

HEALTH SELECT COMMISSION

Date and Time:- Thursday 22 January 2026 at 5.00 p.m.

Venue:- Rotherham Town Hall, The Crofts, Moorgate Street, Rotherham. S60 2TH

Membership:- Councillors Keenan (Chair), Yasseen (Vice-Chair), Adair, Ahmed, Baum-Dixon, Brent, Clarke, Duncan, Garnett, Harper, Havard, Knight, Reynolds, Tarmey, Thorp, Fisher and Harrison.

Co-opted Member David Gill representing Rotherham Speak Up.

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.

AGENDA

1. Apologies for Absence

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

2. Minutes of the previous meeting held on 20 November 2025 (Pages 5 - 19)

To consider and approve the minutes of the previous meeting held on 20 November 2025 as a true and correct record of the proceedings and to be signed by the Chair.

3. Declarations of Interest

To receive declarations of interest from Members in respect of items listed on the agenda.

4. Questions from members of the public and the press

To receive questions relating to items of business on the agenda from

members of the public or press who are present at the meeting.

5. Exclusion of the Press and Public

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

For Discussion/Decision:-

6. Rotherham Safeguarding Adults Board Annual Report 2024-2025 and Strategic Plan 2025-2028 (Pages 21 - 107)

This item is to receive a report and presentation in relation to the Safeguarding Adults Board Annual Report 2024-2025 and the Safeguarding Adults Board Strategic Plan 2025-2028, in order to consider the work of the Board over the previous year and to assist the Health Select Commission to identify aspects it may wish to consider in more detail during that period.

This item had previously been considered by the Improving Lives Select Commission, and was brought under the Health Select Commission's remit under changes to the Council's Constitution in the 2025/26 municipal year.

7. Access To Contraception Review Report (Pages 109 - 368)

This item is to consider the Scrutiny Review Report on Access to Contraception.

The report is a result of the review completed by the working group comprised of Members of the Health Select Commission through evidence gathering conducted between March and October 2025 and details the proposed recommendations subsequently agreed.

8. Health Select Commission Work Programme - 2025/26 (Pages 369 - 370)

To consider the Health Select Commission's work programme for 2025-2026.

For Information/Monitoring:-

To receive and note the contents of any reports routinely submitted to the Health Select Commission for information and awareness.

9. South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee

The most recent South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (JHOSC) meeting took place on 7 January 2026 and consider an update on performance from Yorkshire Ambulance Service. The minutes of this meeting have not yet been published. They will be circulated to Health Select Commission Members and available via the Council's website following publication.

10. Director of Public Health Annual Report 2025 (Pages 371 - 434)

To receive and consider the Director of Public Health's Annual Report in respect of how this can inform the future work of the Health Select Commission.

11. Urgent Business

To consider any item(s) which the Chair is of the opinion should be considered as a matter of urgency.



JOHN EDWARDS,
Chief Executive.

**The next meeting of the Health Select Commission
will be held on Thursday 26 March 2026
commencing at 4.00 p.m.
in Rotherham Town Hall.**

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HEALTH SELECT COMMISSION
Thursday 20 November 2025

Present:- Councillor Keenan (in the Chair); Councillors Ahmed, Baum-Dixon, Brent, Clarke, Duncan, Garnett, Harper, Tarmey and Harrison.

Apologies for absence:- Apologies were received from Yasseen, Thorp and Fisher.

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

33. MINUTES OF THE PREVIOUS MEETING HELD ON 2 OCTOBER 2025

Resolved:-

That the minutes of the meeting held on 2 October 2025 were approved as a true and correct record of the proceedings.

34. DECLARATIONS OF INTEREST

There were no declarations of interest.

35. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or the press.

36. EXCLUSION OF THE PRESS AND PUBLIC

There were no items on the agenda that required the exclusion of the press or members of the public.

37. DRAFT ADULT SOCIAL CARE MENTAL HEALTH STRATEGY 2026-2029

The Chair welcomed Scott Matthewman, Assistant Director of Strategic Commissioning and Holly Smith, Change Lead for Service Improvement and Governance to the meeting and invited them to introduce the draft Strategy and supporting presentation.

The Assistant Director of Strategic Commissioning explained that the purpose of the session was to provide members with an overview of the draft Strategy, its development, and its proposed priorities ahead of submission to Cabinet in December 2025.

They described that the strategy had been co-designed over an extended

period with a wide range of stakeholders to ensure it reflected local needs and aspirations. They confirmed that the document set out a clear strategic vision for adult mental health services in Rotherham and identified priorities for delivery over the next three years. The priorities included:

- Establishing a Mental Health Partnership Board to oversee implementation.
- Expanding the mental health enablement offer.
- Improving access to services and reducing waiting times.
- Enhancing support for carers and families.
- Strengthening crisis pathways.
- Developing the workforce to meet future needs.

They noted that a detailed action plan would accompany the Strategy to ensure accountability and measurable progress, with governance arrangements in place to monitor delivery.

The Change Lead for Service Improvement and Governance outlined the background and development process to the Strategy. They reported that Cabinet had approved recommendations from the Adult Social Care Mental Health Review in December 2023, which included the requirement to produce a co-designed borough-wide mental health Strategy. The draft Strategy aimed to achieve parity for mental health services across Rotherham and had been shaped by contributions from Public Health, Housing, NHS colleagues, and Voluntary and Community sector partners. They highlighted the critical role of Housing in Adult Social Care, supporting mental health recovery and continuity of care and acknowledged that mental ill health was a growing public health concern which ranged from everyday stresses to long term conditions and recognised that higher levels of wellbeing were linked to lower levels of illness.

The Strategy had been informed by robust data sources, including the Rotherham's Mental Health Needs Assessment (RHNA), loneliness engagement data, the Joint Strategic Needs Assessment (JSNA), and insights from the Rotherham Parent Carers Forum. To ensure the strategy reflected community priorities, a 12 week formal consultation had been undertaken between May and July 2025. This consultation involved 26 bespoke engagement events across the borough, delivered in partnership with organisations such as Voluntary Action Rotherham, South Yorkshire Housing, and Rotherham Ethnic Minority Alliance (REMA). Engagement activities included drop-in sessions at venues such as Wellgate Court and the Unity Centre, workshops with staff networks and cultural groups, and attendance at promotional events including Women of the World and Shared Lives. The consultation generated 227 responses, with 95 individuals supported to complete surveys. All findings were analysed and directly informed the strategy's vision, values, and priorities.

Feedback gathered throughout consultation was crucial to informing how this alignment with other strategies could be achieved. It was important to ensure that we referenced those existing areas of focus in order to capture views on how this strategy could support wider priorities and initiatives already in place within Rotherham's mental health services.

From consultation, the proposed vision was that residents experiencing mental health challenges should feel empowered, respected, and receive early support to prevent decline and maintain independence close to home. The core values identified were:

- People-focused (47%),
- Caring (39.6%), and
- Respectful (32.6%).

Key themes which emerged included improving mental health services, preventing crisis through early intervention, reducing waiting times, ensuring voices were heard, and providing consistent access to information and support.

The strategy set out phased priorities across its three-year span:

Year 1 - Voice, prevention, reducing delays, and access, including expansion of the mental health enablement service.

Year 2 - Service improvement and enhanced support for carers and families.

Year 3 - Partnership and integration, alongside workforce development.

Delivery would be supported by the launch of a Mental Health Partnership Board in 2026, preceded by a working group to maintain momentum. A comprehensive delivery action plan with SMART objectives had been drafted and would accompany the Cabinet report to ensure effective implementation.

The Change Lead for Service Improvement and Governance concluded by confirming that the Strategy aligned with existing frameworks such as the Rotherham Health and Wellbeing Strategy and the Borough That Cares Strategy, ensuring coherence across local priorities. The draft Strategy also included practical information for residents on how to get involved, shape services, and raise safeguarding concerns.

The strategy was scheduled for presentation to Cabinet in December 2025, with publication planned for early 2026.

The Chair thanked the Officers for the presentation and invited questions and comments from Members.

Councillor Harper referred to data in the agenda pack which reflected that depression rates in Rotherham had risen from 8.8% to 17.3%, compared to a national average of 13.2%. They asked how the significant increase had influenced prioritisation within the strategy and what actions were planned to reduce the rate in line with the national average.

The Assistant Director of Strategic Commissioning explained that the strategy was intelligence-driven and triangulated performance data with lived experience feedback. They highlighted the role of the mental health enablement offer, which focused on early support and prevention, targeting individuals at the point of diagnosis to optimise wellbeing and prevent escalation. They described this approach as central to service design and delivery.

Councillor Keenan raised a related concern about homelessness and mental health. They noted that homelessness linked to mental health had increased from 15.9% to 39% in two years.

The Assistant Director of Strategic Commissioning acknowledged this was a critical issue and explained that the council's integrated approach, spanning Adult Social Care, Housing, and Public Health, enabled a broader understanding of resident needs and informed targeted service responses. They added that homelessness and mental health were often interlinked and that this recognition was shaping staff training and the development of rough sleeper and homelessness strategies to ensure appropriate clinical and social support.

Co-optee, David Gill, asked whether the strategy addressed autism and mental health, and sought reassurance as to how services would be made accessible to autistic individuals.

The Assistant Director of Strategic Commissioning confirmed that autism had been considered within the strategic framework. They noted that Rotherham had separate but connected strategies for learning disability, mental health, and autism and stressed the importance of synergy between those strategies, alongside a person-centred approach that recognised individual strengths and needs.

Councillor Clarke queried improvements to transition pathways for young people and the partnerships that would support that work.

The Assistant Director of Strategic Commissioning stated that significant work was already underway and that the strategy would act as a catalyst for reviewing current pathways, identifying gaps, and engaging both children's services and people with lived experience to drive improvements.

Councillor Clarke asked how integration with housing, voluntary organisations, and health partners would be operationalised and what role the voluntary sector would play.

The Assistant Director of Strategic Commissioning explained that the strategy had been co-designed with strong engagement from voluntary and community organisations and that the forthcoming Mental Health Partnership Board would formalise specific roles and responsibilities. They emphasised that delivery would be co-produced rather than prescriptive, drawing on the collective expertise of all partners.

Councillor Harrison wanted to understand how the strategy aligned with other key frameworks such as the Health and Wellbeing Strategy and the Borough That Cares Strategy, and how success against the vision of "empowered, respected and early support" would be measured.

The Assistant Director of Strategic Commissioning confirmed that alignment had been a conscious decision and that success measures would be co-designed with stakeholders, including people receiving services, alongside national indicators.

Councillor Harrison asked how individuals with mental health issues were identified when accessing other council services, such as housing, and whether this would fall under the remit of the partnership board.

The Assistant Director of Strategic Commissioning stressed the importance of holistic engagement and the principle of "making every contact count," intended to ensure referrals and advocacy for timely support.

Councillor Harrison asked about the role and authority of the Mental Health Partnership Board and how progress would be monitored.

The Assistant Director of Strategic Commissioning explained that the board would adopt governance principles similar to those used for the Learning Disability and Autism Partnership Board, reporting to the Health and Wellbeing Board and periodic updates to the Health Select Commission.

Councillor Brent queried what steps would be taken to remove barriers for underrepresented minority groups in accessing mental health services.

The Assistant Director of Strategic Commissioning reassured members that inclusivity was central to the strategy and that delivery would involve reviewing pathways, identifying gaps, and engaging communities to ensure interventions improved outcomes.

Councillor Brent asked if minority groups were or would be involved in co-production.

The Assistant Director of Strategic Commissioning confirmed that all community representations would be engaged.

Councillor Brent also queried whether there were any workforce gaps that

represented a risk to delivery.

The Assistant Director of Strategic Commissioning acknowledged sector-wide challenges but noted that workforce engagement had been integral to strategy design and that issues would be addressed through business processes as they arose.

Councillor Clarke considered the issue of loneliness, asking which demographic/age-groups were most affected.

The Assistant Director of Strategic Commissioning did not have the data to hand but agreed to provide it at a later date.

Councillor Harper sought reassurance on how the strategy would address co-occurring issues such as mental health and substance misuse.

The Assistant Director of Strategic Commissioning reaffirmed the ambition of the strategy and explained that pathways across health and social care were being reviewed to ensure they were fit for purpose and responsive to complex needs. They confirmed that progress would be reported back to the Commission and Cabinet, with monitoring through the Health and Wellbeing Board.

Councillor Baum-Dixon asked whether the strategy accounted for differences between urban and rural areas, particularly regarding isolation and loneliness.

The Assistant Director of Strategic Commissioning confirmed that whilst the strategy set a universal vision, delivery would be tailored to local contexts, with targeted actions for specific communities as needed.

Councillor Brent raised a question concerning local suicide rates, noting national concerns about male suicide.

The Assistant Director of Strategic Commissioning did not have local gender-specific data but agreed to provide it at a later date. They outlined existing initiatives focused on early identification and support through the mental health enablement pathway, which aimed to introduce protective factors and prevent crisis.

Councillor Ahmed stressed the need to separate mental health from learning disability services based on professional experience. They highlighted cultural factors mental health and called for clearer expectations for providers, improved single points of access, and stronger collaboration with police and NHS partners.

The Assistant Director of Strategic Commissioning welcomed these points, stating that the strategy provided a framework for addressing such issues and that the detailed delivery plan would translate priorities into action.

Councillor Keenan asked what evidence supported the effectiveness of enablement and independence pathways in preventing crisis.

The Assistant Director of Strategic Commissioning described the enablement offer as a tailored 15-week programme which focused on early intervention and prevention, delivered in partnership with health colleagues to ensure continuity across pathways.

Councillor Keenan wanted to understand how the overarching strategy would guarantee responsiveness and flexibility of crisis support.

The Assistant Director of Strategic Commissioning reassured members that NHS partners were fully engaged in both strategy development and delivery, ensuring integration and person-centred care.

Resolved:-

That the Health Select Commission:

1. Supported the recommendation to Cabinet to approve the publication of the Adult Social Care Mental Health Strategy 2026-2029.
2. Requested that the Commission be provided with a copy of any delivery/action plan including any specific measurable targets or Key Performance Indicators (KPIs), against which progress would be assessed.
3. Requested a mid-point update on the delivery of the 2026-2029 Strategy (likely to take place in mid to late 2027).
4. Requested early involvement in consultation/co-production of the replacement Strategy when this iteration approaches conclusion, with a timeline for this to be agreed separately with the Chair and Governance Advisor.
5. Requested that the Service contacted co-optee, David Gill to take up the offer of support from Rotherham Speak Up in respect of lived experience.
6. Requested that the Service provide the more detailed data that underpinned the headline loneliness statistics, affording a more actionable data set that could be assessed over time.
7. Requested that the Service provide specific figures in respect of male suicide rates in Rotherham and outline how they compare with the national average.

38. ROTHERHAM PLACE PARTNERS WINTER PLAN 2025-26

The Chair welcomed Steph Watt, Portfolio Lead for Transformation and Delivery in Urgent and Community Care, SYICB, Jodie Roberts, Director of Operations and Bob Kirton, Managing Director, TRFT and Scott Matthewman, deputising for Emily Parry-Harries, Director of Public Health, RMBC to the meeting and invited Steph Watt to introduce the Place Partners Winter Plan presentation.

The Portfolio Lead for Transformation and Delivery began by emphasising that the Winter Plan was not only a national requirement but also a priority locally, reflecting Rotherham's long-standing commitment to robust winter planning. They explained that the plan had been developed collaboratively with all place partners including the Council, Primary Care Networks, The Rotherham NHS Foundation Trust (TRFT), Rotherham, Doncaster and South Humber NHS Trust (RDaSH), and Voluntary Action Rotherham.

The plan had undergone rigorous assurance processes and was formally signed off by the TRFT Board, the Place Board, and the South Yorkshire Integrated Care Board (SYICB). The plan had also been stress-tested through scenario planning at both regional and local levels and aligned with national urgent and emergency care standards, particularly the four-hour emergency department target, ambulance response times, and discharge delays.

The Portfolio Lead for Transformation and Delivery reflected on last year's approach, which had focused on expanding out-of-hospital pathways. Additional funding from the Better Care Fund and Section 75 agreements, alongside organisational investment, had supported several schemes. Learning from these initiatives had informed this year's plan, recognising that post-COVID demand remained consistently high throughout the year, with winter pressures exacerbated by flu and other infectious diseases.

They outlined significant developments over the past year, including the creation of a new medical Same Day Emergency Care (SDEC) unit, which had utilised £7 million national funding, and the establishment of a Transfer of Care Hub (ToCH). This hub brought together a multi-disciplinary team comprising Yorkshire Ambulance Service, health professionals, social care staff, and voluntary sector representatives. Its purpose was to co-locate specialists to manage referrals from both acute hospital and community settings, enabling real time decision making to avoid unnecessary admissions and ensure only those requiring hospital care were conveyed. They highlighted the benefits of co-location, which allowed immediate professional consultation and faster resolution of complex cases, particularly as patient acuity and complexity continued to rise.

Members heard that high impact activities had targeted frequent attenders with respiratory conditions, diabetes, and frailty. Capacity on the Virtual

Ward had been increased to support admission avoidance and discharge for high-acuity patients who would otherwise require hospital care. Led by nurse consultants and urgent care specialists, the Virtual Ward now included new pathways for heart failure, alongside existing frailty and respiratory pathways. Remote monitoring technology had also been introduced, enabling clinicians to observe patients at home using wearable devices, a development being tested with potential for future expansion.

The Portfolio Lead for Transformation and Delivery reported that service redesign within social care, particularly in enablement services, had significantly reduced waiting lists from a peak of 66 last winter to just nine in August, creating additional capacity. New targeted roles had been introduced, including a matron in the acute setting and a system flow coordinator to manage complex discharges. These changes had contributed to improved four-hour emergency department performance, which had risen steadily to over 70% since the end of last winter. Discharge metrics, including timely discharges and reductions in long-stay patients, compared favourably with regional benchmarks.

They described ongoing work to understand emergency department demand, supported by Healthwatch, which had conducted interviews during peak periods. Deep-dive data analysis was underway, with an action plan in development to address overrepresented and underrepresented groups.

They acknowledged persistent challenges, including sustained high demand, changing population expectations, and increased emergency department attendances which were regularly exceeding 300 compared to the previous modelled figure of 270. These pressures were impacting system flow and discharge pathways, with escalation beds remaining open year-round and 30 surge beds were activated in October. She confirmed that governance processes were in place to monitor and assure performance, reporting through regional and national structures.

In response to early and severe flu prevalence, planned activities had been accelerated. The Acute Respiratory Infection (ARI) Hub, providing additional primary care appointments, had opened early, and all Trust schemes were operational from the start of November. National priorities included improving vaccination uptake and reducing workforce sickness. The Portfolio Lead for Transformation and Delivery described coordinated efforts led by Public Health, primary care, the Trust, and the Council, including innovative approaches such as ward-based staff vaccinations, weekend clinics, and targeted outreach for vulnerable groups.

Other initiatives included:

- Enhanced primary care access through additional GP appointments and the respiratory hub.
- Proactive care pathways led by Primary Care Networks (PCNs), using

risk stratification and multi-disciplinary reviews for those most at risk of admission.

- A community geriatrician-led complex care pathway, combining clinical review with person-centred planning and medication checks.
- Collaboration with Yorkshire Ambulance Service to reduce avoidable conveyances, including a care home pathway and the community X-ray pilot, which enabled on-site imaging in care homes to prevent unnecessary hospital transfers.

They highlighted improvements in hospital flow through multi-agency events such as 'Every Minute Matters', which identified and addressed discharge delays. Community flow was also under review, with targeted actions based on delay metrics. Assurance processes included thrice-daily Trust discharge meetings and thrice-weekly place escalation meetings, which escalated to daily during peak pressures and involved executive-level representation.

Examples of new roles were shared, including Flow Capacity Managers coordinating complex cases across agencies and Care Home Trusted Assessors, who facilitated safe and timely discharges by liaising directly with care homes and families. Organisational development work supported these changes, with champion roles promoting new ways of working.

A comprehensive communications and engagement strategy underpinned the plan, aligned with national, regional, and local messaging. The Portfolio Lead for Transformation and Delivery concluded by outlining governance arrangements, winter resilience testing, and key risks, which included sustained demand, staff wellbeing, sickness absence, and industrial action. They reassured the Commission that robust, tested contingency plans were in place and continuously reviewed.

The Chair thanked the Portfolio Lead for Transformation and Delivery for the comprehensive presentation and invited questions and comments from Members.

Councillor Brent highlighted the complexity of the report and the heavy use of abbreviations and acronyms. They explained that as a lay person their understanding had been limited by unfamiliar terminology used. They suggested that future reports should either include a glossary or define acronyms at first use.

Officers acknowledged this concern and agreed to provide that explanatory detail in future reports and presentations. The Chair also advised that a Health Select Commission glossary had been produced previously and would be re-circulated to all members.

Councillor Tarmey asked how recent changes to the GP contract might affect emergency department demand during winter, questioning whether it would improve, remain static, or increase pressures.

The Deputy Director of Place for Rotherham, SYICB, Claire Smith responded that while national challenges existed, Rotherham GPs were highly engaged with health and ICB colleagues. They noted that all practices remained open until 6:30 pm and that online access was being monitored. Overall, minimal impact was anticipated. The Managing Director, TRFT reinforced this point, citing strong local relationships and described that GP clinical directors had visited the Urgent and Emergency Care Centre (UECC) and the new Same Day Emergency Care Centre (SDEC) to understand how they could work together to improve patient care. They explained that these visits had included discussions about out-of-hours care and integration with urgent pathways.

Councillor Tarmey queried whether recent rounds of industrial action had had a significant impact locally. The Managing Director, TRFT confirmed that Rotherham had experienced similar patterns to the national picture, with approximately 50% of resident doctors participating in strikes. This was lower than previous periods. The Portfolio Lead for Transformation and Delivery explained that senior doctors largely continued working, which allowed the Trust to maintain most elective activity and deliver 90% of planned procedures. However, they stressed that this did not diminish the level of planning and disruption required to maintain safe care.

Councillor Harper raised concerns about ambulance wait times and handover delays, referencing national targets of 30 minutes for Category 2 response and 45 minutes for handovers. They asked whether these targets were realistic and how they interacted, noting that delays in handover could prevent ambulances from responding to urgent calls.

The Managing Director, TRFT explained that the 30-minute target for Category 2 calls was a national standard, whilst the 15-minute handover target had long been unachievable nationally. The new 45-minute threshold aimed to drive improvement. They described that Rotherham had excelled, achieving an average handover time of 14 minutes, better than the national ask of 15 minutes and ranking as the best performer in Yorkshire and Humber. They attributed this success to a whole hospital approach and system wide co-ordination, noting that only six ambulances had breached the 45-minute threshold so far in 2025, compared to much higher figures elsewhere.

Councillor Harper asked whether the impact of early flu peaks would affect performance in that area.

The Portfolio Lead for Transformation and Delivery acknowledged that performance might deteriorate slightly during peak periods due to infection control constraints but noted that early preparation and robust measures were in place. They added that the expected flu peak in mid-December, rather than post-Christmas, might actually be beneficial for planning.

Councillor Harper also queried the reference to “Southern Hemisphere” in planning assumptions.

The Portfolio Lead for Transformation and Delivery explained that flu predictions and vaccine development were based on patterns observed in countries such as Australia and New Zealand, which had experienced a severe season. They confirmed that early indications suggested the current vaccine strain was well-matched, which should mitigate severity.

Councillor Harrison asked how scenario testing and escalation processes would be monitored during winter.

The Managing Director, TRFT described regular scenario exercises within the Trust and across the wider place, supported by dynamic bed management and robust governance through the Urgent and Emergency Care Delivery Group. They emphasised the importance of cultural alignment and multi-agency collaboration during high-pressure periods. They also noted that cyber security risks were now a major concern, perhaps more so than traditional winter pressures.

Councillor Harrison wanted to understand which risks were rated highest and what mitigations were in place.

The Portfolio Lead for Transformation and Delivery and the Operations Director, TRFT identified demand, staffing, and industrial action as the key risks, with scenario plans covering illness, holiday periods, and vaccination uptake. Admission avoidance pathways had been embedded ahead of winter to minimise disruption, and staffing plans accounted for seasonal leave and sickness.

Councillor Clarke sought assurance on capacity within community pathways and enablement services to prevent discharge delays, and asked how the Transfer of Care Hub would improve flow.

