of principles is set out that are designed to ensure that actions are guided and coordinated in ways that fit with a public health approach, encapsulating the key ideas of prevention, equality, co-production and working from evidence. These principles also largely coincide with principles agreed within the Prevention and Health Inequalities Strategy, and so ensure some consistency of approach across the system. They are set out below.

- Embedding proportionate universalism by delivering interventions at a scale and intensity that is proportionate to the degree of need.
- Adopting a whole pathway approach, considering opportunities for primary, secondary and tertiary prevention.

- Drawing from research, data and intelligence to develop evidence-based interventions.
- Working with local people and involving them in decisions about their health and care.
- Taking a compassionate approach to health promotion.
- Making every contact count to maximise opportunities for prevention.
- Advocating for prevention within the wider system, including work to tackle the 'causes of the causes.'
- Challenging clinical variation to raise the bar of the management of risk factors and chronic conditions across all communities.
- Acting at the earliest possible stage to prevent and reduce the burden of ill-health.
- Raising the average performance for a health and wellbeing outcome is seen as of secondary importance to reducing the slope of its social gradient.

Priority Lenses

Five themes have been identified that provide a focus for how actions under this framework will achieve outcomes in the best possible way that take account of current key priorities. These can be thought of as 'lenses' through which to view existing or proposed actions, rather than as outcomes to be pursued per se. Ideally all planned related activity should be considered under these priority lenses to ensure that change is effected in an optimal way

The five lenses are:

1) **Poverty** – poverty is a key determinant of health, and particularly at a time when the cost of living is rising rapidly, actions that build resilience, individual strengths and skills, and community assets are essential to enable health benefits to be equally accessible to all, especially those whose family income is below the poverty line.
2) **A compassionate approach** – obesity is increasingly spoken of as having the attributes of an epidemic, but at the same time the predominant policy response remains to seek change purely through individual choice. The compassionate approach adopts the view that the paradigm now needs to change, and seeks to acknowledge that obesity is largely a product of wider (especially commercial determinants), and that individuals should not be stigmatised for their weight (and that this only produces worse outcomes). Whilst its starting point is in relation to weight, in reality it applies to most health outcomes that are socially determined.
3) **Parental health** – it is well established that the health of the child is strongly influenced by parental health. In particular, when seeking that every child get the best possible start to life, a focus on the health of the parents when planning a family and during pregnancy and immediately after birth has the potential to deliver lifelong benefits.
4) **Transitions** – the life-course experience of a child, from conception through to adulthood does not follow a smooth path with respect to physical, mental and emotional development, and there are some key moments of transition.

These present moments both of opportunity and jeopardy for every child and should be a key focus of services and support efforts.

5) **Mental health** – it is now well understood that mental health is generally underrepresented within the organised efforts of society to promote health and wellbeing. Within this context, parental mental health, especially in the perinatal phase, as well as the mental health of the child should be understood to be inextricably linked to all other health and wellbeing outcomes, and that this can be a two-way relationship – poor outcomes or adverse events can drive poor mental health and vice versa.

The life-course stages

An overall high level outcome and key contributing impacts are set out for each of four stages of the child's journey from pre-conception to transition to adulthood. 1001 Days remains the stage that has the greatest capacity for long-term benefit, if everything is done to ensure that every child gets the best possible start and is not disadvantaged by the circumstances and conditions into which they are born.

Against each life stage a broad overall outcome is described that clearly contributes to the vision that every child has the best start to life and is able to fulfil their potential. Enabling outcomes are also set out. They are not deliverables of the framework itself, but are expected to be being delivered within the system, as key contributors to the vision. Where opportunities are identified within the system to improve the way these outcomes are realised, the steering group may take a view that some specific improvement work (e.g. through a task and finish group) would be beneficial.

1001 Days (Conception to 2nd Birthday)

Overall outcome: Every child has the best start to life

Key enabling outcomes:

- Pregnancies are planned and well prepared for
- A compassionate approach to weight is used to support parents during and between pregnancies
- Harms of smoking, alcohol and other substances during and after pregnancy are reduced
- Perinatal mental health is robust (and partners are considered)
- Infant feeding is an informed and supported choice
- Breastfeeding initiation is supported and length of exclusive breastfeeding is supported to reach recommended levels
- Continuity of care from midwifery to health visiting is optimised

Early years

Overall outcome: All children are ready to start school at age 5

Key enabling outcomes:

- A compassionate approach to weight is adopted that influences the home environment and within EY settings
- We take shared responsibility for building a culture where early years education is valued across all communities.
- All eligible children are enabled to take up their early education entitlement.
- Parents are seen as educators
- Children achieve a good level of development at age 5

School age (including children not attending school)

Overall outcome: All children and young people are able to reach their potential.

Key enabling outcomes:

- Education settings adopt a whole school approach to child health
- The health of children not attending school has parity of esteem
- Good sleep habits are promoted
- Good child emotional and mental wellbeing is promoted and supported
- All children and young people have access to and good attendance at the most appropriate educational setting
- Resilience and agency is built by ensuring young people can benefit from having places to go and things to do

Transition to Adulthood

Overall outcome: Every child ready to live as independently as is within their capacity

Key contributing outcomes/impacts:

- All young people have agency and resilience for a successful transition to adulthood, and support is available when needed.
- Young people benefit from a person-centred understanding of need and choice of support/opportunity

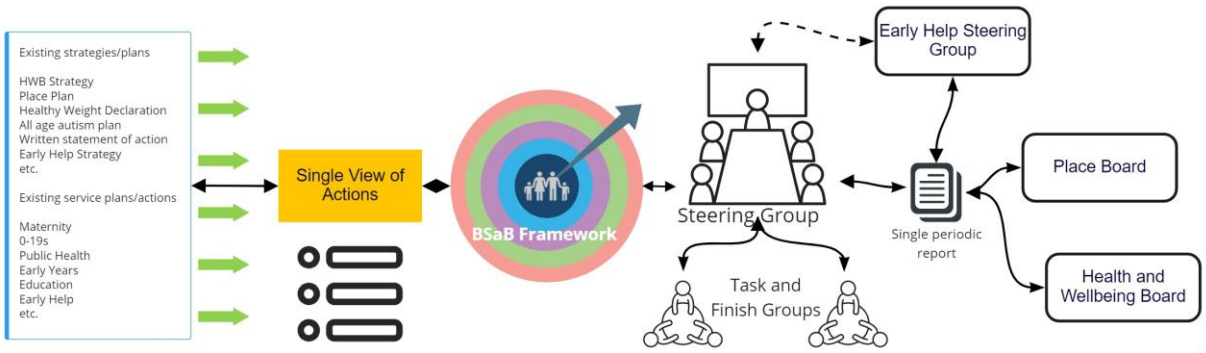
An aggregated action plan

The framework does not contain an action plan per se, but sets up a means of assessing current actions across different parts of the system, in order to achieve an overview of how likely the system is to enable every child to have the best start in life and to go on to achieve their potential. In this respect, the wider determinants and the priority lenses provide the means of such a mapping exercise. It is envisaged that a steering group will consider the outcome of such an exercise, and identify gaps in our efforts and/or opportunities to add value to existing efforts, e.g. by making links between different agencies to work in a more joined up way.

The appended diagram describes how the process is envisaged to take place.

Appendix.

Best Start and Beyond Framework – operation within expected governance, action planning and progress reporting arrangements



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Appendix 4

PART A - Initial Equality Screening Assessment

1. Title	
Title: Best Start Plan 2026 - 2029	
Directorate: Children and Young People's Services	**Service area:** Commissioning, Quality and Performance
Lead person: Helen Sweaton	**Contact number:** 07554436546

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 DfE issued targets for Local Authorities (LAs) to improve Good Level of Development (GLD) as part of its "Best Start in Life" strategy, aiming for 75% of 5-year-olds nationally to reach GLD by 2028 issuing new data tools and funding to guide local planning and intervention.

This report provides an overview of current activity across Rotherham to improve early years outcomes, tackling inequalities, and ensure all children, especially disadvantaged ones, get a strong foundation for school, contributing to the Council's wider ambition that children and young people achieve.

The report outlines the key activity undertaken in developing the new Best Start Plan, including a comprehensive needs analysis, engagement and consultation.

The report seeks approval of the Best Start Plan and outlines the timeline for implementation to achieve the ambitions identified.

3. Relevance to equality and diversity

The Best Start plan will support children in Rotherham and their families to improve early years outcomes. Tackling inequalities, to ensure all children, especially disadvantaged ones, get a strong foundation for school, contributing to the Council's wider ambition that children and young people achieve.

The target for the general population across Rotherham is to improve Good Level of Development (GLD) by 2028 for at least 73.3% of 5-year-olds, however this must include at least 56.6% of 5-year-olds eligible for Free School Meals (FSM).

Research highlights that certain groups are disproportionately vulnerable due to underlying inequalities. These inequalities increase the likelihood of not achieving outcomes..

This plan reflects Rotherham's commitment to unite efforts across the Borough to enhance early years experiences and create a more equitable future for all.

Priorities

- Strengthening early communication, language and literacy for all children
- Increasing early education access for disadvantaged children
- Improving the quality of early years provision, including Reception for all children
- Identifying needs early and supporting children with SEND and vulnerable families
- Providing joined-up family support through our Family Hubs
- Tackling inequalities across the 0–5 system

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

Equality and human rights are considered within the strategy. Part A Equalities Screening is attached as appendix 2.

How have you considered equality and diversity?

Rotherham has 14, 893 children aged 0-4 according to the 2023 mid-year population estimate.

In Rotherham 29.1% of pupils are eligible for FSM, this compares to an average of 24.6% across England Authorities. 23.5% of pupils have either a statutory plan for Special Educational Need or Disability (SEND), known as an Education Health Care Plan (EHCP), or are receiving SEND support (previously known as school action and school action plus). This compares to an average of 19.6% across all England Authorities.

In the 2023/ 24 academic year 64.3% of Rotherham 5-year-olds met the expectation for a Good Level of Development (GLD). In the 2024/25 academic year Rotherham's GLD rate was 65.0%. This is slightly below National (68.3%), Yorkshire & Humber (66.3%), and Statistical Neighbours (66.4%).

Despite strengths, 35% of children are not achieving GLD — a significant proportion needing targeted support. To meet the local target of 73.3%, Rotherham needs an increase of 8.3 percentage points within three years from the current 65.0%.

Key findings

Rotherham has a strong foundation in early developmental outcomes in the first years of life, high levels of engagement with Family Hubs and Children's Centres, and strong uptake of early education among most groups. Nonetheless, several critical challenges remain:

- Developmental inequalities persist and widen between the ages of 2½ and school entry, particularly for boys, children from low-income families, and children in deprived neighbourhoods.
- Literacy and communication difficulties are some of the primary barriers to achieving a Good Level of Development.
- Rising SEND demand, including a 44% increase in EHCPs, is placing significant pressure on services.
- Early education takes up gaps in the most disadvantaged areas, indicating a need for targeted intervention.
- School readiness outcomes at the end of Reception remain below national expectations despite strong early progress at age 2–2½.

Implications for the Best Start Local Plan

- To address these challenges, the Best Start Local Plan will prioritise:
- Maintaining high levels of Family Hub and Children's Centre engagement while tailoring services to emerging needs.
- Enhancing early SEND identification, specialist support, and inclusive early years practice.
- Strengthening early language, literacy and communication pathways from birth to age 5.
- Targeting support to disadvantaged communities, focusing on narrowing gaps in early development and school readiness.
- Improving early education access in the most deprived areas through targeted outreach and provider capacity building.
- Strengthening the transition pathway from early years settings into school to maintain strong development trajectories.

Rotherham Council's ambition for a family-friendly Borough, where all children and young people achieve, ensures child-focused strategies create a golden thread aligning high level goals with practical, community-based support focused on early intervention and integrated partnership working.

The Rotherham Council Plan (2025–2030) includes the establishment of Best Start Family Hubs creating a network of main and satellite Family Hubs to provide a single point of access to advice and support. Expansion of Early Education to create capacity to meet the government's expanded 30-hour free childcare entitlement for working parents of children from 9 months to age five by September 2025 and activity to address inequality including the provision of cost-of-living support packages, auto-enrolment of eligible children for free school meals and school uniform assistance.

The Health and Wellbeing Strategy commitment to “Enable all children and young people up to age 25 to have the best start in life, maximise their capabilities and have influence and control over their lives” underpins a partnership response which starts before a child is conceived. This includes activity in community health to facilitate easier access to wellness services via the launch of the "Rotherhive" digital platform, delivery of the universal Baby Packs and targeted outreach support focusing on improving take-up of early education places in specific areas like Central Rotherham to close development gaps.

The Children and Young People’s transformation workstream under the Health and Care Place Plan was instrumental in the development of the Best Start and Beyond Framework. Key activities include the Health and Wellbeing Board’s “Supporting a Breastfeeding Borough” declaration and the development and delivery of the associated "Rotherham Backs Breastfeeding" campaign, community support and early identification of speech and language needs.

Key activities in the Early Help Strategy include the expansion of the physical and digital Family Hub Start for Life offer, including midwifery, health visiting, "Stay and Play" sessions and multi-sensory baby development classes (e.g., Bloom Baby, Toddler Sense) to promote language and emotional bonding, as well as access to evidenced-based parenting support and a range of targeted family help.

Actions

All stakeholders have an essential role to play in improving the number of children who achieve a good level of development in Rotherham, the Council and all of its partners, including the NHS, Early Years, Education, Family Help and the voluntary and community sector are already working together.

Health services provide key developmental reviews and performance in this area is high and compares positively to regional and national averages.

The Family Information Service promotes activities, SEND updates, and regular communications to strengthen family support.

Parenting initiatives are delivered via Family Hubs, complemented by home learning programs that promote parental engagement.

Community engagement is enhanced through partnerships with the voluntary sector, for example Grimm & Co, which deliver creative literacy, cultural storytelling, and parental support, alongside links to Sheffield Hallam for impact evaluation.

Professional development is embedded through the annual Early Years Conference, bespoke school visits, ROSIS-led moderation and best practice meetings, and targeted training on curriculum, assessment, and EYFS requirements.

Date to scope and plan your Equality Analysis:	03 February 2026
Date to complete your Equality Analysis:	03 February 2026

Lead person for your Equality Analysis (Include name and job title):	Helen Sweaton, Joint Service Director Commissioning, Quality and Performance

5. Governance, ownership and approval		
Please state here who has approved the actions and outcomes of the screening:		
Name	**Job title**	**Date**
Nicola Curley	Director of Children's Services	04 February 2026

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	03 February 2026
Report title and date	Best Start Plan 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	16 March 2026
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	04 February 2026

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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: Best Start Plan 2026 - 2029	
Date of Equality Analysis (EA): 04 February 2026	
Directorate: CYPS	**Service area: Commissioning, Quality & Performance**
Lead Manager: Helen Sweaton	**Contact number: 07554 436546**
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)**
Helen Sweaton	RMBC/ NHS SY	Service Director Commissioning, Performance and Quality
Kelly White	RMBC	Service Director Family Help
Niall Devlin		Service Director Education and Inclusion
Alex Hawley	RMBC	Public Health Consultant
Michael Ng	RMBC	Strategic Commissioning Manager (Public Health)

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 DfE issued targets for Local Authorities (LAs) to improve Good Level of Development (GLD) as part of its "Best Start in Life" strategy, aiming for 75% of 5-year-olds nationally to reach GLD by 2028 issuing new data tools and funding to guide local planning and intervention.

This report provides an overview of current activity across Rotherham to improve early years outcomes, tackling inequalities, and ensure all children, especially disadvantaged ones, get a strong foundation for school, contributing to the Council's wider ambition that children and young people achieve.

The report outlines the key activity undertaken in developing the new Best Start Plan, including a comprehensive needs analysis, engagement and consultation.

The report seeks approval of the Best Start Plan and outlines the timeline for implementation to achieve the ambitions identified.

Priorities

The Best Start plan will support children in Rotherham and their families to improve early years outcomes. Tackling inequalities, to ensure all children, especially disadvantaged ones, get a strong foundation for school, contributing to the Council's wider ambition that children and young people achieve.

The target for the general population across Rotherham is to improve Good Level of Development (GLD) by 2028 for at least 73.3% of 5-year-olds, however this must include at least 56.6% of 5-year-olds eligible for Free School Meals (FSM).

Research highlights that certain groups are disproportionately vulnerable due to underlying inequalities. These inequalities increase the likelihood of not achieving outcomes.

This plan reflects Rotherham's commitment to unite efforts across the Borough to enhance early years experiences and create a more equitable future for all.

Priorities

- Strengthening early communication, language and literacy for all children
- Increasing early education access for disadvantaged children
- Improving the quality of early years provision, including Reception for all children
- Identifying needs early and supporting children with SEND and vulnerable families
- Providing joined-up family support through our Family Hubs
- Tackling inequalities across the 0–5 system

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

- 90.7% children received their mandated health review at 2-2.5 years
- 88.2% of children meet developmental expectations at their mandated health review at 2-2.5 years
- 29.1% of Rotherham pupils were eligible for free school meals
- 23.5% of pupils have either a statutory plan for Special Educational Need or Disability (SEND), known as an Education Health Care Plan (EHCP), or are receiving SEND support (previously known as school action and school action plus).
- 64.3% of children achieved a good level of development, however this reduced to 47.6% for children eligible for free school meals.
- 67.8% of children achieve expected levels in writing and 72.1% achieve expected levels in word reading.
- 22.2% of children remain at emerging levels in Communication and Language.
- A gender gap persists, with boys significantly less likely to achieve GLD than girls (56.4% vs 72.3%).
- 39% of male children eligible for free school meals achieved a good level of development
- Rotherham has a higher proportion of children with identified SEND than the national average, with 20.4% of pupils recorded as having SEND, compared with 17.1% nationally.

- In the most recent term, 72% of eligible 2-year-olds with SEND took up a funded early education place, increasing to 93.3% among 3 and 4-year-olds.

- 89% of children aged 0–5 registered with a family hub, rising to 92% in the 30% most deprived areas.

- 73% of all 0–5s and 78% of those in the most deprived neighbourhoods access children centre services.

- 85.7% to 96.6% (across the academic year) of 2-year-olds, take-up an early education place. 90.6% to 97% 3 - and 4-year-olds take-up their universal entitlement to early education. However 12.9% of disadvantaged 3 and 4-year-olds did not take up a place compared with 8.9% in more affluent areas. 100% of children in care take-up early education entitlements. Take-up of early education has a positive impact on outcomes for children.

- Around 3,900 people (a rate of 3.3%) aged 16 and over in Rotherham were unemployed in the year ending December 2023. This has decreased compared with the year ending December 2022 (4.0%) and is better when compared to 3.4% across Yorkshire and The Humber.

- Data on the rate of children who have been referred to social care (per 10,000 children in each area) and are on a child protection plan shows a continued safe and steady decline. Low child protection rates are good. Rotherham has seen a reduction from a peak in 2017 of 114.3 to 70 at the end of March 2023.

- Healthy life expectancy at birth, 2018-2020, in Rotherham is 58.7 years for a male, 56.5 years for a female, significantly lower than the England average of 63.1 and 63.9 respectively.

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

Ethnicity data is limited and offers no themes from trend analysis however this could be considered in more detail particularly when multiple inequalities are present.

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

Progress against the delivery plan and review of objectives will be undertaken regularly by the Best Start and Beyond Steering Group and overseen annually by Rotherham Health and Wellbeing Board.

Engagement undertaken with customers. (date and group(s) consulted and key findings)	On the 1st December 2025 a Summit led by Rotherham Council brought together multi-agency partners, aiming to foster collaborative discussion and actionable strategies for improving early years development outcomes. Presentations provided a comprehensive needs analysis with a range of quantitative and qualitative information, including feedback from children and families, delivered by Children and Young People's Services, Early Years Education and 0-19 Public Health. Participants engaged in two workshops: the first focusing on current practices and the second on generating ideas for doing things differently. The summit concluded by agreeing the appropriate next steps, informing the development of the Best Start Plan. The Summit captured examples of current activity evidencing delivery of a comprehensive early year's support system through integrated health checks, family engagement, robust multi-agency delivery including a vibrant voluntary and community sector and workforce development. Collectively, these actions aim to improve school readiness, reduce inequalities, and foster strong home learning environments. This engagement informed the development of the Best Start Plan.
Engagement undertaken with staff (date and group(s)consulted and key findings)	A number of RMBC staff were involved in the Summit referenced above.

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 Best Start Plan describes how partners will work together to ensure continued progress towards the achievement of the DfE issued target to improve Good Level of Development (GLD) so that 73% of 5-year-olds across Rotherham reach GLD by 2028. The plan targets all children not achieving a good level of development, specifically aiming to improve take up of universal health and development reviews, promote universal activities, SEND updates and communications to strengthen communication and literacy, reading and writing, and increase the take up of early education.

The plan acknowledges that some children face deeper inequalities, such as those who are male and those living in areas of higher deprivation.

Protected characteristics, including disability, sex, race, age, religion, and sexual orientation, are carefully considered to ensure fair access to services and opportunities.

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?

Based on the analysis of local need; the following priorities are identified:

1. Strengthening early communication, language and literacy for all children
   We know that communication and language are the biggest drivers of school readiness. Improving early speech, language and literacy is central to our ambition to increase the proportion of children achieving a Good Level of Development.

2. Increasing early education access for disadvantaged children

While many families take up funded early education places, too many children in our most disadvantaged communities still miss out – including 12.9% of 3–4-year-olds in IMD 30% areas. Closing this gap is essential to closing our GLD gap.

3. Improving the quality of early years provision, including Reception for all children

The first years of education shape life chances. We will work with providers, childminders, schools, Stronger Practice Hubs and RISE to improve practice, strengthen transitions and raise outcomes for all children.

4. Identifying needs early and supporting children with SEND and vulnerable families

With SEND prevalence above national levels and rising EHCP demand, we must act earlier and more collaboratively to ensure children get the right help at the right time – reducing escalation and improving long-term outcomes.

5. Providing joined-up family support through our Family Hubs

Rotherham's Family Hubs network is already strong. Through these hubs we will offer integrated health, early help, childcare and community support so families experience a seamless pathway from pregnancy to school age.

6. Tackling inequalities across the 0–5 system We are determined to narrow the gaps linked to deprivation, SEND, health inequalities and access to opportunity. Our actions will target the communities who need us most, helping to level the playing field and improve the life chances of every child.
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 plan will ensure that the service continues to work with the specific specified groups identified through the Protected Characteristics and does not differentiate between different groups.

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: Best Start Plan 2026 - 2029
Directorate and service area: CYPS
Lead Manager: Helen Sweaton - Service Director, Commissioning, Quality and Performance
Summary of findings:
The Best Start Plan places a strong emphasis on equality and inclusivity, ensuring that its aims and outcomes serve diverse communities and groups, especially those most affected by systemic inequalities. The plan is committed to supporting more children to achieve a good level of development at age five years. 1. Primary Beneficiaries: ○ Children and Families: The strategy targets children not achieving a good level of development at age 5 (35.7%), their parents/ carers and communities and the people who work with them across the education, health, care and voluntary sectors. 2. Groups Identified by Protected Characteristics: ○ The plan acknowledges that some children are less likely to achieve a good level of development due to their characteristics such as males (43.6% not achieving) and those eligible for free school meals (52.4% not achieving) and males eligible for free school meals (61% not achieving). ○ Other protected characteristics, including disability, race, religion, and sexual orientation, are carefully considered to ensure fair access to services and opportunities.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Cabinet paper approval	As Above	**15 February 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
Nicola Curley	Strategic Director, CYPS	04 February 2026
Cllr Victoria Cusworth	Lead Member, CYPS	

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	03 February 2026
Report title and date	Best Start Plan
Date report sent for publication	
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	04 February 2026

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Appendix 6 – Carbon Impact Assessment – Cabinet Report, Best Start Plan 2026 - 2029

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 Rotherham 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?	No change	Emissions will remain at similar levels to current across the borough. Any proposed new services would be considered individually.	Emissions overall will remain at similar levels	Any adaptations to deliver new interventions across the borough will be completed to current building code and overseen by asset management service.	This will be dependent upon the new delivery/ commissioned activity.
Emissions from transport?	Minimal change	If staff are required to travel as a consequence of new interventions/ service delivery there may be some variations to current emissions from transport.	If families/ partnership staff are required to travel as a consequence of improved access to information/ services there may be some variations to current emissions from transport.	Mitigating measures are encouraged e.g. use of public transport, cycling, car share etc By delivering services in localities families have to travel less to access them.	This will be dependent upon the new delivery/ commissioned activity.
Emissions from waste, or the quantity of waste itself?	No change	There will be no change in the overall amount of waste generated	Waste levels across the borough will remain at similar levels to present.	Most organisations have a waste management process	This will be dependent upon the new delivery/ commissioned activity.
Emissions from housing and domestic buildings?	N/A	N/A	N/A	N/A	N/A
Emissions from construction and/or development?	N/A	N/A	N/A	N/A	N/A
Carbon capture (e.g. through trees)?	N/A	N/A	N/A	N/A	N/A

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

The plan articulates Rotherham's ambition and commitment to improving the number of children who achieve a good level of development at aged 5.
The plan will ensure that leisure and culture, health, education, early years, family help and voluntary and community services work together to Strengthening early communication, language and literacy for all children, increasing early education access for disadvantaged children, Improving the quality of early years provision, including Reception for all children, identifying needs early and supporting children with SEND and vulnerable families, Providing joined-up family support through our Family Hubs and Tackling inequalities across the 0–5 system.

Please provide a summary of all impacts and mitigation/monitoring measures:

The delivery of the Best Start Plan has no direct carbon impact for monitoring purposes.

Supporting information:	
Completed by: **(Name, title, and service area/directorate).**	Helen Sweaton Joint Service Director, Commissioning, performance and quality.
Please outline any research, data, or information used to complete this [form].	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
Tracking [to be completed by Policy Support / Climate Champions]	

Rotherham Metropolitan Borough Council

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 16 March 2026

Report Title
South Yorkshire Regional Adoption Agency (SYRRA)

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

Executive Director Approving Submission of the Report
Nicola Curley, Executive Director of Children and Young People's Services

Report Author(s)
Stuart Williams, Service Director, Children's Social Care
Stuart.williams@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary

In January 2021 Rotherham partnered with Barnsley, Doncaster, and Sheffield children's social care departments to create One Adoption South Yorkshire (OASY) as their Regional Adoption Agency. The arrangement was agreed for 5 years and has progressed since this date. The partnership agreement was scheduled to end in December 2025; however, the four local authority Directors of Children's Services agreed to an extension through to April 2026 as a review had just been completed making recommendations relating to the operating model and the associated funding formula.

Recommendations

That Cabinet approve a further 5-year partnership arrangement with Barnsley, Doncaster, and Sheffield to deliver adoption services as part of a Regional Adoption Agency (OASY).

List of Appendices Included

Appendix 1 - Part A – Initial Equality Screening Assessment.
Appendix 2 - Climate Impact Assessment

Background Papers
None

Consideration by any other Council Committee, Scrutiny or Advisory Panel
No

Council Approval Required
No

Exempt from the Press and Public
No

South Yorkshire Regional Adoption Agency (SYRRA)

1. Background

1.1 In June 2015, the Department for Education (DfE) reported that local authorities should be working towards Regional Adoption Agency (RAA) models by 2020. There was an expectation that local authorities would begin planning, developing, and working with partners to shape their RAA. The DfE's commitment to this approach was such that the Education and Adoption Act 2016 gave power to the government to direct a local authority to enter into a RAA (or a partnership with a Voluntary Adoption Agency) if they deemed that there was insufficient evidence of engagement in the process.

1.2 The Government vision behind the regionalisation of Adoption Services was to accelerate the pace of change to ensure those children, for whom adoption is the right path, were given the best chance of finding a loving, permanent family as quickly as possible. The DfE provided start-up funding to support local authorities to take forward their proposals.

1.3 One Adoption South Yorkshire was the 30th Regional Adoption Agency created in England and is a partnership model RAA. It brings together the Adoption Services from the four local councils of South Yorkshire - Barnsley Metropolitan Borough Council, City of Doncaster Council, Rotherham Metropolitan Borough Council and Sheffield City Council.

1.4 Doncaster is the 'host' agency but in a partnership model, practitioners do not all move to the host agency either through secondment or TUPE but remain employed by their existing employer. Doncaster hosts a small team of central 'hub' staff who operate across the whole service.

1.5 The RAA has delivered adoption services for the four local authorities for some years now and the recent review by Ofsted during the Rotherham 2025 ILACS (Inspection of Local Authority Children's Services) inspection noted that: *The strong working relationship between the local authority and the regional adoption agency helps to ensure that the needs of local children with a plan of adoption are met. There is a clear recruitment strategy in place to increase the number of adopters approved by the agency. The assessment, training and support of adopters is robust. High-quality preparation training supports prospective adopters to fully understand the varied needs of children who need adoptive families and prepares them well for a child joining their family.*

1.6 The operating model, and associated funding formula for the Regional Adoption Agency was the subject of an independent review in Autumn 2025 commissioned by the Regional Adoption Agency's Strategic Board. This review presented recommendations to the board around an updating of the model, recognising that demand has changed over the last five years in relation to this area of social work practice. This required greater flexibility in relation to use of staff as demand changed in terms of recruitment and post adoption support. As part of the review, it was also established that the funding formula whereby the four LAs contribute to the RAA needed to be updated. An

update will result in a saving for RMBC. All these recommendations were accepted by the Strategic Board in principle.

1.7 The performance of One Adoption South Yorkshire has been comparable with other Regional Adoption Agencies. There has been a reduction in the number of children being placed for adoption alongside an increase in the number of families accessing support for adopted children (post-order support). There are several reasons for this and locally this is supported by an improved Early Help offer as well as a stronger focus on children remaining in their wider family as part of the broader Kinship agenda. The data supports the position above. In 2023, 21 children were placed for adoption with 20 being placed in 2025.

1.8 Despite the reduction in children being placed for adoption, there are regional and national challenges regarding adopter sufficiency. This has meant that there have been challenges, on occasion, in relation to placing children as swiftly as would be hoped. Despite the challenges, the Regional Adoption Agency continues to perform better than the England average. The changes noted in this report are likely to improve output and performance of the Regional Adoption Agency, and it is likely that the increased efficiency of the service and the ability to pivot based on trends in demand will improve access to services for both children waiting to be adopted as well as those seeking to adopt.

2. Key Issues

2.1 There is a continued need for Rotherham Metropolitan Borough Council to deliver adoption services. This is a statutory obligation and ensures that children with a care plan for adoption can secure legal permanence through an adoption process when no longer considered safe or in their best interest to remain with their parents or wider family network.

2.2 The partnership arrangements to date have been a broad success. There has been development since their inception and some of the challenges experienced have been addressed more recently following a review of the operating model by an external consultant.

2.3 The proposed revised delivery model will see an increase in flexibility within the RAA enabling more efficient service delivery. This will also address the reduction in adopter approval activity that we have seen in recent years alongside the increase in the need for post order support services. These are the services that are offered to families who have adopted a child and require support in the years that follow. This is a national trend, and the local area reflects the general downward trend in permanent homes being provided via adoption.

2.4 The continued partnership arrangement will see a move towards a thematic model of working aligning the service under 3 workstreams (Adoption Support, Recruitment and Assessment and Family Finding) rather than four Local Authority adoption services operating within a RAA almost independently of each other. It also builds in capacity for a *Keeping-in-Touch* team within adoption support (a known growth area) and the potential for a recruitment and

assessment front door team. Keeping in Touch (KIT) in adoption refers to agreed, often voluntary, arrangements allowing adopted children to maintain relationships with birth relatives or significant people, supporting their identity and emotional wellbeing. This model will generate the additional capacity by moving resource from the family finding team (where work has been reducing) to the other workstreams. It also generates flexibility to manage short term absence and crucially to deliver a consistently high standard of service across the South Yorkshire Region.

2.5 The associated cost reduction for RMBC is based on a revision of the funding formula of the RAA. This is based primarily on the reduction in the number of children Rotherham are placing for adoption. There are a variety of reasons for this including a comprehensive and robust Family Help offer, the enhancements in the use of Family Network Activity and an improved Kinship offer leading to more children and young people remaining at home with their parents or wider network. The reduction in costs has been absorbed in the alternative delivery model meaning a redistribution in Service Manager capacity and management of inter-agency budgets. The inter-agency budget is the fund used when the RAA purchase adoptive placements from other RAAs or may income generate from selling placements to other agencies. It is not considered that there will be an impact on service delivery and there are no risks in relation to redundancy based on these proposals.

2.6 The implementation plan aims to move to this model of delivery in April 2026.

2.7 There is ongoing engagement with staff regarding the model of service delivery. The changes will be minimal in terms of expected output other than they will work across the South Yorkshire sub region rather than just the one local authority area as they predominantly do in the current model.

3. Options considered and recommended proposal

3.1 Operating outside of a Regional Adoption Agency is not considered a viable delivery option as this is a requirement of the Department for Education; as such this option has not been considered.

3.2 Not continuing to deliver services as part of One Adoption South Yorkshire is an option; however, this would require Rotherham partnering with an alternative Regional Adoption Agency or partnering with a Voluntary Adoption Agency. There is no identified benefit of this model at this current time that would suggest it should be explored in more detail.

3.3 Engaging in a continued partnership as the council have since January 2021, with the revised operating model and the reduction in associated costs with a revised funding formula, is the preferred option. This will ensure consistency of service delivery for staff, adopters and children and young people. This will ensure RMBC operate adoption services as required, that have also been externally verified and validated as effective, with a reduced associated cost. This is the recommended proposal.

4. Consultation on proposal

4.1 The Executive Director of Children and Young People's Services has consulted with regional Directors of Children's Services and there is collective agreement to this approach. She will also take over the role as chair of the Strategic Governing Board of the Regional Adoption Agency for the next 24 months.

4.2 Staff engagement is underway in relation to the alternative delivery model; however, there are no significant changes to roles for any staff concerned.

5. Timetable and Accountability for Implementing this Decision

5.1 The partnership agreement, subject to the approval of Cabinet, will be endorsed.

5.2 An implementation plan was presented to the Strategic Board on 15th January. The agreement will commence from 1st April 2026 and continue until 31st March 2031.

6. Financial and Procurement Advice and Implications

6.1 The One Adoption South Yorkshire (the Regional Adoption Agency) was established on 1 January 2021 under a Section 101 agreement between the four South Yorkshire local authorities. The current agreement expires on 31 March 2026. In preparation for this, work has commenced to develop a revised agreement and extend the regional arrangement for a further five years. This work is being informed by the findings of an independent review.

6.2 The proposed financial and funding arrangements for the Agency under the revised Agreement remain largely unchanged. However, a review of the funding model has resulted in a reduction to Rotherham's funding contribution of £117k. This cost reduction has been incorporated within the Budget and MTFS. The table below sets out the agreed funding contributions from all four South Yorkshire local authorities for 2026/27, which is the first year of the new Agreement:

	SCC	**BMBC**	**RMBC**	**DCC**	**Total**
	£'000	**£'000**	**£'000**	**£'000**	**£'000**
Baseline contributions	1,817	1,090	1,384	1,305	**5,596**
Pay & contract inflation	24	20	26	19	**91**
Funding model changes	-	-	-117	-	**- 117**
Proposed funding (26/27)	**1,841**	**1,111**	**1,293**	**1,325**	**5,570**

6.3 Under the proposed financial arrangements, local authority funding contributions will be subject to annual uplifts to reflect pay and contract inflation. Financial risks and in-year pressures will be managed by the Agency. Any year-end overspends will be met collectively by the four local authorities, apportioned in line with their respective budget contributions. In-year

pressures will be managed by the Agency. Any year-end overspends will be met collectively by the four local authorities, apportioned in line with their respective budget contributions

6.4 There are no direct procurement implications associated with the recommendations detailed in this report.

7. Legal Advice and Implications

7.1 Local authorities in England are mandated under the Adoption and Children Act 2002 to maintain a comprehensive adoption service, including recruiting adopters, assessing needs, placing children, and providing adoption support services. They must offer counselling, information, and financial support (if eligible) to adoptive families and birth families.

7.2 In June 2015, the Department for Education set out proposals to move to regional adoption agencies in its paper 'Regionalising Adoption'. The paper sought to kick start a move to regional adoption agencies on a voluntary basis.

7.3 The Education and Adoption Act 2016 put the move to regional adoption agencies on a statutory footing. Section 3ZA of the Adoption and Children Act 2002 (as amended by the Education and Adoption Act 2016) empowers the Secretary of State to direct one or more local authorities in England to make arrangements for any or all of their specified adoption functions to be carried out on their behalf by one of the local authorities named or by another adoption agency.

7.4 RMBC currently operates its adoption services as part of a Regional Adoption Agency (One Adoption South Yorkshire) and has done so since 1 January 2021. The current agreement will expire on 31 March 2026. The recommended proposal at 3.3 is for this to continue and in doing so the local authority will continue to comply with its statutory duty as set out above at 7.1 and will avoid arrangements being imposed on it by the DfE.

8. Human Resources Advice and Implications

8.1 Staff within the Regional Adoption Agency continue to be employed by RMBC as this is a partnership model. There will be no changes to the roles staff are employed in; however, their scope of work will become more varied.

8.2 Staff engagement is underway in relation to the changes to the operating model.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The delivery of effective adoption services is critical for those with a care plan of adoption. Children with such a care plan require responsive services that can identify and assess prospective adopters whilst also ensuring that there is capacity to offer post-order support services for adopted children.

9.2 The current arrangements were reviewed recently by Ofsted who were complimentary of the services offered. Further to this a recent external review has made recommendations to enhance service delivery which have been accepted by the board.

9.3 The continuation of services in this format is expected to prove to be a positive for children and young people of Rotherham as well as prospective adopters who adopt Rotherham children.

10. Equalities and Human Rights Advice and Implications

10.1 The legal framework surrounding the adoption of children in England is clear and based on the principles as set out in Section 1 Children Act 1989. Furthermore, the Human Rights Act 1998 (incorporating the European Convention on Human Rights) at Article 8 gives a clear focus on an individual's right to a family life.

10.2 An effective adoption service that can progress a child's care plan of adoption will ensure compliance with these expectations. Conversely, the ineffective delivery of adoption services risks children and young people's care plans not progressing effectively and as such would be a risk to the council as corporate parents.

11. Implications for CO2 Emissions and Climate Change

11.1 There are no associated climate implications in this decision.

12. Implications for Partners

12.1 This is a positive arrangement for the region and will see the continued delivery of services from an established RAA that Rotherham have been a part of since inception.

12.2 Agencies across the wider children's partnership have well established interconnection with One Adoption South Yorkshire and as such support this approach.

13. Risks and Mitigation

13.1 There are clear associated risks in not progressing as recommended as this would see RMBC not delivering adoption services effectively.

13.2 There are clear implementation plans to ensure the seamless commencement of a new partnership agreement with established partners to deliver adoption service on behalf of the council.

14. Accountable Officers

Stuart Williams, Service Director – Children's Social Care.

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	27/02/26
Executive Director of Corporate Services (S.151 Officer)	Judith Badger	24/02/26
Service Director of Legal Services (Monitoring Officer)	Phil Horsfield	25/02/26

Report Author: Stuart Williams, Service Director, Children's Social Care
stuart.williams@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: Regional Adoption Agency	
Directorate: CYPS	**Service area:** Children's Social Care
Lead person: Stuart Williams	**Contact:** Stuart.williams@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 continued partnership agreement between Rotherham Metropolitan Borough Council and Barnsley, Doncaster and Sheffield in the delivery of adoption services through a Regional Adoption Agency.

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

The recommendation to be considered by Cabinet is that there are no changes to the delivery of services and as such there is no associated impact to those accessing services.

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?**

N/A

• **Key findings** N/A
• **Actions** N/A

Date to scope and plan your Equality Analysis:	30th January 2026.
Date to complete your Equality Analysis:	30th January 2026.
Lead person for your Equality Analysis (Include name and job title):	Stuart Williams – Service Director Children's Social Care.

5. Governance, ownership and approval

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

Name	Job title	Date
Stuart Williams	Service Director	30th January 2026.

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	30th January 2026.
Report title and date	Cabinet Report - To approve entering a regional arrangement with Barnsley, Doncaster City, and Sheffield City Council to deliver adoption services as part of a Regional Adoption Agency.
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 16th March 2026.
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	30th January 2026.

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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: The report is recommending no changes to service delivery and as such there are no associated climate implications.

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 report is recommending no changes to service delivery and as such there are no associated climate implications.

Supporting information:	
Climate Impact Assessment Author	Stuart Williams Service Director Children's Social Care Children and Young People's Services
Please outline any research, data or information used to complete this Climate Impact Assessment.	None.
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 *Before submission to Service Directors for approval, completed Climate Impact Assessments must be returned by email to climate@rotherham.gov.uk for validation by Climate Change Officers.*	Tracking Reference: CIA 597 Louise Preston Climate Change Manager

Rotherham Metropolitan Borough Council

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 16 March 2026

Report Title
Modern Slavery Transparency Statement - Annual Refresh

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

Executive Director Approving Submission of the Report
Andrew Bramidge, Executive Director of Regeneration and Environment

Report Author(s)
Steve Parry, Community Safety Officer.
01709 334565 or steve.parry@rotherham.gov.uk

Ward(s) Affected.
Borough-Wide

Report Summary
This report provides the annual update in relation to the activities of the Council and its partners in seeking to both address and prevent modern slavery and a refreshed draft Modern Slavery Transparency Statement 2026/27 for consideration and approval prior to publication. (Appendix 1).

Recommendations

That Cabinet:

1. Note the progress made to date.

2. Approve the Modern Slavery Transparency Statement 2026/27 and its publication on the Council's website.

List of Appendices Included

Appendix 1 – Draft Modern Slavery Transparency Statement 2026/27.
Appendix 2 – Modern Slavery Action Plan.
Appendix 3 – Initial Equality Screening Assessment (Part A).
Appendix 4 – Carbon Impact Assessment.

Background Papers
Modern Slavery Act 2015
Co-operative Party Modern Slavery Charter
Rotherham Metropolitan Borough Councils Transparency Statement
Cabinet Report 17th March 2025
Modern slavery | South Yorkshire Police
Report Issues - GLAA

Consideration by any other Council Committee, Scrutiny or Advisory Panel
No

Council Approval Required
No

Exempt from the Press and Public
No

Modern Slavery Transparency Statement - Annual Refresh

1. Background

1.1 At the meeting of the Council on 25 July 2018, Council resolved:

- That the Co-operative Party's Charter against Modern Slavery be adopted to ensure that the Council's practices do not support slavery.

- That the Corporate Procurement Team be trained to understand modern slavery issues through the Chartered Institute of Procurement and Supplies (CIPS) online course on Ethical Procurement and Supply.

- That contractors be required to comply fully with the Modern Slavery Act 2015, wherever it applies, with contract termination as a potential sanction for non-compliance.

- That any abnormally low-cost tenders should be challenged, to ensure that they do not rely upon the potential contractor practicing modern slavery.

- That suppliers be advised that contracted workers are free to join a Trade Union and should not be treated unfairly for belonging to one.

- That the whistleblowing system that enables staff to blow the whistle on any suspected examples of modern slavery be publicised.

- That tendered contractors be required to adopt a whistleblowing policy which enables their staff to blow the whistle on any suspected examples of modern slavery.

- That contractual spending is reviewed regularly to identify any potential issues with modern slavery.

- That suppliers be advised of any risk identified concerning modern slavery and refer them to the relevant agencies to be addressed.

- That any contractor who is identified as a cause for concern regarding modern slavery be referred for investigation via the National Crime Agency's national referral mechanism.

- That a report on the implementation of this Policy be published annually.

1.2 Following this commitment, detailed reports have been presented to Cabinet annually. These reports provide updates about the activity of the Council and its partners, in seeking to both address and prevent modern slavery. The reports include a refreshed Modern Slavery Transparency

Statement which is considered by Cabinet and, if approved, published on the Council website.

1.3 Changes to the 2026/27 Modern Slavery Transparency Statement compared to the 2025/26 statement are:

What is Modern Slavery

- The latest national picture in respect of referrals to the National Referral Mechanism compared to previous Transparency Statements.

Our Commitment

- The latest local data in respect of referrals to the National Referral Mechanism compared to previous Transparency Statements.

Our Policies

- Modern Slavery and Human Trafficking now embedded within the Council's Child Exploitation Strategy.

What we have done

- Worked with landlords, including those operating in Selective Licensing Areas, with the provision of awareness raising, spotting the signs of modern slavery information and reporting pathways.

- Worked with South Yorkshire Police Modern Slavery and Organised Immigration Crime Unit on the enhancement of reporting pathways and intelligence/information sharing processes.

- Worked with South Yorkshire Police, other South Yorkshire Local Authorities and other partners on the development of a Human Trafficking and Modern Slavery Information Sharing Agreement.

- Worked with South Yorkshire Police and partners on the development and publication of 'A Strategic and Tactical Response to Modern Slavery and Organised Immigration Crime in South Yorkshire, 2025 - 2028'.

- Delivered four bespoke Human Trafficking and Modern Slavery training courses to Council staff at the Rockingham Professional Development Centre, with more courses planned for 2026.

- Continued as a core member of the South Yorkshire Modern Slavery and Organised Immigration Crime Partnership.

2. Key Issues

2.1 Following the commitment made by the Council, a range of activities have been, and continue to be delivered within an established action plan.

2.2 Staff within the procurement team undertook the Chartered Institute of Procurement and Supply (CIPS) ethical procurement and supply training as required in the Co-operative Party's Charter for modern slavery in 2018 when the charter was adopted. The team have been undergoing a refresh of this training with all relevant staff having completed this. This training has now been programmed for renewal in every three-year period as part of the overall modern slavery training provision.

2.3 Since the previous report, supply chains relating to solar products have been identified as posing a risk of modern slavery, in particular those sourced or affiliated with Xinjiang Uyghur Autonomous Region in China where forced labour has been identified as prevalent. Given China's dominance in the solar industry, the Council has therefore undertaken additional due diligence in its recent procurements to further reduce the risk of modern slavery within its solar supply chains.

2.4 Alongside standard compliance clauses related to the Modern Slavery Act 2015 and the Co-operative Party's Charter, supply chain transparency questions are also included within the award criteria and are assessed based on project specific factors.

2.5 Research published by Crawford *et al* in 2023 in their report 'Over exposed' is used as a guide to understand better supply chain pathways when provided with bidders' supply chain mapping information.

2.6 Supplier third party accreditations, such as the Solar Stewardship Initiative and serial number tracking, are also used to reduce risk further. Multi-tier supply chain transparency is challenging, especially in supply chains as complex as solar products and national action to include supply chain transparency in grant requirements makes a positive contribution to addressing these challenges.

2.7 As the Council's net zero programme develops, ongoing discussions regionally and locally with the immediate supply chains will be required to keep abreast of new developments in this area.

2.8 Improvements to processes around Modern Slavery continue to be delivered through the raising of awareness and the provision of training, and through further developing the Council role within the multi-agency South Yorkshire Modern Slavery and Organised Immigration Crime Partnership and the Safer Rotherham Partnership (SRP) Organised and Violent Crime Board, which tackles serious and organised crime.

2.9 During 2025, four bespoke Human Trafficking and Modern Slavery training courses were delivered to Council staff at the Rockingham Professional Development Centre, with more courses to take place throughout 2026.

2.10 The courses delivered during 2025 are included in a total of 21 courses delivered to Council staff since March 2021.

2.11 Key components of all training delivered includes spotting the signs of modern slavery and human trafficking and how to report suspected cases.

2.12 As part of the Modern Slavery and Human Trafficking Training offer, discussions have taken place with South Yorkshire Police and other South Yorkshire Local Authorities at the South Yorkshire Modern Slavery and Organised Immigration Crime Partnership with the proposal that additional Council Officers receive more thorough, detailed training to enhance their role as dedicated Modern Slavery Single Point of Contact Officers (SPOCs). This will further improve knowledge and expertise across the Council in respect of the identification and response to modern slavery cases and in the provision of support to victims.

2.13 Officers have continued to develop links with local and regional partners to ensure that intelligence and information is received in the right way and appropriately acted upon, either through responsive or proactive operational activity. As a result of work with the South Yorkshire Police Modern Slavery and Organised Immigration Crime Unit, reporting pathways have been further improved with the introduction of an electronic reporting template available to partners.

2.14 Work is also progressing with South Yorkshire Police, South Yorkshire Local Authorities and wider statutory and non-statutory partners on a bespoke Modern Slavery and Human Trafficking Information Sharing Agreement which will further enhance the sharing of relevant information between partners.

2.15 Tackling Modern Slavery and Human Trafficking has been a key priority for the SRP since April 2019 when it was first included in the 2019/2022 Partnership Plan, and again in the 2022/2025 plan. It was again retained as a priority within the recently published SRP Community Safety Strategy 2025/2028 as part of the Tackling Violence, Abuse and Exploitation theme with the following objective and performance indicators:

'Improve knowledge and awareness around identifying the signs of Modern Slavery and the mechanisms for reporting'

1. *Number of referrals to the National Referral Mechanism (NRM)*
2. *Number of training and awareness raising activities*

2.16 All activity is managed through the Council's Modern Slavery Steering Group and the multi-agency Organised and Violent Crime Board with oversight by the SRP Board.