The Portfolio Lead for Transformation and Delivery explained that the hub provided real time co-ordination across services, prioritising home based care where safe and appropriate, supported by a tiered approach from voluntary sector ‘settling in’ services to high-acuity virtual wards. They gave an example of Age UK’s hospital aftercare service, which could bridge short term gaps by supporting patients between discharge and the start of formal care packages. Where home pathways lacked capacity, commissioned beds were used as alternatives. The hub ensured accountability for individual cases and facilitated rapid escalation to the correct pathway.

Councillor Clarke asked about delays caused by hospital dispensing, which they noted they had raised previously with the Trust via the Health Select Commission.

The Managing Director TRFT acknowledged past challenges but reported improvements, including a pharmacist embedded in the discharge lounge, extended weekend hours, and Age UK support for medication delivery to patient homes following discharge. They added that electronic referral systems had also been streamlined to replace multiple forms with a single, dynamic form covering all pathways, reducing duplication and improving information quality.

Councillor Harper asked a question concerning staff vaccinations, noting changes to COVID eligibility.

The Managing Director, TRFT confirmed that COVID vaccinations were no longer provided by the Trust and were now accessed via GPs for those who qualified, but flu vaccination uptake among staff had reached a record 56%, supported by ward-based delivery and outreach to ambulance and GP federation staff. They emphasised that flu posed a greater risk than COVID in terms of hospitalisation, with current COVID-related admissions averaging one patient per week compared to much higher flu-related admissions.

Councillor Harper queried the rationale for moving to a single referral form and the impact that this had realised.

The Portfolio Lead for Transformation and Delivery explained that while a single form had existed for acute discharges, it had been redesigned as an electronic system with conditional drop-down menus, simplifying completion and improving data quality. This change reduced duplication and ensured individuals only needed to share their information once, improving continuity across organisational boundaries.

Councillor Clarke posed a broader public health question, citing research from a national care home chain showing that changing meal timings had significantly reduced slips and trips. They asked whether similar principles could inform community nutrition initiatives, such as reintroducing Meals on Wheels.

The Assistant Director of Strategic Commissioning acknowledged the importance of person-centred planning and close collaboration with independent providers. The Portfolio Lead for Transformation and Delivery expressed interest in reviewing the evidence and sharing best practice regarding the findings Councillor Clarke had referred to through care home and home care forums.

Resolved:-

That the Health Select Commission:

1. Noted the contents of the Rotherham Place Partner's Winter Plan 2025-26.

2. Requested that when presenting the 2026-27 Winter Plan, elements of success from previous years, or elements implemented and deemed unsuccessful from 2025/26 or otherwise not replicated be highlighted and information provided regarding the rationale for those decisions.
3. Requested that where risks were presented in the context of the Winter Plan, the associated grading was detailed to clearly illustrate the greatest areas of concern to Health Select Commission members.
4. Requested that when referring to acronyms or abbreviations connected with technical health issues, report authors include the full term on first use or provide a glossary to aid members' understanding.
5. Requested that Councillor Clarke liaise with the Portfolio Lead for Transformation and Delivery at the ICB to support the sharing of best practise in relation to the impact or mealtime variation on trips and falls.

39. HEALTH SELECT COMMISSION WORK PROGRAMME - 2025/26

Members were advised that the start time of the 22 January 2026 Health Select Commission meeting had been brought forward to 4.00 pm to accommodate the addition of anticipated Adult Social Care CQC inspection feedback.

Resolved:-

That the Health Select Commission:

1. Approved the work programme.
2. Agreed that the Governance Advisor was authorised to make any required changes to the work programme in consultation with the Chair/Vice Chair and report any such changes back to the next meeting.

40. SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

At the Chair's request, the Governance Advisor shared that the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (JHOSC) had taken place on 21 October 2025, and noted that Stroke Emergency Care and Aftercare had been added to the Committees work programme following suggestion by the Rotherham Member with support from the Barnsley Member.

Members were advised that the next JHOSC meeting was due to take place on 7 January 2026, and that the minutes of the previous meeting would be shared with members once available.

The Chair requested that members reviewed the agenda for the January 2026 meeting once published, and contacted the Chair and Governance Advisor regarding any questions or comments to be raised during that meeting.

41. HEALTH AND WELLBEING BOARD ANNUAL REPORT

The Chair requested that Health Select Commission Members who had comments, queries or questions they would like to discuss further in relation to the Health and Wellbeing Board Annual Report channel these via the Chair and Governance Advisor.

42. URGENT BUSINESS

There was no urgent business to discuss.

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Public Report
Health Select Commission

Committee Name and Date of Committee Meeting

Health Select Commission – 22 January 2026

Report Title

Rotherham Safeguarding Adults Board Annual Report 2024/25

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

No

Executive Director Approving Submission of the Report

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

Report Author(s)

Jackie Scantlebury, Rotherham Safeguarding Adults Board Manager
01709 254863 or Jackie.scantlebury@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

The Care Act 2014 states that all Safeguarding Adult Boards (SAB) must produce an annual report to promote its profile with the public and other local multi-agency partnerships, as well as the profile of safeguarding adults in its area.

The 2024 – 2025 Rotherham Safeguarding Adults Board Annual Report, therefore, summarises the work of the Board and its subgroups to enhance the profile of safeguarding.

The report includes contributions from all strategic partners, highlights positive partnership working and provides a range of customer stories that evidence good safeguarding practice.

A summary of safeguarding performance is included in the report.

Recommendations

That Improving Lives Select Commission:

1. Consider the report.

List of Appendices Included

Appendix 1 The Rotherham Safeguarding Adults Board Annual Report 2024/25

Appendix 2 The Rotherham Safeguarding Adults Board Strategic Plan 2022/25

Appendix 3 The Rotherham Safeguarding Adults Board Strategic Plan 2025/28

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

You should refer to [Appendix 9 of the Constitution – Responsibility for Functions](#) – to check whether your recommendations require approval by Council, as well as Cabinet or a committee. You should take advice from Democratic Services if you are not sure.

No

Exempt from the Press and Public

No

Rotherham Safeguarding Adults Board Annual Report 2024/2025

1. Background

1.1 The primary objective of the Rotherham Safeguarding Adults Board (RSAB) is to ensure that local safeguarding arrangements and partnerships act to help and protect adults at risk or experiencing neglect and/or abuse. The RSAB is a multi-agency strategic partnership comprising senior lead officers and nominated safeguarding leads from adult social services, criminal justice, health, housing, community safety, and voluntary organisations.

The RSAB has an independent chair, who is accountable for the effective delivery of the Board. The Care Act 2014 also specifies that there are three statutory core partners:

1. Local Authority.
2. Integrated Commissioning Board
3. Police

The RSAB is a multi-agency, strategic partnership made up of the three core members alongside:

- Rotherham NHS Foundation Trust
- Rotherham Doncaster and South Humber NHS Foundation Trust
- South Yorkshire Fire and Rescue
- Probation Service
- Voluntary and Community Sector
- Cabinet member for Adult Care
- Other Council service representatives across housing, community safety and criminal justice
- Children and Young People's Partnership

The Care Act 2014 requires all Safeguarding Adult Boards (SABs) to produce an annual report. In Rotherham, the report is used to evidence the achievements of the partnership, including customer stories and practice improvements. It also looks forward to the coming year and outlines the plans in place to deliver against the RSAB Strategic Plan.

2. Key Issues

2.1 The Rotherham Safeguarding Annual Report 2024/25 looks at what has been delivered over the past year and the past three years against the strategic plan that covered 2022/25. The 2022/25 strategic plan had three strategic aims.

1. Back to Basics

Working with partners to ensure the 6 principles of safeguarding are embedded in practice and ensuring that Making Safeguarding Personal is part of everything we do.

What have we done?

- Partnership Self-assessment joint process with Children and Young People's Services
- Developed Safeguarding Threshold Guidance to provide a common understanding of 'What is Safeguarding'
- Delivered training that included Professional Curiosity
- Responded to emerging themes and demands highlighted in the performance report
- Initiated training for the workforce delivered by Sheffield Hallam University.
- Self-neglect and Hoarding Thematic Review
- Developed a Self-neglect and Hoarding folding Z-Card to aid reporting
- Worked with Safer Rotherham Partnership to develop a campaign to 'Raise Awareness of Domestic Abuse in Older People'

2. Systems, Processes and Performance

Make sure that all services have appropriate systems and processes in place to support and safeguard Adults effectively.

What have we done?

- Worked with the Local Authority to develop a New Safeguarding Referral Process.
- Caused Enquiry safeguarding process rolled out across the partnership
- Satisfaction questions added as part of the safeguarding pathway

- Revised the Safeguarding Adult Review (SAR) process, added timescales and refreshed all paperwork
- Developed a thematic review process to capture learning from cases that do not meet the Safeguarding Adults Review threshold
- Developed a SAR Multi-Agency Learning Approach to ensure learning is embedded in practice across the Partnership
- Developed the Professional Curiosity training programme for the partnership

3. Strengthen Partnership

Make sure that partners, organisations, and communities will work together to prevent abuse from happening.

What have we done?

- Commissioned a Local Government Peer Review to ensure all Board partners are working together to provide the best possible outcomes for the people of Rotherham.
- Reviewed the structure of the SAB and its subgroups, updated the membership and governance of meetings
- All Terms of Reference for SAB and its subgroups have been refreshed
- Worked to improve links with all partners
- Delivered Safeguarding Awareness Week with the Children's and Safer Rotherham Partnership every November
- Strengthened the Safeguarding message, using Safeguarding Awareness Week to deliver training and awareness sessions covering a wide range of topics
- Developed a quarterly Safeguarding Newsletter with partner contributions to be shared across all partner organisations

2.2 The Safeguarding Adults Board has four subgroups that sit under the Board and the Executive Group. Membership of the sub-groups includes representatives from across the partnership, and each of the groups has a work plan that supports delivery of the strategic plan. The annual report captures and references the critical work of the subgroups.

The annual report provides partners with an opportunity to share customer stories that highlight strong partnership working and good safeguarding practice.

Performance data for 2024/25 is included in the annual report to evidence the breadth of safeguarding activities for the reporting period.

The report captures work that was completed during 2024/25, including:

The Joint Safeguarding Partnership Self-Assessment

Rotherham Safeguarding Adults Board (RSAB) and the Rotherham Safeguarding Children's Partnership (RSCP) held the Joint Partnership Self-Assessment in October 2024. The purpose of this safeguarding self-assessment is for organisations and agencies to provide assurance, through evidence, that they have arrangements in place that reflect the importance of safeguarding and promoting the welfare of children and adults.

The Rotherham Safeguarding Adults Board Website

The Rotherham Safeguarding Adults Board Website www.rsab.org.uk has been refreshed and updated to include a page dedicated to 'Professionals'. The RSAB wants to ensure that both professionals and volunteers have easy access to information to support adults at risk or suffering abuse or neglect and their families with care and support needs.

Rotherham Safeguarding Adults Board Quarterly Newsletter

In July 2024 the RSAB delivered its first Newsletter to all our partners. The Newsletter contains headlines from the most recent Board Meeting and a summary of performance for the previous quarter. Each of our partners contributes to the Newsletter, providing safeguarding news from within their organisations.

Safeguarding Awareness Week 2024

November is the month when we celebrate Safeguarding Awareness Week, the Safeguarding Partnership across Adults, Children's, and the Safer Rotherham Partnership come together to deliver training and awareness sessions on a variety of topics.

2.3 An important action for 2024/25 was to develop a new strategic plan for 2025/28 to ensure the Safeguarding Board had clear objectives for the next three years.

All partners came together in January 2025 to decide on the new strategic aims for the next three years. Five new objectives were agreed by the partnership, and a refreshed strategic plan was developed.

Strategic Objective 1 - Communication, Engagement, and Voice
Improving safeguarding awareness across all citizens, communities, and partner organisations.

Strategic Objective 2 - Prevention and Early Intervention
Developing tools to support practice that promotes open cultures and reduces the risk of abuse and neglect.

Strategic Objective 3 - Leadership and Partnership

To promote effective leadership, partnership working, and governance for safeguarding adults, holding partners and agencies to account.

Strategic Objective 4 - Making Safeguarding Personal

To make sure that safeguarding practice places adults at the centre and supports them in making their own decisions and outcomes.

Strategic Objective 5 - Learning and Development

To identify and share lessons from reviews and audits to drive practice development and learning.

The Safeguarding Adults Strategic Plan 2025/28 will be monitored by Executive Group of the Board and progress will be reported to the quarterly board meetings.

The annual report sets out the focus for the Board and its subgroups for 2024/2025.

- **Voice** - Develop a new subgroup called 'Voice.' This subgroup will work with the voluntary sector and customer-led groups to ensure the SAB hears the thoughts and concerns of the people of Rotherham.
- **Shared Learning** - We will work with Children's Safeguarding and the Safer Rotherham Partnership to develop a Learning Hub. The Learning Hub will be used to share good practice and learning relating to Safeguarding Adult Review, Domestic Homicide Reviews and Serious Case Reviews.
- **Safeguarding Awareness Week 2025** - During 17th and 21st November, the Safeguarding Partnership will come together to deliver a range of awareness and training events to colleagues across Rotherham.
- **Vulnerable Adults Pathway** - We will embed a robust Vulnerable Adults Pathway to support people who may be at risk of harm and abuse who do not meet the safeguarding thresholds but have complex needs.

3. Options considered and recommended proposal

3.1 Health Select Commission note the Safeguarding Adults Annual Report for 2024/25.

4. Consultation on proposal

4.1 The Rotherham Safeguarding Adults Board Annual Report for 2024/25 was signed off by the Board on the 10th December 2025.

5. Timetable and Accountability for Implementing this Decision

5.1 The Safeguarding Adults Board Annual Report 2024/25 will be available electronically via the Rotherham Safeguarding Adults Board website, <https://www.rsab.org.uk>, from 1 February 2025.

6. Financial and Procurement Advice and Implications

6.1 There are no direct financial implications.

7. Legal Advice and Implications

7.1 S43 of the Care Act 2014 sets out the statutory duty of the Council to establish a Safeguarding Adults Board for the borough of Rotherham.

A Safeguarding Adults Board has the objective to help and protect adults in its area who have care and support needs and who are at risk of neglect and/or abuse and are unable to protect themselves. A Safeguarding Adults Board may undertake any lawful activity which is necessary and desirable to achieve its objective.

The Care Act 2014 requires all local authorities set up a Safeguarding Adults Board to co-ordinate local work to safeguard adults who need care and support. The Rotherham Safeguarding Adults Board (RSAB) works to protect adults with care and support needs from abuse and neglect. The RSAB must:

- Produce an annual report on the effectiveness of adult safeguarding within their area.
- Produce a strategic plan that sets out the aims of the board.
- Commission Safeguarding Adults Reviews (SAR's) when needed.

The Council has the lead in co-ordinating responsibility for safeguarding, which includes strategic responsibility and establishing multi-agency arrangements to ensure the effectiveness of what the Rotherham Safeguarding Adults Board members do.

8. Human Resources Advice and Implications

8.1 There are no direct HR implications.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The Rotherham Safeguarding Adults Board is a partnership board and has representation from Children's Services. The Chair of the Children's Partnership and the Independent Chair of the Safeguarding Adults Board met regularly, and the Adults and Children's Partnership will work jointly to deliver cross-cutting themes that are identified.

10. Equalities and Human Rights Advice and Implications

10.1 This report supports the Council to comply with legal obligations encompassed in the:

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

11. Implications for CO₂ Emissions and Climate Change

11.1 The Rotherham Safeguarding Adults Board Annual Report 2024/25 will not impact the Council's or area-wide emissions, or otherwise effect progress towards these goals.

11.2 The Rotherham Safeguarding Adults Board Annual Report 2024/25 does not contain recommendations/proposals that will increase emissions or reduce emissions.

12. Implications for Partners

12.1 The Rotherham Safeguarding Adults Board Annual Report 2024/25 has been produced with all partners of the board contributing and agreeing on the final content.

12.2 Partners of the board will be asked to share within their own organisations.

13. Risks and Mitigation

13.1 The Rotherham Safeguarding Adults Board Annual Report 2024/25 has a requirement to be published to ensure the Rotherham Safeguarding Adults Board meets its Statutory Duty under the Care Act 2014

14. Accountable Officer(s)

Ian Spicer

Strategic Director of Adults, Housing & Public Health

01709 255992, ian.spicer@rotherham.gov.uk

Approvals obtained on behalf of:

	Name	Date
Chief Executive		Click here to enter a date.
Executive Director of Corporate Services (S.151 Officer)	Named officer	Click here to enter a date.
Service Director of Legal Services (Monitoring Officer)	Named officer	Click here to enter a date.

Service Director of Human Resources (if appropriate)		Click here to enter a date.
Head of Human Resources (if appropriate)		Click here to enter a date.
The Executive Director with responsibility for this report	Ian Spicer, Executive Director of Adult Care, Housing and Public Health	23/12/25
Consultation undertaken with the relevant Cabinet Member	Cabinet Member for Adult Social Care and Health - Councillor Baker-Rogers	Click here to enter a date.

Jackie Scantlebury Rotherham Safeguarding Adults Board Manager

01709 254863 or Jackie.scantlebury@rotherham.gov.uk

This report is published on the Council's [website](#).

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ANNUAL REPORT

2024/25

Protecting adults from abuse and neglect



INTRODUCTION BY MOIRA WILSON

Rotherham Safeguarding Adults Board Independent Chair



I am pleased to present Rotherham's Safeguarding Adults Board Annual Report for 2024/25.

Partnership working in Rotherham has remained strong with all partners contributing to the Board to ensure that people in Rotherham are protected and safeguarded. The sub-groups of the board are chaired by representatives from across the partnership. This report demonstrates the commitment of all partners to work together and gives examples of work achieved during the year. Attendance continues to be strong, and I would like to thank all subgroup Chairs and members for their continued involvement.

During 2024/25, partners worked together to refresh and relaunch the Vulnerable Adults Pathway. This multiagency pathway works to ensure some of the most vulnerable adults in Rotherham have access to support to enable them to live their best lives and get help when they need it.

This may include people who:

- Are experiencing ongoing or repeated victimisation.
- Are subject to or involved in anti-social behaviour and/or crime.
- Are believed to be making unwise decisions.
- Are at high-risk of harm, or their behaviour poses a risk to or affects others.
- Have complex needs.
- Are experiencing episodes of severe and repeated self-neglect.

The pathway works by bringing staff together from across different agencies to share issues and find solutions that work for people.

In January 2025, we came together to develop the new Strategic Plan that would provide the Board and its subgroups with their strategic priorities for the next three years. We have identified five key areas to work on over the next three years:

Communication, Engagement and Voice

We will improve safeguarding awareness across all citizens, communities, and partner organisations and ensure that the voice of the person is heard at the Board.

Prevention and Early Intervention

We will develop tools to support practice that promotes open cultures and reduces the risk of abuse and neglect.

INTRODUCTION BY MOIRA WILSON

Leadership and Partnership

We will promote effective leadership, partnership working and governance for safeguarding adults, holding partners and agencies to account through the Board and its subgroups

Making Safeguarding Personal

We will ensure that safeguarding practice places adults at the centre of everything we do and supports them in making their own decisions and outcomes.

Learning and Development

We will identify and share lessons from reviews and audits to drive practice development and learning and provide training opportunities for staff to develop and learn new skills.

The plan will be delivered through the SAB subgroups and monitored regularly at the Board to ensure we are delivering on our priorities and keeping the plan up to date.

I would like to express my thanks to all Board members and their organisations for their continued support in ensuring that safeguarding is truly everybody's business, working together effectively for the benefit of people in Rotherham, and championing safeguarding during Safeguarding Awareness week each November and equally importantly throughout the year.



Keeping people safe from abuse is everyone's business

RECOGNISE • RESPOND • REPORT

The Rotherham Safeguarding Adults Board (RSAB) works to protect adults with care and support needs from abuse and neglect.

The RSAB's primary objective is to ensure that local safeguarding arrangements and partnerships act to help and protect adults at risk or experiencing neglect and/or abuse. The RSAB is a multi-agency strategic partnership made up of senior/lead officers and nominated safeguarding leads from within adult social services, criminal justice, health, housing, community safety, and voluntary organisations.

The RSAB coordinates the strategic development of adult safeguarding across Rotherham and ensures the effectiveness of the work undertaken by partner agencies in the area. The Board aims to achieve those objectives whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion.

Who is at risk?

An adult at risk is someone who is aged 18 or over who:

- Has needs for care and support
- Is experiencing or is at risk of abuse or neglect, and is unable to protect themselves

What is abuse?

Abuse can be:

- Something that happens once
- Something that happens repeatedly
- A deliberate act
- Something that was unintentional, perhaps due to a lack of understanding
- A crime

Abuse can happen anywhere, at any time and be caused by anyone including

- A partner or relative
- A friend or neighbour
- A paid or volunteer carer
- Other service users
- Someone in a position of trust
- A stranger

Types of abuse:

Physical abuse

Hitting, kicking, punching, kicking, inappropriate restraint

Domestic abuse

Psychological, physical, verbal, sexual, financial or emotional abuse by a current or former partner or family member

Organisational abuse

Poor treatment in a care setting

Financial or material abuse

Theft, fraud, misuse of someone else's finances.

Sexual abuse

Being made to take part in a sexual activity without consent

Discriminatory abuse

Harassment based on age, gender, sexuality, disability, race or religion

Neglect and acts of omission

Failure to provide care or support

Psychological and Emotional abuse

Shouting, ridiculing, or bullying

Modern slavery

Human trafficking and forced labour

Self-neglect

Declines essential care support needs, impacting on their overall wellbeing



To find out more about Adult abuse, please see the RSAB website www.rsab.org.uk/

ROOTHERHAM SAFEGUARDING ADULTS REVIEW of 2024/25

Rotherham Safeguarding Adults Board Strategic Plan 2022-25

Over the last three years, the Board's work plan was outlined in the Strategic Plan for 2022-25. The plan had three strategic objectives and set out what developments the board and the subgroups would work on to achieve over the three years.

Back to Basics

Working with partners to ensure the 6 principles of safeguarding are embedded in practice.

Making Safeguarding Personal is part of everything we do.

What we have done

- Partnership Self-assessment joint process with Children's
- Developed Safeguarding Threshold Guidance to provide a common understanding of 'what is safeguarding'
- Delivered training that included Professional Curiosity
- Responded to emerging themes and demands highlighted in the performance report
- Initiated training for the workforce delivered by Sheffield Hallam University.
- Self-neglect and Hoarding Thematic Review
- Developed a Self-neglect and Hoarding folding Z-Card to aid reporting
- Worked with Safer Rotherham Partnership to develop a campaign to 'Raise Awareness of Domestic Abuse in Older People'

Systems, Processes and Performance

Make sure that all services have appropriate systems and processes in place to support and safeguard Adults effectively.

What we have done

- Worked with the Local Authority to develop a New Safeguarding Referral Process.
- Caused Enquiry safeguarding process rolled out across the partnership
- Satisfaction questions added as part of the safeguarding pathway
- Revised the Safeguarding Adult Review (SAR) process, added timescales and refreshed all paperwork
- Developed a thematic review process to capture learning from cases that do not meet the Safeguarding Adults Review threshold
- Developed a SAR Multi-Agency Learning Approach to ensure learning is embedded in practice across the Partnership
- Developed the Professional Curiosity training programme for the partnership

Strengthen Partnership

Make sure that partners, organisations, and communities will work together to prevent abuse from happening.

What we have done

- Commissioned a Local Government Peer Review to ensure all Board partners are working together to provide the best possible outcomes for the people of Rotherham.
- Reviewed the structure of the SAB and its subgroups, updated the membership and governance of meetings
- All Terms of Reference for SAB and its subgroups have been refreshed
- Worked to improve links with all partners

ROOTHERHAM SAFEGUARDING ADULTS REVIEW of 2024/25

- Delivered Safeguarding Awareness Week with the Children's and Safer Rotherham Partnership every November
- Strengthened the Safeguarding message, using Safeguarding Awareness Week to deliver training and awareness sessions covering a wide range of topics
- Developed a quarterly Safeguarding Newsletter with partner contributions to be shared across all partner organisations

During 2024/25

The Joint Safeguarding Partnership Self Assessment

Rotherham Safeguarding Adults Board (RSAB) and the Rotherham Safeguarding Children's Partnership (RSCP) started planning early for the Joint Partnership Self-Assessment. The purpose of this safeguarding self-assessment

is for organisations and agencies to provide assurance, through evidence, that they have arrangements in place that reflect the importance of safeguarding and promoting the welfare of children and adults.