2.17 The Council continues to work closely with the South Yorkshire Police Modern Slavery and Organised Immigration Crime Unit and the Gangmasters and Labour Abuse Authority (GLAA) in respect of raising awareness with partners, stakeholders, and the public.

2.18 The National Referral Mechanism (NRM) is a framework for identifying and referring potential victims of modern slavery and ensuring they receive appropriate support. Only designated first responders can refer cases to the NRM. Local Authorities are designated 'first responder organisations' and are therefore able to refer cases to the NRM.

2.19 Between April 2022 and December 2025, a total of 161 referrals from Rotherham were made by the Council and other first responder organisations to the NRM. All referrals are reported to the Safer Rotherham Partnership Board via the Performance Management Framework.

Year	Q1	Q2	Q3	Q4	Total
2022/23	9	20	7	18	54
2023/24	15	11	12	11	49
2024/25	9	7	8	11	35
2025/26	12	7	4		23
Total	45	45	31	40	161

2.20 Support from the National Referral Mechanism (NRM) continues to be provided to potential victims of modern slavery through safe house accommodation on an outreach basis. Whilst outreach is provided to people across South Yorkshire, outreach clients will live either in council accommodation, National Asylum Support Service (NASS) accommodation, with friends, family or in their own private accommodation. In addition, support outside of the NRM structure is also provided by the Snowdrop Project who provide post NRM support in Barnsley, Rotherham and Sheffield.

3. Options considered and recommended proposal

3.1 The Council is required to produce an annual update in relation to activities associated with modern slavery. The Council is further required to update its published 'Transparency Statement' each year. The report and attached action plan discharge the requirement for an annual update on activity.

3.2 Attached at Appendix 1 is the refreshed Modern Slavery Transparency Statement 2026/27 and at Appendix 2 is the current Action Plan managed through the Council's Modern Slavery Steering Group.

3.3 No alternative options have been considered because of the clear and ongoing commitment made by the Council since 2018.

4. Consultation on proposal

4.1 Council Officers continue to work with a range of partners through the Safer Rotherham Partnership, which prioritises activity to address Modern Slavery. Direct consultation in respect of the Transparency Statement with external partners has not taken place as this is a Council specific statement.

5. Timetable and Accountability for Implementing this Decision

5.1 Following Cabinet approval, the refreshed Modern Slavery Transparency Statement will be published on the Council website.

5.2 The Head of Community Safety and Regulatory Services continues to act as the Council's lead for Modern Slavery and is accountable for the

implementation of the action plan.

6. Financial and Procurement Advice and Implications

6.1 All costs associated with the delivery of the action plan have been contained within existing approved budgets.

6.2 The Council's procurement team will continue to support service areas in their procurement activity and identify through the pre-procurement phase, potential market industries where modern slavery may be prevalent and ensure the tender and resulting contract are robust to address this issue.

7. Legal Advice and Implications

7.1 As set out in the body of this report and previous reports about this issue, the Council is required to comply with duties as set out in the Modern Slavery Act 2015, including the duty to co-operate with the Independent Anti-Slavery Commissioner (section 43), the duty as to presumption of age of victims of human trafficking where there are reasonable grounds to believe they may be under 18 (section 51), the duty to notify the Secretary of State of suspected victims of slavery or human trafficking (section 52) and the requirement to publish a transparency statement, including on the Council's website (section 54). This report and Appendices set out how the Council complies with these duties and the other requirements of the Modern Slavery Act 2015.

7.2 The Council also has a duty to consider crime and disorder implications under Section 17 of the Crime and Disorder Act 1998. As Modern Slavery has been adopted as part of the protecting vulnerable adults key priority by the Safer Rotherham Partnership, the Council, as a 'responsible authority' of the partnership, has a duty to exercise its various functions with due regard to the likely effect of the exercise of those functions on crime and disorder and a duty to do all that it reasonably can to prevent crime and disorder in its area, specifically in this case, Modern Slavery.

7.3 In approving the Modern Slavery Transparency Statement 2025/26 and publishing on the Council's website ensures that the Council is complying with its statutory duty under section 54 of the Modern Slavery Act. It is a requirement under the Act for a commercial organisation to prepare a slavery and human trafficking statement for each financial year. If the organisation has a website, it must publish the statement on the website and include a link to the statement in a prominent place on the homepage.

7.4 If an organisation fails to comply with the Section 54 duties the Secretary of State can obtain an injunction to enforce it; a failure would also leave the Council open to legal challenge such as judicial review.

8. Human Resources Advice and Implications

8.1 Human Resources supports the Council's approach to tackling modern slavery by advising on people-related risks, including safe recruitment practices, pay and employment standards, and the fair treatment of

employees. HR supports the communication of employee rights and routes for raising concerns and promotes appropriate training and awareness. These arrangements are delivered within existing policies, procedures and resources.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The recommendations link to the following Strategic Outcomes of the Council Plan 2025-2030:

- Places are thriving, safe and clean.
- Children and young people achieve.
- Residents live well.

They also link to the SRP, Rotherham Safeguarding Children Partnership and Rotherham Safeguarding Adults Board priorities of:

- Improve knowledge and awareness around identifying the signs of modern slavery and the mechanisms for reporting.
- Ensure that action to tackle and disrupt crimes relating to child criminal and sexual exploitation is effective by scrutinising the plans, actions and performance outcomes of the Rotherham Safeguarding Children Partnership, Child Exploitation Delivery Group.
- Preventing and responding to criminal and sexual exploitation, improving safety in communities, and addressing defined risks including extremism.
- Reducing the incidence of neglect through early help, consistent professional practice, and better awareness of signs, risks, and routes to support.
- Make sure that all services have appropriate systems and processes in place to support and safeguard adults effectively.

10. Equalities and Human Rights Advice and Implications

10.1 The publication of the statement itself, which is the decision within the report, does not represent any change in policy or delivery of function, but reflects work done across a range of Council services, which are subject to their own decision-making processes and therefore equality impact assessment as appropriate. Therefore, an equality analysis is not required to accompany this report as there are no direct equality implications for the refresh of the published transparency statement.

11. Implications for CO2 Emissions and Climate Change

11.1 Climate change and modern slavery are linked in a vicious circle. Even as climate change increases the likelihood of natural disasters, so people who are displaced or forced to migrate are more likely to be exploited, in the same industries which are most to blame for global CO_2 emissions.

11.2 Through robust safeguarding and supply chain assurance, the Council can mitigate the carbon as well as the human cost of modern slavery. This has special relevance to the renewable energy sector, where solar PV and

battery electric vehicle supply chains may risk sourcing materials or components which have been produced by forced labour.

11.3 A carbon impact assessment with more details and a short bibliography is included as Appendix 4.

12. Implications for Partners

12.1 Modern slavery duties stretch across both the public and private sector. Statutory and other partners are actively engaged locally, regionally, and nationally. The Council has worked over the previous year on an intelligence led basis to increase links with private industry and contractors and suppliers in relation to modern slavery.

12.2 Tackling modern slavery and human trafficking continues to be a priority for the Council and the SRP.

13. Risks and Mitigation

13.1 There are no risks directly rising from this report.

14. Accountable Officers

14.1 Sam Barstow Service Director Community Safety and Street Scene

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	27/02/26
Executive Director of Corporate Services (S.151 Officer)	Judith Badger	23/02/26
Service Director of Legal Services (Monitoring Officer)	Philip Horsfield	27/02/26

Report Author: Steve Parry, Community Safety Officer
01709 334565 – steve.parry@rotherham.gov.uk

This report is published on the Council's website.

Rotherham Metropolitan Borough Council

Modern Slavery Act 2015 Transparency Statement 2026/27

Introduction

This statement sets out the Council's actions to understand and respond to risks relating to modern slavery. The statement has been drafted in broad acknowledgment of the wide-ranging role of the Council, from front line staff regulating business or visiting homes, through to our commissioning and procurement of works, goods or services and management of contracts.

Modern slavery can take many forms and present in many ways. Our approach to this issue is embedded within our safeguarding policy and practice, and we will focus throughout the year on continuing to raise awareness through regular briefings and an increase in the number of appropriately trained staff. We will also continue to work with partners to increase the levels of intelligence and information sharing relating to modern slavery and the operational activity that results from such intelligence.

Finally, we will continue to strengthen our understanding of the risks relating to modern slavery within supply chains and continue to promote the issues with our contractors and suppliers.

This is the Council’s seventh transparency statement in relation to modern slavery and is relevant for 2026/27. An annual progress report will be published on our website, alongside a revised statement for the following year.

What is modern slavery?

Modern slavery is a term that includes any form of human trafficking, slavery, servitude or forced labour, as set out in the Modern Slavery Act 2015, and captures a whole range of types of exploitation, many of which occur together. These include, but are not limited to:

- Sexual exploitation: this includes sexual abuse, forced prostitution and the abuse of children to produce child abuse images/videos.

- Domestic servitude: this involves victims being forced to work in usually private households, performing domestic chores and childcare duties.
- Forced labour: this can happen in various industries, including construction, manufacturing, hospitality, food packaging, agriculture, maritime and beauty sector (nail bars).
- Criminal exploitation: This can be understood as the exploitation of both adults and children to commit a crime, such as theft, burglary, cannabis cultivation, drug trafficking and other similar criminal activities that are subject to penalties and imply financial gain for the trafficker.
- Human trafficking: this requires that a person arranges or facilitates the travel of another person with a view to that person being exploited. The offence can be committed even where the victim consents to the travel. This reflects the fact that a victim may be deceived by the promise of a better life or job or may be a child who is influenced to travel by an adult.
- Other forms of exploitation: human organ removal; forced begging; forced benefit fraud; forced marriage and illegal adoption.

In 2024, there were a record 19,125 referrals to the UK's National Referral Mechanism (NRM), a 13% increase from 2023. Key details show 31% (5,999) were children, 74% were male, and labour exploitation was the most common type of exploitation reported (32%). The figures highlight ongoing challenges in identifying victims of modern slavery, with UK nationals being the most referred group.

The number of referrals received in 2024 has been the highest since the National Referral Mechanism began in 2009. However, the increase in referrals does not necessarily correlate with there being more victims but could indicate that First Responders are improving at identifying potential victims.

There is no typical victim, and some do not understand they have been exploited and that they are entitled to help and support. Victims are often trafficked to a foreign country where they are unable to speak the language, have their travel and identity documents removed and are told if they try to escape, they or their families will be harmed.

Locally and across the United Kingdom, Criminal Exploitation generally and ‘County Lines’ drug trafficking, has become a prominent way in which people, particularly children, are increasingly exploited. ‘County lines’ is the practice of trafficking drugs into rural areas and smaller towns and cities, away from the major conurbations. Many factors contribute to the way in which vulnerable children and other individuals are exploited by traffickers, and it is an important factor that a child can never consent to their own exploitation. The Council is fully aware of its designation as a ‘First Responder’ organisation under the National Referral Mechanism and its responsibility to identify potential victims and refer cases to the UK Human Trafficking Centre Competent Authority of the National Referral Mechanism.

The Council also works with other agencies to identify and tackle Modern Slavery, particularly through the Safer Rotherham Partnership (SRP), which is the statutory

multi-agency Community Safety Partnership (CSP) for Rotherham, introduced by Section 6 of the Crime and Disorder Act 1998.

Our commitment

The Council recognises that it has a responsibility to take a robust approach to modern slavery and human trafficking. In addition to the Council's responsibility as an employer, it also acknowledges its duty as a Council and 'First Responder' to notify the Secretary of State of suspected victims of slavery or human trafficking as introduced by section 52 of the Modern Slavery Act 2015. To support this requirement, the Council will ensure staff are suitably trained to spot the signs and pass on relevant information for referrals.

The Council currently has processes and procedures as a part of its Safeguarding Policy in relation to modern slavery, and work will continue to further raise awareness of these processes.

Between April 2022 and November 2025, a total of 161 referrals from Rotherham were made by the Council and other first responder organisations to the NRM. All referrals are reported to the Safer Rotherham Partnership Board via the Performance Management Framework.

Year	Q1	Q2	Q3	Q4	Total
2022/23	9	20	7	18	54
2023/24	15	11	12	11	49
2024/25	9	7	8	11	35
2025/26	12	7	4		23
Total	45	45	31	40	161

The Council is committed to preventing slavery and human trafficking and to ensuring that its supply chains are free from slavery and human trafficking. This is managed by officers being made aware of the potential for modern slavery risks through awareness raising and appropriate briefings, alongside establishing robust assurance. They will consider the potential and likelihood of modern slavery and, where these are deemed to be high, they will seek to develop a clear understanding of the supplier's supply chain arrangements:

The Council's clear commitment is as follows:

- That the Co-operative Party's Charter against Modern Slavery be adopted to ensure that our practices don't support slavery.

- That the Corporate Procurement Team be trained to understand modern slavery through the Chartered Institute of Procurement and Supplies (CIPS) online course on Ethical Procurement and Supply.

- That contractors be required to comply fully with the Modern Slavery Act 2015, wherever it applies, with contract termination as a potential sanction for non-compliance.

- That any abnormally low-cost tender be challenged to ensure that they do not rely upon the potential contractor practicing modern slavery.

- That suppliers be advised that contracted workers are free to join a trade union and should not be treated unfairly for belonging to one.

- That the whistleblowing system for staff to blow the whistle on any suspected examples of modern slavery be publicised.

- That tendered contractors be required to adopt a whistleblowing policy which enables their staff to blow the whistle on any suspected examples of modern slavery.

- That contractual spending be reviewed regularly to identify any potential issues with modern slavery.

- That suppliers be advised of any risk identified concerning modern slavery and refer them to the relevant agencies to be addressed.

- That any contractor who is identified as a cause for concern regarding modern slavery be referred for investigation via the National Crime Agency's National Referral Mechanism.

- That a report on the implementation of this policy be published annually

The Council is committed to the Co-operative party Charter Against Modern Slavery, details of which can be found on the following link: Modern Slavery Charter

Our business and supply chain

Rotherham Council procures a diverse range of goods, works and services to enable the Council to deliver its public service. Procurement activity is categorised into 4 portfolio areas, and the types of services include (but not limited to):

- **People:** commissioned social care provision for vulnerable children and adults, public health, homelessness
- **Places:** waste and recycling, green spaces, maintenance of the borough's highways infrastructure, facilities management, vehicles and transport, security, housing repairs and maintenance
- **Corporate:** ICT, professional services, financial services, consultancy, training, catering, leisure
- **Capital Works:** build and civil scheme development and delivery.

In undertaking procurement activity and the assessments of suppliers, the Council utilises the mandated Selection Questionnaire from Cabinet Office. This provides criteria for assessment to reduce the risk of modern slavery and human trafficking in our supply chain.

In addition, the Council's contracts include clauses around suppliers' compliance towards legislation and best practice linked to modern slavery, including termination as a sanction for failure to comply. Contracts also include statements of expectation from the Council in that all employees are to be treated fairly, have the right to join a trade union and that the supplier must adopt a whistleblowing policy for staff to blow the whistle on any suspected cases of modern slavery.

Our policies

Modern slavery is clearly embedded within Safeguarding practice at the Council. Copies of the relevant policy relating to adults can be found on the following link: https://www.rotherham.gov.uk/downloads/file/1456/south-yorkshire-safeguarding-adults-procedures

The equivalent Policy in relation to Safeguarding children can be found on the following link:
Children from Abroad, including Victims of Modern Slavery, Trafficking and Exploitation (proceduresonline.com)

The Councils whistleblowing policy is available on the following link:
https://www.rotherham.gov.uk/downloads/download/117/whistleblowing-and-serious-misconduct-policy

The Rotherham Safeguarding Children's Partnership has agreed the Child Exploitation Strategy 2024-29: A vision for managing risk outside the home.
Leading organisations show ongoing commitment towards tackling child exploitation as new strategy is agreed — Partnership release – Rotherham Metropolitan Borough Council

The Councils Procurement Ethics Policy is available on the following link

Ethical Procurement Policy

Our governance and due diligence approach

As a public body, the Council works with various statutory and non-statutory agencies around issues of local and national concern such as modern slavery. We will ensure that we engage with our partners locally and regionally to strengthen our collective understanding of, and efforts to combat Modern Slavery in all its forms.

Internally, the Council's cross-directorate Modern Slavery Steering Group, chaired by the Head of Service, Community Safety and Regulatory Services, ensures operational delivery in line with the commitments made within this statement and further scrutiny is provided by the Safer Rotherham Partnership Board. This issue may be subject to detailed scrutiny by the Council's political leadership, at the direction of the Chair of the relevant Select Commission.

Awareness raising, and the strengthening of policies and procedures, alongside detailed training where required, will strengthen the Council's diligence in respect of modern slavery linked to the procurement of goods and services, alongside wider

contract management.

What we have done

Following the public commitment made by the Council, to achieve the standards laid out within the Co-operative party Charter against Modern Slavery, a significant amount of work has been delivered. This has included specialist training for procurement officers and the production of guidance for commissioners and contract managers.

The Council has updated and reviewed relevant policies to ensure explicit reference to modern slavery. Likewise, it's previously updated Invitation to Tender documentation in respect of requirements under the Modern Slavery Act 2015 and its Safeguarding Policy, that all suppliers and their staff delivering a contract must adhere to, which also sets out that they must have an up-to-date Modern Slavery Transparency Statement (where required by law) and that these statements are registered at https://TISCreport.org are subject of regular review.

To improve awareness and strengthen its ability to identify and respond to cases of modern slavery, the Council has maintained its commitment to having officers from across council directorates who have received specialist training to become single points of contact for modern slavery in order to improve working practices and co-ordination between the Council, the Police and the wider partnership. The development of these officers will continue, and it is planned that extra officers will receive training during 2026/27 as part of a Modern Slavery and Human Trafficking Training Plan.

Delivered four bespoke Human Trafficking and Modern Slavery training courses to Council staff at the Rockingham Professional Development Centre, with more courses planned for 2026. The courses delivered during 2025 are included in a total of 21 courses delivered to Council staff since March 2021.

Worked with Social Landlords, including the Selective Licensing Areas, with the provision of awareness raising, spot the signs of modern slavery information and reporting pathways.

Worked with South Yorkshire Police Modern Slavery and Organised Immigration Crime Unit on the enhancement of reporting pathways and intelligence/information sharing processes.

Worked with South Yorkshire Police, other South Yorkshire Local Authorities and other partners on the development of a Human Trafficking and Modern Slavery Information Sharing Agreement.

Worked with South Yorkshire Police and partners on the development and publication of 'A Strategic and Tactical Response to Modern Slavery and Organised Immigration Crime in South Yorkshire, 2025 - 2028.

Continued as a core member of the South Yorkshire Modern Slavery and Organised Immigration Crime Partnership.

Officers have continued to develop links with local and regional partners to ensure that intelligence and information is received in the right way and appropriately acted upon, either through responsive or proactive operational activity. As a result of work with the South Yorkshire Police Modern Slavery and Organised Immigration Crime Team, reporting pathways have been further improved with the introduction of an electronic reporting template available to partners.

Training and awareness raising material is available, with posters displayed around Council premises, an e-learning module available to all staff and specialist training for relevant front-line officers.

A previously established Modern Slavery Steering Group continues to oversee the Councils response to modern slavery and human trafficking and comply with the legislative requirements of the Modern Slavery Act 2015. An Action Plan has been produced to provide a clear structure for work to be carried out and this to record and monitor progress.

Tackling Modern Slavery and Human Trafficking has been a key priority for The SRP since April 2019 when it was first included in the 2019/2022 Partnership Plan, and again in the 2022/2025 plan. It was again retained as a key priority within the Safer Rotherham Partnership Community Safety Strategy 2025/2028 as part of the Tackling Violence, Abuse and Exploitation theme.

What we will do

The Council will continue to seek to increase the number of Modern Slavery referrals through the National Referral Mechanism. This is also a priority for the Safer Rotherham Partnership (statutory multi-agency Community Safety Partnership for Rotherham under the Crime & Disorder Act 1998)

The Council will continue to offer both generic and specialist training and will continue to support this with regular efforts to raise awareness both online, through social media and within its teams. The Council and its partners will also seek to raise awareness within communities, both about how to spot the signs and how and where to report.

As part of the Modern Slavery and Human Trafficking Training offer, in conjunction with South Yorkshire Police and other South Yorkshire Local Authorities, identified officers will receive more thorough, detailed training to enhance their role as dedicated Modern Slavery Single Point of Contact Officers (SPOCs). This will further improve knowledge and expertise across the Council in respect of the identification and response to modern slavery cases and in the provision of support to victims.

The Council will continue to combat modern slavery by working with partners and providing mutual support between departments and agencies.

The Council will continue to ensure that sound processes and procedures are in place to help identify and support potential victims of modern slavery, including staff who have sufficient knowledge to be able to effectively deal with reports, incidents and issues raised.

The Council will work to further improve the gathering and sharing of modern slavery intelligence and information with its partners that may help to disrupt perpetrators and assist with bringing them to justice. This will be monitored through the Council's Modern Slavery Steering Group and the wider Safer Rotherham Partnership.

The Council will continue to work with its partner agencies to map the evolving local modern slavery landscape to identify high risk industries and 'hot spots'.

The Council will continue to work with its partner agencies to review and improve how young adults at risk of experiencing modern slavery are safeguarded during the transition from children to adult services and are age assessed appropriately.

The Council will continue to support its contract managers, procurement officers and commissioning staff to develop their awareness and understanding in relation to modern slavery and human trafficking and ensure active scrutiny of tenders.

The Council will continue to monitor contractual spend through the Transparency in Supply Chains organization, (https://tiscreport.org/) and continue to work with suppliers who have not yet demonstrated compliance to encourage greater engagement with Modern Slavery issues and responses.

This statement should be read in conjunction with the Modern Slavery Act 2015 and the National Referral Mechanism.