The board managers worked with the Independent Chairs to develop a new assessment process that would bring all partners together to share their safeguarding arrangements.

The self-assessment partnership day took place in September and each partner agency presented to the panel of Safeguarding Chairs and the Chief Executive of Healthwatch.

Both chairs viewed the day as a most positive and helpful exercise and hoped that colleagues left the day with similar levels of enthusiasm and clarity as to the further actions that they would take, to ensure that our shared safeguarding activity remains focused and responsive to the needs of vulnerable people within Rotherham.



ROOTHERHAM SAFEGUARDING ADULTS REVIEW of 2024/25

The Rotherham Safeguarding Adults Board Website

The Rotherham Safeguarding Adults Board Website www.rsab.org.uk has been refreshed and updated to include a page dedicated to 'Professionals'. The RSAB wants to ensure that both professionals and volunteers have easy access to information to support adults at risk or suffering abuse or neglect and their families with care and support needs.

We have included links to our partner websites, and we have pages dedicated to the Safer Rotherham Partnership and the Children's Safeguarding Partnership. The website allows users to leave feedback on the site and to request that they are contacted to discuss any issues.

Rotherham Safeguarding Adults Board Quarterly Newsletter

In July 2024 the RSAB delivered its first Newsletter to all of our partners. The Newsletter contains headlines from the most recent Board Meeting and a summary of performance for the previous quarter. Each of our partners contributes to the Newsletter, providing safeguarding news from within their organisations.

A newsletter will be produced following every Board meeting to ensure important safeguarding messages are shared across the Partnership. The newsletters will also be available on the RSAB website.

www.rsab.org.uk/professionals/rotherham-safeguarding-adults-board-newsletters

ROOTHERHAM SAFEGUARDING ADULTS REVIEW of 2024/25

Safeguarding Awareness Week 2024

November is the month when we celebrate Safeguarding Awareness Week, the Safeguarding Partnership across Adults, Children's, and the Safer Rotherham Partnership come together to deliver training and awareness sessions on a variety of topics.

The local launch took place at New York Stadium and the theme was self-neglect. Adults focused on the links between mental health and self-neglect, how we can support an individual's practice in working with people who self-neglect or hoard and how we can improve confidence in the use of existing legislation.

Over twenty awareness/training sessions were held over the week including

- Safeguarding in Relation to Homelessness and Rough Sleeping
- What is Cuckooing, How to Spot the Signs & Report Suspected Cases
- Working Together to Prevent Suicides and Saves Lives in Rotherham
- Professional Curiosity
- Counter Corruption Unit – Abuse of Position for a Sexual Purpose



Domestic Abuse in Older People

During Safeguarding Awareness Week, the Safeguarding Adults Board and the Safer Rotherham Partnership worked closely together to deliver an awareness session on Domestic Abuse in Older People.

This workshop aimed to review a particular case study, to share ideas and best practice, and together as a partnership learn how we can improve our response, if we suspect there is an older person experiencing abuse.

This workshop was attended by over 35 multi agency professionals. Dr Sarah Tatton from Sheffield Hallam University was invited to share her research around challenging unconscious bias and stereotyping victims of domestic abuse. We looked at a case study to unpick how we could look at situations differently and make suggestions to processes that had not already been done.

A full suite of posters was developed and circulated across the borough, they are also available from the RSAB website.

www.rsab.org.uk/downloads/download/38/abuse-posters-for-professionals

ROOTHERHAM SAFEGUARDING ADULTS REVIEW of 2024/25

Rotherham Safeguarding Adults Strategic Plan 2025/28

One of the statutory duties of a Safeguarding Adults Board is to develop and publish a strategic plan. The plan must set out how the Board will meet its objectives and how its members and partner agencies will contribute.

A development day was held in January 2025 to bring partners together to agree the safeguarding priorities for the next three years. The development session included workshops to understand what the safeguarding partnership felt were the areas for development, and where, by working together, we could improve services for the people of Rotherham.

ROOTHERHAM SAFEGUARDING ADULTS BOARD STRATEGIC PLAN 2025-28



OUR VISION

Our vision is to make Rotherham a place where adults feel safe, secure, and free from harm and abuse. Our mission is to promote partnership working and to co-ordinate the effective delivery of safeguarding arrangements across the Borough.

WHO WE ARE

The Rotherham Safeguarding Adults Board (RSAB) is a multi-agency partnership with statutory functions under the Care Act 2014. RSAB's main focus is to ensure that safeguarding arrangements in Rotherham work effectively so that adults at risk can live their lives free from abuse and neglect.

An adult at risk is a person aged 18 or over who has needs for care and support and, as a result of those needs, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Unpaid carers such as partners, relatives or friends can also get help and support if they are being abused.

In this plan, we will call an adult at risk the 'Adult'.

THE STRUCTURE OF THE SAFEGUARDING ADULTS BOARD

How we will work



Following the development day, the new strategic plan was developed and shared with the partners of the Board. Partners had agreed to five new objectives.

STRATEGIC OBJECTIVE 1 - Communication, Engagement, and Voice

Improving safeguarding awareness across all citizens, communities, and partner organisations.

STRATEGIC OBJECTIVE 2 - Prevention and Early Intervention

Developing tools to support practice that promotes open cultures and reduces the risk of abuse and neglect.

STRATEGIC OBJECTIVE 3 - Leadership and Partnership

To promote effective leadership, partnership working, and governance for safeguarding adults, holding partners and agencies to account.

STRATEGIC OBJECTIVE 4 - Making Safeguarding Personal

To make sure that safeguarding practice places adults at the centre and supports them in making their own decisions and outcomes.

STRATEGIC OBJECTIVE 5 - Learning and Development

To identify and share lessons from reviews and audits to drive practice development and learning.

ROOTHERHAM SAFEGUARDING ADULTS REVIEW of 2024/25

The RSAB has four subgroups to ensure the priorities of board are delivered. The Sub-Groups each have a work plan, and during 2024/25 they were able to deliver the following specific pieces of work:

Performance and Quality Subgroup

Redesign the Safeguarding Partners Self-Assessment process.	Every two years, Adults and Children's safeguarding join together to audit the safeguarding arrangements of their partners. The process has been revised and refreshed to ensure all partners come together to share good practice and celebrate each other's achievements.
Deliver a quarterly Safeguarding Performance Report.	The Safeguarding Adults Board are presented with a quarterly performance report at each meeting. This report is constantly under review to ensure information is presented in an understandable, easy-to-read format. Work continues to bring partnership performance into the report.

Workforce Development

Procure a three-year training provider to deliver safeguarding training to the Rotherham Partnership	To align with the new strategic plan, the subgroup worked to commission providers that could offer a three-year continuous program of training. Training will be refreshed and updated as needed, and after two years, all training material will be re-evaluated.
Safeguarding Awareness Week 2024	During 18th -22nd November, the Rotherham Safeguarding Partnership delivered a wide range of awareness and training sessions as part of SAW24. The week was a great success with safeguarding information being shared with professionals and the public.

Policy and Practice

Roll out of the Safeguarding Threshold Guidance to provide a common understanding of 'what is safeguarding'	The Policy and Practice group worked with Commissioning and Provider Services to support the roll out of the threshold document. The Threshold Guidance is to be used across Rotherham to support professionals, partners, and providers to decide on whether to report a safeguarding concern for an adult with care and support needs.
Safeguarding Audit – Refresh the audit process to ensure that all partners are involved.	Safeguarding case file audits have been scheduled for the next 12 months and will be held as a face-to-face meeting where all partners will contribute. An easy-read feedback tool has been agreed across the partnership to highlight good practice, what we are concerned about and what actions are needed.

ROOTHERHAM SAFEGUARDING ADULTS REVIEW of 2024/25

Safeguarding Adults Review

Refresh the SAR pathway and update all paperwork	<p>The SAR subgroup held a development day to refresh and revise all SAR paperwork. The terms of reference of the subgroup was revised alongside the referral pathway and all templates involved in the SAR process.</p> <p>A SAR timeline was developed to ensure all SAR's are handled in a timely manner.</p>
Work with Safer Rotherham Partnership to raise awareness of Domestic Abuse in Older People	<p>Following a SAR referral involving an elderly couple and a domestic abuse incident, the SAR subgroup worked with the Safer Rotherham Partnership to develop a campaign that encourages older victims to report abuse and seek support.</p> <p>Additionally, the campaign encouraged bystanders such as carers/ family members/neighbours to challenge their unconscious biases around what a 'typical victim' should look like and recognise signs of abuse in all ages and report it.</p>



LOOKING FORWARD TO 2025/26

The Safeguarding Adults Board have a new Strategic Plan for 2025 - 2028, this will provide the subgroups with their workplans for the next three years .

The priorities for 2025 – 2026 will be.

Voice

Develop a new subgroup called ‘Voice’, this subgroup will work with the voluntary sector and customer-led groups to ensure the SAB hears the thoughts and concerns of the people of Rotherham. Working with Voluntary Action Rotherham (VAR) the SAB will welcome working with Rotherham people to co-produce safeguarding material that supports and informs.

The SAB will recruit an ‘expert by experience’ to become a member of the Board. This person will be the joint chair of the Voice subgroup and will ensure the issues raised and discussed by the group are heard at the Board.

Shared Learning

We will work with Children’s Safeguarding and the Safer Rotherham Partnership to develop a Learning Hub. The Learning Hub will be used to share good practice and learning relating to Safeguarding Adult Review, Domestic Homicide Reviews and Serious Case Reviews.

Sharing learning and good practice will strengthen the partnership and ensure the Safeguarding workforce are well informed.

Safeguarding Partners Self Assessment

The Safeguarding Partners Self-assessment will be refreshed during 2026. Adults and Children’s will work together to manage the self-assessment process with our partners. A joint event will be held for partners to showcase their safeguarding arrangements and share good practice.

Safeguarding Awareness Week 2025

During 17th and 21st November, the Safeguarding Partnership will come together to deliver a range of awareness and training events to colleagues across Rotherham. For the first time the Partnership will be hosting the Safeguarding Champion Awards. The Safeguarding Champion Awards will recognise adults, children and young people who do an exceptional job at safeguarding the most vulnerable.

Vulnerable Adults Pathway

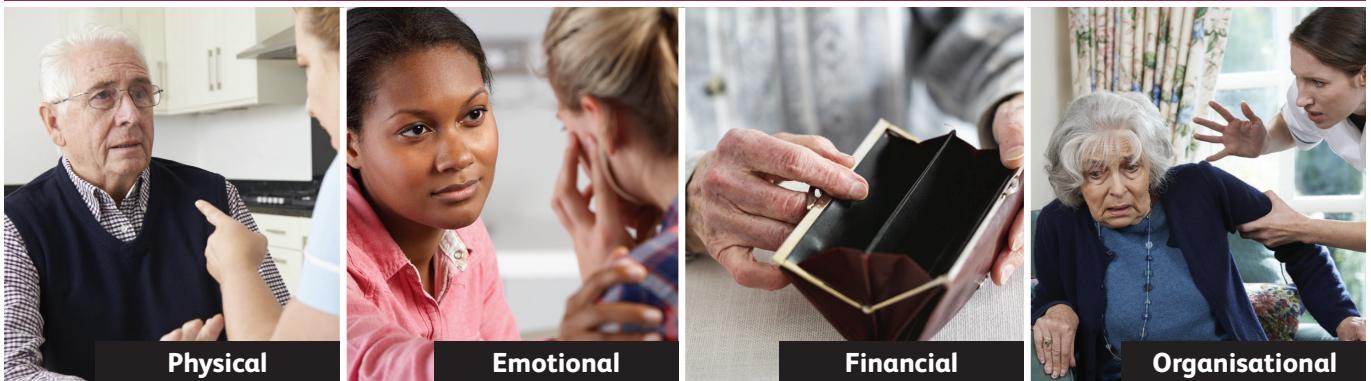
We will embed a robust Vulnerable Adults Pathway to support people who may be at risk of harm and abuse who do not meet the safeguarding thresholds, but have complex needs.

We will further embed the Community Multi Agency Risk Assessment Conference (CMARAC), Vulnerable Adults Risk Management Meeting (VARMM) and Vulnerable Adults Panel (VAP).

We will work with Housing Services and the Homelessness Team to develop strong links with safeguarding to ensure we are working to support people who are at risk of being homeless and who are suffering homelessness.



Do you know the signs of adult abuse?



Recognise • Respond • Report

ROOTHERHAM SAFEGUARDING ADULTS BOARD STRATEGIC PLAN 2025-28



OUR VISION

Our vision is to make Rotherham a place where adults feel safe, secure, and free from harm and abuse.

Our mission is to promote partnership working and to co-ordinate the effective delivery of safeguarding arrangements across the Borough.

WHO WE ARE

The Rotherham Safeguarding Adults Board (RSAB) is a multi-agency partnership with statutory functions under the Care Act 2014. RSAB's main focus is to ensure that safeguarding arrangements in Rotherham work effectively so that adults at risk can live their lives free from abuse or neglect.

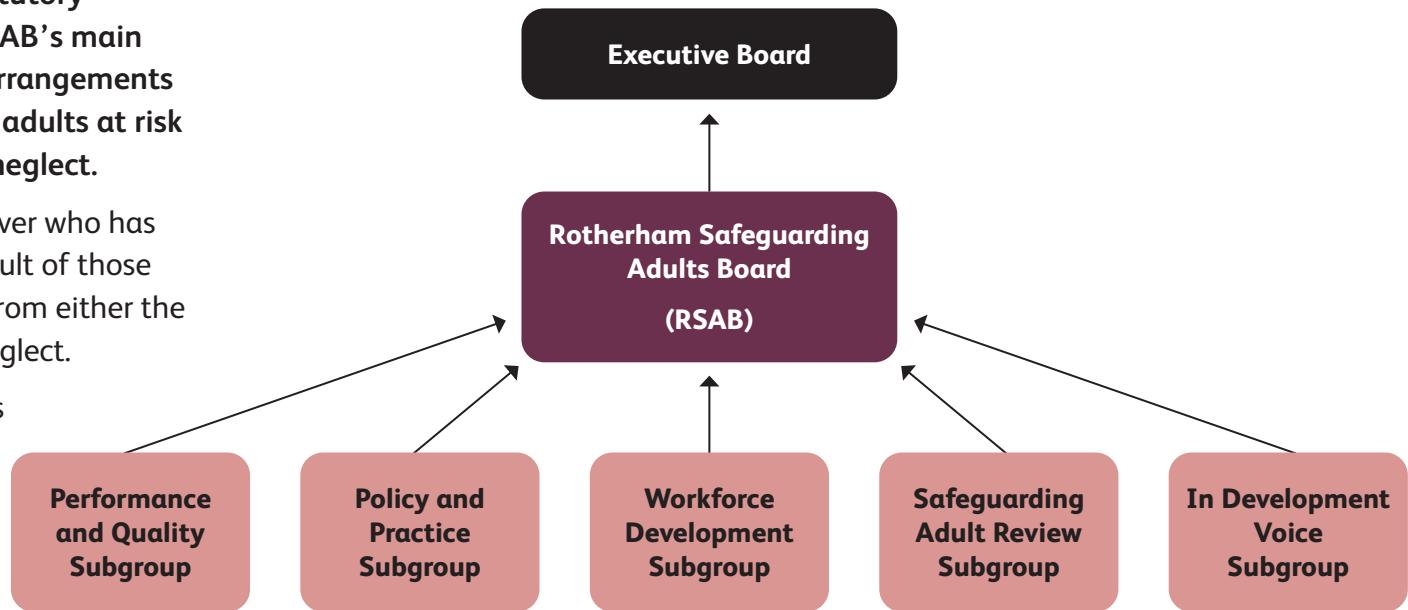
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Unpaid carers such as partners, relatives or friends can also get help and support if they are being abused.

In this plan, we will call an adult at risk the 'Adult'.

THE STRUCTURE OF THE SAFEGUARDING ADULTS BOARD

How we will work



OUR STRATEGIC STATEMENT

What we plan to do

We will work together with partner organisations and people in our communities so that adults can live their best lives with their wellbeing and rights being supported, safe from abuse and neglect.

Our work will follow the six safeguarding principles, which are: **Empowerment; Protection; Proportionality; Prevention; Partnership and Accountability.**

The Rotherham Safeguarding Adults Board has identified five strategic objectives that will ensure we can strengthen the current safeguarding offer for Rotherham residents.

The objectives are;

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





Strategic Objective 1: Communication, Engagement, and Voice



Improving safeguarding awareness across Rotherham for residents, communities and partner organisations.

- We will work to ensure the residents of Rotherham are heard by the safeguarding partnership.
 - We will work closely with advocacy organisations/providers to ensure the voice of those they work with are heard by the RSAB.
 - We will use videos featuring experts by experience to tell the safeguarding story.
- We will work with communities across Rotherham to promote the work of the RSAB and raise awareness of safeguarding issues.
 - The annual Safeguarding Awareness Week will provide opportunities to interact with the public and the workforce of Rotherham.

- We will develop easy-read safeguarding guides, co-produced with the Rotherham Adults Social Care Always Listening (RASCALs) Co-production Board.
- We will work to ensure that the voices of seldom heard people are heard by the RSAB. We will establish a customer voice subgroup including RASCALs, Healthwatch and Advocacy to support this aim.
 - People from minoritised groups.
 - People at risk of homelessness.
 - People with drug and alcohol issues.



Strategic Objective 2: Prevention and Early Intervention



Developing tools to support practice that promotes open cultures and reduces the risk of abuse and neglect.

- We will continue to work closely with the Rotherham Safeguarding Children's Partnership to build on and develop support for young people in transition.
 - There will be a focus on Transitional Safeguarding, working with the Principal Social Workers to promote strong working arrangements.
- We will continue to work with the Safer Rotherham Partnership, partners and communities to protect vulnerable adults from issues that include cuckooing, modern-day slavery, hate and mate crime and repeat victims of crime to improve reporting and strengthen joint working to tackle crime.
 - We will form a task and finish group to look at protecting vulnerable adults in Rotherham.
 - We will use our findings to develop an awareness campaign to inform the public.
- We will embed a robust Vulnerable Adults Pathway to support people who may be at risk of harm and abuse who do not meet the safeguarding thresholds, but who have complex needs.
- We will further embed a vulnerable adults pathway based around putting people at the heart of the process.
- We will further embed the Community Multi Agency Risk Assessment Conference (CMARAC), Vulnerable Adults Risk Management Meeting (VARMM) and Vulnerable Adults Panel (VAP).
- We will enhance our partnership approach to supporting complex vulnerable people
- We will develop a suite of information, referral criteria and access routes to support CMARAC, VARMM and VAP.
- We will further strengthen our safeguarding practices relating to neglect, self-neglect and hoarding.
 - We will ensure the Self-neglect and hoarding policy is embedded in safeguarding practice
 - We will develop a self-neglect pathway that is easy to navigate
 - We will work with people who are at risk of neglect, self-neglect and hoarding to prevent significant harm from occurring
 - We will ensure learning from Safeguarding Adult Reviews and reviews is shared across the partnership to strengthen practice
 - We will develop a partnership approach to supporting neglect



Strategic Objective 3: Leadership and Partnership



Promote effective leadership, partnership working and governance for safeguarding adults, which hold partners and agencies to account.

- We will explore the benefits of an Adult Multi-Agency Safeguarding Hub.
 - We will work to look at co-location and develop protocols for effective referrals.
 - Further strengthen our adult social care front door to include agencies, which will strengthen our multi-agency response to safeguarding.
- We will continue to develop the RSAB website to provide timely and accurate information and guidance from across the Partnership for the public and professionals.
 - We will work with all partners to ensure the RSAB website is providing quality and useful information.
 - We will update and maintain the RSAB website.
- The RSAB and its partners will continue to work together across the Adult, Children's and Safer Rotherham Partnership Boards.
- We will explore the benefit of a Learning Hub to share good practice and learning relating to Safeguarding Adult Reviews, Domestic Abuse Related Death Reviews and Children's Serious Case Reviews.
- We will arrange an annual joint safeguarding conference to share work and learning.
- We will continue to hold a Safeguarding Partners Self-Assessment every two years.
- Adopting a Think Family approach, we will work together across the partnership to fully embed a "Think Family" approach to safeguarding.



Strategic Objective 4: Making Safeguarding Personal



Ensure that safeguarding practice places the adult at the centre of everything we do and supports them in making their own decisions and outcomes.

- We will review and refresh Making Safeguarding Personal across the safeguarding partnership.
 - We will undertake a Making Safeguarding Personal audit using the Local Government Association toolkit.
- All work will be done with the “so what?” question in mind to understand the difference we are making.
 - Safeguarding will ensure that achievable and proportionate person-centred outcomes are agreed with the person.

- We will strengthen our approach to the application of the Mental Capacity Act and use of Advocacy in safeguarding practices.
- We will seek assurance through auditing of practice that the legal requirements for completing mental capacity assessments are adhered to in safeguarding.
- We will seek assurance through auditing practice that advocacy is being used to support adults who require support and captures the voice of the person within their safeguarding experiences.
- We will develop a suite of information around Deprivation of Liberty information that will inform the RSAB.



Strategic Objective 5: Learning and Development



Identify and share learning to drive practice development and improvement.

- Deliver training to staff across the partnership to make sure safeguarding is person-centred and outcome-focused.
- Commission a 3-year training package to ensure the workforce is appropriately skilled.
- We will ensure training evaluation is robust and consider using mystery shoppers to provide feedback.
- Undertake Safeguarding Adults Reviews (SARs) to identify learning, improve practice and prevent similar mistakes from happening again.
 - Embed the Multi-agency Learning Review process.
 - Use thematic reviews to gain learning from Safeguarding.
 - Embed learning from single-agency reviews.

- We will develop a RSAB multi-agency audit process.
 - We will agree an audit tool and schedule a diary of audits each year.
 - We will develop a methodology for partner agencies reporting into the RSAB on audits relevant to safeguarding.
- We will use the professional website page to share the outcomes from learning reviews.
 - We will develop easy-read guides, 7-minute briefings and videos to share learning to ensure it influences and shapes practice.

HOW ARE WE GOING TO DO THIS?

We will continue to work with our partners to make sure that by 2028 these priorities are achieved. We will develop an action plan that will be monitored by the Safeguarding Adults Board Executive Group and reported to the RSAB for assurance.

APPENDIX I

KEY PARTNERSHIP CONTRIBUTIONS 2024/25

The partners of the RSAB all have a responsibility to help deliver the priorities that are set out in the strategic plan. Each partner has provided evidence to how they deliver the four priorities of the Board. Here are some examples of the good practice, learning and customer stories that ensure that the Rotherham Safeguarding Partnership is committed to working together to safeguard its citizens and to continue to raise awareness of safeguarding.



Rotherham Council CUSTOMER STORY

Mr J was referred into safeguarding with concerns around possibly financial abuse, he was also being targeted and harassed by local youths who were throwing stones, objects and eggs at his property. Mr J and his property showed signs of self-neglect, and he was declining an offer of formal support.

Mr J was very anxious, he was struggling with his speech due to experiencing a stroke and was struggling to communicate and converse over the telephone.

Mr J was living in fear, constantly locking himself in his property and sleeping on his chair.

The safeguarding concern had been raised by South Yorkshire Police, following a visit to

Mr J's home, they reported that, the living conditions are minimal with little food in the house. They were concerned that he was spending all his time in his living room with his curtains closed, he had disclosed that he was frightened of people and the children that are running down the side of his house. Mr J was also very unsteady on his feet and officers were concerned that Mr J was living alone with no support.

Before this intervention, Mr J had been offered a package of care but declined. He has always been known for not wanting formal care.

Social workers visited Mr J on several occasions to get to know him and understand his views, aspirations and wishes. They involved other professionals such as housing, police and they were able to involve a financial advocate to

APPENDIX I

KEY PARTNERSHIP CONTRIBUTIONS 2024/25

assist Mr J with managing his money. After building up a good relationship with Mr J they were able to complete a Care Act assessment in accordance with the Care Act 2014.

Communication was key when working with Mr J. He needed patience and time to allow him to express himself. Building a good working relationship with Mr J was essential; he needed people to be honest with him and not make false promises.

Looking at the immediate need, it was identified that Mr J was requiring a care package and Mr J agreed to accept a package of care.

Working in collaboration with Mr J, housing teams, Police, financial advocate and the care provider, Mr J was awarded Medical Priority to move to suitable accommodation. Mr J recently moved to a new location and is feeling safe and happy. He was supported through the moving process and is now settled in his new home. He is more independent now and has made a lot of friends.

He is now sleeping well, happier and is more positive about life in general. Mr J has bought furniture of his own choice and there is a sense of belonging and ownership in his new home. Mr J's mobility has vastly improved, he is going out now and is taking part in activities, and he is visiting the community centre near his home. Mr J has a package of care and has agreed to pay for a private cleaner to help maintain his property. Recently he bought an electric scooter with support from his financial advocate.

Rotherham NHS Foundation Trust

CUSTOMER STORY

South Yorkshire Police have attended dementia cafes and community events throughout Rotherham to promote the Herbert Protocol. Families and carers are informed about the Herbert Protocol and the Dementia Tags that are now being used across South Yorkshire.

The Demetia Tag contains a reader that, when scanned by a mobile phone, will display the person's name and contact number to alert someone. The tags are labelled Dementia Safeguarding Scheme.

A member of the public recently found an elderly lady wandering in Rotherham. They saw the tag that the lady was wearing and helped her to the local Police Station, where the tag was scanned. The family were alerted, and the lady was returned home.

South Yorkshire Police will continue to raise awareness of the Dementia Tag system and the Herbert Protocol to help keep are vulnerable adults safe.



APPENDIX I

KEY PARTNERSHIP CONTRIBUTIONS 2024/25

Rotherham, Doncaster, and South Humber NHS Foundation Trust (RDaSH)

CUSTOMER STORY

Fiona is a 66-year-old woman with chronic paranoid schizophrenia, living in a residential care home. When Fiona developed several symptoms of a life-threatening illness, an urgent referral was made to health, but unfortunately, she repeatedly refused investigations due to fixed delusional beliefs and paranoia.

Multi-disciplinary professionals—including community mental health services (RDaSH), acute hospital gynaecology, the care home, and her sister considered the issues of self-neglect and the risks to her physical health. Her capacity to make a decision to undergo investigations under anaesthetic was undertaken.

Despite extensive support (familiar environment, simple language, written easy-read materials, and trusted staff present), Fiona was unable to understand, retain, or weigh the relevant information. She lacked the capacity both to consent to investigations and to participate in litigation.

The team balanced ethical considerations of autonomy, use of restraint, and psychological harm against the high risk of untreated malignancy. Less restrictive options were exhausted. As no attorneys or advance decisions existed, and an urgent investigation was needed, the Acute Trust applied to the Court of Protection for authorisation under 16s MCA 2005 to proceed with investigations under sedation, including conveyance plans that could involve deprivation of liberty.

The Court declared Fiona lacked capacity for the decisions in question and authorised the proposed care, transport, and any necessary restraint, with the proviso that measures used be the minimum necessary and proportionate, and that Fiona's dignity be maintained. They also authorised the deprivation of her liberty and allowed for return to court should further treatment be needed.

On the planned day, pre-medication and sensitive staff engagement allowed Fiona to attend without restraint. She was cooperative and underwent the investigations as planned. Procedures were completed under the order of the order. Afterwards, Fiona reported a positive experience.

Capacity is decision- and time-specific; early assessment and legal advice are crucial to avoid delays.

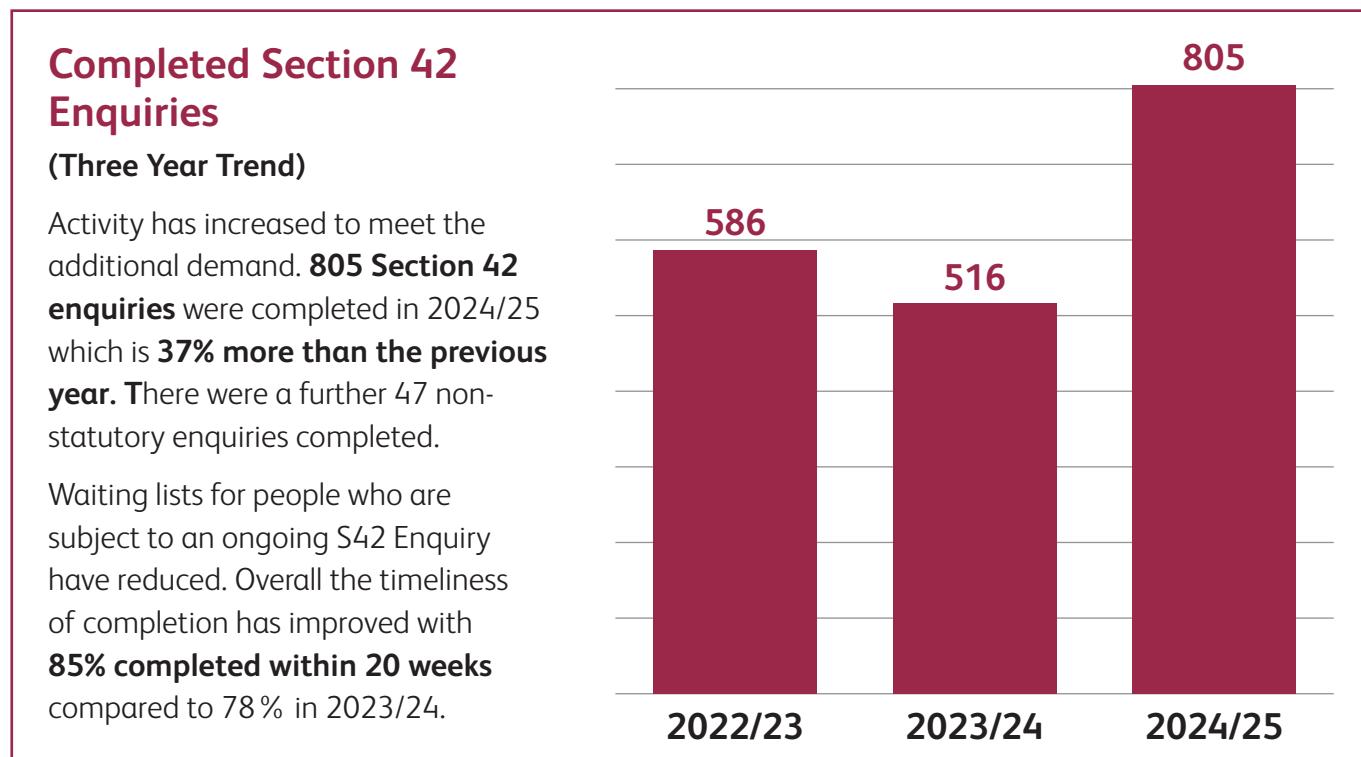
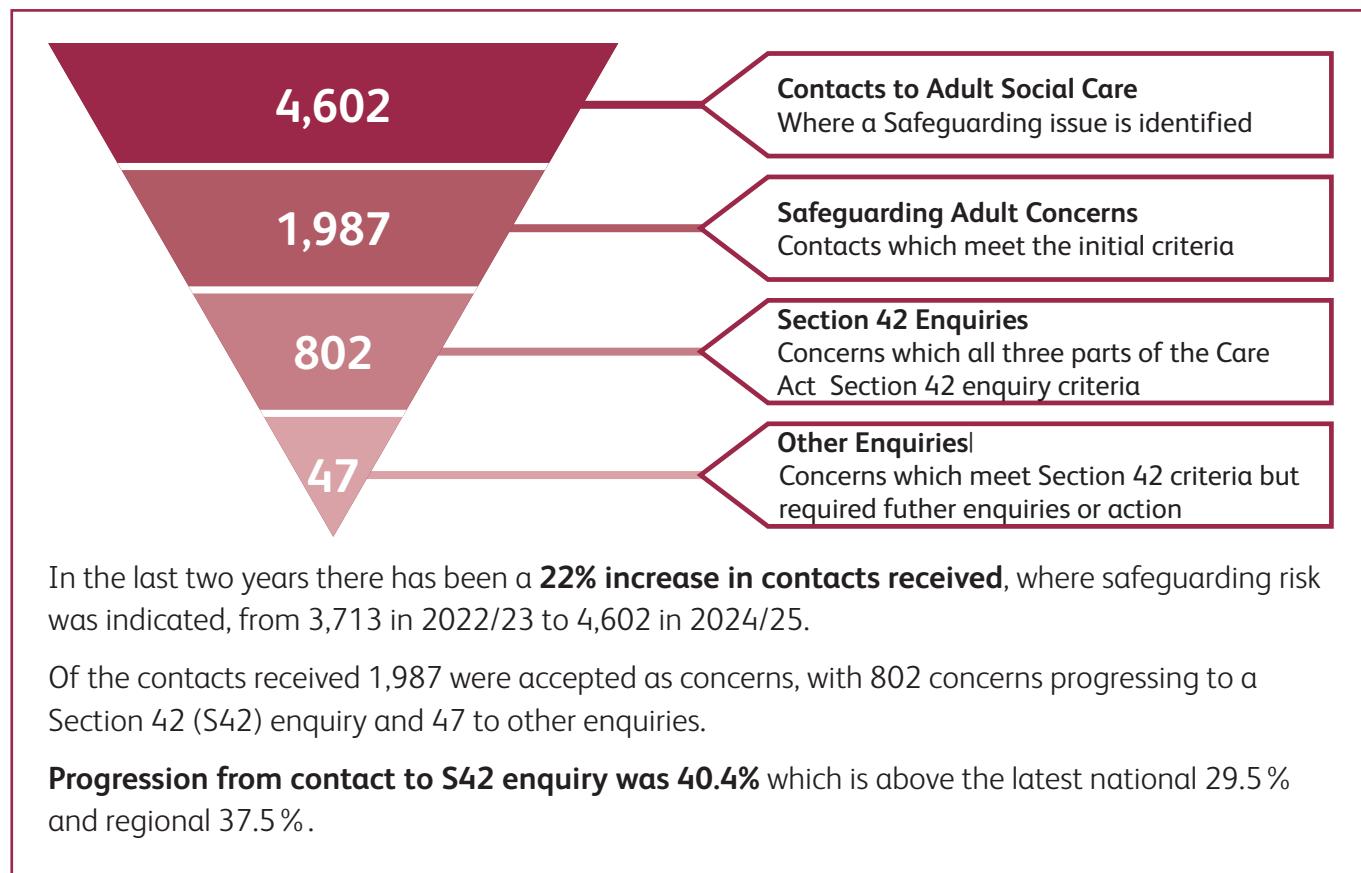
All practicable support steps must be documented; covert or restrictive actions must be ethically justified.

Multi-agency working is vital.

APPENDIX 2

KEY FACTS AND FIGURES

Rotherham has a partnership approach to performance and data management to assure that we continue to safeguard adults and prevent future risks.



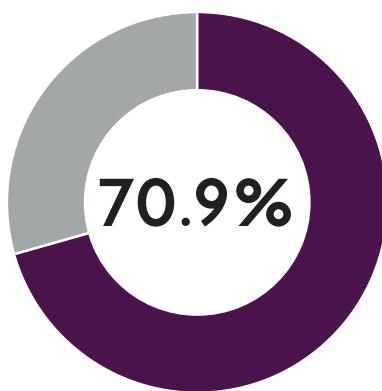
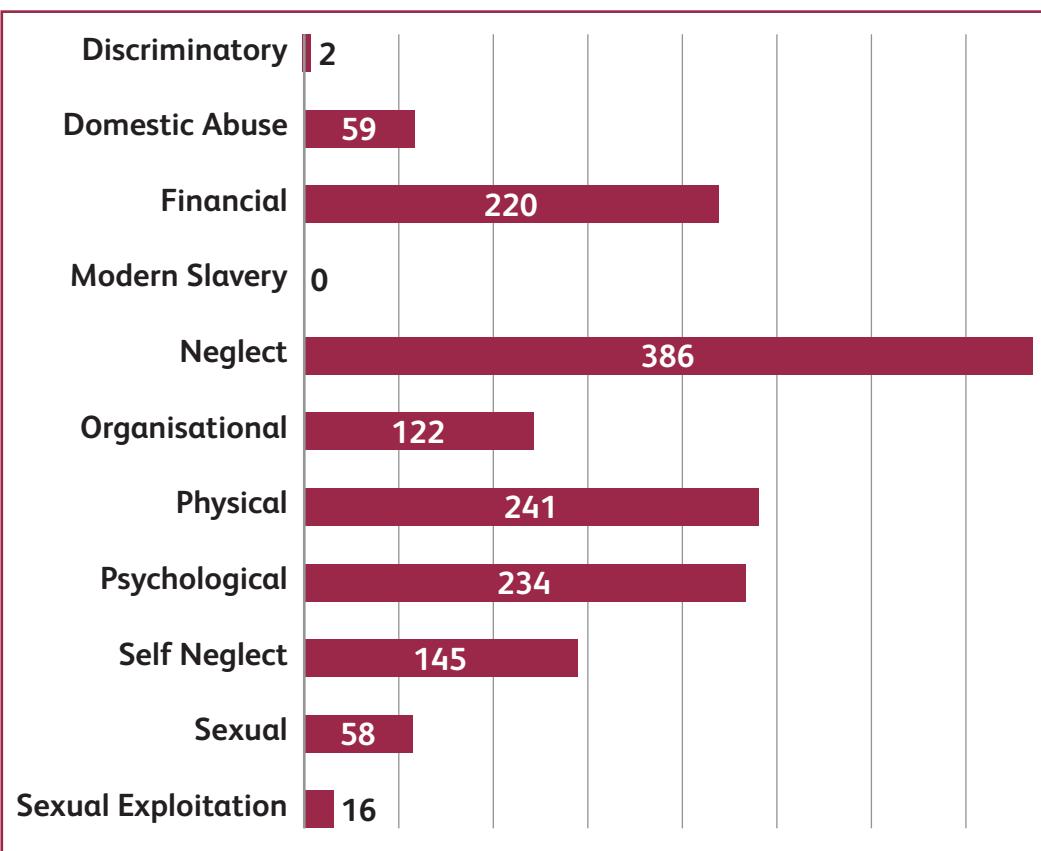
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KEY FACTS AND FIGURES

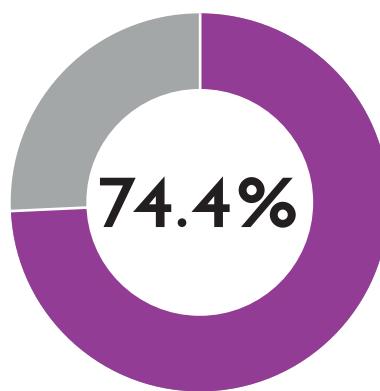
Enquiries can identify an adult has been subject to one or more abuse types.

Our most common abuse type remains consistent. The most significant being **Neglect which was identified in 45.3% of all enquiries.**

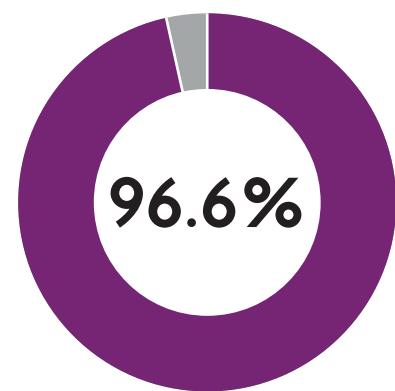
The next most prevalent abuse types are with **Physical (28.3%), Psychological (27.5%), and Financial (25.8%).**



70.9 % of complete S42 Enquiries resulted in **Risk being either removed or reduced.**



More people are being asked their **views and wishes** during an enquiry. A 5 % improvement on last year to 74.4 %.



Of those asked their views and wishes almost 96.6 % felt their **personal outcomes had been fully or partially met.**



Do you know the signs of adult abuse?



Recognise • Respond • Report

Rotherham Council 01709 822330

Police non emergency: 101 or emergency: 999

Keeping people safe from abuse is everyone's business

For more information about types of abuse

www.rotherham.gov.uk/abuse



Rotherham
Safeguarding Adults

NHS
Rotherham
Clinical Commissioning Group

South Yorkshire
POLICE

Rotherham
Metropolitan
Borough Council



The Rotherham
NHS Foundation Trust



South Yorkshire
Integrated Care Board



England



Rotherham



healthwatch
Rotherham



CROSS
ROADS
CARE
Rotherham

Voluntary
Action
Rotherham

South Yorkshire
POLICE



South Yorkshire
FIRE & RESCUE

carerstrust
a Network Partner

RDaSH
leading the way with care

South
Yorkshire
Police and Crime
Commissioner
Your Voice

Rotherham
Metropolitan
Borough Council



ROTHERHAM SAFEGUARDING ADULTS BOARD STRATEGIC PLAN 2022-25

Our vision is to make Rotherham a place where adults feel safe, secure, and free from harm and abuse. Our mission is to promote partnership working and to co-ordinate the effective delivery of safeguarding arrangements across the Borough.

Rotherham Safeguarding Adults Board – Who we are

The Safeguarding Adults Board (SAB) is a multi-agency partnership which has statutory functions under the Care Act 2014. The main focus of the SAB is to ensure that in Rotherham safeguarding arrangements work effectively so that Adults at risk are able to live their lives free from abuse or neglect.

An Adult at risk is a person aged 18 or over who has needs for care and support and as a result of those needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Unpaid carers such as partners, relatives or friends can also get help and support if they are being abused.

In this Plan we will call an Adult at risk the 'Adult'.

The Structure of the Safeguarding Adults Board – How we will work

- Board with an Independent Chair
- Executive Group groups)
- Workforce and development Subgroup
- Performance & Quality Sub-group
- Policy and Practice Sub-group
- Safeguarding Adults Reviews Sub-group
- Task Groups (working

Our Strategic Statement – What we plan to do

We will work together with partner organisations and people in our communities so that Adults can live the best lives they can with their wellbeing and rights being supported, safe from abuse and neglect.

Our work will follow the six Safeguarding Principles which are: Empowerment; Protection; Proportionality; Prevention; Partnership and Accountability.

How are we going to do this?

We are going to work on three areas of equal importance, which will be our priorities. We will continue to work with our partners to make sure that by 2025 these priorities are achieved.

How will we know if we have achieved our priorities?

We will measure our progress and achievements through our Delivery Plan which will be updated every three months and presented to the Safeguarding Adults Board.

KEY OBJECTIVES



PRIORITY 1



Working with partners to ensure the 6 principles of safeguarding are embedded in practice. Making Safeguarding Personal is part of everything we do.

How we will we do it

- 1.1 We will support and receive assurance from partners that they are embedding Making Safeguarding Personal (MSP) throughout their organisations.
- 1.2 'Reset, Refresh and Retrain' and update the partnership by awareness raising, information sharing and training
- 1.3 The SAB will work to encourage and include the voice of the adult by working with voluntary organisations and user led forums.
- 1.4 Develop a common understanding on what is safeguarding.
- 1.5 Develop an audit toolkit/questionnaire to measure the impact of awareness raising, information sharing and training and to produce a report which will address the findings.

How we will know that we have done it

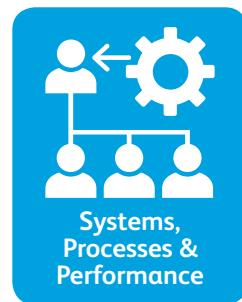
The Policy and Practice subgroup will lead the work for Priority One. They will work closely with the Workforce Development Subgroup to ensure partnership training is delivered and evaluated.

How we will know that we have made a difference

Adults will have choice and control when going through the safeguarding journey. Their views and wishes will be listened to and will be at the heart of any decisions made.

How we will know that we have improved the Adult's life

The Adult will feel listened to and be in control.



PRIORITY 2



- 2.1 Work with the Local Authority to develop a New Safeguarding Referral Process.
- 2.2 Work with the Local Authority and partnership to explore and consider the benefits of an Adult MASH.
- 2.3 Work with the Local Authority to develop a revised partnership Safeguarding Case Management System
- 2.4 Respond to emerging trends and themes highlighted by the performance data.
- 2.5 We will make sure the Care Act, Mental Capacity Act, Mental Health Act & Human Rights Act are being lawfully implemented by partners and organisations.

The Performance & Quality Sub-group will lead the work for Priority Two.

Adults who have been abused or are at risk of abuse will be protected and we will know if our safeguarding arrangements work well.

The Adult will feel safe and supported with the actions taken to keep them safe.



PRIORITY 3



- 3.1 We will improve awareness of safeguarding across all communities, especially with those who are isolated, diverse and underrepresented by reviewing our communication strategy and developing a measurable action plan.
- 3.2 We will monitor and update the training strategy, responding to the training needs of the partnership.
- 3.3 We will work with the Children's Partnership to recognise young people who remain at risk of abuse and will strengthen the transitions process.
- 3.4 The SAR subgroup will work to ensure that recommendations and learning is embedded across the partnership when an Adult dies or has experienced serious abuse or neglect.
- 3.5 We will do more work with other user led groups so that the voices of diverse people are heard.

The Workforce Development and Safeguarding Adults Reviews Sub-groups will lead the work for Priority Three.

Everyone will be able to recognise what abuse is and know how to respond.

Adults will feel more confident by being better informed, engaged and supported.

ROOTHERHAM SAFEGUARDING ADULTS BOARD STRATEGIC PLAN 2025-28



OUR VISION

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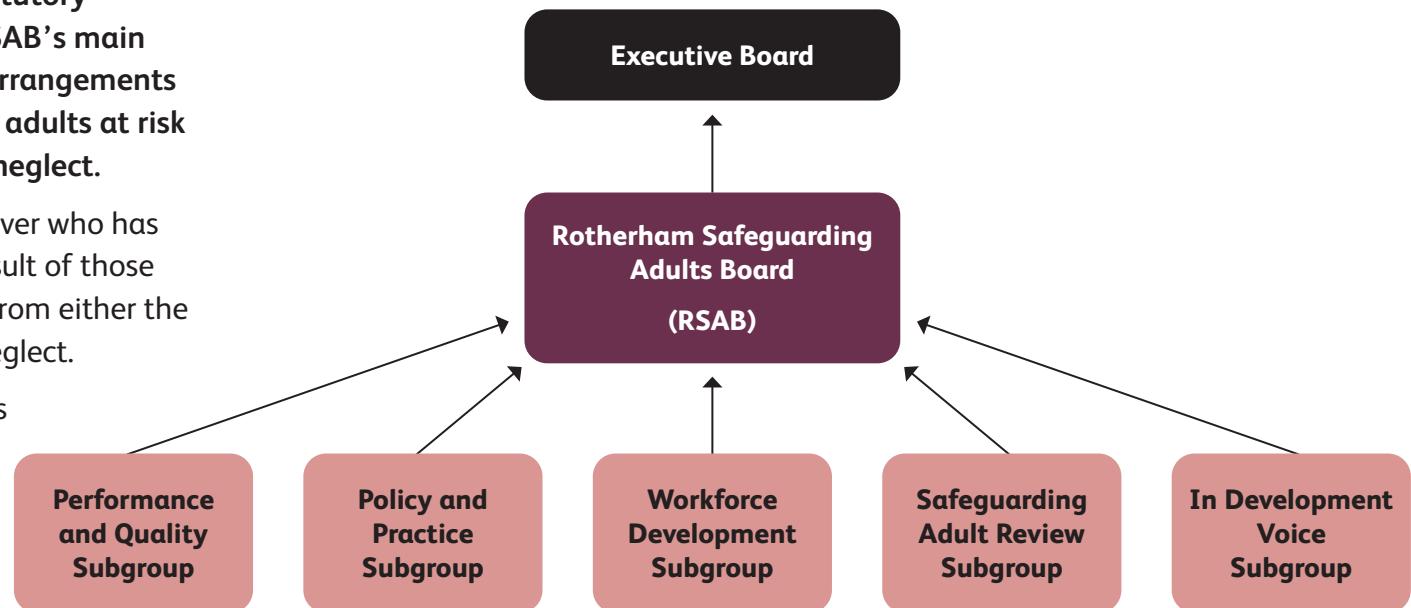
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Promote effective leadership, partnership working and governance for safeguarding adults, which hold partners and agencies to account.

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 - We will undertake a Making Safeguarding Personal audit using the Local Government Association toolkit.
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Identify and share learning to drive practice development and improvement.