Signed

Chief Executive

Leader of the Council

MODERN SLAVERY STEERING GROUP ACTION PLAN

Action may exceed original target date
Action progressing and on track
Action completed
Action planned but not started

1	Deliver training to front line staff across agencies	Steve Parry	Apr-25	Four Trafficking and Modern Slavery training courses were delivered in 2023-24, commissioned by the Rotherham Safeguarding Adults Board as part of their training offer. Four courses have been commissioned for delivery in 2024-2025. A session on Modern Slavery was delivered to GP's at an event at Magna on 14/11/24 A session on Modern Slavery and a session on 'Cuckooing' were delivered to professionals on 20th November and 22nd November respectfully as part of Safeguarding Awareness Week commencing 18th November 2024. Safer Rotherham Partnership social media content regularly posted to raise awareness of modern slavery. A number of new learning resources have been located in the MS Teams 'Training' folder for reference. These were obtained by members of RMBC Procurment Team. Work will progress on the devlopment of a further training programme through 2025/26, with emphasis on further training for RMBC Modern Slavery SPOC's and also the recruitment and training of new SPOC's. The training of the SPOC's has been raised at the South Yorkshire Modern Slavery and Immigration Crime meeting with regards to the potential for joint training with the other three local authorities. **January 2026** During 2025, four bespoke Human Trafficking and Modern Slavery training courses were delivered to Council staff at the Rockingham Professional Development Centre, with more courses planned for 2026. The courses delivered during 2025 are included in a total of 21 courses delivered to Council staff since March 2021. Key components of all training delivered includes spotting the signs of modern slavery and human trafficking and how to report suspected cases. Work to progress early 2026 with Adult Safeguarding to co-ordinate Modern Slavery and Human Trafficking training and delivery throughout 2026/27	**Action progressing and on track**
2	Raise awareness in respect of Modern Slavery to the public and targeted businesses such as letting agencies	Steve Parry	Apr-26	Safer Rotherham Partnership social media content is regularly posted to raise awareness of modern slavery. Further work is still needed to target communications at businesses and is being considered as part of the 2025 training programme. Contact being made with RIDO and Chamber of Commerce regarding best approach to be adopted which could also include the use of Police and GLAA media resources i.e leaflets. Modern Slavery and 'Cuckooing' awareness raising information has now been circulated to Registered Landlords and 'Selective Licensing' Landlords across the borough via RMBC Startegic Housing. Meetings with the South Yorkshire Police Modern Slavery and Organised Immigration Crime Unit has resulted in improved working practices and information sharing around private social landlords. **January 2026** Work to progress early 2026 with Adult Safeguarding to co-ordinate Modern Slavery and Human Trafficking training and delivery throughout 2026/27	**Action progressing and on track**

3	That consideration is given to widening the levels of investigation and auditing of contracts procured by the council to focus on the 'layers' of sub-contractors, including binding specifications to audit or 'dip-sample' contracts along the supply chain	Karen Middlebrook/ Steve Parry	Apr-26	As part of the overall training programme, the GLAA have agreed to deliver training to appropriate council Contract and Procurement Managers in respect of labour exploitation. Delivery style and required content has been discussed through the Modern Slavery Steering Group. Next steps in relation to auditing contracts will be monitored through the Modern Slavery Steering Group. RMBC commissioning requires contractors to have a Modern Slavery Statement that is validated by the contract manager. Safe recruitment practice (e.g. background checks) is embedded in processes. **January 2026** A refreshed RMBC Modern Slavery Transparency Statement 2026/27 is to be presented to Cabinet on 16th March 2026. Work to progress early 2026 with Adult Safeguarding to co-ordinate Modern Slavery and Human Trafficking training and delivery throughout 2026/27	**Action progressing and on track**
4	Improve and enhance the sharing of intelligence and information between partners	Steve Parry	Jun-26	**January 2026** Work is progressing with South Yorkshire Police, South Yorkshire Local Authorities and wider statutory and non-statutory partners on a bespoke Modern Slavery and Human Trafficking Information Sharing Agreement which will further enhance the sharing of relevant information between partners. A draft agreement is curently being reviewed by the Councils Information Governance Unit. An Elected Members seminar is to take place on either 17th, 18th, 19th February 2026. The subject of the seminar is around partnership intelligence sharing and will be jointly delivered by South Yorkshire Police and the Council.	**Action progressing and on track**
5	Develop a Modern Slavery and Human Trafficking Training Plan 2026/27	Steve Parry	Apr-26	Work progressing with both internal and external departments and agencies in the development of the plan.	**Action progressing and on track**

COMPLETED ACTIONS 2022-2025

No:	Action:	Lead Action Owner:	By When:	Progress Update:	Status:
1b	To elected members.	Steve Parry	Apr-24	Member Seminar took place on 21st November 2023, jointly delivered by RMBC, SY Police and Gangmasters & Labour Abuse Authority (GLAA) - Further Member Seminars will be delivered as and when required.	**Action completed**
2	That the SRP considers mapping the local modern slavery landscape to identify high risk industries and 'hot spots'	Steve Parry	Jan-25	Full data and information sharing now takes place at the county-wide meeting of the multi-agency Modern Slavery and Organised Immigration Crime meeting. This group meets bi-monthly at which analytical data and information is provided by South Yorkshire Police analysts and GLAA. and data is also provided by the analyst on request. This forum and supporting data and shared information covers high risk industries and the changing modern slavery landscape - for example, hand car washes, nail bars construction sector, care sector. The group also provides current risk and threat updates. Certain sectors and products are at high risk for modern slavery, regardless of region. Typically, these sectors are: •informal and unregulated, with poor visibility over lower tier suppliers. •reliant on a workforce to carry out jobs that are considered undesirable, hazardous or low-skilled. •Car washes, beauty sector – nail bars. Seasonal and low-paying Examples of high-risk sectors include: •industrial cleaning, meat works, hospitality, construction, manufacturing, agriculture and fishing. •The Care Sector, including the recruitment of workers from overseas. Information to inform 2025/26 training plan.	**Action completed**
3	That consideration be given to establishing an RMBC internal governance group, including representation from services who may encounter modern slavery	Emma Ellis	Jun-23	The first meeting of the Council's Modern Slavery Steering Group chaired by Head of Service, Community Safety and Regulatory Services was held on Thursday 29th June 2023. The meeting focussed on agreeing Term of Reference, including membership and frequency of meetings. The group now meets on a regular basis and reports to the Safer Rotherham Partnership Board through the Protecting Vulnerable Adults Theme Group.	**Action completed**
4	That consideration is given to how young adults at risk of experiencing modern slavery are safeguarded during the transition from children to adult services and are age assessed appropriately	Kevin Buck/Tony Morrissey	Apr-24	Discussed at CEDG and with the Evolve service who have connected with the HOS in adults. Work continues to formulate a more structured transition pathway. An Exploitation Strategy update specifically names modern slavery as a risk that requires a statutory assessment and response (in some circumstances). Lee Durrant is overseeing the training schedule. He highlighted that this is accessible via our virtual college for all children's professionals under the banner of PREVENT. The section 'Children from Abroad, including Victims of Modern Slavery, Trafficking and Exploitation' within the Rotherham Safeguarding Children Partnership Manual has been updated and now explicitly identifies modern slavery and human trafficking and presents a pathway response when the risk is identified within children's services.	**Action completed**

5	That consideration is given to developing referral pathways to ensure that modern slavery victims (both adult and child) have access to appropriate support (housing, advocacy, mental health) on a timely basis	Steve Parry	Jun-23	**October 2023 -** Local, established homelessness pathways and National Referral Mechanism (NRM) pathway already apply. These existing pathways have been communicated to all partners and included in future training development for clarity. Quality assurance mechanisms will be reviewed to ensure the pathways are effective and there are no barriers to accessing support.	**Action completed**
6	That consideration is given to re-launching the Strategic Partnership Information Sharing Group at the earliest opportunity to improve the way that agencies can share data and intelligence, including examining how IT systems can work better together	Emma Ellis/Steve Parry	Jan-24	The county-wide South Yorkshire Modern Slavery and Organised Immigration Crime meeting chaired by South Yorkshire Police has continued to meet on a regular basis. Data sharing takes place through the South Yorkshire Modern Slavery and Organised Immigration Crime, the RMBC Modern Slavery Steering Group and Safer Rotherham Partnership Protecting Vulnerable Adults and Protecting Vulnerable Children's partner groups. The steering group will continue to explore opportunities to share information and intelligence to improve outcomes.	**Action completed**
8	That consideration is given to how the Procurement Team can engage with the South Yorkshire Mayoral Combined Authority (SYMCA) supply chain advisor to improve processes, joint working, and awareness	Karen Middlebrook	Jun-23	Well established links already exist between the Councils Procurement Service manager and the SYMCA Supply Chain Advisor with regular meetings taking place between the two. The Councils Procurement Service Manager is a core member of the Councils Modern Slavery Steering Group.	**Action completed**
9	That consideration be given to allow victim advocates to make recommendations to Housing	Sandra Tolley	Jun-23	The process already in place in respect of the Council's Housing Assessment Panels does allow for third party representation and this would include the presentation of advice and recommendations by victim advocates for the panels to consider in respect of victims of modern slavery.	**Action completed**

Modern Slavery Steering Group Action Plan - Post Overview and Scrutiny Management Board 'Spotlight Review' which took place in November 2022.

No:	Action:	Lead Action Owner:	By When:	Progress Update:	Status:
COMPLETED ACTIONS 2018-2022					
	Council Actions:	**Action owner**		**Progress note:**	
	Incorporate the recommendations of the Council's Overview and Scrutiny Management Board Modern Slavery and Human Trafficking Spotlight Review (November 2022) within this action plan and agree action owners to ensure timely implementation	Emma Ellis, Head of Service, Community Safety and Regulatory Services		Recommendations received and incorporated into Modern Slavery Action Plan, as above and overseen by the Councils Modern Slavery Steering Group.	**Action completed**
	Train its corporate procurement team to understand modern slavery through the Chartered Institute of Procurement and Supply's (CIPS) online course on Ethical Procurement and Supply.	Karen Middlebrook		All relevant officers have now completed the course and passed the exam. Will seek to renew the training on an 3-yearly cycle.	**Action completed**
	Require its contractors to comply fully with the Modern Slavery Act 2015, wherever it applies, with contract termination as a potential sanction for non-compliance. (Section 54 of the Modern Slavery Act is a transparency in supply chains measure that requires businesses who a) carry on a business, or part of a business in the UK; b) supply goods and services; and c) have an annual turnover of £36million or more to produce an annual statement on the steps they are taking to prevent modern slavery in their supply chains and own organisation.)	Karen Middlebrook / Legal		For all tenders undertaken above the EU threshold, the Council is mandated to the use the Selection Questionnaire (SQ) set by Central Government. One of the sections within this SQ is compliance with the Modern Slavery Act. For these types of tender, anyone failing to comply with the Act will not be shortlisted. The Council has signed up to TISCreport.org to help track suppliers and their compliance with the Act. The use of this tool has identified some suppliers, where direct engagement is now taking place through the Contract Managers within service areas to put them in a compliant manner. Further work is required by Legal to strengthen the Council's Terms and Conditions in this regard. Processes also require development in relation to contracts that are below threshold or where they are a call off from a framework agreement. The Council is now addressing this as contracts expire. New terms and conditions are drafted by Legal Services and entered into by all parties. Now complete and in place.	**Action completed**

	Challenge any abnormally low-cost tenders to ensure they do not rely upon the potential contractor practising modern slavery. (Low cost tenders can be a sign of exploitation and should be challenged. Local Authorities can use Regulation 69 of the Public Contracts Regulations 2015 (Abnormally low tenders) which means they can require tenderers to explain the price or costs proposed in the tender.)	Karen Middlebrook / Sam Barstow	If the Council receives an abnormally low tender it would challenge this in accordance with Regulation 69 and this is detailed in the Council's tender template documentation for above threshold tenders. Working relationships within the Council have been strengthened with Procurement and Community Safety to try and tie this link. A list of high risk industries has been gathered and an understanding between the 2 teams that where an abnormally low tender is received in any of these industries, dialogue to take place to determine an agreed course of action. Further guidance has been developed.	**Action completed**
	Highlight to its suppliers that contracted workers are free to join a trade union and are not to be treated unfairly for belonging to one.	Karen Middlebrook / Sam Barstow	Transparency within supply chains is supported and positively endorsed by Trade Unions and both national and local levels. Work has been done to include a section in the Council's updated tendering document that's highlights to its suppliers that contracted workers are free to join a trade union and are not to be treated unfairly for belonging to one.	**Action completed**
	Publicise its whistle-blowing system for staff to blow the whistle on any suspected examples of modern slavery	Karen Middlebrook / Sam Barstow	The Whistleblowing policy has been updated to include explicit reference to modern slavery. The Council's whistleblowing and serious misconduct policy is publicised and available on the internet and clear reference is made within the policy to modern slavery.	**Action completed**
	Require its tendered contractors to adopt a whistle-blowing policy which enables their staff to blow the whistle on any suspected examples of modern slavery	Karen Middlebrook / Sam Barstow	Work complete to streamline standard wording around Safeguarding within the Councils template tender documentation. The safeguarding section (8) of the Council's 'Invitation to Tender' document has been updated in respect of the policies that tendering organisations have in place. This includes the requirement for a 'Whistleblowing policy that is accessible to staff and volunteers'. (Section 8.2(I)	**Action completed**
	Review its contractual spending regularly to identify any potential issues with modern slavery.	Karen Middlebrook / Sam Barstow	The Council has signed up to TISCreport.org to help track suppliers and their compliance with the Act. The Councils Modern Slavery Lead is a member of the Councils Commissioning Board and guidance has been developed for Commissioning Officers or those with relevant responsibilities.	**Action completed**

	Highlight for its suppliers any risks identified concerning modern slavery and refer them to the relevant agencies to be addressed (It's important that suppliers also have aware of what modern slavery is, what the signs are and how they can tackle)	Karen Middlebrook / Sam Barstow	The Council has made systematic contact with non-compliant companies as identified through TISC-report. In many cases companies are found to be compliant however publications are not linked or verified so work is ongoing to support suppliers Linked with the action above and follow-up with companies however this now needs further review.	**Action completed**
	Refer for investigation via the National Crime Agency's national referral mechanism any of its contractors identified as a cause for concern regarding modern slavery. (This reiterates the duty for local councils to report concerns using the national referral mechanism, and a public commitment they will do that for their own contractors too)	Sam Barstow	A system is in place to support referrals regarding companies of concern.	**Action completed**
	Report publicly on the implementation of this policy annually	Sam Barstow	A report is presented annually to Cabinet in respect of the Modern Slavery Transparency Statement.	**Action completed**
	Confirm Policy Arrangements both in relation to Childrens and Adult (To ensure that effective Policy is in place which makes clear reference to modern slavery in relation to safeguarding practice/procedure)	Vicky Schofield/Andrew Wells	Complete.	**Action completed**
	Develop an outline plan for compliance against the MS Charter requirements. (Ensure that the Procurement service is working toward compliance with the commitments made within the MS Charter)	Karen Middlebrook / Legal	Complete.	**Action completed**

	Explore available specialists training with wider Safeguarding Training	Sharon Clarke	All levels of Social Workers have had training and confirming that persons whom have “No recourse to public funds” are covered within the procedures.	**Action completed**
	Ensure basic e-learning is available to front line staff and manager	Steve Parry	E learning provided on the Directions Councils website	**Action completed**
	Ensure engagement in wider partnership activity to disrupt, prevent and address modern slavery	Steve Parry	Council in regular attendance at appropriate/relevant meetings.	**Action completed**
	Establish operational links to support response to intelligence and information (Engage with the Home Office, Gang Master Licensing Authority, SYP and Border Force to ensure that proactive operational links are in place and that Rotherham benefits from operational partnership activity)	Sam Barstow	Ongoing links established and continue through existing structures.	**Action completed**
	Develop a robust Transparency Statement on behalf of the Council	Sam Barstow	A refreshed Modern Slavery Transparency Statement is presented to Cabinet annually for approval prior to publication on the Councils website	**Action completed**
	Confirm Policy Arrangements both in relation to Children’s and Adult. (Ensure that effective Policy is in place which makes clear reference to Modern Slavery (MS) in relation to safeguarding practice/procedure)	Vicky Schofield/Andrew Wells	Complete	**Action completed**

	Develop an outline plan for compliance against the MS Charter requirements. (Ensure that the Procurement service is working toward compliance with the commitments made within the MS Charter)	Karen Middlebrook / Legal	Complete	**Action completed**
	Improve the Councils ability to identify and respond to (MS). (Working with partners, seek opportunities to enhance the expertise and ability within the Council to respond to Modern Day Slavery)	Steve Parry	The Council is a member of the South Yorkshire (MS) Partnership It also is represented on the South Yorkshire (MS) Practitioners Group and the county-wide and local Organised Crime Boards. A total of 11 Council officers have now been trained as (MS) Single Points of Contact Officers (SPOC's). This has significantly increased knowledge and expertise within the Council to identify and respond to (MS). Through work with the South Yorkshire (MS) Partnership, a detailed quarterly report is now to be presented to the Safer Rotherham Partnership Board to inform its activities in tackling (MS).	**Action completed**

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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: Modern Slavery Update and Revised Transparency Statement	
Directorate: **Regeneration & Environment**	**Service area:** **Community Safety & Regulatory Services**
Lead person: **Steve Parry**	**Contact number:** **07443 477536**
Is this a: ☐ **Strategy / Policy** ☐ **Service / Function** ☒ **Other** **If other, please specify**	

2. Please provide a brief description of what you are screening
The publication of the Transparency Statement itself, which is the decision within the report, does not represent any change in policy or delivery of function but reflects work done across a range of Council services, which are subject to their own decision-making processes and therefore equality impact assessment as appropriate. Therefore, an equality analysis is not required to accompany this report as there are no direct equality implications for the refresh of the published Transparency Statement.

Tackling modern slavery and human trafficking is a key priority for the Council and the Safer Rotherham Partnership. The potential for the exploitation of different groups is acknowledged and is monitored and managed by the multi-agency Protecting Vulnerable Adults and Children theme groups and reported to the Safer Rotherham Partnership Board.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employee's 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

The publication of the statement itself, which is the decision within the report, does not represent any change in Policy or delivery of function but reflects work done across a range of Council services, which are subject to their own decision-making processes and therefore equality impact assessment as appropriate.

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**.**	
• **How have you considered equality and diversity?**	
• **Key findings**	
• **Actions**	
Date to scope and plan your Equality Analysis:	N/A
Date to complete your Equality Analysis:	N/A
Lead person for your Equality Analysis (Include name and job title):	N/A

5. Governance, ownership and approval		
Please state here who has approved the actions and outcomes of the screening:		
Name	**Job title**	**Date**
Emma Ellis	Head of Community Safety & Regulatory Services.	05/01/2026

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	5th January 2026
Report title and date	Modern Slavery Annual Transparency Statement 2026/27

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 to be presented to Cabinet on 16th March 2026
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	5th January 2026

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:

Will the proposal affect Council services' resilience to climate change, or the capacity of people living in the Borough to adapt to climate change? Climate change and modern slavery are linked in a vicious circle. Climate change is increasing people's vulnerability to modern slavery, by making sudden disasters such as storms and floods more likely and through slower onset disasters, such as drought and salination. Human trafficking for forced labour and sexual exploitation in the wake of natural disasters is well documented, as people who are displaced or forced to migrate lose their livelihoods and social ties in their communities. Extractive industries which cause the greatest environmental harm are also the main source of demand for cheap labour in global supply chains and are linked to trafficking for sexual exploitation. People displaced by climate change are more at risk of being forced into modern slavery, in the same industries which are most to blame for global heating.

Provide a summary of all impacts and mitigation/monitoring measures: Climate change is a driver of modern slavery. In Rotherham and throughout global supply chains, exploitation has a carbon cost, which completes a vicious circle between modern slavery and climate change. By safeguarding people from modern slavery and acting to reduce exposure to modern slavery through its supply chains, the Council can mitigate the carbon as well as the human cost of exploitation.

Supporting information:	
Climate Impact Assessment Author	Steve Parry Community Safety Officer Community Safety and Street Scene Regeneration and Environment
Please outline any research, data or information used to complete this Climate Impact Assessment.	A previous impact assessment has been used to prepare this one, reference CIA 404 (Steve Parry, Modern Slavery Transparency Statement 2025). • *Climate-induced migration and modern slavery: A toolkit for policy makers*. Anti-Slavery International & International Institute for Environment and Development (2021). Available from: <https://www.iied.org/sites/default/files/pdfs/2021-09/20441G.pdf> • *From a vicious to a virtuous circle: Addressing climate change, environmental destruction and contemporary slavery*. Anti-Slavery

	International (2021). Available from: <https://www.antislavery.org/wp-content/uploads/2021/04/ASI_ViciousCycle_Report_web2.pdf> • *Respecting Rights in Renewable Energy: Addressing forced labour of Uyghurs and other Muslim and Turkic-majority peoples in the production of green technology*. Modern Slavery and Human Right Policy and Evidence Centre (2024). Available from: <https://www.antislavery.org/wp-content/uploads/2024/01/MSPEC_Uyghur_Research_Summary.pdf>
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 581 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 – 16 March 2026

Report Title
Housing Capital Programme 2026/27 – 2029/30

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

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

Report Author(s)
Lindsay Wynn, HRA Business Planning Manager
07342718601 or Lindsay.wynn@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary
This report seeks Cabinet approval for the 2026/27 – 2029/30 Housing Capital Programme. Key areas of focus include improving Council homes with continued investment in external and internal refurbishments, providing aids and adaptations, and acquiring and building new Council homes. The report summarises the investment that has taken place or is planned to take place during 2025/26, provides an outline four-year Capital Programme (2026/27 to 2029/30) and a detailed programme for 2026/27.

Total planned Housing Revenue Account (HRA) capital investment in the years 2026/27 to 2029/30 is £312.6m. This sum has been modelled and included with the 2026/27 HRA Business Plan that was approved by Council on the 14th January 2026.

Recommendations

That Cabinet:

1. Approve the four-year outline Housing Revenue Account Capital Programme 2026/27 to 2029/30 with total planned investment of £312.6m broken down into the following areas of investment:

- Improving homes and estates £198.6m
- Aids and adaptations to Council homes £13.4m
- Housing Delivery Programme £98.5m
- IT and digital transformation £2.1m

2. Approve the detailed 2026/27 Housing Revenue Account Capital Programme with total planned investment of £76.8m broken down into the following areas of investment:

    - Improving homes and estates £43.2m
    - Aids and adaptations to Council homes £3.4m
    - Housing Delivery Programme £29.8m
    - IT and digital transformation £0.4m

List of Appendices Included

Appendix 1	2026/27 to 2029/30 Housing Revenue Account Capital Programme by Area
Appendix 2	2026/27 Housing Revenue Account Capital Programme budget detail
Appendix 3	2026/27 to 2029/30 Improving Homes and Estates budget outline
Appendix 4	2026/27 to 2029/30 Aids and Adaptations to Council Homes budget outline
Appendix 5	2026/27 to 2029/30 Housing Delivery Programme budget outline
Appendix 6	Housing Revenue Account Capital Programme funding
Appendix 7	Equality analysis form
Appendix 8	Climate impact assessment

Background Papers
HRA Business Plan Rent Setting and Service Charges 2026/27
Aids and Adaptations Policy 2024
Council Homes Housing Delivery Programme Report January 2026 Update
Budget and Council Tax Report 2026/27

Consideration by any other Council Committee, Scrutiny or Advisory Panel
No

Council Approval Required
No

Exempt from the Press and Public
No

HOUSING CAPITAL PROGRAMME 2026/27 – 2029/30

1. Background

1.1 The Housing Revenue Account (HRA) Capital Programme encompasses four broad areas of investment. Section 2 of this report outlines the four areas in detail.

1.2 The scope of this report is HRA capital investment only. The Council also makes capital investments in homes via the Furnished Homes service and through Disabled Facilities Grants (DFGs) for privately owned homes. These are not funded via the HRA and are outside the scope of this report.

2026/27 HRA Business Plan

1.3 The 2026/27 HRA Business Plan was approved by Council on 14th January 2026. This report sets out the Housing Capital budget following this approval.

1.4 The HRA Business Plan is updated annually to ensure it reflects the current operating environment. The 2026/27 Business Plan continues to prioritise investment in three core areas:

- Ensuring tenants' homes are safe, decent and thermally efficient.
- Extending the benefits of Council housing to more residents by expanding the Housing Delivery Programme.
- Modernising the housing service to enhance customer experience, improve productivity and achieve full regulatory compliance.

1.5 The 2026/27 business plan builds on the additional provisions for investment in existing Council homes made in the 2025/26 HRA Business Plan, increasing average investment per unit up to £60k over the 30-year life of the plan. The plan also includes provision to continue the Housing Delivery Programme to ensure additional new homes. The Council committed to delivering 1,000 new homes by the Summer of 2027, the continuation of the Housing Delivery Programme will ensure new Council homes, over and above the original 1,000, are added to the stock, mitigating some of the impacts of Right to Buy and generating additional rental income.

Key investments made in 2025/26

1.6 As of January 2026, the 2025/26 HRA Capital Programme had an approved investment programme of £67.064m. Appendix 1 sets out the budget by investment area. The table below summarises what investment will have been delivered in 2025/26.

Table 1: Summary of HRA Capital Programme 2025/26 investments

Improving homes and estates (£35.7m)	• Refurbishment works including re-roofing and kitchen and bathroom replacements. Major roofing schemes have been delivered in Catcliffe, Dalton, East Herringthorpe Richmond Park, Thurcroft and West Melton. C.530 properties will have benefited from external works, and the Council is on track to have replaced 200 kitchens and bathrooms. • Replacement of 1,650 central heating systems. • Approximately 450 properties have benefited from additional loft insulation. • Major works have been completed in 1205 vacant properties. This involves high value work required to bring a vacant property up to a lettable standard. • Environmental improvement schemes in various locations across the borough. Works have taken place at The Croft at Catcliffe, Woodside Walk, Fitzwilliam Square, St Mary's and Ash View including work such as boundary wall improvements, path /step replacements, installation of handrails, drying area improvements, fencing and planting works.
Aids and adaptations in council homes (£3.3m)	• 596 major adaptations, such as level access showers, hard standings, and showers over baths. • 1,520 minor fixings installed, such as grab rails, key safes, and easy access steps. • 475 minor Council adaptations delivered, including external handrails and door widening.
Delivering new council homes (£27.6m)	In December 2025 the programme reached the significant milestone of the 750th new home delivered over the life of the programme. A total of 81 new homes have been added to RMBC's stock in 2025/26 (to the end of Q3), with the target of 100 new homes by the end of the financial year. The 81 new homes to date are made up of: • 14 Council new build homes delivered in West Melton and Swinton. These are a mixture of apartments, houses and bungalows to meet the diverse needs of the Housing Register. • 67 homes have been acquired, 33 new homes through section 106 and 34 existing homes through market sale.