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- Commission a 3-year training package to ensure the workforce is appropriately skilled.
- We will ensure training evaluation is robust and consider using mystery shoppers to provide feedback.
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 - Embed the Multi-agency Learning Review process.
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HEALTH SELECT COMMITTEE

22ND JANUARY 2026

Rotherham Safeguarding Adults Board

Annual Report 2024/25

Moira Wilson
RSAB
Independent
Chair

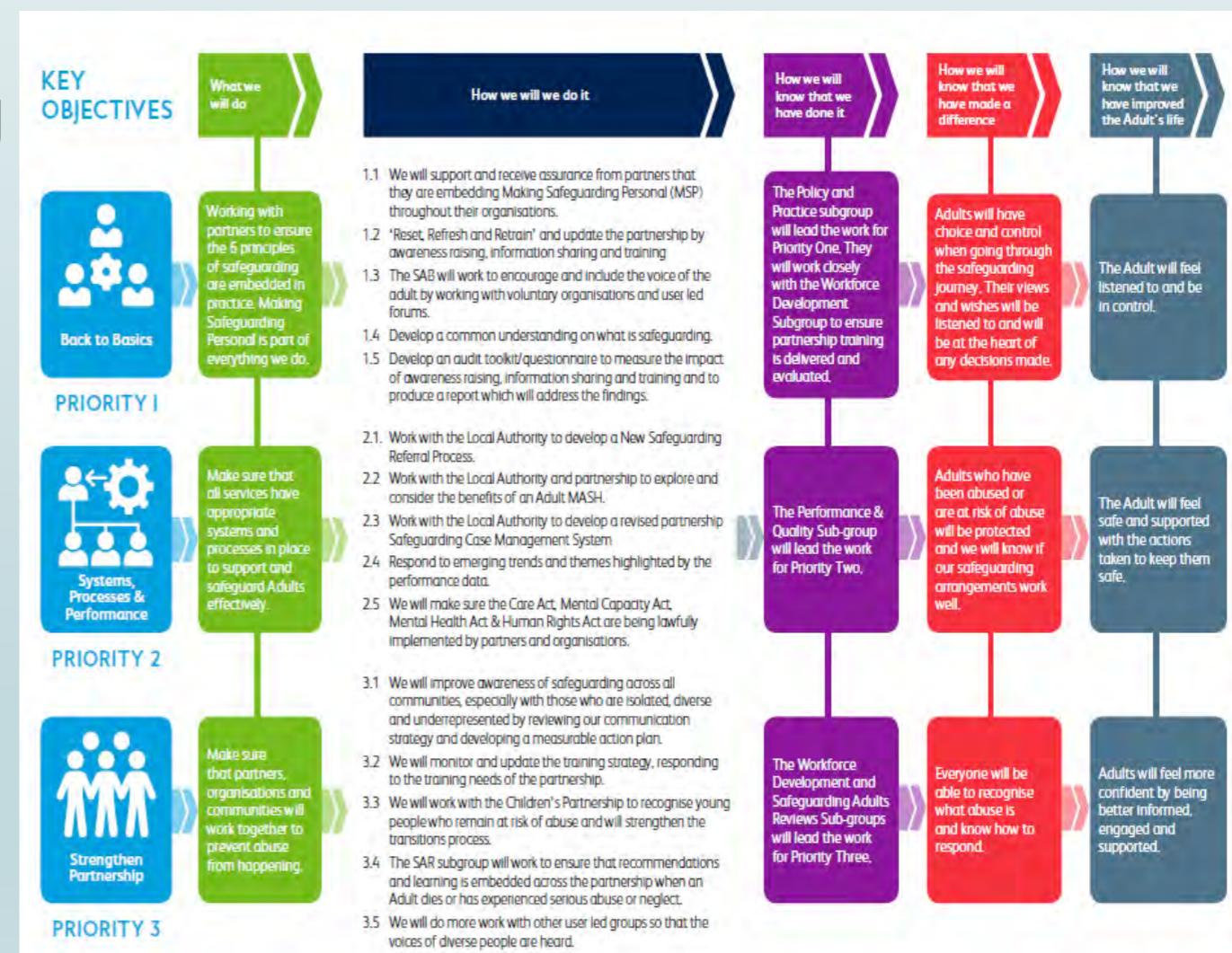


ROOTHERHAM SAFEGUARDING ADULTS BOARD PRIORITIES 2022-25

Back to Basics - Working with partners to continue to embed the 6 principles of safeguarding in practice. Making Safeguarding Personal is integral to everything we do.

Systems, Processes and Performance – To ensure that all services have appropriate systems and processes in place to support and safeguard Adults effectively.

Strengthen Partnership – Collaboratively work with partners, organisations and communities to work together to prevent abuse from happening.



ACTIVITY 2024/25

The Joint Safeguarding Partnership Self Assessment

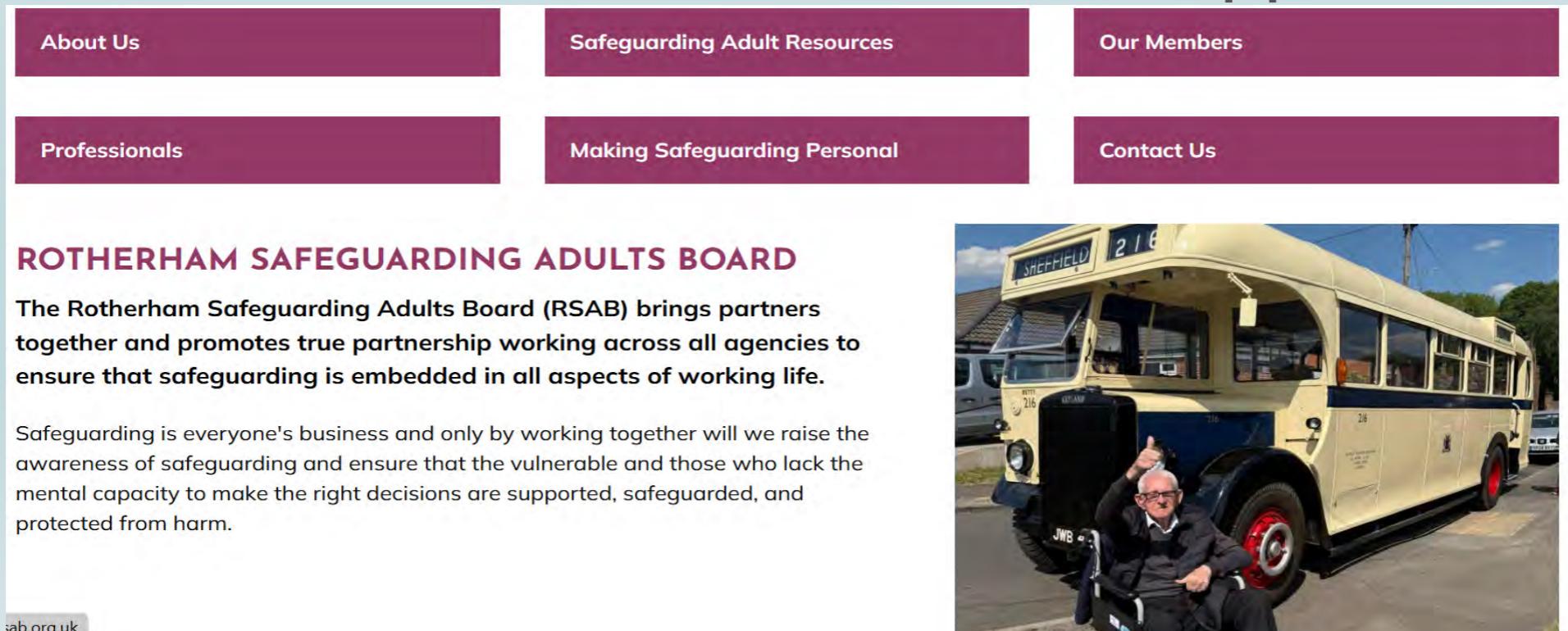
Rotherham Safeguarding Adults Board (RSAB) and the Rotherham Safeguarding Children's Partnership (RSCP) hosted the Joint Partnership Self-Assessment in October 2024. The purpose of this safeguarding self-assessment is for organisations and agencies to provide assurance, through evidence, that they have arrangements in place that reflect the importance of safeguarding and promoting the welfare of children and adults.



ACTIVITY 2024/25

The RSAB Website

The Rotherham Safeguarding Adults Board Website www.rsab.org.uk has been refreshed and updated to include a page dedicated to 'Professionals'. The RSAB wants to ensure that both professionals and volunteers have easy access to information to support adults at risk or suffering abuse or neglect and their families with care and support needs.



The website features a navigation bar with six links: 'About Us', 'Safeguarding Adult Resources', 'Our Members', 'Professionals' (highlighted in red), 'Making Safeguarding Personal', and 'Contact Us'. Below the navigation is a section titled 'ROOTHERHAM SAFEGUARDING ADULTS BOARD' with a description of the board's purpose and a quote about safeguarding being everyone's business. To the right is a photograph of an elderly man in a wheelchair giving a thumbs-up in front of a vintage yellow bus.

ROOTHERHAM SAFEGUARDING ADULTS BOARD

The Rotherham Safeguarding Adults Board (RSAB) brings partners together and promotes true partnership working across all agencies to ensure that safeguarding is embedded in all aspects of working life.

Safeguarding is everyone's business and only by working together will we raise the awareness of safeguarding and ensure that the vulnerable and those who lack the mental capacity to make the right decisions are supported, safeguarded, and protected from harm.

www.rsab.org.uk



Rotherham
Safeguarding Adults

ACTIVITY 2024/25

Rotherham Safeguarding Adults Board Quarterly Newsletter

In July 2024 the RSAB delivered its first Newsletter to all of our partners. The Newsletter contains headlines from the most recent Board Meeting and a summary of performance for the previous quarter. Each of our partners contributes to the Newsletter, providing safeguarding news from within their organisations.



Rotherham Safeguarding Adults Board

Newsletter

Edition: JULY 2024

SAFEGUARDING PERFORMANCE

During 2023-2024...

- 3,963 Contacts recorded where a safeguarding risk was indicated.
- 1,659 of those progressed to concern/initial enquiries. This is where enquiries are made to ensure the person is safe or if further work is required.
- 588 went onto enquiry, this is where the work is undertaken to make the person or situation safe.



TOP 3 TYPES OF ABUSE

Neglect
Physical
Physiological



If you wish to have a copy of the report, please email rsab@rotherham.gov.uk

RSAB: Key Messages

At the July 2024 RSAB meeting the recommendations for safeguarding adults' boards received a ministerial recommendation letter. The recommendations proposed:

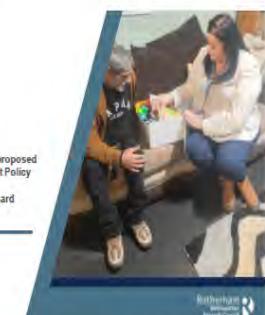
- A governance structure, accountability, and system wide change.
- A named board member for rough sleeping.
- Strategic plans, annual reports, and procedures reference
- Safeguarding Adult Reviews to commission cases of deaths involving rough sleepers.

Both Helen Caulfield-Browne and Michael Lord attended the meeting in which they presented the Temporary Accommodation Placement Policy and discussed Rough Sleepers in Rotherham. Please refer to the presentation below for key information and facts.



Introduction to Homelessness and the proposed
Temporary Accommodation Placement Policy
Rotherham Safeguarding Adult Board
4th July 2024

Helen Caulfield-Browne, Housing Options
Operational Manager



If you wish to have a copy of the presentation, please email rsab@rotherham.gov.uk



Rotherham
Safeguarding Adults

ACTIVITY 2024/25

Safeguarding Awareness Week 2024

November is the month when we celebrate Safeguarding Awareness Week, the Safeguarding Partnership across Adults, Children's, and the Safer Rotherham Partnership come together to deliver training and awareness sessions on a variety of topics.

- Safeguarding in Relation to Homelessness and Rough Sleeping
- What is Cuckooing, How to Spot the Signs & Report Suspected Cases
- Working Together to Prevent Suicides and Saves Lives in Rotherham
- Professional Curiosity
- Counter Corruption Unit – Abuse of Position for a Sexual Purpose



Page 72

SAFEGUARDING IS EVERYONE'S BUSINESS

**ROTHERHAM'S
SAFEGUARDING
AWARENESS
WEEK**
18 to 22 November, 2024



**CHILDREN
AND ADULT
ABUSE
WILL NOT BE
TOLERATED**





ACTIVITY 2024/25

Domestic Abuse in Older People

During Safeguarding Awareness Week, the Safeguarding Adults Board and the Safer Rotherham Partnership worked closely together to deliver an awareness session on Domestic Abuse in Older People.

A full suite of posters was developed and circulated across the borough; they are also available from the RSAB website.



The poster features a woman with a red circle around her mouth, with the text 'ABUSE HAS NO AGE LIMIT' in red. It includes a QR code and contact information for Rotherham Rise.

ABUSE HAS NO AGE LIMIT

Just because you've not reported it in the past, doesn't mean you can't report it now.

 It's never too late to reach out for help and advice
Call Rotherham Rise for free on 0330 202 0571
Web: www.rotherhamrise.org.uk Email: help@rotherhamrise.org.uk

TAKE A TAB BELOW
If you or a friend are experiencing violence or abuse at home from a partner or family member, call the helpline below.

www.saferrotherham.org.uk

Summarize this document

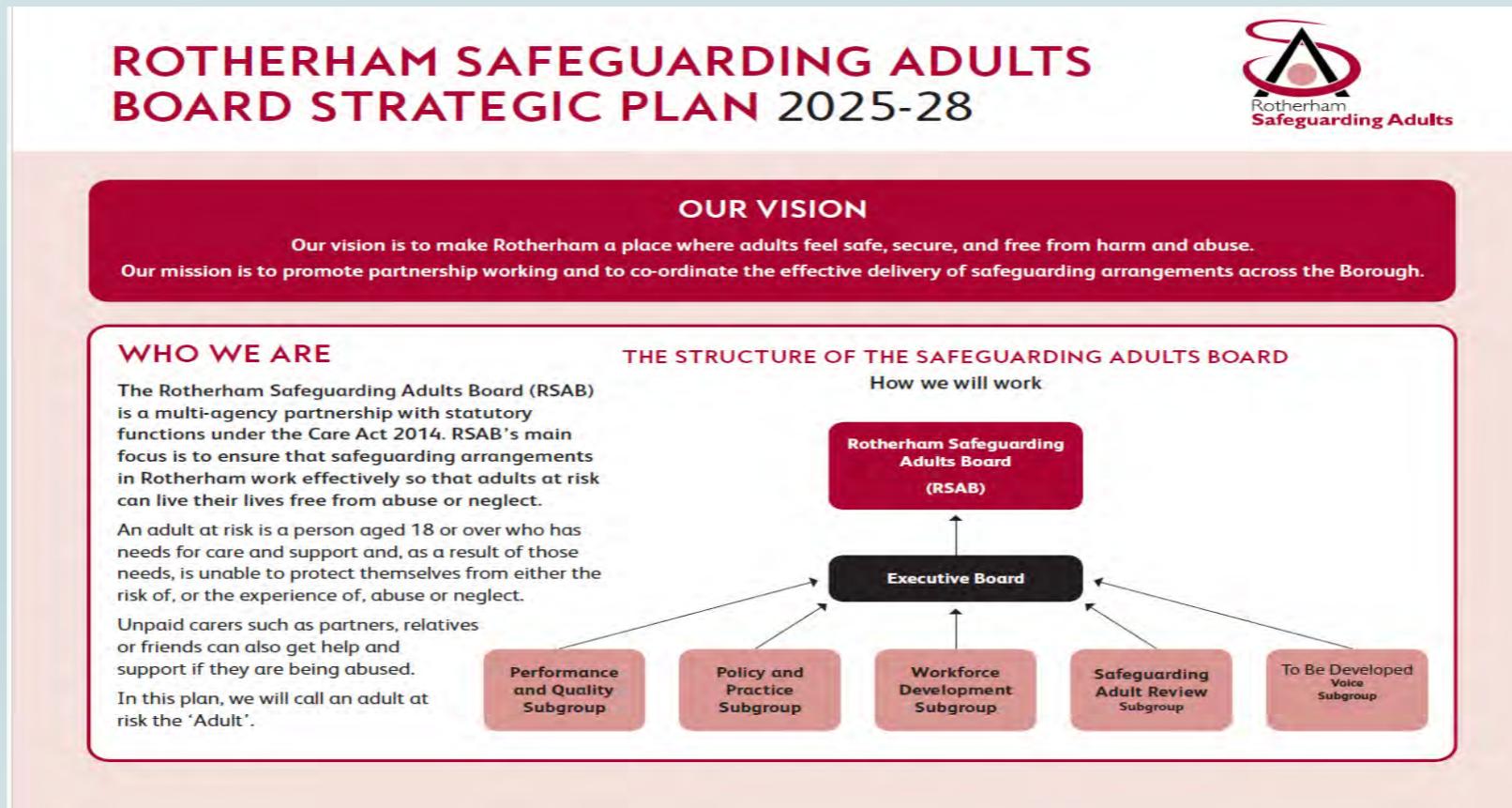
By using AI Assistant, you agree to Generative AI User Guidelines.

Page 73

Rotherham Safeguarding Adults Strategic Plan 2025 -2028

One of the statutory duties of a Safeguarding Adults Board is to develop and publish a strategic plan. The plan must set out how the Board will meet its objectives and how its members and partner agencies will contribute.

A development day was held in January 2025 to bring partners together to agree the safeguarding priorities for the next three years.



ROOTHERHAM SAFEGUARDING ADULTS BOARD STRATEGIC PLAN 2025-28

OUR VISION

Our vision is to make Rotherham a place where adults feel safe, secure, and free from harm and abuse.
Our mission is to promote partnership working and to co-ordinate the effective delivery of safeguarding arrangements across the Borough.

WHO WE ARE

The Rotherham Safeguarding Adults Board (RSAB) is a multi-agency partnership with statutory functions under the Care Act 2014. RSAB's main focus is to ensure that safeguarding arrangements in Rotherham work effectively so that adults at risk can live their lives free from abuse or neglect.

An adult at risk is a person aged 18 or over who has needs for care and support and, as a result of those needs, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Unpaid carers such as partners, relatives or friends can also get help and support if they are being abused.

In this plan, we will call an adult at risk the 'Adult'.

THE STRUCTURE OF THE SAFEGUARDING ADULTS BOARD

How we will work

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graph TD; RSAB[Rotherham Safeguarding Adults Board (RSAB)] --> ExecutiveBoard[Executive Board]; ExecutiveBoard --> P[Performance and Quality Subgroup]; ExecutiveBoard --> P[Policy and Practice Subgroup]; ExecutiveBoard --> WD[Workforce Development Subgroup]; ExecutiveBoard --> SAR[Safekeeping Adult Review Subgroup]; ExecutiveBoard --> TV[To Be Developed Voice Subgroup]
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ACTIVITY 2024/25

Rotherham Safeguarding Adults Strategic Plan 2025 -2028

Strategic Objective 1 - Communication, Engagement, and Voice

Improving safeguarding awareness across all citizens, communities, and partner organisations.

Strategic Objective 2 - Prevention and Early Intervention

Developing tools to support practice that promotes open cultures and reduces the risk of abuse and neglect.

Strategic Objective 3 - Leadership and Partnership

To promote effective leadership, partnership working, and governance for safeguarding adults, holding partners and agencies to account.

Strategic Objective 4 - Making Safeguarding Personal

To make sure that safeguarding practice places adults at the centre and supports them in making their own decisions and outcomes.

Strategic Objective 5 - Learning and Development

To identify and share lessons from reviews and audits to drive practice development and learning.



PERFORMANCE DATA 2024/25



PLANNING FOR 2025/26

Voice

Develop a new subgroup called 'Voice', which will work with the voluntary sector and customer-led groups to ensure the SAB hears the thoughts and concerns of the people of Rotherham. Working with Voluntary Action Rotherham (VAR) the SAB will welcome working with Rotherham people to co-produce safeguarding material that supports and informs.

The SAB will recruit an 'expert by experience' to become a member of the Board. This person will be the joint chair of the Voice subgroup and will ensure the issues raised and discussed by the group are heard at the Board.



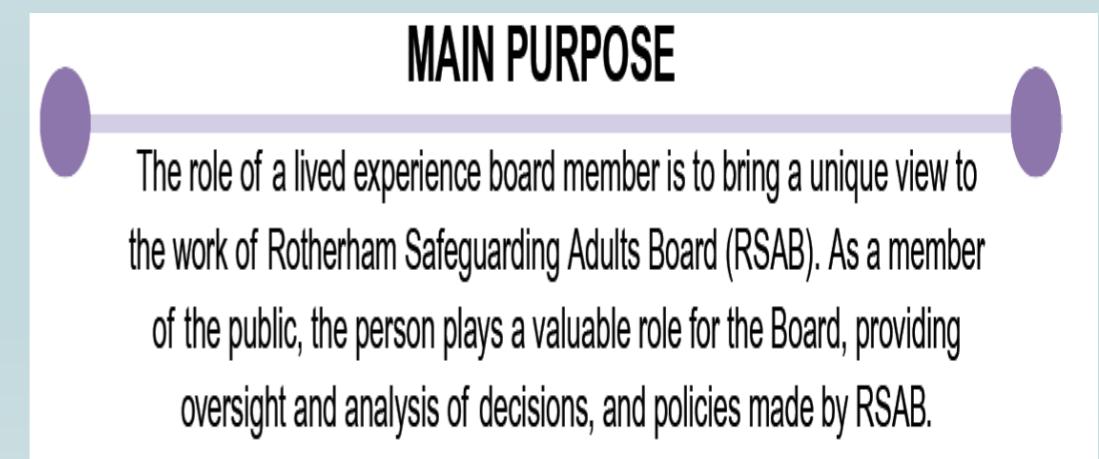
BACKGROUND

A Lived Experience Board Member helps the Rotherham Safeguarding Adults Board by sharing their personal experiences and views as someone from the local community. Their role is to speak up, offer ideas, and help influence positive changes in how adults are kept safe in Rotherham. By bringing a unique perspective, they help make sure the Board's work reflects real-life experiences and meets the needs of the people it serves.

ABOUT US

1 Are you looking for a role where you can make a difference? Can you commit to up to 2-3 days a month?

2 Are you passionate about making a difference to improve experiences of people with care and support needs?



MAIN PURPOSE

The role of a lived experience board member is to bring a unique view to the work of Rotherham Safeguarding Adults Board (RSAB). As a member of the public, the person plays a valuable role for the Board, providing oversight and analysis of decisions, and policies made by RSAB.

PLANNING FOR 2025/26

Shared Learning

We will work with Children's Safeguarding and the Safer Rotherham Partnership to develop a Learning Hub. The Learning Hub will be used to share good practice and learning relating to Safeguarding Adult Review, Domestic Homicide Reviews and Serious Case Reviews.

Sharing learning and good practice will strengthen the partnership and ensure the Safeguarding workforce are well informed.



PLANNING FOR 2025/26

Safeguarding Partners Self-Assessment

The Safeguarding Partners Self-assessment will be refreshed during 2026. Adults and Children's will work together to manage the self-assessment process with our partners. A joint event will be held for partners to showcase their safeguarding arrangements and share good practice.



PLANNING FOR 2025/26

Vulnerable Adults Pathway

We will embed a robust Vulnerable Adults Pathway to support people who may be at risk of harm and abuse who do not meet the safeguarding thresholds, but have complex needs.

We will further embed the Community Multi Agency Risk Assessment Conference (CMARAC), Vulnerable Adults Risk Management Meeting (VARMM) and Vulnerable Adults Panel (VAP).

We will work with Housing Services and the Homelessness Team to develop strong links with safeguarding to ensure we are working to support people who are at risk of being homeless and who are suffering from homelessness.



PLANNING FOR 2025/26

Safeguarding Awareness Week 2025

During 17th and 21st November, the Safeguarding Partnership will come together to deliver a range of awareness and training events to colleagues across Rotherham. For the first time the Partnership will be hosting the Safeguarding Champion Awards. The Safeguarding Champion Awards will recognise adults, children and young people who do an exceptional job at safeguarding the most vulnerable.



THANK YOU



Public Report
Health Select Commission

Committee Name and Date of Committee Meeting

Health Select Committee – 22 January 2025

Report Title

Rotherham Safeguarding Adults Strategic Plan 2025 - 2028

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

No

Strategic Director Approving Submission of the Report

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

Report Author(s)

Jackie Scantlebury Rotherham Safeguarding Adults Board Manager
01709 254863 or Jackie.scantlebury@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

The Care Act 2014 states that all Safeguarding Adult Boards (SAB) must produce a Strategic Plan outlining how they will achieve their objective of helping and protecting adults at risk of abuse or neglect, and how member organisations will contribute to this..

The 2025 – 2028 Rotherham Safeguarding Adults Board Strategic Plan has been developed through consultation with all members of the Board, including Rotherham Healthwatch and local voluntary organisations.

Recommendations

That the Health Select Committee:

1. Note the development of the 2025 – 2028 Rotherham Safeguarding Adults Board Strategic Plan.
2. Accept the refreshed Strategic Objectives for 2025 – 2028.

List of Appendices Included

Appendix 1 The Rotherham Safeguarding Adults Strategic Plan 2025-28

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

Rotherham Safeguarding Adults Strategic Plan 2025 - 2028

1. Background

1.1 The primary objective of the Rotherham Safeguarding Adults Board (RSAB) is to ensure that local safeguarding arrangements and partnerships act to help and protect adults at risk or experiencing neglect and/or abuse. The RSAB is a multi-agency strategic partnership made up of senior lead officers and nominated safeguarding leads from within adult social services, criminal justice, health, housing, community safety, and voluntary organisations.

1.2 The RSAB has an independent chair who is accountable for the effective delivery of the Board. The Care Act 2014 also specifies that there are three statutory core partners:

1. Local Authority.
2. Integrated Commissioning Board
3. Police

The RSAB is a multi-agency, strategic partnership made up of the three core members alongside:

- Rotherham NHS Foundation Trust
- RDaSH
- South Yorkshire Fire and Rescue
- Probation Service
- Voluntary and Community Sector
- Cabinet member for Adult Care
- Other Council service representatives across housing, community safety and criminal justice
- Children and Young People's Partnership

1.3 The Care Act 2014 requires all Safeguarding Adult Boards (SABs) to produce a strategic plan. The strategic plan is a statement of a SAB's vision, objectives, and agreed-upon strategic priorities for the next three years.

The Strategic Plan informs the public about the SAB's plans and commitment to keeping adults safe.

2. Key Issues

2.1 The Rotherham Safeguarding Adults Board Strategic Plan 2025 -2028 was developed in consultation with all Board members, including the Cabinet Member for Adult Social Care. A development day was held in January 2025 to bring partners together to agree the safeguarding priorities for the next three years. The development session included

workshops to understand what the safeguarding partnership felt were the areas for development, and where, by working together, we could improve services for the people of Rotherham.

The partnership agreed to five new strategic priorities;

Strategic Priority 1

Communication, Engagement and Voice

Improving safeguarding awareness across all citizens, communities, and partner organisations.

- We will work to ensure the citizens of Rotherham are heard by the safeguarding partnership.
- We will work with communities across Rotherham to promote the work of the Board and raise awareness of safeguarding issues.
- We will work to ensure that the voices of seldom-heard people are heard by the Board.

Strategic Priority 2

Prevention and Early Intervention

Developing tools to support practice that promotes open cultures and reduces the risk of abuse and neglect.

- We will continue to work closely with the Rotherham Safeguarding Children's Partnership to build on and develop support for young people in transition.
- We will continue to work with the Safer Rotherham Partnership, partners and communities to protect vulnerable adults including cuckooing, modern day slavery, hate and mate crime and repeat victims of crime to improve reporting and strengthen joint working to tackle crime.
- We will embed a robust Vulnerable Adults Pathway to support people who may be at risk of harm and abuse who do not meet the safeguarding thresholds, but have complex needs.
- We will further strengthen our safeguarding practices relating to neglect, self-neglect and hoarding.

Strategic Priority 3

Leadership and Partnership

To promote effective leadership, partnership working and governance for safeguarding adults, holding partners and agencies to account.

- We will explore the benefits of an Adult Multi Agency Safeguarding Hub.
- We will continue to develop the SAB website to provide timely and accurate information and guidance from across the Partnership for the public and professionals.
- The Board and its partners will continue to work together across the Adult, Children's and Safer Rotherham Partnership Boards.
- Adopting a Think Family approach we will work together across the partnership to fully embed a Think Family approach to safeguarding.

Strategic Priority 4

Making Safeguarding Personal

To make sure that safeguarding practice places adults at the centre, and supports them in making their own decisions and outcomes.

- We will review and refresh Making Safeguarding Personal across the safeguarding partnership.
- All work will be done with the “so what?” question in mind. What is the difference we are making.
- We will strengthen our approach to the application of the Mental Capacity Act and use of Advocacy in safeguarding practices.

Strategic Priority 5

Learning and Development

To identify and share lessons from reviews and audits to drive practice development and learning.

- Deliver training to staff across the partnership to make sure safeguarding is person-centred and outcome focused.
- Undertake safeguarding adults reviews (SARs) to identify learning, improve practice and prevent similar mistakes from happening again.
- We will develop a SAB multi-agency audit process.
- We will use the professional website page to share the outcomes from learning reviews.

2.2 The Safeguarding Adults Board has four subgroups that sit under the Board and the Executive Group. Membership of the sub-groups includes representatives from across the partnership and each of the groups has a work plan that supports delivery of the strategic plan.

- Safeguarding Adults Review Subgroup
- Policy and Practice subgroup
- Performance and quality Subgroup
- Workforce Development Subgroup

A new subgroup will be developed to bring the customer voice and experience to the Board.

- Voice Subgroup

A business plan will track the progress made on each of the priorities, and the SAB Executive will monitor all actions quarterly.

Safeguarding Adults Review Subgroup ➔	Rotherham Safeguarding Executive Group ➔	Rotherham Safeguarding Adults Board
Policy and Practice Subgroup ➔		
Performance and Quality Subgroup ➔		
Workforce Development Subgroup ➔		
Voice Subgroup ➔		

3. Options considered and recommended proposal

3.1 Health Select Commission note the Rotherham Safeguarding Adults Strategic Plan 2025 – 2028

4. Consultation on proposal

4.1 The report was presented and signed off by the Rotherham Safeguarding Adults Board on 16 July 2025.

5. Timetable and Accountability for Implementing this Decision

5.1 The Safeguarding Adults Board Strategic Plan will be available electronically via the Rotherham Safeguarding Adults Board website, <https://www.rsab.org.uk> from the 1 December 2025.

6. Financial and Procurement Advice and Implications

6.1 There are no direct financial implications.

7. Legal Advice and Implications

7.1 S43 of the Care Act 2014 sets out the statutory duty of the Council to establish a Safeguarding Adults Board for the borough of Rotherham.

A Safeguarding Adults Board has the objective to help and protect adults in its area who have care and support needs and who are at risk of neglect and/or abuse and unable to protect themselves. A Safeguarding Adults Board may undertake any lawful activity which is necessary and desirable to achieve its objective.

The Care Act 2014 requires all local authorities set up a Safeguarding Adults Board to co-ordinate local work to safeguard adults who need care and support. The Rotherham Safeguarding Adults Board (RSAB) works to protect adults with care and support needs from abuse and neglect. The RSAB must:

- Produce an annual report on the effectiveness of adult safeguarding within their area.
- Produce a strategic plan that sets out the aims of the board.
- Commission Safeguarding Adults Reviews (SAR's) when needed.

The Council has the lead in co-ordinating responsibility for safeguarding, this includes strategic responsibility and establishing multi-agency arrangements to ensure the effectiveness of what the Rotherham Safeguarding Adults Board members do.

8. Human Resources Advice and Implications

8.1 There are no direct HR implications.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The Rotherham Safeguarding Adults Board is a partnership board and has representation from Children's Services. The Chair of the Children's Partnership was involved with the development of the new Strategic Plan, and the Adults and Children's Partnership will work jointly to deliver cross-cutting themes that are identified.

The strategic plan has identified areas that will benefit from joint partnership working to ensure that safeguarding adults in Rotherham is always improving and developing ways to ensure services are person-centred.

10. Equalities and Human Rights Advice and Implications

10.1 This report supports the Council to comply with legal obligations encompassed in the:

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

11. Implications for CO₂ Emissions and Climate Change

11.1 The Rotherham Safeguarding Adults Board Strategic Plan 2025-28 will not impact the Council's or area-wide emissions, or otherwise effect progress towards these goals.

11.2 The Rotherham Safeguarding Adults Board Strategic Plan 2025-28 does not contain recommendations/proposals that will increase emissions or reduce emissions.

12. Implications for Partners

12.1 The Rotherham Safeguarding Adults Strategic Plan 2025-28 has been produced with all partners of the board contributing and agreeing on the final content.

12.2 Partners of the board will be asked to share within their own organisations.

13. Risks and Mitigation

13.1 The Rotherham Safeguarding Adults Board Strategic Plan 2025-28 has a requirement to be published to ensure the Rotherham Safeguarding Adults Board meets its Statutory Duty under the Care Act 2014

Accountable Officer(s)

Ian Spicer
Strategic Director of Adults, Housing & Public Health
01709 255992, ian.spicer@rotherham.gov.uk

Approvals obtained on behalf of:

	Name	Date
Chief Executive		Click here to enter a date.
Strategic Director of Finance & Customer Services (S.151 Officer)	Named officer	Click here to enter a date.
Assistant Director of Legal Services (Monitoring Officer)	Named officer	Click here to enter a date.
The Strategic Director with responsibility for this report	Ian Spicer, Strategic Director of Adult Care, Housing and Public Health	18/09/25
Consultation undertaken with the relevant Cabinet Member	Cabinet Member for Adult Social Care and Health – Councillor Baker-Rogers	22/09/25

Jackie Scantlebury Rotherham Safeguarding Adults Board Manager

01709 254863 or Jackie.scantlebury@rotherham.gov.uk

This report is published on the Council's website.

ROOTHERHAM SAFEGUARDING ADULTS BOARD STRATEGIC PLAN 2025-28



OUR VISION

Our vision is to make Rotherham a place where adults feel safe, secure, and free from harm and abuse.

Our mission is to promote partnership working and to co-ordinate the effective delivery of safeguarding arrangements across the Borough.

WHO WE ARE

The Rotherham Safeguarding Adults Board (RSAB) is a multi-agency partnership with statutory functions under the Care Act 2014. RSAB's main focus is to ensure that safeguarding arrangements in Rotherham work effectively so that adults at risk can live their lives free from abuse or neglect.

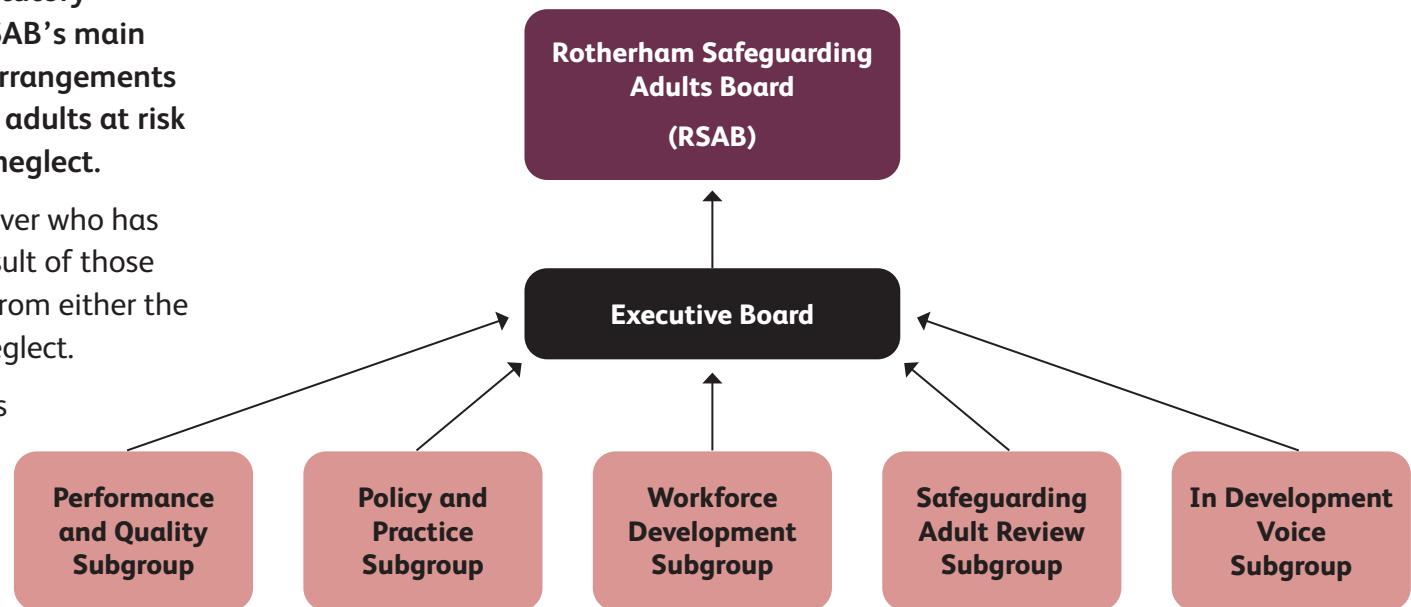
An adult at risk is a person aged 18 or over who has needs for care and support and, as a result of those needs, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Unpaid carers such as partners, relatives or friends can also get help and support if they are being abused.

In this plan, we will call an adult at risk the 'Adult'.

THE STRUCTURE OF THE SAFEGUARDING ADULTS BOARD

How we will work



OUR STRATEGIC STATEMENT

What we plan to do

We will work together with partner organisations and people in our communities so that adults can live their best lives with their wellbeing and rights being supported, safe from abuse and neglect.

Our work will follow the six safeguarding principles, which are: **Empowerment; Protection; Proportionality; Prevention; Partnership and Accountability.**

The Rotherham Safeguarding Adults Board has identified five strategic objectives that will ensure we can strengthen the current safeguarding offer for Rotherham residents.

The objectives are;

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





Strategic Objective 1: Communication, Engagement, and Voice



Improving safeguarding awareness across all residents, communities, and partner organisations.

- We will work to ensure the residents of Rotherham are heard by the safeguarding partnership.
 - We will work closely with advocacy organisations/providers to ensure the voice of those they work with are heard by the RSAB.
 - We will use videos featuring experts by experience to tell the safeguarding story.
- We will work with communities across Rotherham to promote the work of the RSAB and raise awareness of safeguarding issues.
 - The annual Safeguarding Awareness Week will provide opportunities to interact with the public and the workforce of Rotherham.

- We will develop easy-read safeguarding guides, co-produced with the Rotherham Adults Social Care Always Listening (RASCALs) Co-production Board.
- We will work to ensure that the voices of seldom heard people are heard by the RSAB. We will establish a customer voice subgroup including RASCALs, Healthwatch and Advocacy to support this aim.
 - People from minoritised groups.
 - People at risk of homelessness.
 - People with drug and alcohol issues.



Strategic Objective 2: Prevention and Early Intervention



Developing tools to support practice that promotes open cultures and reduces the risk of abuse and neglect.

- We will continue to work closely with the Rotherham Safeguarding Children's Partnership to build on and develop support for young people in transition.
 - There will be a focus on Transitional Safeguarding, working with the Principal Social Workers to promote strong working arrangements.
- We will continue to work with the Safer Rotherham Partnership, partners and communities to protect vulnerable adults from issues that include cuckooing, modern-day slavery, hate and mate crime and repeat victims of crime to improve reporting and strengthen joint working to tackle crime.
 - We will form a task and finish group to look at protecting vulnerable adults in Rotherham.
 - We will use our findings to develop an awareness campaign to inform the public.
- We will embed a robust Vulnerable Adults Pathway to support people who may be at risk of harm and abuse who do not meet the safeguarding thresholds, but who have complex needs.

- We will embed a vulnerable adults pathway based around putting people at the heart of the process.
- We will further embed the Community Multi Agency Risk Assessment Conference (CMARAC), Vulnerable Adults Risk Management Meeting (VARMM) and Vulnerable Adults Panel (VAP).
- We will enhance our partnership approach to supporting complex vulnerable people
- We will develop a suite of information, referral criteria and access routes to support CMARAC, VARMM and VAP.

- We will further strengthen our safeguarding practices relating to neglect, self-neglect and hoarding.
 - We will ensure the Self-neglect and hoarding policy is embedded in safeguarding practice
 - We will develop a self-neglect pathway that is easy to navigate
 - We will work with people who are at risk of neglect, self-neglect and hoarding to prevent significant harm from occurring
 - We will ensure learning from Safeguarding Adult Reviews and reviews is shared across the partnership to strengthen practice
 - We will develop a partnership approach to supporting neglect



Strategic Objective 3: Leadership and Partnership



Promote effective leadership, partnership working and governance for safeguarding adults, which hold partners and agencies to account.

- We will explore the benefits of an Adult Multi-Agency Safeguarding Hub.
 - We will work to look at co-location and develop protocols for effective referrals.
 - Further strengthen our adult social care front door to include agencies, which will strengthen our multi-agency response to safeguarding.
- We will continue to develop the RSAB website to provide timely and accurate information and guidance from across the Partnership for the public and professionals.
 - We will work with all partners to ensure the RSAB website is providing quality and useful information.
 - We will update and maintain the RSAB website.
- The RSAB and its partners will continue to work together across the Adult, Children's and Safer Rotherham Partnership Boards.
- We will explore the benefit of a Learning Hub to share good practice and learning relating to Safeguarding Adult Reviews, Domestic Abuse Related Death Reviews and Children's Serious Case Reviews.
- We will arrange an annual joint safeguarding conference to share work and learning.
- We will continue to hold a Safeguarding Partners Self-Assessment every two years.
- Adopting a Think Family approach, we will work together across the partnership to fully embed a "Think Family" approach to safeguarding.



Strategic Objective 4: Making Safeguarding Personal



Ensure that safeguarding practice places the adult at the centre of everything we do and supports them in making their own decisions and outcomes.

- We will review and refresh Making Safeguarding Personal across the safeguarding partnership.
 - We will undertake a Making Safeguarding Personal audit using the Local Government Association toolkit.
- All work will be done with the “so what?” question in mind to understand the difference we are making.
 - Safeguarding will ensure that achievable and proportionate person-centred outcomes are agreed with the person.

- We will strengthen our approach to the application of the Mental Capacity Act and use of Advocacy in safeguarding practices.
- We will seek assurance through auditing of practice that the legal requirements for completing mental capacity assessments are adhered to in safeguarding.
- We will seek assurance through auditing practice that advocacy is being used to support adults who require support and captures the voice of the person within their safeguarding experiences.
- We will develop a suite of information around Deprivation of Liberty information that will inform the RSAB.



Strategic Objective 5: Learning and Development



Identify and share learning to drive practice development and improvement.

- Deliver training to staff across the partnership to make sure safeguarding is person-centred and outcome-focused.
- Commission a 3-year training package to ensure the workforce is appropriately skilled.
- We will ensure training evaluation is robust and consider using mystery shoppers to provide feedback.
- Undertake Safeguarding Adults Reviews (SARs) to identify learning, improve practice and prevent similar mistakes from happening again.
 - Embed the Multi-agency Learning Review process.
 - Use thematic reviews to gain learning from Safeguarding.
 - Embed learning from single-agency reviews.

- We will develop a RSAB multi-agency audit process.
 - We will agree an audit tool and schedule a diary of audits each year.
 - We will develop a methodology for partner agencies reporting into the RSAB on audits relevant to safeguarding.
- We will use the professional website page to share the outcomes from learning reviews.
 - We will develop easy-read guides, 7-minute briefings and videos to share learning to ensure it influences and shapes practice.

HOW ARE WE GOING TO DO THIS?

We will continue to work with our partners to make sure that by 2028 these priorities are achieved. We will develop an action plan that will be monitored by the Safeguarding Adults Board Executive Group and reported to the RSAB for assurance.

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HEALTH SELECT COMMITTEE

22ND JANUARY 2025

Rotherham
Safeguarding Adults

Rotherham Safeguarding Adults Board

Strategic Plan 2025 – 2028

Moira Wilson RSAB Independent Chair

STRATEGIC PLAN 2025 -2028 REFRESH

- January 2025 – Development Session with all Safeguarding Partners
- March 2025 – First Draft plan – 5 new Strategic Objectives to Rotherham Safeguarding Adults Board
- June 2025 – Revised Draft Plan – to Rotherham Safeguarding Adults Board
- June 2025 - All Board Members agree on the new Strategic Objectives
- September 2025 – Refreshed report presented to Adult Social Care Senior Leadership Team



Rotherham
Safeguarding Adults

RSAB NEW PRIORITIES

Strategic Objective 1 – Communication, Engagement, and Voice

Improving safeguarding awareness across all residents, communities, and partner organisations.

- We will work to ensure the residents of Rotherham are heard by the safeguarding partnership.
- We will work with communities across Rotherham to promote the work of the RSAB and raise awareness of safeguarding issues.
- We will work to ensure that the voices of seldom-heard people are heard by the RSAB. We will establish a Customer Voice subgroup to include RASCALs, Healthwatch, and Advocacy to support this aim.



RSAB NEW PRIORITIES

Strategic Objective 2 – Prevention and Early Intervention

Developing tools to support practice that promotes open cultures and reduces the risk of abuse and neglect.

- We will continue to work closely with the Rotherham Partnership to build on and develop support for young people in transition.
- We will continue to work with the Safer Rotherham Partnership, partners, and communities to protect vulnerable adults from issues that include cuckooing, modern-day slavery, hate and mate crime, and repeat victims of crime to improve reporting and strengthen joint working to tackle crime.
- We will embed a robust Vulnerable Adults Pathway to support people who may be at risk of harm and abuse who do not meet the safeguarding threshold, but who have complex needs.
- We will further strengthen our safeguarding practices relating to neglect, self-neglect and hoarding.

RSAB NEW PRIORITIES

Strategic Objective 3 Leadership and Partnership

Promote effective leadership, partnership working and governance for safeguarding adults, which hold partners and agencies to account

- We will explore the benefits of an Adult Multi-Agency Safeguarding Hub.
- We will continue to develop the RSAB website to promote timely and accurate information and guidance from across the Partnership for the public and professionals
- The RSAB and its partners will continue to work together across the Adult, Children's and Safer Rotherham Partnership Boards.

RSAB NEW PRIORITIES

Strategic Objective 4 – Making Safeguarding Personal

Ensure that safeguarding practice places the adult at the centre of everything we do and supports them in making their own decisions and outcomes

- We will review and refresh Making Safeguarding Personal across the safeguarding partnership.
- All work will be done with the “so what?” question in mind to understand the difference we are making.
- We will strengthen our approach to the application of the Mental Capacity Act and use of Advocacy in safeguarding practices



Rotherham
Safeguarding Adults

RSAB NEW PRIORITIES

Strategic Objective 5 – Learning and Development

Identify and share learning to drive practice development and improvement

- Deliver training to staff across the partnership to make sure safeguarding is person-centred and outcome-focused.
- Undertake Safeguarding Adult Reviews (SARs) to identify learning, improve practice and prevent similar mistakes from happening again.
- We will develop a RSAB multi-agency audit process.
- We will use the professional website page to share the outcomes from learning reviews.



Rotherham
Safeguarding Adults

RECOMMENDATION

The Rotherham Safeguarding Adults Board requests that the Health Select Committee:

1. Note the development of the 2025 – 2028 Rotherham Safeguarding Adults Board Strategic Plan.
2. Accept the refreshed Strategic Objectives for 2025 – 2028.

THANK YOU



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Public Report
Health Select Commission

Committee Name and Date of Committee Meeting

Health Select Commission – 22 January 2026

Report Title

Access to Contraception Review Report

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

No, but it has been included on the Forward Plan

Strategic Director Approving Submission of the Report

Judith Badger, Strategic Director of Finance and Customer Services

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.

Recommendations

That Cabinet endorse the following recommendations:

1. Commissioning and Service Delivery

- a) 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.
- b) 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.

2. Education, Public Awareness and Messaging

- a) 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.
- b) That the relevant Council Services encourage schools to deliver consistent, comprehensive PSHE, 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.

3. Digital Access and Information

- a) 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.
- b) 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.

4. Youth Access and Confidentiality

- a) 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.
- b) 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.

5. Data, Monitoring and Strategic Alignment

- a) 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.

- b) 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 targeted interventions that address their drivers.
- c) 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.