2. Key Issues

2.1 This report seeks Cabinet approval for a 4-year Capital Programme covering the years 2026/27 to 2029/30. The table at Appendix 1 sets out the proposed programme, which is split into four areas:

(a) Improving Council homes and estates
(b) Providing aids and adaptations
(c) Delivering new Council homes (Housing Delivery Programme)
(d) Investing in IT to support digital transformation

(a) Improving Council homes and estates

2.2 Investing in existing assets and maintaining them to the Decent Homes standard continues to be the highest priority for the Council. The 2026/27 HRA Business Plan increased investment up to an average of £60k per unit, totalling £1.3bn over the 30-year plan period. The additional funding will be used to ensure that the Council, as a social landlord, continues to meet and/or exceed the regulatory requirements of ensuring tenants' live in safe, warm and decent homes. Over the next 4 years this will result in investment of £198.6m in existing Council homes. This means increased spend on:

- External elements (roofs, facias, soffits, guttering),
- Internal elements (e.g. bathrooms and kitchens),
- Measures to ensure all properties meet Energy Performance Certificate (EPC) Band C by 2030,
- The estate and environmental improvements programme,
- Budget allocations made in later years (2028/29 onwards) for investment in the district heating network.

2.3 Capital investment in existing stock will positively impact Council tenants' quality of life, financial stability, and housing security:

- **Improved living conditions** - An on-going Capital Programme ensures properties are well maintained and meet the Decent Homes standard. This investment will include modernisation of kitchens and bathrooms, structural repairs and replacing outdated heating systems. This investment will ensure the Council continues to reduce the number of properties that do not meet the Decent Homes standard.

- **Energy efficiency and thermal comfort** - Investing in better insulation and renewable energy systems can significantly reduce the energy costs for tenants', which in turn enables them to better manage household budgets and reduce their environmental footprint.

- **Health and wellbeing** - A well-maintained home will prevent issues such as damp, mould and poor ventilation. These can cause or aggravate health issues. Investing in aids and adaptations ensures accessibility, independence, and improved quality of life.

2.4 A proposed breakdown of the capital investment for 2026/27 to 2029/30 can be found at Appendix 3. This is based on current stock information held. The breakdown will be adjusted over the course of 2026/27 in line with ongoing work to conduct stock condition surveys, develop a decarbonisation plan and develop a Housing Asset Management Plan.

Stock condition surveys

2.5 At the end of December 2025, 93.62% of Council homes in Rotherham met the Decent Homes Standard. The Council has a stock condition database that helps inform the 30-year business plan and the four-year capital investment programme. A programme of stock condition surveys began in the Summer of 2025 and, to date, 21% of properties have been surveyed in the last 5 years. Surveys will continue in 2026/27 and 2027/28. All properties should have been surveyed by March 2028 and, from this point, properties will continue to be surveyed annually on a rolling 20% sample basis, ensuring the stock condition database remains up to date. As sufficient levels of survey data become available, investment plans will be updated and prioritised.

Decarbonisation plan

2.6 In 2025/26 the Council secured £8.8m of Warm Homes grant funding, which is the Government's main funding for supporting the upgrading of existing social housing with energy efficient and low carbon improvements ensuring properties are warmer, cheaper to run and more environmentally friendly. The £8.8m of grant will be supplemented by £9.6m of HRA funding to deliver a Warm Homes scheme of £18.4m. The Warm Homes scheme will bring c. 1,000 properties up to EPC Band C. Works commenced in 2025/26 and will complete in 2028/29.

2.7 Additional capital investment of £41m has been earmarked in the Business Plan (£38.9m of this falls within this report period of 2026/27 to 2029/30) to ensure the remaining 9,300 properties meet EPC Band C by 2030.

Gearing up for delivery

2.8 As well as increasing investment, the Council is aiming to move towards a more proactive, intelligence-led investment programme and to work with the supply chain to ensure planned improvements are delivered on time and to budget. A review is underway into the structure and resources within the Council's Housing Property Service to ensure the Council is geared up to deliver. This work will be concluded during 2026, ensuring that the service is prepared to deliver the additional investment during the following three years.

Detailed programme for 2026/27

2.9 The detailed 2026/27 programme can be found at Appendix 2. The programme budget for 2026/27 is £43.2m. The programme includes £17.5m for continued delivery of phased refurbishment works. External refurbishment works includes renewing roofs, guttering and facias, balcony structural and

resurfacing works, and windows and doors. External works will take place across the borough including, in Kimberworth Park, The Lanes, East Herringthorpe and Brampton Swinton Fitzwilliam will benefit from replacement windows and doors to 224 properties. The programme also includes internal refurbishment works for c.200 kitchens or bathrooms. The programme includes £2m for larger planned repairs. For example, repairs to paths, paving and boundary walls, plastering and pointing.

2.10 The programme also includes £7.7m for major refurbishments to properties that become empty and are due to be re-let to a new tenant. This budget has increased significantly in recent years, driven by factors such as the need to replace outdated kitchens and bathrooms, damp-proofing works, and rewiring. There is an upward trend of empty properties requiring increasing levels of investment, specifically around cleaning and clearance of previous tenant's belongings in order to make it lettable for the next tenant.

2.11 £5.3m is earmarked for mechanical and electrical works, which includes electrical rewires and c. 1,800 replacement boilers.

2.12 In addition to this, £6.3million will be invested in improving c.425 properties with cavity wall and loft insulation, solar panels and ventilation as part of the Warm Homes Scheme (section 2.6), which will result in more properties reaching EPC Band C. There is also £2.5m for ventilation and damp and mould works, to assist tenants' in keeping their homes warm and free from mould, maintain stock condition and proactively help bring down the cost of repairs in empty properties caused by damp.

2.13 The Environmental Programme includes works to other HRA assets such as pathways, handrails, drying areas, fencing and other environmental improvements. £1.5m has been allocated to these works in 2026/27, an increase of 87.5%. Works are planned at The Croft, Catcliffe, St Mary's and Ash View, Roughwood Way, Greasbrough and Brameld Road, Swinton.

(b) <u>Providing aids and adaptations</u>

2.14 This programme includes £13.4m over four years to deliver aids and adaptations to Council homes, enabling older or disabled tenants' to remain in their homes for longer. Appendix 4 shows the budget breakdown over the 4 years.

2.15 In 2026/27 the £3.4m budget is expected to deliver approximately 600 major adaptations such as level access showers and 500 minor adaptations such as handrails and door widening. The detailed 2026/27 programme can be found at Appendix 2.

2.16 The Aids and Adaptations Service works closely with Housing Occupational Therapists to ensure homes that have already been adapted are utilised appropriately. Alternative housing options are always considered before adaptations are installed. In some cases, financial assistance towards the cost of moving is more cost effective than adapting the existing property. Following an in-depth assessment carried out by an Occupational Therapist,

the suitability of the current accommodation is assessed. It may be deemed necessary to install minor adaptations and fixings as a short-term solution prior to moving to alternative accommodation.

(c) Delivering new Council homes (Housing Delivery Programme)

2.17 The proposed Capital Programme includes £98.5m to support the Council's Housing Delivery Programme. This includes £63.7m to deliver the existing pipeline of projects to achieve 1,000 new Council homes by summer 2027, alongside a further £34.8m to ensure the continuation of the Housing Delivery Programme beyond 2027. This programme of activity will continue to deliver much needed affordable housing within the borough while increasing rental income to the HRA and helping to reduce the impact of Right to Buy on Council housing stock levels.

2.18 Appendix 5 shows how the proposed investment is split across the four Housing Delivery Programme workstreams and the four financial years in scope of this report. Earmarked investment is deliberately heavily backloaded, with £66.7m profiled in 2029/30. This has been done to ensure the earmarked budget is visible for financial reporting purposes and as specific schemes are identified and agreed via business cases or specific Cabinet approvals, investment is re-profiled into the correct financial years.

2.19 The programme assumes delivery of approximately 465 units across the 4 worksteams, 226 of which will complete the 1,000 new Council Homes. The 4 workstreams within the programme are;

- New build - new build homes directly delivered by RMBC
- S106 Acquisitions - affordable new build homes delivered by developers and acquired by RMBC
- Market Acquisitions - the acquisition of market sale homes
- Small Sites Homebuilding Initiative - new build homes delivered by small house builders and acquired by RMBC

2.20 It is forecast that in 2026/27 it is estimated that 150 units will be added to the Council's housing stock. 68 new build homes will be completed including 43 across 2 sites at Maltby, 15 at Warden Street Canklow and 10 at Wath across 2 sites. 82 homes will be aqcuired, 15 as part of the Small Sites Homebuilding Initiative, 28 directly from the market and 39 S106 homes including Laughton Gate, Waverley and Poppyfields. The detailed 2026/27 programme can be found at Appendix 2. The budget of £29.8m reflects the current approved budget. As mentioned in section 2.18 further budget will be reprofiled from 2029/30 as schemes come forward for approval.

2.21 In practice, the exact schemes which are delivered are likely to change in response to a range of factors. It is important to ensure that both individual projects and the overall programme deliver value for money and all projects are subject to specific approvals.

(d) Investing in IT to support digital transformation

2.22 The Council has an established rolling programme of capital investments into its IT and digital infrastructure and certain elements of this are supported with HRA investment. In line with this, the proposed Capital Programme includes £2.1m over the 4-year programme and £338k during 2026/27. The detailed 2026/27 programme can be found at Appendix 2.

2.23 Over the medium term, a housing digital transformation programme is being developed which will provide a roadmap for how the housing service will transition to digital by default allowing easier access for tenants' and streamlining back-office processes. Areas of focus will include:

- Digitising back-office processes across all services
- Updating and expanding the use of Nippon Electric Company (NEC) housing software
- Improving customer access channels using technology

Funding sources

2.24 Appendix 6 sets out the funding sources of the proposed £312.6m HRA Capital Programme. HRA Business Plan Modelling and the availability of capital funding assumed the introduction of rent convergence from 2026/27. On the 28th January 2026 the Government confirmed that rent convergence would be introduced from 2027/28. Section 6.6 of this report covers the financial implications of this announcement.

Grants and Contributions

2.25 Since January 2024 the Council has secured c.£11.8m of external funding to support the Housing Delivery Programme: sources include Affordable Homes Programme, Brownfield Housing Fund, One Public Estate and Local Authority Housing Fund. It has been assumed that the remaining Housing Delivery Programme will continue to be funded by 40% non-HRA sources. This is either RTB1-4-1 receipts from the sale of Council Homes, S106 affordable housing contributions (payments that property developers must provide to a local authority as part of the planning permission process) or grant from other sources such as:

- Homes England Affordable Homes Programme (SAHP)
- Brownfield Housing Fund
- Brownfield Release Land Fund
- Local Authority Housing Fund

2.26 The grant funding requirements will be closely monitored and will be reported to the Housing Capital Programme Board and Housing Delivery Programme Board, along with the impact of project approvals and the overall viability of the programme.

2.27 The Warm Homes grant will be used to fund the Warm Homes Scheme as set out in section 2.6.

Unsupported Borrowing

2.28 Additional borrowing is required to support necessary investment in existing stock and to fund the continuation of the Housing Delivery Programme. The need for additional borrowing was reflected in the 2026/27 HRA Business Plan and provision for servicing this level of debt was built into the plan. The Business Plan was modelled to ensure healthy balances are maintained in all years.

3. Options considered and recommended proposal

3.1 Option 1 – Do not agree the proposed Capital Programme within this report. This would impact on the Council's ability to maintain, improve, and add to its housing stock. This would bring with it reputational risks with tenants' and residents of Rotherham, external funders, and regulatory bodies. It would also mean the Council is unable to deliver on several legislative and regulatory requirements or the Council's strategic priorities. This option is not recommended.

3.2 Option 2 - Agree with the recommendations set out in this report and the use of funds to deliver the outlined programme in the supporting appendices. This is the recommended option and ensures the Council can continue to provide safe, decent, and affordable homes for current and future tenants' while delivering on its statutory and regulatory obligations.

4. Consultation on proposal

4.1 The Council delivers a comprehensive programme of tenant engagement, supported by the Tenant Engagement Framework and delivered in partnership through the Tenant Engagement Contract introduced in April 2024. Delivered by Rotherfed and overseen by the Tenant Engagement Team, the contract provides a structured approach to delivering and monitoring tenant engagement activity over a three-year period. Now approaching the end of its second year, it is strengthening opportunities for tenants' across the borough to influence and scrutinise housing services and their communities.

4.2 A broad range of engagement opportunities are available, including a light-touch way for tenants' to get involved through the Tenant Connectors pool, alongside more regular opportunities such as the monthly Housing Involvement Panel, Tenant Scrutiny Panel, the Screen Team, and the Learning from Complaints Panel. These activities ensure tenants' can share their views, challenge performance, and shape service improvement. This approach provides a well-rounded platform for tenants' to hold the council to account and influence decisions about their homes, communities and the services they receive.

4.3 Tenant feedback was received through consultation as part of developing the Housing Strategy. The consultation identified that tenants' main priorities are investing in existing homes and having affordable housing available to meet local need. This has been reflected in the 2026/27 HRA Business Plan and in

turn the HRA Capital Programme through the planned increased investment in existing stock and the continuation of the Housing Delivery Programme providing new affordable homes to meet tenants' needs. Tenants' also highlighted issues around energy efficiency and damp and mould; the HRA Capital Programme includes £38.9m to meet EPC Band C by 2030.

4.4 Consultation on potential major investment schemes will also involve ward members and residents.

5. Timetable and Accountability for Implementing this Decision

5.1 Following approval of the HRA Capital Programme budget, the programme will be delivered as part of the Council's 2026/27 Capital Programme.

6. Financial and Procurement Advice and Implications

6.1 The financial implications are set out in Section 2 above. Proposed funding for the programme is shown in Appendix 6. Appendices 1 to 5 provide more detailed budgets by scheme or work area. The report proposes a Housing Revenue Account capital budget of £76.8m in 2026/27.

6.2 The grant funding anticipated for Housing Growth schemes will be secured as specific schemes are identified and agreed via business cases or specific Cabinet approvals where required.

6.3 Proposed borrowing will be secured as required dependent upon delivery and progress of relevant schemes. The revenue stream to support additional borrowing costs has been built into the HRA Business Planmodel and factored into revenue budget projections.

6.4 The viability of Housing Growth schemes will be reviewed as each individual scheme comes forward for approval. The viability of the whole Housing Growth programme will be monitored on an ongoing basis.

6.5 The capital proposals detailed within this report have been tested for affordability in the latest iteration of the HRA Business Plan model and were included with the 2026/27 HRA Business Plan that was approved by Council on the 14th January 2026.

6.6 In the summer of 2025, the Government consulted on the introduction of social rent convergence. HRA Business Plan modelling assumed the introduction of convergence from 2026/27. On the 28th January 2026 the Government confirmed that rent convergence would be introduced from 2027/28 at £1 per week, increasing to £2 per week in 2028/29. The impact of the delay in the introduction of social rent convergence is currently being considered, and may result in spending or borrowing proposals being adjusted in future years. This will be fully reviewed as part of the 2027/28 HRA Business Planning process.

6.7 The HRA Capital Programme will be managed in line with the Council's key principles as detailed in the Budget and Council Tax 2026/27 approved by

Cabinet on 9th February 2025 and being considered by Council on 14th March.

6.8 All procurement activity that supports delivery in this report must be procured in compliance with relevant legislation (the Public Contracts Regulations 2015 or the Procurement Act 2023), whichever is the applicable legislation for the project, as well as the Council's own Financial and Procurement Procedure Rules and appropriate planning for the activity provided.

7. Legal Advice and Implications

7.1 The Council has legislative and regulatory duties to keep its housing stock in repair and to a decent standard.

Section 74 Local Government and Housing Act 1989 requires any local housing authority that owns 200 or more social dwellings to open a ring-fenced Housing Revenue Account (HRA) for purposes including the funding of repairs, maintenance, adaptations and improvements to existing housing stock, and the acquisition of additional property and land to build upon in order to increase its housing stock for the benefit of its tenants'.

In adopting the recommendation at Option 1, the Council is allocating its HRA funds in accordance with its confines in order to help the Council deliver the Housing Capital Programme (the Programme) as detailed in the supporting appendices. In delivering the Programme as proposed, the Council will be better placed to demonstrate adherence to current legislative and regulatory (Consumer) standards and better prepared for the introduction of the new Decent Homes Standard which is due to be implemented in 2035.

Failing to agree the proposed Programme will impact on the Council's ability to meet its current legislative and regulatory requirements and the future requirements of the new Decent Homes Standard. A failure to meet these standards may result in a variety of penalties including unlimited fines and/or compensation orders, along with reputational damage with tenants', residents of Rotherham and external funders.

8. Human Resources Advice and Implications

8.1 There are no direct Human Resources implications arising from the recommendations contained in this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 Building new council homes can have a range of positive implications for children, young people and vulnerable adults including stability and sense of security, improved educational outcomes, better physical and mental health.

10. Equalities and Human Rights Advice and Implications

10.1 The Council is aware of its duties under the Equality Act 2010 to promote equality, diversity, cohesion and integration and has ensured that the HRA

Capital Programme is compliant with that duty. An initial equalities screening has been carried out to assess the impact of these proposals and due to the scale of investment and nature of households affected the Council has completed an Equality Impact Assessment for this plan. This will ensure the Council continues to promote positive impact and reduce or remove negative impact as a result of the proposed investments. An Equalities Analysis is attached at Appendix 7.

11. Implications for CO2 Emissions and Climate Change

11.1 Given the Government's commitment for the UK to achieve net zero carbon by 2050 and the Council's target for Net Zero greenhouse gas emission in the Borough of Rotherham is 2040, 10 years sooner than the UK target, this will require substantial investment in the Council's housing stock over the life of the Business Plan. Initial estimates put the cost of this at circa £600m which represents a formidable challenge to the HRA. As a result, this means that drawing in external funding to progress net zero commitments becomes even more significant. Participation in national grant funding schemes will be prioritised.

11.2 A copy of the Carbon impact assessment for this report is attached at Appendix 8.

12. Implications for Partners

12.1 This report contributes to the sustainable neighbourhoods agenda by addressing future investment needs and it will help deliver a better quality of affordable housing to the community.

13. Risks and Mitigation

13.1 *Inflation*
Inflation is assumed within the budgets presented, however if inflation increases at a greater rate than forecast this will impact on the level of affordability within the programme, potentially resulting in reduced outputs or schemes becoming unviable. Inflation assumptions are reviewed annually as part of the HRA business planning process.

13.2 *Funding*
The delivery of the HRA Capital Programme, particularly the Housing Delivery programme, relies on maximising grant income. If the required grant levels are not achieved, the mix of funding will need to be reviewed and the impact on the overall programme will be assessed.

Section 2.28 highlights the need for additional borrowing to fund the HRA Capital Programme. Borrowing was included within the 2026/27 HRA business plan modelling and during 2025-26 work has been done to ensure a robust HRA investment framework is in place to ensure the viability of any HRA investment.

13.3 *Social Rent Convergence*
Please see section 6.6

13.4 *Delivery*
Ensuring that the HRA Capital Programme is delivered within scope and budget will be achieved through the housing capital governance structure that is in place. The Housing Capital Programme Board oversees the financial and output position of the overall programme, and the Housing Delivery Programme Board monitors the delivery of new build and acquisition projects.

Regular contractor meetings take place to ensure contractor and supply chain resilience.

13.5 *Stress Testing and A Risk Based Reserve*
The Council has risk-based reserves to ensure that HRA reserves are maintained at the appropriate level. Stress testing of the HRA Business Plan will be carried out and reviewed regularly to ensure the HRA Business Plan can adapt to future cost pressures and issues. Stress testing will inform a risk register and ensure the reserves will be maintained at the appropriate level to fund potential future financial pressures from risks such as welfare reform and investment requirements.

13.6 *Future Investment Requirements*
In 2025 the Government consulted on the new Decent Homes Standard and the Minimum Energy Efficiency Standards. Taken together, these policy changes will add significant capital investment requirements to the HRA Capital Programme. The 2026/27 HRA Business plan does not currently include any assumptions regarding the new Decent Homes Standard or the minimum energy efficiency standards as the associated costs are currently unknown.

14. Accountable Officers

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

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	27/02/26
Executive Director of Corporate Services (S.151 Officer)	Judith Badger	23/02/26
Service Director of Legal Services (Monitoring Officer)	Phil Horsfield	23/02/26

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This report is published on the Council's website.

Appendix 1 – 2026/27 to 2029/30 Housing Revenue Account Capital Programme by area

Housing Revenue Account capital programme	2025-26 Budget	2026-27 Budget	2027-28 Budget	2028-29 Budget	2029/30 Budget	Total 2026-27 to 2029-30
Improving Homes & Estates	35,733,664	43,220,521	45,066,810	53,404,367	56,951,660	198,643,358
Adaptations to Council Homes	3,259,157	3,406,268	3,264,247	3,319,331	3,369,117	13,358,963
Housing Delivery Programme	27,571,832	29,822,539	2,007,564	-	66,676,827	98,506,930
IT and Digital Transformation	500,000	338,411	760,035	532,968	481,400	2,112,814
Total	**67,064,653**	**76,787,739**	**51,098,656**	**57,256,666**	**127,479,004**	**312,622,065**

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Appendix 2 – 2026/27 HRA Capital Programme budget detail

Improving homes and estates	2026-27 Budget	Work Description
Externals (e.g. guttering, soffits, roofs, windows & doors)	12,967,926	External elements e.g. roof, gutters, fascias, soffits, windows and doors. Internal elements e.g. bathrooms and kitchens.
Internals (e.g. kitchens and bathrooms)	2,000,000	
Prelims	500,000	
Planned capital repairs	2,000,000	
Design & Appraisal	50,000	
Refurbishments	**17,517,926**	
Major works to empty properties	7,700,000	
Major works to empty properties	**7,700,000**	Delivery of major works to vacant properties.
Boilers	4,000,000	Gas, electrical and district heating improvements.
Electrical	1,000,000	
District Heating	310,000	
Mechanical and electrical	**5,310,000**	
Ad-hoc structures	1,850,000	Ad-hoc structural or element replacements that arise in year.
Ad-hoc structures	**1,850,000**	
Environmental	1,500,000	Various environmental projects across the borough inc. fencing, paths, planting, parking etc.
Environmental	**1,500,000**	
Asbestos	300,000	Undertake surveying, testing, and removal of asbestos to properties included in the Capital Programme.
Asbestos	**300,000**	
Warm Homes	6,048,824	Improving properties to an EPC band C, and other works such as fans to improve ventilation and decrease the risk of damp and mould.
Thermal efficiency works	300,000	
Ventilation	2,000,000	
Damp and mould	500,000	
Thermal and ventilation improvements	**8,848,824**	
Garages	100,000	Works to garages and HRA playgrounds.
Play areas	80,000	
HRA non dwellings	**180,000**	
To be allocated	13,771	Budget to be allocated in year.
To be allocated	**13,771**	
Improving Homes and Estates Total	**43,220,521**	

Public Aids and Adaptations to Council Homes	2026-27 Budget	Work Description
Major Adaptations	3,082,074	Major works example includes level access shower installation.
Minor Adaptations	324,194	Minor works example includes door widening and handrail installation.
Public Aids and Adaptations Total	**3,406,268**	

Housing Delivery Programme	2026-27 Budget	Work Description
New Build	18,368,399	New build Council homes directly delivered by RMBC.
S106 Acquisitions	4,145,953	New build Council homes acquired from developers as part of the affordable housing planning process.
Market Acquisitions	5,874,000	Existing homes acquired directly from the market.
Small Sites Homebuilding Initiative	1,434,187	New build Council homes acquired from small/medium developers.
Housing Delivery Programme Total	**29,822,539**	

Other HRA	2026-27 Budget	Work Description
IT/Digital Transformation	338,411	Rolling investment in IT and digital infrastructure
IT/Digital Transformation Total	**338,411**	
Housing Capital Programme Total	**76,787,739**	

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Appendix 3 – 2026-27 to 2029-30 Improving homes and estates budget outline

Improving homes and estates	2026-27 Budget	2027-28 Budget	2028-29 Budget	2029/30 Budget	Total 2026-27 to 2029-30	Work description/Comments
Refurbishments	17,517,926	10,304,664	13,281,117	15,484,328	56,588,035	External elements e.g. roof, gutters, fascias, soffits, windows and doors. Internal elements e.g. bathrooms and kitchens.
Major works to empty properties	7,700,000	7,700,000	6,700,000	6,700,000	28,800,000	Delivery of major works to empty properties.
Mechanical and electrical	5,310,000	6,310,000	8,000,000	9,500,000	29,120,000	Gas, electrical and district heating improvements.
Ad-hoc structures	1,850,000	2,000,000	1,750,000	1,500,000	7,100,000	Ad-hoc structural or element replacements that arise in year.
Environmentals	1,500,000	2,000,000	2,000,000	2,000,000	7,500,000	Various environmental projects across the borough inc. fencing, paths, planting, parking etc.
Asbestos	300,000	300,000	300,000	300,000	1,200,000	Undertake surveying, testing, and removal of asbestos to properties included in the Capital Programme.
Thermal and ventilation improvements	8,848,824	16,172,146	21,093,250	21,237,332	67,351,552	Improving properties to an EPC band C, and other works such as fans to improve ventilation and decrease the risk of damp and mould.
HRA non dwellings	180,000	280,000	280,000	230,000	970,000	Works to garages and HRA playgrounds.
To be allocated	13,771	-	-	-	13,771	Any in year un-allocated budget
Total	**43,220,521**	**45,066,810**	**53,404,367**	**56,951,660**	**198,643,358**	

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Appendix 4 – 2026/27 to 2029/30 Aids and Adaptations to Council Homes budget outline

Aids and Adaptations to Council Homes	2026-27 Budget	2027-28 Budget	2028-29 Budget	2029-30 Budget	TOTAL 2026-27 to 2029-30
Major Adaptations	3,082,074	2,953,570	3,003,412	3,048,460	12,087,516
Minor Adaptations	324,194	310,677	315,919	320,657	1,271,447
Pulic Aids and Adaptations Total	**3,406,268**	**3,264,247**	**3,319,331**	**3,369,117**	**13,358,963**

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Appendix 5 – 2026/27 to 2029-30 Housing Delivery Programme outline

Housing Delivery Programme 1,000 Homes	2026-27 Budget	2027-28 Budget	2028-29 Budget	2029-30 Budget	TOTAL 2026-27 to 2029-30
New Build	15,193,180	1,293,364	-	-	16,486,544
S106 Acquisitions	4,145,953	603,641	-	-	4,749,594
Market Acquisitions	5,874,000	-	-	-	5,874,000
SME Initiative	1,434,187	110,559	-	-	1,544,746
Earmarked Budget (to be drawn down)	-	-	-	35,066,683	35,066,683
1,000 Homes Subtotal	**26,647,320**	**2,007,564**	**-**	**35,066,683**	**63,721,567**

Additional Housing Delivery Programme	2026-27 Budget	2027-28 Budget	2028-29 Budget	2029-30 Budget	TOTAL 2026-27 to 2029-30
On-going Housing Delivery Programme Subtotal	**3,175,219**	**-**	**-**	**31,610,144**	**34,785,363**

TOTAL	**29,822,539**	**2,007,564**	**-**	**66,676,827**	**98,506,930**

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Appendix 6 – 2026/27 to 2029/30 Housing Revenue Account Capital Programme funding

HRA Capital Programme Funding	2025-26 Budget	2026-27 Budget	2027-28 Budget	2028-29 Budget	2029-30 Budget	TOTAL 2026-27 to 2029-30
Capital Receipts HRA	10,984,022	18,765,774	150,000	-	15,741,772	34,657,546
Grants and Contributions	7,884,295	6,051,758	3,878,674	-	15,245,754	25,176,186
Housing Major Repairs Allowance	29,188,137	32,170,943	27,803,220	28,768,224	29,554,808	118,297,195
Revenue Contributions	10,266,847	13,836,227	7,000,000	8,000,000	9,000,000	37,836,227
Unsupported Borrowing	8,741,352	5,963,037	12,266,762	20,488,442	57,936,669	96,654,910
HRA Total	**67,064,653**	**76,787,739**	**51,098,656**	**57,256,666**	**127,479,003**	**312,622,065**

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Appendix 7a.