6. That the recommendations and wider ambitions (Paragraph 6) as approved by Health Select Commission, be submitted to Cabinet for consideration and response.

7. Following submission to Cabinet, that 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

None

Council Approval Required

No

Exempt from the Press and Public

No

Access To Contraception Review Report

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.

3. Review Methodology

3.1 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

3.2 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)
- RMBC Public Health Team

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

3.3 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.

3.4 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

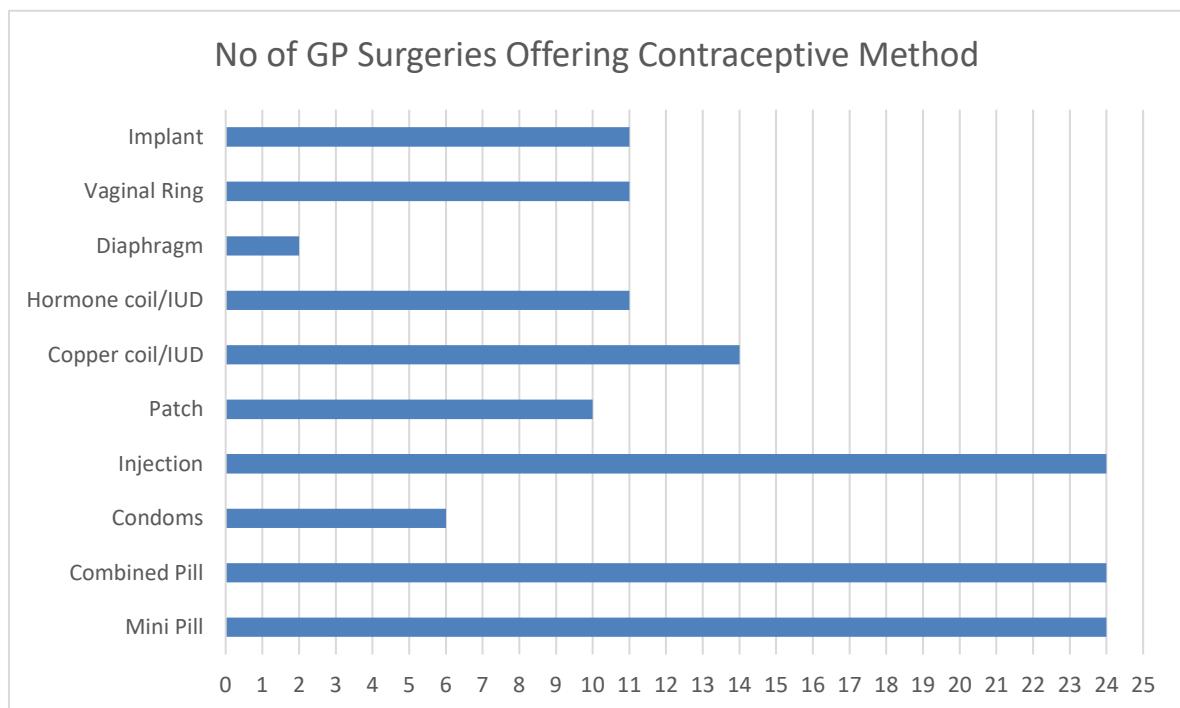
4. Discussion themes and key insights

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

4.2 Commissioning and Service Delivery

4.2.1 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:

4.2.2 Table 1



4.2.3 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.

4.2.4 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).

4.2.5 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.

4.2.6 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:

4.2.7 Figure 1

Key:

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



4.2.8 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.

4.2.9 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.

- 4.2.10 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.
- 4.2.11 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.
- 4.2.12 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.
- 4.2.13 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.
- 4.2.14 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.
- 4.2.15 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.

- 4.2.16 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.
- 4.2.17 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.
- 4.2.18 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.
- 4.2.19 Commissioning confirmed that the current contract would remain in place until 2027, with the potential to extend the existing contract arrangements until 2032.
- 4.2.20 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.
- 4.2.21 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).

4.2.22 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.

4.3 Education, Public Awareness and Messaging

4.3.1 Members heard that social media such as 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 overview 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. Likewise, even if the local picture in Rotherham,

4.3.2 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.

4.3.3 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.

4.3.4 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.

4.3.5 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 4.3.3 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.

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

4.3.7 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.

4.3.8 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.

4.3.9 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.

4.3.10 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.

4.3.11 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.

4.3.12 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.

4.4 Digital Access and Information

4.4.1 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).

- 4.4.2 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.
- 4.4.3 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.
- 4.4.4 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.
- 4.4.5 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.
- 4.4.6 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.
- 4.4.7 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.
- 4.4.8 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.

- 4.4.9 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.
- 4.4.10 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.
- 4.4.11 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.
- 4.4.12 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.
- 4.4.13 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.

4.5 Youth Access and Confidentiality

4.5.1 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.

4.5.2 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.

4.5.3 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.

4.6 Data, Monitoring and Strategic Alignment

4.6.1 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 4.3.2 to 4.3.4 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.

4.6.2 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.

4.6.3 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.

5. Long-Term Broad Ambitions

5.1 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.

5.2 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 4.2.2 to 4.2.21, 4.6.2 and 4.6.3 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 4.2.11, 4.6.2 and 4.6.3 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 4.2.16 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 4.2.4, 4.2.5, 4.3.1, 4.4.6, 4.4.7, 4.4.12, 4.4.13 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 4.2.4, 4.2.5, 4.3.1, 4.4.6, 4.4.7, 4.4.12 and 4.4.13 refer).

6. Options considered and recommended proposal

6.1 *Option A: Do nothing. (Not recommended)*

This option would result in no proactive changes and the maintenance of the status quo. The body of this report describes why Members felt that this would not sufficiently address the needs of Rotherham residents or contribute to the vision and strategic outcomes identified in the Council Plan.

6.2 *Option B: Support the recommendations only. (Not recommended)*

Whilst this option would deliver tangible short-term improvements for Rotherham residents that were sustainable in the long term, Members felt it would not achieve maximum benefit as the recommendations alone did not harness the collective power of collaborative systemic change achievable when delivery partners were engaged.

6.3 *Option C: Support the recommendations and long-term broad ambitions. (Preferred option)*

Members felt that whilst tangible short-term improvements for Rotherham residents that were sustainable in the long term could be achieved solely through the recommendations outlined at the head of the report, there was the opportunity to realise meaningful collaborative systemic change when there was commitment to delivery of the long-term broad ambitions outlined at paragraph 5.2. 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.

7. Consultation on proposal

- 7.1 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.
- 7.2 In its review, the working group considered evidence from the officers and key partners. These are outlined in paragraphs 3.2 to 3.4.

8. Timetable and Accountability for Implementing this Decision

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

8.2 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 than two months from the date that Cabinet receives this report.

9. Financial and Procurement Advice and Implications

9.1 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.

10. Legal Advice and Implications

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

11. Human Resources Advice and Implications

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

12. Implications for Children and Young People and Vulnerable Adults

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

13. Equalities and Human Rights Advice and Implications

13.1 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.

14. Implications for CO2 Emissions and Climate Change

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

15. Implications for Partners

15.1 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.

16. Risks and Mitigation

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

17. 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	Click here to enter a date.
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	Click here to enter a date.
Assistant Director of Legal Services (Monitoring Officer)	Phil Horsfield	Click here to enter a date.

Report Author: [Kerry Grinsill-Clinton](#)
[01709 807267 or kerry.grinsill-clinton@rotherham.gov.uk](#)

This report is published on the Council's [website](#).

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Appendix 1 - Rotherham GPs Contraception Service

Respondent	SERVICES OFFERED IN SURGERY									
	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 - Gynaecology	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	N/A	No	N/A	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	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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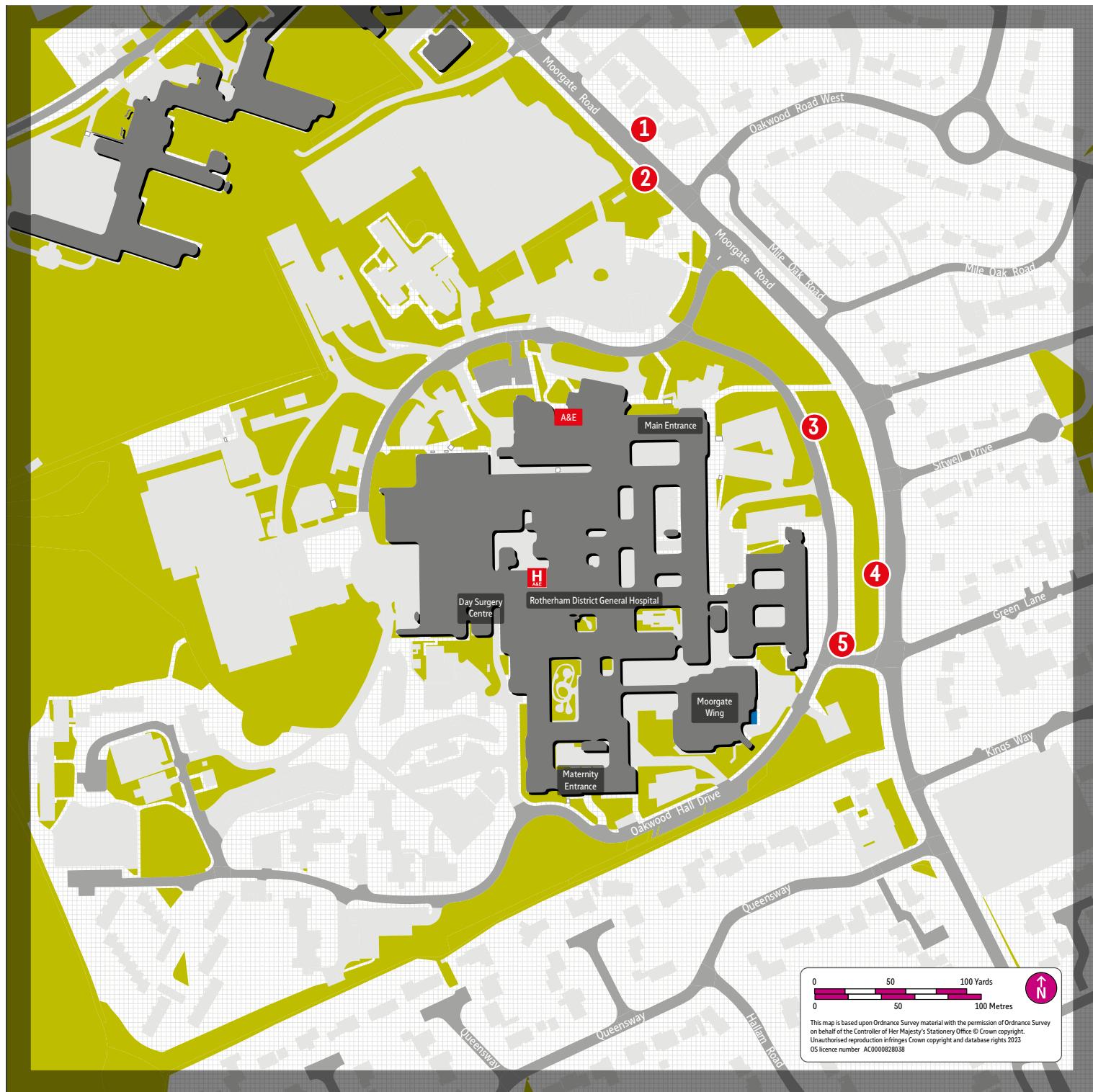


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Rotherham General Hospital



- ① 19, 19a, 20, 21, 207
- ② 19, 19a, 20, 21, 207
- ③ 19, 19a, 20, 21, 207, X11
- ④ 19, 19a, 20, 21, 207, X11
- ⑤ 19, 19a, 20, 21, 207, X11

Rotherham General Hospital

Destination Finder



Moorgate Road, Rotherham, S60 2UD



[01709 820000](tel: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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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 of 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

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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 \(<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>\)](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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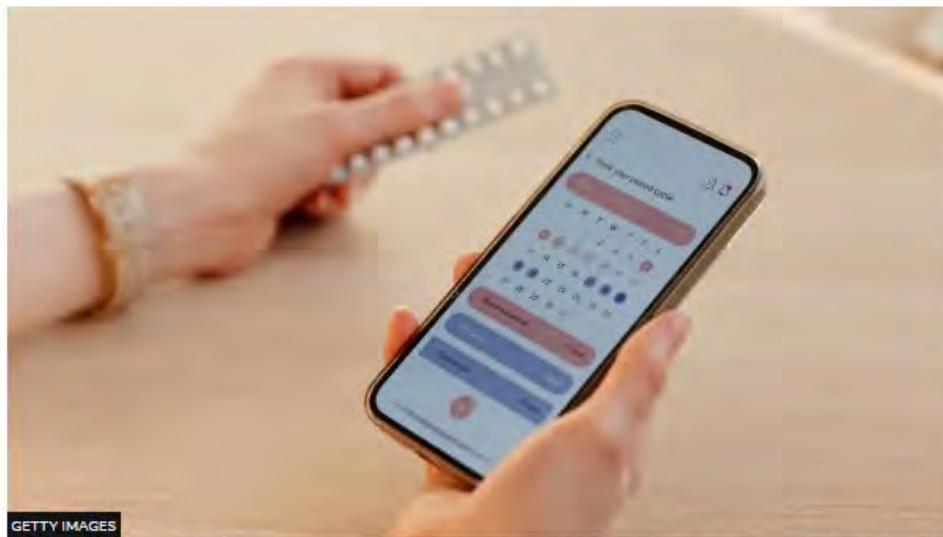
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What lies behind the rise of the contraception app?

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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 of 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 than 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."

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New app helping young people get free condoms

**NO WORRIES WILTSHIRE**

| 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.

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OnlyFans, porn, and the fall in teen condom use



SARAH PEART

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.

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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.

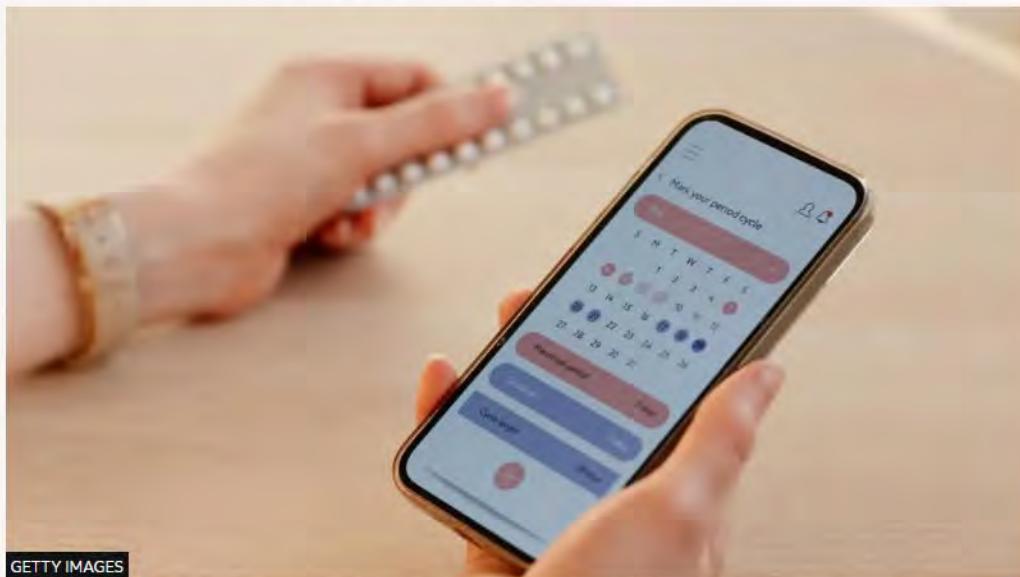
The Welsh government urged people to use verified sources such as **Sexual Health Wales Online** to help them inform their decisions.

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".

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Women seeking abortions after using 'natural' contraception



GETTY IMAGES

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.

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Health

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



GETTY IMAGES

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 Sexual Health Services

Spectrum Sexual Health, Unit 1, Gateway Plaza,
Sackville Street, Barnsley, S70 2RD

0800 055 6442

Opening hours

Monday	8.15am – 7.30pm
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](#)





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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Sexually transmitted infections (STIs)

Types of STIs

Chlamydia	Genital herpes	Genital warts
Gonorrhoea	HIV	Human papillomavirus (HPV)
MPox	Mycoplasma genitalium	Pubic lice
Scabies	Shigella	Syphilis
Trichomoniasis vaginalis (TV)	Viral hepatitis	

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Contraception

Choosing your contraception

Combined pill	Condoms	Contraceptive patch
Diaphragm	Female condoms	Implant
Injection	Cu-IUD (Coil)	LNG-IUD (Hormonal Coil)
Natural family planning	Progestogen only Pill (POP)	Vaginal ring

Phone: 0800 055 6442
E-mail: Barnsley.SH@spectrum-cic.nhs.uk

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Human Immunodeficiency Virus (HIV)

HIV symptoms	HIV testing and treatment	HIV prevention medications (PEP & PrEP)	HIV services	HIV FAQs
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Pregnancy

Support and advice | Pregnancy testing | Referrals

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Risk and safety

Consent | Rape and abuse | Sexual exploitation | Underage sex | Crisis support

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Relationships & Sex Education (RSE)

Students

Students | Parents and carers | Teachers | RSE Portal

Contraception	Pornography	Puberty
Healthy relationships	Risk and resilience	Safeguarding
Sexuality and gender	STIs	RSE FAQs

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 Sexual Health Services 4 Doncaster  Doncaster Council  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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How can we help

I'M WORRIED ABOUT STIS **I NEED INFORMATION ABOUT HIV**

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 Health Service

We're here to help!

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 Sexual Health Services 4 Doncaster  

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.

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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 Naylor Practice, The Martinwells Centre, Thompson Avenue, Edlington, DN12 1JD – **01709 915780**
- ♥ The Oakwood Surgery, Masham Road, Cawthron, 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 High 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**
- ♥ Kingthorpe 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 Ackley 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, Newtongate 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, Dunsdale 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, Cawley DN4 6ED
- ♥ Weldricks Pharmacy, Carcroft DN6 8DP
- ♥ Weldricks Pharmacy, Conisbrough DN12 3HR
- ♥ Weldricks Pharmacy, Denaby DN12 4AB
- ♥ Weldricks Pharmacy, Dunsforth 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.

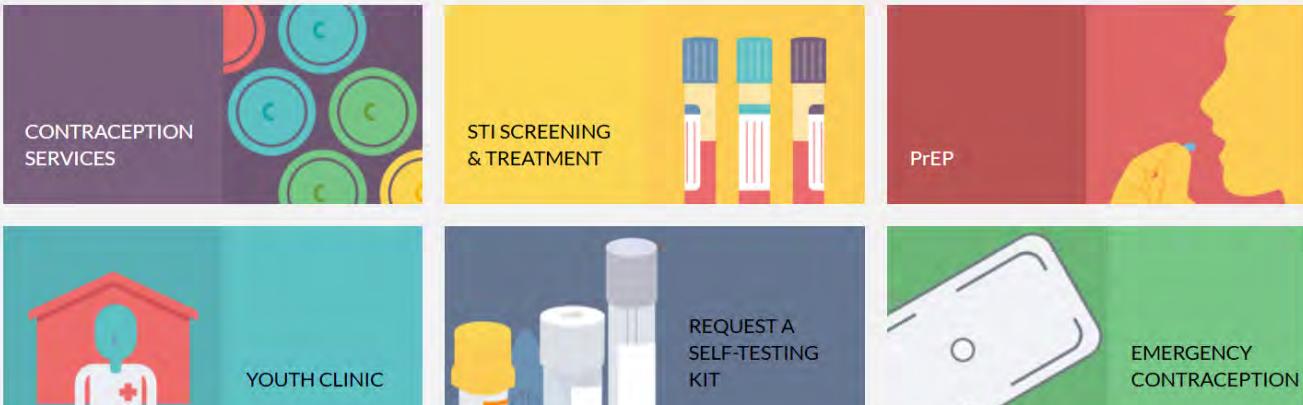
EHC can be taken 72 hours (Levonelle) or 120 hours (ellaOne) after unprotected sex. If you have exceed this time period, please contact the clinic to discuss other options.

Emergency contraception should not be used as a regular method of contraception.

Sexual Health Sheffield
Meeting your sexual health needs

Call on: 0114 226 8888 

SERVICES INFO AND ADVICE RESOURCES TRAINING GET INVOLVED



NEWS Walk-in screening for STIs including chlamydia, gonorrhoea, HIV and syphilis is available Monday-Friday during routine clinic hours at our Hallamshire Hospital site. [Click here](#) for further information.

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SERVICES INFO AND ADVICE RESOURCES TRAINING GET INVOLVED



SERVICES
Contraception Service

Home > Services > [Contraception Service](#)

 SHARE

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

Fairlawn
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



SERVICES
MOBILE SEXUAL HEALTH SERVICE



SERVICES
STUDENT SERVICES



SERVICES
PREP

Useful Links



[NHS Contraception guide](#)

SHS
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Call on: 0114 226 8888 

SERVICES **INFO AND ADVICE** **RESOURCES** **TRAINING** **GET INVOLVED**



SERVICES
Youth Clinic

Home > Services > Youth Clinic 

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? 



 Search this site

Search

[Home](#) | [Health and social care](#) | [Public health services](#) | [Protecting your health](#) | [Sexual Health Support](#)

SEXUAL HEALTH SUPPORT

IN THIS SECTION

[Why sexual health matters](#)
[Where to get help](#)

WHERE TO GET HELP

ROOTHERHAM 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



NHS
The Rotherham
NHS Foundation Trust

Search our website

[Patients and visitors](#) [Our services](#) [Join the team](#) [Get involved](#) [Charity](#) [News](#) [Contact us](#)

[Home](#) / [Our services](#) / [Sexual Health Services](#)

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	Ashton Customer Services Centre, Swallowwest, 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 Aldwark 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



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

 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 drop 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) (<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/) (<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.





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

Contents

Introduction.....	2
What is the status of this guidance?.....	2
About this guidance	3
Who this guidance is for	3
Developing a policy	4
Guiding principles for relationships, sex and health education	5
Parents' right to request withdrawal from sex education	6
Curriculum Content.....	7
Relationships education (Primary).....	7
Sex Education (Primary).....	11
Relationships and Sex Education (RSE): Secondary	11
Secondary relationships and sex education curriculum content	13
Health and wellbeing	20
Health and wellbeing: Primary	20
Health and wellbeing: Secondary	25
Secondary health and wellbeing curriculum content.....	27
Related guidance.....	32
Developing a curriculum, choosing resources and working with external agencies.....	32
Openness with parents about RSHE materials.....	33
Governors and Trustees	34
Teaching about the law	35
Equality.....	36
Lesbian, Gay, Bisexual and Transgender content.....	36
Religion and belief, including teaching in schools with a religious character	37
Pupils with special educational needs and disabilities (SEND).....	37
Addressing sexual harassment and sexual violence	38
Safeguarding	39
Managing difficult questions	40
Annex A Regulations	41
Annex B Government resources.....	42

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. Parents³ 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. Schools⁴ 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 independent⁵ 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 and in addition 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 curriculum¹² 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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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

Contents

Introduction.....	2
What is the status of this guidance?.....	2
About this guidance	3
Who this guidance is for	3
Developing a policy	4
Guiding principles for relationships, sex and health education	5
Parents' right to request withdrawal from sex education	6
Curriculum Content.....	7
Relationships education (Primary).....	7
Sex Education (Primary).....	11
Relationships and Sex Education (RSE): Secondary	11
Secondary relationships and sex education curriculum content	13
Health and wellbeing	20
Health and wellbeing: Primary	20
Health and wellbeing: Secondary	25
Secondary health and wellbeing curriculum content.....	27
Related guidance.....	32
Developing a curriculum, choosing resources and working with external agencies.....	32
Openness with parents about RSHE materials.....	33
Governors and Trustees	34
Teaching about the law	35
Equality.....	36
Lesbian, Gay, Bisexual and Transgender content.....	36
Religion and belief, including teaching in schools with a religious character	37
Pupils with special educational needs and disabilities (SEND).....	37
Addressing sexual harassment and sexual violence	38
Safeguarding	39
Managing difficult questions	40
Annex A Regulations	41
Annex B Government resources.....	42

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. Parents³ 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. Schools⁴ 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 independent⁵ 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 and in addition 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 curriculum¹² 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.