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 Capital Programme 2026-27 to 2029/30	
Directorate: ACH & PH	**Service area: Housing Services**
Lead person: **Lindsay Wynn, HRA Business Planning Manager**	**Contact: 07342718601**
Is this a: [X] **Strategy / Policy** [ ] **Service / Function** [ ] **Other** **If other, please specify**	

2. Please provide a brief description of what you are screening
Approval of the Housing Capital Programme Budget 2026/27 to 2029/30. The Housing Capital Programme encompasses four broad areas of investment: • Improving council homes and estates • Provision of aids and adaptations to enable tenants to remain in their homes • Acquisition and build of new council homes

- Investment in IT and digital transformation

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?		✓
Could the proposal affect service users?	✓	
Has there been or is there likely to be an impact on an individual or group with protected characteristics?	✓	
Have there been or likely to be any public concerns regarding the proposal?		✓
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?		✓
Could the proposal affect the Council's workforce or employment practices?		✓

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?**

This report details the Housing Capital Programme each area and project will have its own specific equality implications:

Housing Delivery Programme

The Housing Delivery Programme responds to the needs of communities for affordable housing through gearing funds towards building 1000 new Council homes by Summer 2027. The tenure, size and type of accommodation (including Disabled person units) has been informed by the Strategic Housing Market assessment.

Council homes are let via the Allocations Policy, for which a full Equalities Assessment has been carried out. This will ensure homes are allocated fairly and that no groups with protected characteristics are disadvantaged.

The Strategic Housing and Development Service contacts tenants who move into new build properties to carry out a follow-up questionnaire or 'new build survey'. This is done to find out more about the people who have moved into recently built Council homes. Equalities and diversity information is analysed and compared against the profile of people on the Council's Housing Register to identify any potential issues i.e. certain protected characteristic groups being under or over-represented in new build properties.

Quarterly Housing Delivery Programme Cabinet reports ensure that equality implications of approved projects are presented and considered.

Improving Homes and Estates

The Housing Investment Programme maintains investment in housing stock and the wider estate. The programme is asset led utilising data on stock condition to inform the forward programme. As projects are worked up and tenant requirements are considered depending on the programme of works. This would enable the delivery of works to be personalised where required. An example of this would be providing respite in the form of opening local community centres to enable tenants to have a warm quiet environment while works take place within their homes.

Aids & Adaptations

The Aids & Adaptations Programme enables people with disabilities to remain in their own homes.

The demographic in Rotherham is aging. Because of this, there is likely to be a proportional year on year increase in the number of referrals for aids and adaptions.

The Aids & Adaptations policy is there to support Council tenants and those living in the private sector to live independently and safely through the provision of equipment and adaptations.

The policy ensures a transparent approach to making decisions on who is eligible for assistance and how decisions are made for Council tenants and for private residents who's approval for funding is governed by legislation in accordance with the Housing Grants, Construction and Regeneration Act 1996 (the 1996 Act) and where the Council decided to use its power under Regulatory Reform Order 2002, Article 3 (RRO) powers.

IT & Digital Transformation
Equalities will be considered as part of the wider project approval for this section of the programme.

- **Key findings**

The HRA Capital Programme covers 2026/27 to 2029/30. The Housing Delivery element of this programme plans to add approximately 465 additional units to the stock during this period.

A large proportion of the investment in existing stock is required to ensure compliance with regulation and legislation.

Collection of protected characteristic data for new and existing records on the housing management system is now mandatory. This will enable more in-depth analysis as the base data expands.

The Housing Capital Programme will deliver a broad range of projects to tenants and residents across the borough. The programme will closely align with other key strategies and frameworks across the Council as part of the "One Council" approach. Links to other key documents;

- Council Plan and Year Ahead Plan
- Housing Service Plan
- Thriving Neighbourhoods Strategy
- Health and Wellbeing Strategy
- Homelessness Prevention and Rough Sleeper Strategy
- Financial Inclusion Strategy
- Tenant Engagement Framework
- Housing Strategy

- **Actions**

Review this equalities analysis annually, alongside future annual housing capital programme Cabinet Reports.

Date to scope and plan your Equality Analysis:	05/01/26
Date to complete your Equality Analysis:	05/01/26

Lead person for your Equality Analysis (Include name and job title):	Lindsay Wynn, HRA Business Planning Manager

5. Governance, ownership and approval		
Please state here who has approved the actions and outcomes of the screening:		
Name	**Job title**	**Date**
Paul Elliott	Head of Income & Support Services	05/01/25

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	05/01/25
Report title and date	Housing Capital Programme 2026-27
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	12/01/2026

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Appendix 7b.

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: Housing Capital Programme 2026-27 to 2029/30	
Date of Equality Analysis (EA): 5th January 2026	
Directorate: ACH & PH	**Service area: Housing Services**
Lead Manager: Lindsay Wynn, HRA Business Planning Manager	**Contact number: 07342718601**
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)**
Lindsay Wynn	RMBC	HRA Business Planning Manager
Kath Andrews	RMBC	Finance Manager
Paul Elliott	RMBC	Head of Housing Income & Support 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)
The Housing Capital Programme delivers investment to both Council owned homes across the borough.

Capital investment in existing stock will positively impact council tenants' quality of life, financial stability, and housing security:

- **Improved living conditions** - An on-going Capital Programme ensures properties are well maintained and meet decency. This investment will include modernisation of kitchens and bathrooms, structural repairs and replacing outdated heating systems.

- **Energy efficiency and thermal comfort** - Investing in better insulation and renewable energy systems can significantly reduce the energy costs for tenants, this in turn enables them to better manage household budgets and reduce their environmental footprint.

- **Health and wellbeing** - A well-maintained home will prevent issues such as damp, mould and poor ventilation. These can cause or aggravate health issues. Investing in aids and adaptations ensures accessibility, independence, and improved quality of life.

What equality information is available? (Include any engagement undertaken)
The Housing Capital Programme will deliver a broad range of projects. Projects delivered will be underpinned by analysis of housing need and demographic data which has been gained from a variety of sources including:

- **2021 Census Demographic information**
  - The Census population of Rotherham in 2021 was 265,800, an increase of 8,200 (+3.2%) compared with the 2011 Census, with around half living in and around the main urban area of Rotherham. The remainder live in smaller towns such as Wath, Dinnington and Maltby, and in numerous large villages and rural communities, all of which have their own distinct identities
  - The 2021 Census further shows that Rotherham had 113,900 households, compared with 108,300 in the 2011 Census, an increase of 5,600 or 5.2%. In 2021, 17.7% of Rotherham's population were under 15 years, whilst 25.8% were aged 60 or over. The population of Rotherham aged 60 or over is slightly higher than the England figure of 24.2% and the Yorkshire and Humber figure of 25%.

    - Rotherham's young population (under 15) increased from 46,000 in 2011 to 47,100 in 2021 (a 2.4% increase). This increase followed a 6% fall from 48,900 in 2001 to 46,000 in 2011. Whilst the school age population has increased, the number of children aged 0-4 has decreased from 15,738 in 2011 to 14,600 (a 7.3% reduction) which reflects the impact that the pandemic has had on the birth rate.
    - Rotherham's older population (over 60) has increased from 61,500 in 2011 to 68,600 in the 2021 Census, an 11.5% rise (51,700 in 2001). Rotherham's population is ageing broadly in line with national trends and the percentage aged over 85 increased from 2.1% in 2011 to 2.3% in 2021.
- Profile of applicants on **Council's Housing Register** (numbers of households eligible for age restricted accommodation etc).
- The Housing Occupational Health Team assesses households to determine their need which leads to a priority of allocation under the Housing Allocations Policy.
- A profile of existing tenants is maintained within the **Housing Management System**. As of September 2025 the profile of existing council tenants showed: 29.63% of tenants have a disability – 44.1% of tenants are Christian, 3.51% Muslim, and less than 0.3% Buddhist, Hindu, Jewish or Sikh. 34.2% of tenants have no religious faith. 45.44% of tenants have no religion. – 92.79% of tenants are heterosexual or straight, 1.18% lesbian or gay, 0.68% bisexual. 91.78% of tenants are white, 1.8% Black African, Caribbean or Black British and 0.56% mixed or multiple ethnic groups
- The **Index of Multiple Deprivation (IMD) 2025 data** has been released by the government, and initial reports show that while Rotherham as a whole still has areas of significant disadvantage, one specific neighbourhood has been named among the **10 most deprived areas in England**. Rotherham has areas with significant deprivation, particularly in housing accessibility and quality, as measured by the Indices of Multiple Deprivation (IMD). The "Barriers to Housing and Services" domain includes geographical proximity to services and wider issues like affordability and homelessness. Areas within the borough have a high proportion of households facing homelessness prevention duties and have a higher prevalence of health conditions and other issues linked to deprivation.
- The Rotherham **Strategic Housing Market Assessment** (SHMA) is a study to understand the need for housing in the area, including both market and affordable housing. It helps determine the quantity and type of homes required to inform local planning policies. The latest study is a combined assessment with Sheffield, as the two areas function as a single housing market. Key findings from the 2019 study include a need for an additional 716 households per year to be supported and evidence of significantly worsening affordability.
- Rotherham **ward profiles** are detailed reports on each of the 25 wards in the Rotherham borough. These profiles cover demographic, social, and economic data including demographics, language, employment, education, health, housing, and crime statistics. Key housing-related topics covered include the number of households, population density, housing prices, and mortgage information, with data sourced from the Census and other reports.
- Ward members will receive specific briefings on potential sites in their wards and their feedback will be considered and including in individual scheme EAs

<table>
<tr><td colspan="2">

- Pilot data from new rented, shared ownership and open market sales is in the process of being collated and analysed to understand the equality impact of each development.

</td></tr>
<tr><td colspan="2">Are there any gaps in the information that you are aware of?
From January 2024 it has been mandatory to collect protected characteristics for new records as per the equalities and monitoring standard data collection and monitoring form. From November 2024 the system has been updated to ensure any missing fields are captured for existing records. There are gaps in historic data, but this should reduce over time.</td></tr>
<tr><td colspan="2">What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

Individual services within the HRA ensure relevant monitoring arrangements are in place for individual projects. The Housing Capital Programme has a robust governance process and is reported monthly to the Housing Capital Programme Board and also to the corporate Capital Monitoring and Delivery Board.</td></tr>
<tr><td>Engagement undertaken with customers. (date and group(s) consulted and key findings)</td><td>Consultation is undertaken throughout the year via the Housing Involvement Panel. This panel meets bimonthly. The 2026/27 HRA Business Plan and in turn the Housing Capital Programme was presented to the Housing Involvement Panel on 19th November 2025.

Housing capital investment in a high ranking priority for our tenants. This consultation is an opportunity for tenants to inform investment plans where possible.</td></tr>
<tr><td>Engagement undertaken with staff (date and group(s)consulted and key findings)</td><td>Workshops held with Assistant Director of Housing, Heads of Service and Mangers.

The Housing Revenue Account Business Plan (of which the Housing Capital Programme is part of) has been developed with support from Council Officers and input from the Strategic Leadership Team and Members.

Councillors, staff and partners play a vital role in the review of the Housing Revenue Account Business Plan and the Housing Capital Programme.

Following approval there will be effective communication to staff and members and training will be undertaken in-house.

Members have been consulted on various aspects of the Housing Revenue Account Business Plan and the planned capital investment. Seminars and Workshops have been held on Housing Growth, Repairs and Maintenance, Cost of Living and Housing Policy updates.</td></tr>
</table>

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 HRA Business Plan responds to the above concerns by allocating resourses to ensure our existing homes are compliant with the **Decent Homes Standard and that they are energy efficient** to tackle fuel poverty (which disproportionately affects vulnerable groups), budget allocations are made for adaptations to meet the needs of disabled and older residents and the plan also allocates resources for a**ffordable housing delivery** for diverse communities.
Does your Policy/Service present any problems or barriers to communities or Groups? Extensive consultation will take place prior to the delivery of the schemes within the Housing Capital Programme. The aim of this is to minimise potential problems and barriers before delivery. Where possible, additional requirements to meet any specific needs of a group or individual during the delivery of the works will be accommodated. An example of this would be providing respite in the form of opening local community centres to enable tenants to have a warm quiet environment while works take place within their homes. The protected characteristic data collected via records on the housing management system will be used to identify potential problems and barriers.
Does the Service/Policy provide any positive impact/s including improvements or remove barriers? The ***funding for new build housing*** will assist vulnerable groups on the housing register as it will increase the supply of new Council housing so reducing the use of temporary accommodation for such groups when they are homeless. It will also increase the number of Disabled person units so meeting the needs of disabled tenants. ***Investment in homes and estates*** will ensure that existing stock is well maintained ensuring better health outcomes and reduced inequalities for tenants.
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) It is not envisaged that the HRA Business Plan, rent setting and service charges report will negatively impact on community relations. Consultations will be managed on a project/programme area basis.

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: Housing Capital Programme 2026-27
Directorate and service area: ACH & PH – Housing Services
Lead Manager: Lindsay Wynn – HRA Business Planning Manager
Summary of findings:
Following a review of the above there are no adverse impacts identified. Project impacts will be addressed individually by Project Managers and reported where appropriate through the Housing Capital Governance process.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Data is now collected on protected characteristics at tenancy sign up and updates are mandatory for existing records when they are edited. Monitor new data for any adverse impacts.	A,D,S,GR,RE,SO,RoB	On-going

***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	Strategic Director Adult Care, Housing and Public Health	09/01/26
Councillor Beresford	Cabinet Member for Housing	29/01/26

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	05/01/26
Report title and date	Housing Capital Programme 2026-27
Date report sent for publication	
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	12/01/26

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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?	Unknown	Schemes to upgrade District Heating boiler houses will be funded through the HRA Business Plan, with a view to replace existing gas boilers with low or zero carbon alternatives in the long term.	Recommendations with respect to District Heating charges are benchmarked to the Ofgem energy price cap, so that households with a heat network connection are not penalised compared to those with central heating and a gas boiler. This may become relevant to carbon emissions in the longer term, since low or zero carbon heat networks offer an alternative technology to decarbonise domestic heating, in dwellings where an air source heat pump might be unviable. Homes which are connected to the Council's existing district heat networks comprise *ca*. 1% of all domestic properties in Rotherham.		Supply of gas and biomass (wood pellets) to District Heating boiler houses is monitored through the Council's energy procurement portfolio. Greenhouse gas emissions from District Heating are outside the scope of the Council's NZ30 target, however they will be included as scope 3 emissions in the 2025 Climate Change Annual Report.

Emissions from transport?	Unknown	For new residential developments and works to existing council stock vehicle movements to and from the site will be generated during demolition and construction.	While it is possible that new households will increase vehicle movements, they may also reduce them, depending on the location of new developments with respect to residents' places of work and access to services.	It is recommended that new housing development should account for access to public transport and active travel, in its location and design.	
Emissions from waste, or the quantity of waste itself?	Increase	Construction and works to existing Council stock will generate waste materials through demolition, exporting of materials from groundworks and waste construction materials	Albeit new homes might not mean more people living in the Borough, there may be a small increase in the amount of waste collected from households and distance travelled by waste collection vehicles.	Prospective contractors will be required to demonstrate how they will mitigate waste in their tenders, to include re-using/recycling materials on site where possible.	
Emissions from housing and domestic buildings?	Decrease		It is a principal focus of the 2026/27 HRA Business Plan and therefore the Housing Capital Programme to improve the thermal comfort of existing Council homes and to save Council tenants' spending on energy bills, which should have the additional benefit of cutting emissions from domestic heating. In 2022, domestic gas heating accounted for *ca*. 16.5% of all greenhouse gas emissions in the		EPC ratings are recorded for all the Council's housing stock. This data will be supplemented by stock condition surveys. New buildings are monitored once they are occupied, to ensure their stated energy performance standards are met in practice.

			Borough of Rotherham; at the 2021 Census, 16.7% of households rented from the Council. £41 million is allocated in the HRA business plan to increase all Council homes' energy performance to EPC band C by 2030: the Council has also been successful in a bid to the Warm Homes scheme, £8.8m of grant funding has been secured. New build homes will be designed to Future Homes Standard, to be introduced in 2025. All options set out in the Ministry of Housing, Communities and Local Government consultation on the Future Homes Standard exclude the use of fossil fuel boilers in new dwellings.		
Emissions from construction and/or development?	Increase	There will be emissions from the construction of new and refurbishment of existing housing. C.465 dwellings are to be added to the Council's housing stock between 2026/27 and 2029/30, by a		For new build schemes, there may be a smaller carbon impact per dwelling, where modern methods of construction are used.	It is recommended that a RICS 'whole life carbon assessment' or suitable alternative should be completed for at least one housing development, to provide evidence which can

		combination of acquisition and new development. Some new properties in the programme i.e., homes purchased by the Council as strategic acquisitions, will have a carbon impact regardless of the Council's purchase. It is possible that mature trees will be removed as part of the development of some new sites.		For refurbishment schemes, emissions from retrofitting properties to a higher energy performance standard will be partially offset by increased energy efficiency. If trees are present on the site of a proposed development, they will be retained wherever possible. Planning consent for the removal of mature trees will depend on their equivalent replacement, plus 10%.	inform the design of future schemes and increase understanding of their respective carbon impacts.
Carbon capture (e.g. through trees)?	Unknown	The 2026/27 – 2029/30 Housing Capital Programme identifies £98.601m for the Housing Delivery Programme. New build schemes may include tree planting as part of bio diversity net gain. Under the Environment Act 2021, most new developments must deliver at least 10% biodiversity net gain			
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? The proposed investment set out within the Housing Capital Programme 2026/27 – 2029/30 aims to improve both the Council's resilience and residents' capacity to adapt to climate change. Investment in existing stock aims to make homes energy efficient, safe and secure and the delivery of new homes via the Housing Delivery Programme will be to the relevant standards for space and energy efficiency.

The Housing Capital Programme 2026/27 – 2029/30 sets out the proposed value of investment in the housing service for the next 4 years. Given the Council's commitment for carbon emissions in Rotherham to be Net Zero by 2040, this will require substantial investment in the Council's housing stock. Initial estimates put the cost of this at circa £600m which represents a formidable challenge to the HRA. As a result, this means that drawing in external funding to progress net zero commitments becomes even more significant. Participation in national grant funding schemes will be prioritised.

Supporting information:	
Climate Impact Assessment Author	Lindsay Wynn HRA Business Planning Manager Housing Income and Support Service 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 586 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 – 16 March 2026

Report Title
Local Growth Fund 2026/27 allocation

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

Executive Director Approving Submission of the Report
Chris Paddock, Director of Policy, Strategy and Engagement

Report Author(s)
Michael Holmes, Policy and Strategy Officer
michael.holmes@rotherham.gov.uk

Paul Stafford, Policy Officer
paul.stafford@rotherham.gov.uk

Ward(s) Affected
Borough-wide

Report Summary
The report sets out proposals and recommendations for the use of Rotherham's £2.95 million allocation from the Local Growth Fund (LGF) in 2026/27. For 2026/27, LGF will operate as a continuation of the UK Shared Prosperity Fund (UKSPF), forming part of a further transitional programme. This transitional year builds upon the £10.48 million of UKSPF that the borough received over four years from April 2022 to March 2026.

Recommendations

That Cabinet:

1. Endorse the projects for submission to South Yorkshire Mayoral Combined Authority for award of LGF for 2026/27 as follows:

    a) Local Business Support
        i) £946,845 (£464,915 revenue and £481,930 capital) for sub-regional business support supporting three strands of Launchpad (start-up support), Productivity and Low Carbon.
        ii) £666,655 (£110,000 revenue and £556,655 capital) for Shop Unit Grants.

iii) £60,000 to support Rotherham Town Centre Markets.
iv) £36,559 for Social Value to increase opportunities for local businesses.

b) People and Skills
i) £441,203 for a skills programme incorporating Ambition (children and young people), Core Skills (community-delivered basic skills training) and Advance (support to progress in work.)
ii) £300,781 for Young People's Skills Development.

c) Communities and Place
i) £424,219 for Events, delivering a wide-ranging programme of civic and cultural events and festivals.

2. Agrees to delegate authority to the Director of Policy, Strategy and Engagement, in consultation with the Leader of the Council, to determine revised and final allocations for the Local Growth Fund. This is to include provision for other eligible actions within the use of the fund should it not be possible to achieve full spend of the grant through the allocations above.

List of Appendices Included
Appendix 1 Project details
Appendix 2 Equality screening (form A)
Appendix 3 Equality assessment (form B)
Appendix 4 Climate impact assessment

Background Papers
March 2025 Cabinet report: UK Shared Prosperity Fund 2025/26

Consideration by any other Council Committee, Scrutiny or Advisory Panel
N/A

Council Approval Required
No

Exempt from the Press and Public
No

Local Growth Fund 2026/27 allocation

1. Background

1.1 UK Shared Prosperity Fund (UKSPF), introduced by government as the successor to the European Structural Funds, has been a major source of investment for Rotherham since 2022. With the introduction of an integrated settlement for South Yorkshire Mayoral Combined Authority (SYMCA) from 2026/27, UKSPF has been replaced by a new Local Growth Fund.

1.2 Rotherham received £7.2m of UKSPF over three years from April 2022 to March 2025, comprising £5.6m revenue and £1.6m capital (including £400,000 specifically for rural areas). This was allocated across the following three themes or 'investment priorities':

- Supporting Local Business
- People and Skills
- Communities and Place

1.3 In 2025/26, the government provided a further transitional year of UKSPF, albeit at a reduced level compared to 2024/25. UKSPF investments in this year were required to align with the government's five national missions. Rotherham received £3.28 million from the SYMCA allocation for 2025/26, consisting of £2.86 million revenue and £420,000 capital.

1.4 An assessment of Rotherham projects' impact in 2025/26 will take place after the year end. Some of the outputs reported to date include:

- 108 business grants approved across the Shop Unit, Productivity, and Low Carbon projects.
- 179 financial inclusion drop-in sessions taking place in local communities through Open Arms Rotherham, with over 1,700 attendees and nearly one thousand people receiving ongoing one-to-one support.
- The events programme (including Rotherham Show) has reached over 140,000 people, creating 119 volunteering opportunities, and supporting 29 events or activities.
- The Ambition project has engaged 46 young people who were not in employment, education or training. Of these, 25 have started a professional qualification and 7 have found work.
- The Advance project, which supports those in work, has helped 60 people gain a new professional skill.
- 95 people have completed basic skills courses through the Core Skills project.
- 16 young people are benefitting from traineeships as part of Children's Capital of Culture, with the project also providing 156 volunteering opportunities and offering grants or other support to 23 local organisations.

1.5 From 2026/27, the Local Growth Fund provides a three-year allocation (four years for capital) to SYMCA for activity broadly focused on economic development and regeneration. The allocation is approximately £15.1 million in 2026/27, with £15.8 million in 2027/28, £19.6 million in 2028/29 and £16.9 million capital in 2029/30.

1.6 The approach agreed via SYMCA is to provide a further year of funding for current priority projects funded through UKSPF. Alongside this, longer term proposals will be developed to utilise LGF for business support, skills and community programmes.

1.7 Rotherham has been allocated £2.95 million in 2026/27, comprising £2.09 million revenue and £858,585 capital. This represents a reduction of £328,447 (around 10%) compared to the 2025/26 allocation. Funding in 2026/27 will continue to focus on the priorities of supporting local business, people and skills, and communities and place.

2. Key Issues

2.1 For this additional transitional year of funding, the proposed approach is to:

- maintain delivery of priority projects.
- ensure the funding continues to support Rotherham's key policy aims, including creating an economy that works for everyone.
- work with SYMCA and other South Yorkshire local authorities to develop longer-term approaches to funding these areas of activity via SYMCA's integrated settlement.

2.2 Projects will support Rotherham businesses to start up and grow, enable people to develop their skills and achieve their aspirations, and provide an engaging programme of events increasing footfall.

2.3 Consideration has also been given to the deliverability of projects, bearing in mind that this is a further one-year allocation. Most of the projects are therefore continuations from the current programme.

2.4 A summary of the proposals for each theme is set out below, with a more detailed breakdown included at Appendix 1 and the overall financial summary outlined in Table 1 below.

Table 1: Rotherham LGF programme 2026/27 – financial summary

Themes/Projects	Proposed Amount (£) 26/27		
	Revenue	Capital	Total
Supporting Local Business			
Launchpad (sub-regional)	263,257		263,257
Productivity (sub-regional)	174,708	308,880	483,588
Low Carbon (sub-regional)	26,950	173,050	200,000
Shop Unit Business Grants	110,000	556,655	666,655
Support for new markets	60,000		60,000
Social Value	36,559		36,559
Total	**671,474**	**1,038,585**	**1,710,059**
People and Skills			
Ambition (sub-regional)	122,367		122,367
Core skills (sub-regional)	110,000		110,000
Advance (sub-regional)	208,836		208,836
Skills development for young people	300,781		300,781
Total	**741,984**	**-**	**741,984**
Communities and Place			
Events	424,219		424,219
Community support			
Total	**424,219**	**-**	**424,219**
Total cost of proposals	**1,837,677**	**1,038,585**	**2,876,262**
Total allocation	**2,096,047**	**858,585**	**2,954,632**
Balance remaining	**258,370**	**-180,000**	**78,370**

2.5 **Supporting Local Business**
Three projects operating across South Yorkshire - Launchpad, Productivity, and Low Carbon - will:

- help entrepreneurs to test and develop their business ideas
- offer wide-ranging support to boost business productivity
- support businesses to transition to the low carbon economy

2.6 Building on the success of this year's Shop Unit Business Grants scheme, grants will once again be available to help businesses improve shop units on designated local high streets and bring empty units back into use. The allocation has been increased to reflect the high demand in 2025/26, with the target areas also expanded.

2.7 In addition, extra resources will be provided during the construction of the new Rotherham Town Centre Markets. This will include support for traders, as well as initiatives to promote the markets, increasing public awareness and attracting additional footfall.

2.8 Finally, this theme also proposes further funding to promote the social value agenda in Rotherham, through Barnsley & Rotherham Chamber of Commerce's *Meet the Buyer* events and associated digital campaigns.

2.9 **People and Skills**
It is proposed that the Ambition, Advance and Core Skills projects are maintained in 2026/27 as part of sub-regional skills programmes. Ambition will continue to support young people who are not in education, employment or training to understand the range of training and skills pathways available to them, moving them closer to sustained employment. Advance will evolve into a more holistic in-work service, offering both personalised support and group-based training and linking closely with Pathways to Work. The Core Skills strand will become an in-house service able to respond flexibly to residents' needs, offering accredited training in community settings.

2.10 These projects, alongside Employment Solutions—which is funded through the Council's core budget—and the Pathways To Work programme form a coordinated approach to supporting residents into and within work.

2.11 In addition, this theme includes an allocation to provide further skills development and employment opportunities for young people, building on the successful traineeship programme that was delivered as part of Children's Capital of Culture. This will include an alumni programme for trainees, embedding of the Arts Awards programme within Rotherham Civic Theatre, and the development of a creative education strategy to maintain a focus on creative curriculums in local schools.

2.12 **Communities and place**
This theme has previously included the Open Arms Programme of support and advice sessions in neighbourhoods across Rotherham. From April 2026, the government is introducing a new, three-year Crisis and Resilience Fund (CRF) replacing the Household Support Fund. Funded activity should include the provision of 'resilience' services such as the sessions and support offered as part of Open Arms. As such, it is proposed that Open Arms is funded via CRF from 2026/27 and a report on Rotherham's CRF allocation is scheduled for consideration by Cabinet in April 2026.

2.13 For 2026/27, the focus for this theme will be an extensive events programme. As well as established events such as the Rotherham Show, UPLIFT and Christmas lights switch on, the programme will include school holiday events across the borough, a new winter festival and a St George's Day event in April.

2.14 **Project and programme management**
Whilst SYMCA have provided revenue and capital allocations, they have indicated that there is flexibility to increase the capital allocation. The above proposals take advantage of this flexibility (see Table 1 above).

2.15 The proposals also leave a small amount of funding (£78,370) unallocated. This provides flexibility to increase allocations to individual projects or support other activity as priorities emerge during 2026/27.

2.16 Following endorsement of the overall programme by Cabinet, it is proposed that the final and revised allocations for individual projects are approved by the Director of Policy, Strategy and Engagement, in consultation with the Leader of the Council.

2.17 As with 2025/26, it is intended that projects will be submitted to SYMCA (as the accountable body for the funding) for final approval as a package of projects within a single application (other than projects that are part of South Yorkshire wide programmes). This will enable the Council to have a single contract with SYMCA for the delivery of local projects, streamlining administrative processes and allowing project delivery to commence as quickly as possible.

2.18 It is anticipated that there will be no ongoing revenue implications for the Council arising from the proposed programme of activity.

3. Options considered and recommended proposal

3.1 The preferred option is the programme of activity set out above, which is deliverable within the one-year window, retains key projects from the current programme, and reflects the Council's priorities.

3.2 An alternative option would be to develop and commission an entirely new programme for 2026/27. This would risk losing the infrastructure that has been established to deliver effective activity across the three themes. It would also pose significant risks for developing and delivering an impactful programme within the limited timescales.

4. Consultation on proposal

4.1 Discussions have been held with relevant services and partners to develop the proposed programme.

5. Timetable and Accountability for Implementing this Decision

5.1 Outline project proposals have already been developed. Subject to Cabinet's endorsement, detailed proposals will be brought forward imminently for approval in line with the delegation in this report.

5.2 Ongoing coordination and oversight of Rotherham's LGF programme will be carried out by the Council's Policy, Performance and Intelligence Service, working with project leads across the Council and colleagues in Finance.

6. Financial and Procurement Advice and Implications

6.1 The report sets out the proposed allocation of LGF to revenue and capital projects. The planned investments should not result in any additional ongoing costs for the Council. If any additional costs are incurred, these should be managed within the existing service budget allocations and mitigations identified to ensure this does not result in an overspend position.

6.2 Any expenditure with third party suppliers for the supply of goods, works or services arising from the project proposals indicated in this report will be subject to the Council's Financial and Procurement Procedure Rules and the relevant procurement legislation (Public Contract Regulations 2015 or the Procurement Act 2023).

7. Legal Advice and Implications

7.1 The proposed projects are consistent with the requirements of the LGF programme, and it will be necessary for the Council to comply with the funding agreements in respect of the programme. Where necessary, the funding to be provided to the projects referred to in the report will need to comply with the requirements of the Subsidy Control Act 2022.

8. Human Resources Advice and Implications

8.1 Due to the nature of funding arrangements, HR will provide advice in relation to the most appropriate contractual and recruitment options for any new fixed term posts required in line with internal processes.

9. Implications for Children and Young People and Vulnerable Adults

9.1 LGF will have a positive impact for children and young people, with £122,367 allocated to the Ambition project, providing targeted support to young people who face barriers to accessing education and skills provision. In addition, £300,781 is allocated to provide skills and development opportunities following on from the Children's Capital of Culture traineeship programme.

10. Equalities and Human Rights Advice and Implications

10.1 An Equalities Screening (Form A) and Equalities Assessment (Form B) have been undertaken. Both are appended to this report.

10.2 The assessment shows that several projects are specifically focused on breaking down barriers to inclusion and offering opportunities to disadvantaged groups.

10.3 Whilst some projects do monitor the extent to which people with protected characteristics access and benefit from the support provided, this is not comprehensive across the programme. Where relevant and practical, the requirement to collect, analyse and act upon equality-related information will be built into projects' monitoring requirements.

11. Implications for CO2 Emissions and Climate Change

11.1 Activity that could contribute towards an increase in emissions includes the delivery of events, which could see an increase in journeys via private transport and a consequent increase in emissions. The town centre is accessible by public transport for many people. Residents living in and

around the town centre may be able to walk (or cycle) to events unless they have restricted mobility.

11.2 The Low Carbon project provides grants to businesses to enable them to reduce their energy consumption and reduce carbon emissions.

12. Implications for Partners

12.1 Key partners have been consulted in the development of Rotherham's LGF programme and are involved in delivery.

13. Risks and Mitigation

13.1 Active management of the programme through quarterly monitoring and returns provided to SYMCA will enable any over and under commitments to be identified and adjustments made to the programme to ensure full spend and outcomes from the grant.

14. Accountable Officers

Fiona Boden, Head of Policy, Performance and Intelligence,
Policy, Strategy and Engagement Directorate

Approvals obtained on behalf of Statutory Officers:

	Named Officer	**Date**
Chief Executive	John Edwards	27/02/26
Executive Director of Corporate Services (S.151 Officer)	Judith Badger	24/02/26
Service Director of Legal Services (Monitoring Officer)	Phil Horsfield	25/02/26

Report Author:
Michael Holmes, Policy and Strategy Officer,
michael.holmes@rotherham.gov.uk;
Paul Stafford, Policy Officer,
paul.stafford@rotherham.gov.uk

This report is published on the Council's website.

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Appendix 1 - Rotherham Local Growth Fund – proposals for 2026/27

Project	Proposed allocation (£) 2026/27	Description	Key outputs
Supporting local business			
Launchpad (sub-regional project)	263,257	Continued delivery of the start-up support programme, which is embedded within the package of support offered through the borough's business hubs. It includes an extensive series of workshops, as well as one-to-one support, and small grants. The project also receives referrals from DWP to support unemployed people who are interested in starting a business.	• 20 businesses receiving grants • 85 enterprises receiving non-financial support • 125 potential entrepreneurs helped to be business ready • 24 jobs created • 24 businesses created
Productivity (sub-regional project)	483,588	Grants to support local SMEs to improve productivity through capital investment, with adviser support to guide businesses through applications and implementation. Builds on previous successful delivery.	• 26 businesses receiving grants • 24 jobs created • 12 productivity improvements • 12 businesses implementing new to the firm technologies or processes
Low carbon (sub-regional project)	200,000	Grants and adviser support to help businesses reduce energy use and carbon emissions, including energy audits and capital grants for low-carbon improvements.	• 70 Reduction in TCo2e • 13 grants
Shop Unit Business Grants	666,655	A local small-grants programme supporting businesses to improve shop units on local high streets. The programme aims to: • Improve the condition and appearance of local high streets • Bring empty units back into use • Help businesses to improve their offer Eligible businesses will be supported through the application and delivery process. A 100% grant of up to £10,000 is available, with a maximum of an additional £10,000 available providing it is matched by applicants' own funding.	• 50 businesses supported with grants • 50 jobs safeguarded
Rotherham Town Centre Markets	60,000	This project will provide resources to support market traders, raise awareness of the markets and increase footfall, particularly during the construction of the new markets and central library. Specific initiatives are being developed, but could include micro grants for traders (new and existing) and themed events.	• Improved visibility of the new outdoor covered market (OCM) • Increased footfall to the OCM Increased revenue for traders
Social Value	36,559	This will extend the Rotherham Chamber element of the current UKSPF project. The project is based around a series of sector-based events for local businesses, enabling them to identify supply chain opportunities. This is underpinned by a digital campaign providing guidance on understanding and adopting social value and buy local practices.	• Engagement with 400 businesses through events and digital campaign • 5 events
People and skills			
Ambition	122,367	Supporting young people who are not in employment, education or training to understand the full range of training and skills pathways available to them. The project will seek to increase their confidence and readiness, helping them to achieve additional qualifications where appropriate, and ultimately move them closer to—and into—sustained employment.	• 42 young people with increased employability • 40 young people gain a qualification or professional licence or complete a course • 20 young people improve at least one basic skill
Core Skills	110,000	Continued provision of community-based core skills (maths, English and digital) courses with a particular focus on communities of greatest need. All learning will be accredited and delivery will be flexible, offering small group sessions, one-to-ones and drop-ins.	• 150 people supported to participate in education • 40 people supported to access basic skills courses • 100 people participating in adult numeracy provision
Advance	208,836	Providing support for working people who want to reach their career potential and thrive in their chosen careers. Linking closely with Pathways to Work, the project will offer group-based training to encourage peer support, qualifications, wraparound personalised support, and signposting to wider services.	• 70 people receiving support to upskill • 35 people completing training, skills or courses • 10 people supported to sustain employment

Appendix 1 - Rotherham Local Growth Fund – proposals for 2026/27

Project	Proposed allocation (£) 2026/27	Description	Key outputs
Skills development for young people	300,781	Building on the success of the Children's Capital of Culture traineeships and skills programme, this project will offer alumni roles in local organisations for previous trainees. Alongside this, the funding will enable the Arts Award programme to be embedded within Rotherham Civic Theatre and create a strategy to further embed a cultural curriculum in local schools.	• 15 people reporting increased employability through development of interpersonal skills and supported to access basic skills, gain employment and sustain employment • 4 culture and heritage organisations receiving grants • 10 organisations receiving financial support other than grants • 15 volunteer opportunities supported • Targeted training and development for up to 20 people in youth engagement and development practices • 5 cultural sector posts safeguarded
Communities and place			
Events	424,219	This will see a further programme of events delivered throughout the year. As well as established events such as the Rotherham Show, UPLIFT and Christmas lights switch on, the programme will include school holiday events across the borough, new activities piloted in the town centre, and a St George's Day event in April.	• 7 large-scale events delivered • 15 organisations receiving grants • 8 local events or activities supported • 40 volunteering opportunities supported • 6 jobs safeguarded

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: Local Growth Fund Proposals 2026/27	
Directorate: Policy, Strategy and Engagement	**Service area: Policy, Performance and Intelligence**
Lead person: Paul Stafford	**Contact:** paul.stafford@rotherham.gov.uk
Is this a: [ ] **Strategy / Policy** [ ] **Service / Function** [x] **Other** **If other, please specify: Spending Proposal**	

2. Please provide a brief description of what you are screening
UK Shared Prosperity Fund (UKSPF), introduced by government as the successor to the European Structural Funds, has been a major source of investment for Rotherham since 2022. UKSPF is now delivered through the government's new **Local Growth Fund**, which is allocated to areas via the South Yorkshire Mayoral Combined Authority (SYMCA). Rotherham's proposed LGF programme for 2026/27 is largely a continuation of the 2025/26 UKSPF programme, with activity across three themes:

- Supporting Local Business
- People and Skills
- Communities and Place

Projects include business support grants, social value, incentives for market traders, an integrated programme of skills and employment support, skills development for young people, an events programme, and community-based support for those struggling with high living costs.

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?**

Several projects aim to support those who face barriers to inclusion or socio-economic disadvantage. All projects are expected to explicitly consider equality, diversity and inclusion issues and impacts.

- **Key findings**

A number of connected projects will provide support to improve skills and employability, complementing the Council's Employment Solutions service. This will range from support with basic skills, including literacy and numeracy, to in-work help for those looking to advance their careers.

A dedicated strand will address the multiple social, emotional and health barriers to learning and employment faced by some young people in Rotherham.

- **Actions**

Analysis of equality, diversity and improvement data from individual projects will be used to inform the targeting of future programmes.

Date to scope and plan your Equality Analysis:	23/01/26
Date to complete your Equality Analysis:	19/01/26
Lead person for your Equality Analysis (Include name and job title):	Paul Stafford, Policy Officer

5. Governance, ownership and approval

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

Name	Job title	Date
Michael Holmes	Policy and Strategy Officer	19/01/26

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	19/01/26
Report title and date	Local Growth Fund 2026/27 allocation
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 16th March 2026
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	05/02/26

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: Local Growth Fund 2026/2027 allocation	
Date of Equality Analysis (EA): 03/02/2026	
Directorate: Policy, Strategy and Engagement	**Service area:** Policy, Performance and Intelligence
Lead Manager: Michael Holmes	**Contact number:** Michael.holmes@rotherham.gov.uk
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)**
Michael Holmes	RMBC	Policy and Strategy Officer
Paul Stafford	RMBC	Policy Officer
Kellie Rodgers	RMBC	Research 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)

The UK Shared Prosperity Fund (UKSPF), now delivered through the government's Local Growth Fund via the South Yorkshire Mayoral Combined Authority, has been a major source of investment in Rotherham since 2022. Across UKSPF and its continuation through the Local Growth Fund, Rotherham has received annual allocations to support three core priorities: Supporting Local Business, People and Skills, and Communities and Place.

In 2026/27 Rotherham will receive £2.95 million (a 10% reduction from 2025/26), made up of revenue and capital funding to continue activity across these themes.

The programme affects the whole borough, supporting residents, businesses, and communities. By improving skills and employability, strengthening local businesses, and funding cultural activities—including those aimed at children—the programme has the potential to reduce inequalities, tackle disadvantage, and promote more inclusive economic growth across Rotherham.

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

Available equality-related information highlights several key characteristics of Rotherham's population across skills, employment, deprivation, and ethnic diversity.

Skills and Education
Rotherham has comparatively low levels of higher-level qualifications. Only 33.2% of working-age residents hold a degree-level qualification or higher, significantly below the national average of 47.2% (ONS Annual Population Survey, 2024). The borough also continues to face challenges in both retaining and attracting graduates.

Demographics and Young People
Rotherham has experienced modest growth in its younger population. The number of children aged under 15 increased from 46,000 in 2011 to 47,100 in 2021, representing a 2.4% rise. This is relevant for equality considerations concerning future service demand and workforce development.

Employment and Economic Activity
Between July 2024 and June 2025:

- 5.1% of economically active residents were unemployed (6,300 people).
- 24% of residents (38,900 people) were economically inactive, with 23.9% of this group (9,300 people) expressing a desire for employment.
- In 2023, 22.8% of households (18,100 households) were workless.

These indicators point to persistent labour market inequalities, particularly affecting lower-skilled residents and those facing barriers to work.

Ethnic Diversity
Rotherham is becoming increasingly diverse. The proportion of residents from ethnic minority communities rose from 8.1% in 2011 to 11.7% in 2021. Diversity is even more pronounced among young people, with 24% of school-age children coming from an ethnic minority background (DfE 2024/25). The Pakistani community remains the largest ethnic minority group.

Inequalities and Deprivation
Ethnic minority communities are disproportionately affected by deprivation.

- 40% of ethnic minority residents live in neighbourhoods ranked among the 10% most deprived nationally, compared with 21.4% of the population overall.
- Rotherham is within the top 15% most deprived areas in England, with 16,512 children living in absolute poverty in 2023/24 (DWP).

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

Limited information is available on which protected characteristic groups take up existing employment support and skills support.

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

Ongoing coordination and oversight of Rotherham's Local Growth Fund (LGF) programme will continue to be led by the Policy, Strategy and Engagement directorate, working closely with finance colleagues and lead officers for each project or theme. While overall programme monitoring will be centrally coordinated, individual projects are responsible for putting in place effective monitoring and recording systems that capture the protected characteristics of beneficiaries. This ensures that equality impacts can be assessed consistently across the whole programme.

Most projects proposed for 2026/27 are continuations of existing activity, several of which already collect equalities data. For example:

- Launchpad currently captures age, employment status, ethnicity, nationality, gender and disability during initial assessments. From 2026/27, this data will be made usable for internal equality analysis through RiDO's CRM system.

Across all projects, quarterly monitoring will be strengthened to ensure a consistent focus on equality impacts. Projects will be expected to review data and information regularly to identify trends, potential barriers, and any disparities in take-up or impact. Where equality-

related issues are identified, they will be discussed with delivery partners to explore potential adjustments to project design or outreach. This enhanced monitoring approach will ensure the programme continues to meet the needs of Rotherham's diverse communities and helps inform future programme development.	
Engagement undertaken with customers. (date and group(s) consulted and key findings)	In 2022, the Council undertook extensive engagement to shape the original UKSPF proposals. Throughout May and June of that year, a wide range of internal services - including CYPS, Housing, Finance, Transport, Digital, Public Health, Neighbourhoods, Community Safety, and Culture - were consulted through a series of meetings to identify priorities, refine project ideas, and align proposals with existing strategies. External partners were also engaged, including Partnership CEOs, the Business Growth Board, cultural partners, and voluntary and community sector organisations. This collective engagement helped shape a programme that largely built upon existing activity while responding to emerging needs and community feedback
Engagement undertaken with staff (date and group(s)consulted and key findings)	See above.

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 programme meets the needs of different communities and groups by delivering support in accessible neighbourhood settings and targeting residents who face the greatest barriers to participation. Skills projects, including Ambition, Advance and Core Skills, offer flexible training for both young people and adults, helping residents at different life stages move closer to or progress within employment. Business support programmes are strengthening equality monitoring to ensure fair access for entrepreneurs from all backgrounds. Strengthened requirements across the programme to collect and act on protected-characteristics data help ensure that any disparities are identified and addressed, enabling services to respond appropriately to the needs of all protected groups.

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

The programme is not expected to create significant barriers for protected groups. Most LGF projects are specifically designed to reduce inequalities and support people who face barriers to accessing mainstream services. Some risk of under-representation remains if certain groups find it harder to access support, but this is mitigated through community-based delivery and proactive outreach.

Launchpad works with referral partners, including DWP, to improve access for marginalised communities and offers an introductory self-employment workshop in response to increased referrals from disadvantaged groups.

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

The programme provides a range of positive impacts by funding activity that directly removes barriers to participation for disadvantaged groups. For example, a £441,203 investment in skills projects—including Ambition, Advance and Core Skills—will help people at different life stages build confidence, gain qualifications and progress toward employment, addressing inequalities experienced by those furthest from the labour market.

In addition, the programme will fund an extensive events programme, offering free and inclusive cultural activities that increase participation across diverse communities and create opportunities for volunteering and community engagement.

Overall, LGF activity contributes to breaking down social, economic and access-related barriers for residents with protected characteristics.

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)

By providing a programme of events this will provide an opportunity to bring different communities together, potentially strengthening community cohesion 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: Local Growth Fund proposals – 2026/2027
Directorate and service area: Policy, Strategy and Engagement; Policy, Performance and Intelligence
Lead Manager: Michael Holmes
Summary of findings:
The analysis shows that the Local Growth Fund proposals for 2026/27 are expected to have a positive impact on reducing inequalities across Rotherham by targeting support toward residents, communities and businesses who face disadvantage. The programme continues to address key local needs—including low skills levels, high economic inactivity, and significant deprivation. No major barriers were identified for protected characteristic groups, and strengthened monitoring arrangements will help to ensure that any emerging disparities are identified and addressed.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Amend monitoring returns to explicitly capture EDI information	All	07/26

***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**
Chris Paddock	Interim Director of Policy, Strategy and Engagement	12/02/2026
Chris Read	The Leader of the Council	

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	05/02/2026
Report title and date	Local Growth Fund 2026/27 allocation – Cabinet 16th March 2025
Date report sent for publication	
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	05/02/2026

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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?	Decrease		Provision of grants to help businesses reduce energy consumption will support the reduction of borough-wide emissions.		Assessment of Rotherham projects' impact in 2025/26 at year end will include sharing information with the Council's Climate Change team, to estimate carbon savings from: • The number of business grants allocated under the Low Carbon business support strand. • Further details as available *e.g.*, total installed capacity of solar PV.
Emissions from transport?	Increase		Projects delivering events in the borough have the potential to increase emissions from transport as more people may use private transport to visit or make journeys within the borough. Depending on how they are delivered, activities in some of the other funding	Events are not all concentrated in the town centre, with many taking place in local communities, which should reduce travel. The town centre is accessible by public transport for many people. Residents living in and around the town centre may be able to walk (or cycle) to	Development of carbon footprinting work for large scale Council events is ongoing. Surveys of attendees' place and mode of travel would be required, to estimate the carbon impact of travel demand created by the events programme.

			streams may also generate smaller amounts of transport-related emissions, for example: provision of courses and business events.	events unless they have restricted mobility.	
Emissions from waste, or the quantity of waste itself?	Increase		A small increase in waste and therefore emissions would be expected as a result of increased events.	It is recommended that waste management plans are considered for all events undertaken in the programme.	Greenhouse gas conversion factors for reporting emissions from waste are determined from the road fuel used to transport material to downstream waste processing. Where the Council's commercial *Rotherham Business Waste* service collects waste, the carbon impact is recorded as fuel use by Council fleet vehicles (*i.e.*, RCVs, refuse collection vehicles). The same applies to the emptying of street bins by the Grounds and Streets service.
Emissions from housing and domestic buildings?	None				
Emissions from construction and/or development?	Increase	The funding is contributing to a planned capital scheme to create a multi-use game area. There will be an increase in emissions by the	Funding allocated to businesses bringing empty shop units back into use may increase borough-wide emissions from construction,	There is no planned direct mitigation, although the impact is expected to be minimal. Bringing existing units back into use has a smaller	Consumption-based emissions are estimated from the Council's procurement spend on construction and related contracts. Such a high-

		contractors during construction and development.	through emissions associated with shopfitting.	embodied carbon impact than allowing them to fall into disrepair, only to be demolished and redeveloped.	level measure may not register any carbon impact arising from the LGF Allocation.
Carbon capture (e.g. through trees)?	None				

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

Further developing and enhancing the approach to social value within the Council and across partner organisations has the potential to decrease emissions by increasing local spend and encouraging local supply, through anchor organisations' procurement activity.

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

Local economic growth and shared prosperity are important conditions for people's, communities' and services' resilience to the effects of climate change. Growth underwrites the Council's investment in services; without prospering local businesses, skills and good employment, people and communities may experience increasing deprivation of services and economic opportunity, with compounding effects on their health and wellbeing and ultimately, their vulnerability to external shocks such as extreme weather and food prices inflation, which are exacerbated by climate change.

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

In the 2026/27 LGF programme, projects will continue to help Rotherham businesses to start up and grow, develop the skills our residents need to get a good job and progress in their careers and provide an engaging programme of events increasing footfall.

Activity under the programme which could have a potential carbon impact includes:

- Non-domestic emissions: grants to support businesses to reduce energy consumption and carbon emissions.
- Transport: the programme of cultural events, which aims to increase visitor numbers, potentially increasing emissions linked to travel. Smaller scale activities and events involved in other proposals may also increase emissions.
- Waste: the programme of cultural events, which aims to increase visitor numbers.

- Construction and development: there is also one capital construction scheme that will produce emissions. There is limited mitigation for this, but impact is expected to be low.

Supporting information:	
Climate Impact Assessment Author	Michael Holmes Strategy and Policy Officer Policy, Strategy and Engagement
Please outline any research, data or information used to complete this Climate Impact Assessment.	
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 598 Arthur King Principal Climate Change Officer

Rotherham Metropolitan Borough Council

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 16 March 2026

Report Title
Transport Capital Programme 2026-27

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

Executive Director Approving Submission of the Report
Andrew Bramidge, Executive Director of Regeneration and Environment

Report Author(s)
Nat Porter, Interim Head of Transportation Infrastructure Service
nat.porter@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary
This report details the Transport Capital Programme for the upcoming 2026-27 financial year, including its funding sources and programme areas, and explains how projects will be managed within them.

Recommendations

That Cabinet:

1. Notes the schemes and allocations of funding, as set out in paragraph 2.3, subject to approval of the Council Budget on 4 March 2026.

2. Approves the schemes and allocations of funding outlined in Section 2 of this report, including the reallocation of savings made on capital projects delivered within budget as described in paragraph 1.6.

3. Delegates authority to the Executive Director of Regeneration and Environment, in consultation with the Cabinet Member for Transport, Jobs and the Local Economy, to determine the schemes to be delivered in 2026-27 through to 2029-30 with the Minor Works allocation, subject to approval of the Council Budget in March 2026.

4. Delegates authority to the Executive Director of Regeneration and Environment, in consultation with the Cabinet Member for Transport, Jobs and

the Local Economy, to determine the schemes to be delivered in 2026-27 with the School Crossing Patrol Improvements allocation referred to in paragraph 2.2.6.

5. Delegates authority to the Executive Director of Regeneration and Environment, in consultation with the Cabinet Member for Transport, Jobs and the Local Economy, to determine the use of any underspends across the Transport Capital Programme to fund the delivery of other approved transport programmes, or the progression of designs for potential future projects.

List of Appendices Included

Appendix 1 Part A – Initial Equality Impact Screening Assessment
Appendix 2 Carbon Impact Assessment

Background Papers
City Region Sustainable Transport Settlements: guidance for mayoral combined authorities

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

Council Approval Required
No

Exempt from the Press and Public
No

Transport Capital Programme 2026-27

1. Background

1.1 In July 2022, the Department for Transport (DfT) confirmed a new round of funding known as the City Regions Sustainable Transport Settlement (CRSTS). This funding is distributed to Local Transport Authorities within Combined Authority areas for a funding period from 2022-2027.

1.2 Within the Council's £72.4 million allocation described above, £6 million has been allocated for the Local and Neighbourhood Transport Complementary Programme (LNTCP) over the five years. As previously reported this funding is intended to support localised transport improvements, including the Local Neighbourhood & Road Safety schemes and specific interventions.

1.3 This report considers the LNTCP funding that remains to be allocated in the 2026-27 financial year (the fifth and final year out of the 5-year period).

1.4 The DfT expects that all CRSTS funding, including LNTCP, will contribute to the overarching objectives of, amongst other things, driving growth and productivity, decarbonisation and promoting modal shift from cars to public transport, walking and cycling. The Council therefore has a requirement to monitor against delivery on these outputs and outcomes from the programme.

1.5 Two capital projects have delivered well within budget. It is therefore proposed to reallocate funding not required for these projects to support the 2026-27 capital programme as follows –

- CGC082 Moving Traffic Offences Enforcement (£193,122 of RMBC Capital - £400,000 original total budget) and,
- CGC068 Morthen Road pedestrian crossing (£56,000 of CRSTS-LNTCP - £375,000 original total budget.)

1.6 There is also an additional new 2026-27 allocation of £426,400 for highway structures asset maintenance. This is part of the separate CRSTS Network Asset Maintenance block funding.

2. Key Issues

2.1 **The 2026-27 Local Neighbourhood Transport Programme**
The 2026-27 financial year is the final year of the current five-year funding round.

2.1.1 Based on spend to date and current commitments the present forecast for available funding for 2026-27 is £344,000. This is made up of the remaining CRSTS-LNTCP block funding of £95,000 and reallocation of the remaining funding for the delivered moving traffic offences pilot, and the crossing at Morthen Road referred to at 1.5 above.

Table 1 Proposed 2026-27 Local Neighbourhood Transport Programme (LNTCP)

£ thousands	LNTCP 26-27	Reallocation from Project No. CGC082	Reallocation from Project No. CGC068	Total
Pedestrian crossings	95	89	41	225
Monitoring & evaluation			15	15
School Crossing Patrol improvements		104		104
Total	95	193	56	**344**

2.1.2 **Pedestrian Crossings**

An allocation of £225,000 from 26-27 funding is proposed to enable the delivery of the first prioritised crossing following the completion and approval of the prioritisation process undertaken and reported as part of the 25-26 capital programme.

2.1.3 **Monitoring and Evaluation**

Given the need for the Council to monitor against delivery on outputs and outcomes for all Transforming Cities Fund (TCF) /CRSTS funded schemes, a proposal for a £15,000 allocation is required for year 3 monitoring and evaluation assessment of the Moor Road, Manvers TCF scheme, as well as monitoring the performance of the broader programme to inform future work.

2.1.4 **School Crossing Patrol Improvements**

This theme is intended to fund design and delivery of works to support the safe operation of the School Crossing Patrol service. Risk assessments are presently being undertaken to review and prioritise any sites requiring investigations to address safety risks. An allocation of £104,000 is proposed for investigation and delivery of schemes to mitigate risks at School Crossing Patrol Sites, and delegation is sought to determine the schemes to be delivered in 2026-27.

2.2 **Structures Capital Programme 2026-27**

As detailed in paragraph 1.6, there is an allocation of £426,400 for structures for the 2026-27 financial year. It is proposed this is allocated to the following:

- Bridge Joint Replacement Programme (£150,000)
- Grafton New Bridge concrete and parapet repairs (£200,000)
- Minor essential maintenance arising from inspections (£76,400)

2.3 **Council Capital Investments**

A number of Capital Investments have been proposed in the Council's Budget to commence from the 2026-27 financial year as follows –

- **Ward Road Safety Plans -** £160,000 over two years (£80,000 per annum) for the development of Ward Road Safety Plans in each of Rotherham's 25 wards, forming the development of capital Road Safety projects.

- **Old Flatts Bridge parapet repair -** £1,900,000 in addition to £600,000 already allocated, to enable the deficient parapet to be repaired and cease temporary lane closures on Rotherham Parkway.

- **Structure 2026-2-27 Maintenance -** £1,000,000 for a more proactive structures inspections programme and to conduct loading assessments.

- **Fleet Bridge reconstruction design -** £600,000 for the design of a replacement bridge to allow revocation of the current weight limit.

- **Pedestrian Crossings Programme Pipeline -** £268,000 for designing five pedestrian crossings in order to be ready for construction as funding arises.

- **Transportation Minor Works Programme extension** - £81,000 p.a. until the end of 2029-30 (£324,000 total) to allow response to minor matters that may be important to the community or to individuals and where not suitable for use of external funding.

- **Treeton Lane Crossroads – Design Works** £150,000 to develop a scheme for improvements at the junction of Treeton Lane and Main Street, Aughton.

3 Options considered and recommended proposal

3.1 Option 1 – do not agree to receiving the CRSTS Funding referred to in Section 1 of this report. This would severely impact on the Council's ability to maintain and improve its transportation assets and would carry significant reputational risk for future awards of funding. This is option is not recommended.

3.2 Option 2 – utilise available funding as set out in paragraph 2.1 onwards. This would require Cabinet approval to be sought to approve the list of schemes as they are identified where this is not described in this report; this is not recommended, as the additional time required to finalise all projects and submit for Cabinet approval would add delay to programme delivery. This would include for the Minor Works Programme.

3.3 Option 3 – as option 2, and additionally delegate responsibility to the Executive Director, Regeneration and Environment, in consultation with the Cabinet Member for Transport, Job and the Economy to confirm –

- Schemes to be taken forward under the School Crossing Patrols Improvement theme;
- Schemes to be taken forward under the Minor Works budget approved by Council in March 2025.
- The reallocation and use of any underspends.

This is the recommended option.

4. Consultation on proposal

4.1 No community consultation has yet taken place on the 2026-27 transport infrastructure programme. This is to be undertaken once further detail on projects within each scheme are identified and sufficiently developed to enable meaningful consultation.

4.2 Consultation on individual projects takes place at levels consistent with the scale of each project. For example, small schemes often engage with Ward Councillors and local community interests whereas larger schemes require wider community and public engagement.

5. Timetable and Accountability for Implementing this Decision

5.1 Following approval of the Council's transport capital programme budget, the programme will be delivered as part of the 2026-27 capital programme of the Council.

6. Financial and Procurement Advice and Implications

6.1 This report outlines recommendations on how to allocate existing external funding to the Council's capital programme. The Council must ensure that it abides by any conditions stipulated by the grant funder to minimise the risk of clawback. It also details the new investments proposed as part of the Council's Budget and Council Tax Report 2026-27 to be considered at Full Council on 4th March 2026. Delegation is sought to manage underspends within the transport programme and this must be complementary to existing delegations and capital governance procedures.

6.2 To support delivery of the programme, all procurement activity must be procured in compliance with the relevant procurement legislation (Public Contracts Regulations 2015 or the Procurement Act 2023) dependent on the route to market, as well as the Council's own Financial and Procurement Procedure Rules.

7. Legal Advice and Implications

7.1 The recommendations of this report are in compliance with the Council's Constitution and there are no substantive legal implications arising from the contents of this report.

8. Human Resources Advice and Implications

8.1 There are no Human Resources implications arising from this report. The programme will be delivered through existing staff resources within the Transportation and Highways Design Service within Planning, Regeneration and Transportation. Specialist consultants, the internal highways service provider (Highways Delivery Team) and external works providers will be used as required, in accordance with Council procurement procedures, and where able to offer the required services.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The implications of the programme will depend on the detail of schemes that will be delivered. Typically, measures such as improved crossings and local transport improvements can be expected to improve conditions for children, young people and vulnerable adults – this will need to be confirmed by Equalities Impact Assessment for each project as appropriate as they are developed.

10. Equalities and Human Rights Advice and Implications

10.1 An Equalities Screening Assessment is attached at Appendix 1 of this report. The implications of the programme will depend on the detail of the schemes that will be delivered. Typically, measures such as improved crossings, reduced road traffic collisions and local transport improvements can be expected to improve outcomes. This will need to be confirmed by Equalities Impact Assessments for each project as appropriate as they are developed.

11. Implications for CO2 Emissions and Climate Change

11.1 CO2 emissions impacts have not been quantified, as it is not possible to do this at this stage of programme development. However, at high level it is anticipated these will fall into three categories: –

- Emissions from transport (impact unknown).
- Emissions from construction (forecast increase emissions).
- Operational emissions (forecast increase emissions).

11.2 Further detail can be found in the Carbon Impact Assessment at Appendix 2.

12. Implications for Partners

12.1. Transport infrastructure schemes carry implications for all road users – which in practice is everyone. In terms of partner agencies and organisations, key stakeholders are the emergency services, utility provider companies, transport operators (road & rail), road haulage associations and companies, key highway user groups such as motoring, cycling, walking and disability representation bodies. The exact nature of these implications will vary considerably between individual schemes.

12.2 Where required engagement takes place with interested parties during scheme development and at construction. Any implications that may arise through specific measures would be addressed as part of the scheme design and / or Traffic Regulation Order process that governs the operation and use of the road network.

13. Risks and Mitigation

13.1 Project risks are identified within scheme design, business case preparation and then at operational level during the construction process. These are managed using recognised risk register approaches and in accordance with the Council's contract procedure rules for the approval of any project or programme changes.

14. Accountable Officers

14.1 Lucy Hudson
Head of Transportation Infrastructure Service
Email: lucy.hudson@rotherham.gov.uk

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	27/02/26
Executive Director of Finance & Customer Services (S.151 Officer)	Judith Badger	27/02/26
Service Director of Legal Services (Monitoring Officer)	Phil Horsfield	27/02/26

Report Author:
Nat Porter, Interim Head of Transportation Infrastructure Service

This report is published on the Council's website.

Appendix1

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: Transport Capital Programme 2026-27	
Directorate: **Regeneration & Environment**	**Service area:** **Transportation Infrastructure Service**
Lead person: Nat Porter	**Contact:** nat.porter@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
Approval of Transport Capital Programme 2026-27.

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,

Appendix1

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?	✓	
Could the proposal affect service users?	✓	
Has there been or is there likely to be an impact on an individual or group with protected characteristics?	✓	
Have there been or likely to be any public concerns regarding the proposal?	✓	
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?		✓
Could the proposal affect the Council's workforce or employment practices?		✓
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?** The report details a programme of work, and its division of themes. General consideration has been given to equalities implications of work in these themes; however specific impacts will not be identifiable until individual schemes are identified. It is proposed as schemes are identified under each theme, the programme and schemes

within them will be subject to an update of this Initial Screening Assessment, with individual schemes subjected to Equality Analysis as required by RMBC Policy.

Parts of the 2026-27 programme relates to allocation of money to ongoing schemes subject to their own individual processes. Consequently, this screening applies only to the following parts of the programme -

- The allocation of funds for works to prioritise and design an additional pedestrian crossing and the delivery of a further pipeline of schemes.
- The approval of the extension of the Minor Schemes programme.
- The approval of funds for further monitoring and evaluation.
- The approval of funds for wating restrictions and works associated with school crossing sites.
- The allocation of funds to ward road safety plans.
- The allocation of funds to design works at Treeton Crossroads.
- The allocation of monies for the Structures Capital Maintenance Programme and Fleet Bridge Design.

- **Key findings**

Local and national data identify a number of inequalities in respect of transport which will need to be considered in the development of the programme, some of which may be cause of or an effect of existing traffic and transport conditions. Headline inequalities identified are –

- Children, young people and the elderly are overrepresented amongst road traffic casualties relative to their population size;

- Wheelchair and mobility scooter users express notably worse satisfaction with provision of safe and level crossing points, and obstruction of footways, than others;

- Men are overrepresented amongst road traffic casualties relative to the average;

- Access to cars is lower amongst people of non-White ethnicity, and amongst lower income households;

- People without access to cars travel significantly less far despite spending similar (but slightly lesser) amounts of time travelling compared to the average. They are also more dependent on non-motorised travel, and especially buses, for their mobility.

In light of these headlines, the following initial findings are made –

- Introduction of an additional pedestrian crossing can be expected to advance equality of opportunity for those amongst children and young people, the elderly, people with disabilities and those without access to cars – however this will depend upon the final prioritised crossing. A screening assessment will be made as part of the report to enter the prioritised crossing into the programme.
- Introduction of enhanced walking, cycling and crossing infrastructure enhancements can be expected to advance equality of opportunity for those amongst children and young people, the elderly, people with disabilities and those

without access to cars.

- As children, young people and men are overrepresented in road traffic collisions, there is a risk of adverse outcomes of reallocation of Collision Investigation & Prevention monies for these groups. However, in the context of the study into school crossing interventions any works and/or changes in policy arising from the study will be subject to their own Equalities Impact Analysis.

- **Actions**

- Ensuring consultation and engagement activity seeks the view of groups with protected or other characteristics where there may be inequalities of which we are unaware and/or lack information.

- Conduct an Initial Equality Screening Assessment on projects within each theme as these are developed. This will include an assessment to be included as part of the decision report for the prioritisation of the new pedestrian crossing.

- Progress schemes to Equality Analysis where screening assessment indicates this is required.

Date to scope and plan your Equality Analysis:	See Actions – above.
Date to complete your Equality Analysis:	See Actions – above.
Lead person for your Equality Analysis (Include name and job title):	Nat Porter, Interim Head of Transportation Infrastructure Service

5. Governance, ownership and approval

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

Name	Job title	Date
Nat Porter	Interim Head, Transportation Infrastructure Service	6th February, 2026
Andrew Brookfield	Interim Service Manager, Transport Planning and Policy	6th February, 2026

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	06 Feb '26
Report title and date	Transport Capital Programme 26/27 16 Mar '26
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	06 Feb. 26

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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 Rotherham 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	Not applicable in this instance	Not applicable in this instance	Not applicable in this instance	Not applicable in this instance
Emissions from transport?	Increase emissions	Additional emissions may be expected from travel related to the development and construction of projects in the Transport Capital Programme.	Generally, schemes which reduce demand for travel, or facilitate active travel and/or public transport may be expected to reduce emissions. Measures which facilitate car ownership or use, or additional travel more generally, may be expected to increase emissions.	Where possible scheme PMs will be expected to provide estimates of changes in carbon emissions consequential to the schemes.	To be determined once projects and their impacts are understood in more detail. .
Emissions from waste, or the quantity of waste itself?	Increase emissions	Most schemes will result in excavations and/or disposal of materials as part of construction, with consequential one-off increase in waste and associated emissions.		Scheme PMs will be expected to work with designers and contractors to ensure carbon emissions are minimised as far as practicable, including actively seeking opportunities to cut emissions from existing operation.	

Appendix 2 – Carbon Impact Assessment

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 Rotherham as a whole.	Describe any measures to mitigate emission impacts	Outline any monitoring of emission impacts that will be carried out
Emissions from housing and domestic buildings?	None	Not applicable in this instance	Not applicable in this instance	Not applicable in this instance	Not applicable in this instance
Emissions from construction and/or development?	Increase emissions	All highway/structural schemes have construction emissions arising from the supply, installation, maintenance and operation of the schemes. The scale and nature of these cannot be confirmed until schemes are identified and more developed.	No impact expected beyond the contribution from RMBC and its contractors.	Scheme PMs will be expected to work with designers and contractors to ensure carbon emissions are minimised as far as practicable, including actively seeking opportunities to cut emissions from existing operation.	
Carbon capture (e.g. through trees)?	Impact unknown	It is possible schemes will be identified involving removal of small numbers of trees.	No impact expected.	Impacts on trees will be avoided in the first instance. The advice of arboriculturists will be sought in respect of replacement planting in the event of tree impacts being identified.	To be determined once projects and their impacts are understood in more detail.
Identify any emission impacts associated with this decision that have not been covered by the above fields:					

Appendix 2 – Carbon Impact Assessment

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 Rotherham as a whole.	Describe any measures to mitigate emission impacts	Outline any monitoring of emission impacts that will be carried out
Will the proposal affect Council services' resilience to climate change, or the capacity of people living in the Borough to adapt to climate change? Investment in highways assets may increase the resilience of the local transport system to the effects of climate change. Proactively identifying and resolving issues and improving the network decreases exposure to climate risk, throughout the highways network. The 2026 – 2027 capital programme will be supported by revenue proposals which are to investment in highways asset inspections and risk-based management software, as considered in CIA 575					

Please provide a summary of all impacts and mitigation/monitoring measures:

In summary, the following impacts are expected, with the scale and balance of emissions unknown until projects are further developed -

- A one-off increase in emissions associated with development and construction of the projects;
- An ongoing increase in emissions associated with the maintenance and operation of the projects;
- Potential but as yet unknown change in emissions from transport resulting from the schemes;

The increases associated with development, construction, maintenance and operation reflect the systemic nature of the carbon emissions problem; whilst the energy and construction systems are emitters of carbon, any additional activity utilising these systems can be expected to result in increases in emissions.

The changes are thought likely to be very small in the context of overall transport emissions in Rotherham, and very small in the context of the NZ30 and NZ40 targets.

Mitigation will principally consist of emissions estimates being prepared as schemes are developed, PMs being required to ensure emissions are reduced as far as practicable in the design and construction of the projects, and this feeding into scheme development.

Supporting information:	
Completed by: (Name, title, and service area/directorate).	Nat Porter Interim Head, Transportation Infrastructure Service Regeneration & Environment
Please outline any research, data, or information used to complete this [form].	A previous climate impact assessment, CIA 414 (relating to a previous annual round of the Council's transport capital programme) was used in preparing this assessment. CIA 575 (transport programme revenue proposals) was also referenced, as cited above.
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.	
Tracking [to be completed by Policy Support / Climate Champions]	Tracking reference: CIA 595 Arthur King Principal Climate Change Officer Finance and Customer Services