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PROGRAMME OF STUDY FOR PSHE EDUCATION

KEY STAGES 1-5



PSHE
Association

Page 287

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

CONTENTS

INTRODUCTION.....	4
Covering the statutory content	5
Using the Programme of Study.....	5
A note about the learning opportunities.....	6
PSHE Association Programme Builders.....	6
Assessment.....	7
 KEY STAGE 1-2.....	 8
Core Theme 1: Health and Wellbeing.....	9
Core Theme 2: Relationships.....	14
Core Theme 3: Living in the Wider World	18
 KEY STAGE 3-4.....	 21
Core Theme 1: Health and Wellbeing.....	22
Core Theme 2: Relationships.....	26
Core Theme 3: Living in the Wider World	30
 KEY STAGE 5.....	 33
Core Theme 1: Health and Wellbeing.....	34
Core Theme 2: Relationships.....	36
Core Theme 3: Living in the Wider World.....	38
 LINKS TO STATUTORY GUIDANCE.....	 40
Key stage 1-2.....	41
Key stage 3-4.....	47

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

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

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

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](#).

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.

CORE THEME 1: HEALTH AND WELLBEING

KS1 Learning opportunities in Health and Wellbeing

Pupils learn...

Healthy lifestyles (physical wellbeing)

- H1.** about what keeping healthy means; different ways to keep healthy
- H2.** about foods that support good health and the risks of eating too much sugar
- H3.** about how physical activity helps us to stay healthy; and ways to be physically active everyday
- H4.** about why sleep is important and different ways to rest and relax
- H5.** simple hygiene routines that can stop germs from spreading
- H6.** that medicines (including vaccinations and immunisations and those that support allergic reactions) can help people to stay healthy
- H7.** about dental care and visiting the dentist; how to brush teeth correctly; food and drink that support dental health
- H8.** how to keep safe in the sun and protect skin from sun damage
- H9.** about different ways to learn and play; recognising the importance of knowing when to take a break from time online or TV
- H10.** about the people who help us to stay physically healthy

KS2 Learning opportunities in Health and Wellbeing

Pupils learn...

Healthy lifestyles (physical wellbeing)

- H1.** how to make informed decisions about health
- H2.** about the elements of a balanced, healthy lifestyle
- H3.** about choices that support a healthy lifestyle, and recognise what might influence these
- H4.** how to recognise that habits can have both positive and negative effects on a healthy lifestyle
- H5.** about what good physical health means; how to recognise early signs of physical illness
- 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.** 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.** 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.** 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.** how medicines, when used responsibly, contribute to health; that some diseases can be prevented by vaccinations and immunisations; how allergies can be managed

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

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	H25. about personal identity; what contributes to who we are (e.g. ethnicity, family, gender, faith, culture, hobbies, likes/dislikes)
H22. to recognise the ways in which we are all unique	H26. that for some people gender identity does not correspond with their biological sex
H23. to identify what they are good at, what they like and dislike	H27. to recognise their individuality and personal qualities
H24. how to manage when finding things difficult	H28. to identify personal strengths, skills, achievements and interests and how these contribute to a sense of self-worth
H25. to name the main parts of the body including external genitalia (e.g. vulva, vagina, penis, testicles)	H29. about how to manage setbacks/perceived failures, including how to re-frame unhelpful thinking
H26. about growing and changing from young to old and how people's needs change	H30. to identify the external genitalia and internal reproductive organs in males and females and how the process of puberty relates to human reproduction
H27. about preparing to move to a new class/year group	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

H28. about rules and age restrictions that keep us safe

H29. to recognise risk in simple everyday situations and what action to take to minimise harm

H30. about how to keep safe at home (including around electrical appliances) and fire safety (e.g. not playing with matches and lighters)

H31. that household products (including medicines) can be harmful if not used correctly

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

H33. about the people whose job it is to help keep us safe

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

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)

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 for¹

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

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

H38. how to predict, assess and manage risk in different situations

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

H40. about the importance of taking medicines correctly and using household products safely, (e.g. following instructions carefully)

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

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

H43. about what is meant by first aid; basic techniques for dealing with common injuries²

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.

<p>H37. about things that people can put into their body or on their skin; how these can affect how people feel</p>	<p>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</p> <p>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 risk³</p>
<p>Drugs, alcohol and tobacco</p>	<p>H37. about things that people can put into their body or on their skin; how these can affect how people feel</p> <p>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</p> <p>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</p> <p>H48. about why people choose to use or not use drugs (including nicotine, alcohol and medicines);</p> <p>H49. about the mixed messages in the media about drugs, including alcohol and smoking/vaping</p> <p>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</p>

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).

CORE THEME 2: RELATIONSHIPS

KS1 Learning opportunities in Relationships

Pupils learn...

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

KS2 Learning opportunities in Relationships

Pupils learn...

Families and close positive relationships

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

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

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

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

CORE THEME 3: LIVING IN THE WIDER WORLD

KS1 Learning opportunities in Living in the Wider World

Pupils learn...

- 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

KS2 Learning opportunities in Living in the Wider World

Pupils learn...

Shared responsibilities

- 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

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

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

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

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)

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.

CORE THEME 1: HEALTH AND WELLBEING

KS3 Learning opportunities in Health and Wellbeing

Students learn...

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

KS4 Learning opportunities in Health and Wellbeing

Students learn...

Self-concept

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

<p>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 <i>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).</i>]</p> <p>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</p>	<p>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 <i>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).</i>]</p> <p>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</p>
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Healthy lifestyles	Health-related decisions
<p>H13. the importance of, and strategies for, maintaining a balance between school, work, leisure, exercise, and online activities</p> <p>H14. the benefits of physical activity and exercise for physical and mental health and wellbeing</p> <p>H15. the importance of sleep and strategies to maintain good quality sleep</p> <p>H16. to recognise and manage what influences their choices about physical activity</p> <p>H17. the role of a balanced diet as part of a healthy lifestyle and the impact of unhealthy food choices</p> <p>H18. what might influence decisions about eating a balanced diet and strategies to manage eating choices</p> <p>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.</p>	<p>H11. to make informed lifestyle choices regarding sleep, diet and exercise</p> <p>H12. the benefits of having a balanced approach to spending time online</p> <p>H13. to identify, evaluate and independently access reliable sources of information, advice and support for all aspects of physical and mental health</p> <p>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</p> <p>H15. the purpose of blood, organ and stem cell donation for individuals and society¹</p> <p>H16. how to take increased personal responsibility for maintaining and monitoring health including cancer prevention, screening and self-examination</p> <p>H17. to assess and manage risks associated with cosmetic and aesthetic procedures, including tattooing, piercings and the use of sunbeds</p> <p>H18. the ways in which industries and advertising can influence health and harmful behaviours</p>

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

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

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

H21. to identify, manage and seek help for unhealthy behaviours, habits and addictions including smoking cessation

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

Managing risk 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)

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

Puberty and sexual health

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)

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

Sexual health and fertility

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

CORE THEME 2: RELATIONSHIPS

KS3 Learning opportunities in Relationships and Sex Education

Students learn...

R1. about different types of relationships, including those within families, friendships, romantic or intimate relationships and the factors that can affect them

R2. indicators of positive, healthy relationships and unhealthy relationships, including online

R3. about the similarities, differences and diversity among people of different race, culture, ability, sex, gender identity, age and sexual orientation

R4. the difference between biological sex, gender identity and sexual orientation

R5. to recognise that sexual attraction and sexuality are diverse

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

R7. how the media portrays relationships and the potential impact of this on people's expectations of relationships

R8. that the portrayal of sex in the media and social media (including pornography) can affect people's expectations of relationships and sex

R9. to clarify and develop personal values in friendships, love and sexual relationships

R10. the importance of trust in relationships and the behaviours that can undermine or build trust

R11. to evaluate expectations about gender roles, behaviour and intimacy within romantic relationships

KS4 Learning opportunities in Relationships and Sex Education

Students learn...

Positive relationships

R1. the characteristics and benefits of strong, positive relationships, including mutual support, trust, respect and equality

R2. the role of pleasure in intimate relationships, including orgasms

R3. to respond appropriately to indicators of unhealthy relationships, including seeking help where necessary

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. the legal rights, responsibilities and protections provided by the Equality Act 2010

R6. about diversity in romantic and sexual attraction and developing sexuality, including sources of support and reassurance and how to access them

R7. strategies to access reliable, accurate and appropriate advice and support with relationships, and to assist others to access it when needed

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 recognise, clarify and if necessary challenge their own values and understand how their values influence their decisions, goals and behaviours

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

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

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)

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

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)

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

R21. how to manage the breakdown of a relationship (including its digital legacy), loss and change in relationships

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

R11. strategies to manage the strong emotions associated with the different stages of relationships

R12. to safely and responsibly manage changes in personal relationships including the ending of relationships

R13. ways to manage grief about changing relationships including the impact of separation, divorce and bereavement; sources of support and how to access them

R14. the opportunities and potential risks of establishing and conducting relationships online, and strategies to manage the risks

R15. the legal and ethical responsibilities people have in relation to online aspects of relationships

R16. to recognise unwanted attention (such as harassment and stalking including online), ways to respond and how to seek help

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

R25. about the law relating to sexual consent

R26. how to seek, give, not give and withdraw consent (in all contexts, including 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

R28. to gauge readiness for sexual intimacy

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

R31. that intimate relationships should be pleasurable

R19. about the impact of attitudes towards sexual assault and to challenge victim-blaming, including when abuse occurs online

R20. to recognise the impact of drugs and alcohol on choices and sexual behaviour

R21. the skills to assess their readiness for sex, including sexual activity online, as an individual and within a couple

R22. to evaluate different motivations and contexts in which sexual images are shared, and possible legal, emotional and social consequences

Contraception and parenthood

R32. the communication and negotiation skills necessary for contraceptive use in healthy relationships (see also 'Health')

R33. the risks related to unprotected sex

R34. the consequences of unintended pregnancy, sources of support and the options available

R35. the roles and responsibilities of parents, carers and children in families

R36. the nature and importance of stable, long-term relationships (including marriage and civil partnerships) for family life and bringing up children

R23. how to choose and access appropriate contraception (including emergency contraception) and negotiate contraception use with a partner

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

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

R26. the reasons why people choose to adopt/foster 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

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

CORE THEME 3: LIVING IN THE WIDER WORLD

KS3 Learning opportunities in Living in the Wider World

Students learn...

L1. study, organisational, research and presentation skills

L2. to review their strengths, interests, skills, qualities and values and how to develop them

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

L6. the importance and benefits of being a lifelong learner

KS4 Learning opportunities in Living in the Wider World

Students learn...

Learning skills

L1. to evaluate and further develop their study and employability skills

L2. to evaluate their own personal strengths and areas for development and use this to inform goal setting

L3. how their strengths, interests, skills and qualities are changing and how these relate to future career choices and employability

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

L8. about routes into work, training and other vocational and academic opportunities, and progression routes

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

L4. about the range of opportunities available to them for career progression, including in education, training and employment

L5. about the need to challenge stereotypes about particular career pathways, maintain high aspirations for their future and embrace new opportunities

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

L12. about different work roles and career pathways, including clarifying their own early aspirations

L7. about the labour market, local, national and international employment opportunities

L8. about employment sectors and types, and changing patterns of employment

	<p>L9. to research, secure and take full advantage of any opportunities for work experience that are available</p> <p>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</p> <p>L11. the benefits and challenges of cultivating career opportunities online</p> <p>L12. strategies to manage their online presence and its impact on career opportunities</p>
	<p>L13. about young people's employment rights and responsibilities</p> <p>L14. to manage emotions in relation to future employment</p>
	<p>L15. to assess and manage risk in relation to financial decisions that young people might make</p> <p>L16. about values and attitudes relating to finance, including debt</p> <p>L17. to manage emotions in relation to money</p> <p>L18. to evaluate social and moral dilemmas about the use of money, including the influence of advertising and peers on financial decisions</p> <p>L19. to recognise financial exploitation in different contexts e.g. drug and money mules, online scams</p>
	<p>L13. the skills and attributes to manage rights and responsibilities at work including health and safety procedures</p> <p>L14. about confidentiality in the workplace, when it should be kept and when it might need to be broken</p> <p>L15. about the unacceptability and illegality of discrimination and harassment in the workplace, and how to challenge it</p>
	<p>L16. how to effectively budget, including the benefits of saving</p> <p>L17. how to effectively make financial decisions, including recognising the opportunities and challenges involved in taking financial risks</p> <p>L18. to recognise and manage the range of influences on their financial decisions</p> <p>L19. to access appropriate support for financial decision-making and for concerns relating to money, gambling, and consumer rights</p> <p>L20. the skills to challenge or seek support for financial exploitation in different contexts including online</p> <p>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</p>

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

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.

CORE THEME 1: HEALTH AND WELLBEING

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

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

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

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

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

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

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.



By the end of primary school: Pupils should know:		KS1	KS2
Families and people who care for me	<ul style="list-style-type: none"> that families are important for children growing up because they can give love, security and stability. 	R2	R6
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> that marriage represents a formal and legally recognised commitment of two people to each other which is intended to be lifelong. 	R4	R3, R5
	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> how important friendships are in making us feel happy and secure, and how people choose and make friends. 	R6	R10
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> that healthy friendships are positive and welcoming towards others, and do not make others feel lonely or excluded. 	R7	R13, R14
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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

Respectful relationships	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> practical steps they can take in a range of different contexts to improve or support respectful relationships. 	R6, R8	R33, R34
	<ul style="list-style-type: none"> the conventions of courtesy and manners. 	R22	R33
	<ul style="list-style-type: none"> the importance of self-respect and how this links to their own happiness. 	H21, H23 R22	R31
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> what a stereotype is, and how stereotypes can be unfair, negative or destructive. 	L4	R21, L7, L8, L9
	<ul style="list-style-type: none"> the importance of permission-seeking and giving in relationships with friends, peers and adults. 	R15, R17	R22, R26
Online relationships	<ul style="list-style-type: none"> that people sometimes behave differently online, including by pretending to be someone they are not. 	R14	R23
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> the rules and principles for keeping safe online, how to recognise risks, harmful content and contact, and how to report them. 	R20	R24, R29
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> how information and data is shared and used online. 	H34	L13, L14

	<ul style="list-style-type: none">• what sorts of boundaries are appropriate in friendships with peers and others (including in a digital context)	R17	R22
	<ul style="list-style-type: none">• 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
	<ul style="list-style-type: none">• that each person's body belongs to them, and the differences between appropriate and inappropriate or unsafe physical, and other, contact.	R13	H45, R25
	<ul style="list-style-type: none">• 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
	<ul style="list-style-type: none">• how to recognise and report feelings of being unsafe or feeling bad about any adult.	R20	R29
	<ul style="list-style-type: none">• how to ask for advice or help for themselves or others, and to keep trying until they are heard.	R20	R29
	<ul style="list-style-type: none">• how to report concerns or abuse, and the vocabulary and confidence needed to do so.	R20	R29, H45
	<ul style="list-style-type: none">• where to get advice e.g. family, school and/or other sources.	R20	R29

Mental wellbeing	By the end of primary school: Pupils should know:	KS1	KS2
	<ul style="list-style-type: none"> that mental wellbeing is a normal part of daily life, in the same way as physical health. 	H1	H15
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> how to judge whether what they are feeling and how they are behaving is appropriate and proportionate. 	H18, H19	H20, H21
	<ul style="list-style-type: none"> the benefits of physical exercise, time outdoors, community participation, voluntary and service-based activity on mental wellbeing and happiness. 	H17	H16
	<ul style="list-style-type: none"> 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,
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> that bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing. 	R10, R11	R19
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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

Internet safety and harms	<ul style="list-style-type: none"> that for most people the internet is an integral part of life and has many benefits. 	L7, L8	L11
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> why social media, some computer games and online gaming, for example, are age restricted. 	H28	H37, L23
	<ul style="list-style-type: none"> 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,
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> where and how to report concerns and get support with issues online. 	H34	H42
Physical health and fitness	<ul style="list-style-type: none"> the characteristics and mental and physical benefits of an active lifestyle. 	H1	H7
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> the risks associated with an inactive lifestyle (including obesity). 	H3	H4, H7
	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> what constitutes a healthy diet (including understanding calories and other nutritional content). 	H2, H3	H1, H6
	<ul style="list-style-type: none"> the principles of planning and preparing a range of healthy meals. 	H2	H6
	<ul style="list-style-type: none"> 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

Drugs, alcohol and tobacco	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> how to recognise early signs of physical illness, such as weight loss, or unexplained changes to the body. 	H5	
	<ul style="list-style-type: none"> about safe and unsafe exposure to the sun, and how to reduce the risk of sun damage, including skin cancer. 	H8	H12
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> about dental health and the benefits of good oral hygiene and dental flossing, including regular check-ups at the dentist. 	H7	H11
	<ul style="list-style-type: none"> about personal hygiene and germs including bacteria, viruses, how they are spread and treated, and the importance of handwashing. 	H5	H9, H40
	<ul style="list-style-type: none"> the facts and science relating to allergies, immunisation and vaccination. 	H6	H10
Basic first aid	<ul style="list-style-type: none"> how to make a clear and efficient call to emergency services if necessary. 	H35, H36	H44
	<ul style="list-style-type: none"> concepts of basic first-aid, for example dealing with common injuries, including head injuries. 	H35, H37	H43
Changing adolescent body	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> about menstrual wellbeing including the key facts about the menstrual cycle. 		H30 H31

RELATIONSHIPS EDUCATION (SECONDARY)

By the end of secondary school: Pupils should know:		KS3	KS4
Families	<ul style="list-style-type: none"> that there are different types of committed, stable relationships. 	R1, R36	R1, R4
	<ul style="list-style-type: none"> how these relationships might contribute to human happiness and their importance for bringing up children. 	H2, R36	R2, R4, R25
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> why marriage is an important relationship choice for many couples and why it must be freely entered into. 	R6	R4, R10, R33
	<ul style="list-style-type: none"> the characteristics and legal status of other types of long-term relationships. 	R1	R1, R4
	<ul style="list-style-type: none"> the roles and responsibilities of parents with respect to raising of children, including the characteristics of successful parenting. 	R35, R36	R25
	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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

Continued...	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> that some types of behaviour within relationships are criminal, including violent behaviour and coercive control. 	R2, R25, R37	R28, R29, R30
	<ul style="list-style-type: none"> what constitutes sexual harassment and sexual violence and why these are always unacceptable. 	R37	R16, R29, L15
	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> what to do and where to get support to report material or manage issues online. 	R17, R30, R37, L27	R14, R17, L23
	<ul style="list-style-type: none"> the impact of viewing harmful content. 	H3, R7, R8, L25	H3, R8
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> how information and data is generated, collected, shared and used online. 	L20, L21	L22, L23, L25, L26
Being safe	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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

Intimate and sexual relationships, including sexual health	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> the facts about the full range of contraceptive choices, efficacy and options available. 	H35, H36, R33	H26, H29, R23
	<ul style="list-style-type: none"> the facts around pregnancy including miscarriage. 	R33, R34	H30, H32
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> how the use of alcohol and drugs can lead to risky sexual behaviour. 	H27	H20, R20
	<ul style="list-style-type: none"> 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

HEALTH EDUCATION (SECONDARY)

By the end of secondary school: Pupils should know:		KS3	KS4
Mental wellbeing	<ul style="list-style-type: none"> how to talk about their emotions accurately and sensitively, using appropriate vocabulary. 	H6, H8	
	<ul style="list-style-type: none"> that happiness is linked to being connected to others. 		R1
	<ul style="list-style-type: none"> how to recognise the early signs of mental wellbeing concerns. 	H11, H12	H6, H8, H10
	<ul style="list-style-type: none"> common types of mental ill health (e.g. anxiety and depression). 	H11	H8, H9
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> the positive associations between physical activity and promotion of mental wellbeing, including as an approach to combat stress. 	H10, H13, H14	H7, H11
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> about the science relating to blood, organ and stem cell donation. 		H15

Healthy eating	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> the law relating to the supply and possession of illegal substances. 	H26, H28	H19
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> the physical and psychological consequences of addiction, including alcohol dependency. 	H26, H27, H29, R20	H19, H20, H21
	<ul style="list-style-type: none"> awareness of the dangers of drugs which are prescribed but still present serious health risks. 	H23, H26, H27	H19
	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> about personal hygiene, germs including bacteria, viruses, how they are spread, treatment and prevention of infection, and about antibiotics. 	H19, H20	H16
	<ul style="list-style-type: none"> 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	
	<ul style="list-style-type: none"> (late secondary) the benefits of regular self-examination and screening. 	H19	H16
	<ul style="list-style-type: none"> the facts and science relating to immunisation and vaccination. 	H19	H16
	<ul style="list-style-type: none"> 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

Basic first aid	<ul style="list-style-type: none"> <i>basic treatment for common injuries.</i> <i>life-saving skills, including how to administer CPR.</i> <i>the purpose of defibrillators and when one might be needed.</i> 	H33	H24
Changing adolescent body	<ul style="list-style-type: none"> <i>key facts about puberty, the changing adolescent body and menstrual wellbeing.</i> <i>the main changes which take place in males and females, and the implications for emotional and physical health.</i> 	H34	H34, R5, R18 R6



[\(https://www.facebook.com/Cliftoncommunityschool\)](https://www.facebook.com/Cliftoncommunityschool)
 [\(https://www.instagram.com/cliftoncommunityschool/\)](https://www.instagram.com/cliftoncommunityschool/)



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.



Subject Director

E Bannister

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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/>)

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

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

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>)

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	<p>Confidently identifying the different myths and facts around sex and your bodies.</p> <p>Helping others learn by expressing your views and opinions in class discussions.</p> <p>Positive affirmation and reflections on our personal qualities.</p> <p>Why we need RSE discussion and reflection on previous learning.</p> <p>Value continuum looking at issues around body image social media, age of consent, gender inequality.</p> <p>Team challenge-knowing our bodies and the facts not myths.</p> <p>Focus on misconceptions, laws, sexual body parts.</p> <p>Consolidating learning/opportunity to ask anonymous questions and signpost for support.</p>
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Consent	<p>Explain what is meant by freedom and capacity to consent</p> <p>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</p> <p>Explain why trying to make someone more vulnerable, or misleading them, is wrong, and can be a very serious offence</p> <p>Explain where, why and how to get advice and support for issues relating to consent.</p> <p>Group work to explore positive and negative relationships. Focus on a case study to explore 'red flags' support needed and how to access it.</p> <p>Was consent given video- students vote and discuss their perceptions before the law and clear guidance is provided.</p> <p>Consent battle- students work in groups to develop confidence on how to say/show 'no'.</p> <p>Highlight laws and our rights/responsibilities. Where to seek help and support.</p>
Contraceptive choices	<p>investigating examples of contraceptives.</p> <p>Sharing with others how they are used effectively.</p> <p>Helping yourself become a safer sex expert.</p> <p>Baseline check in.</p> <p>Students explore options available with teacher guidance and then move in to a marketplace research activity to further knowledge.</p> <p>Videos from SEXWISE to bust myths around contraception and develop learning.</p> <p>Support and information about unintended pregnancy and miscarriages- students will cover key facts, definitions and the laws.</p>

Sexually transmitted infections and sexual health	<p>The key symptoms and risks associated with a variety of different STI's</p> <p>Understanding what HIV is and how it can be transmitted</p> <p>Understand the importance of sexual Health Clinics (GUM)</p> <p>Explain why young people after unprotected sex should always get themselves checked out.</p> <p>Students explore what they know and still need to know.</p> <p>Explore stigma and myths around STIs, protection and treatment.</p> <p>Focus on facts on HPV and ways to remain protected.</p> <p>Marketplace/research task to develop STI flashcards.</p> <p>Sexual health clinics-what they do/how they support.</p> <p>Understanding HIV-focus on stigma/facts/myths/transmission and treatment.</p> <p>Check in/signposting and assess progress</p>
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The male condom	<p>Understanding the correct steps for using an external or male condom</p> <p>Being able to describe three obstacles to condom use and explain how they can be overcome.</p> <p>Baseline Assessment-Students match a set of statements about contraception and discuss key points as a class.</p> <p>Contraceptive Methods-Students watch the clip about different contraceptive methods and note key information.</p> <p>Contraception negotiation-Students suggest appropriate responses to common excuses for not using contraception. They then review two versions of a conversation about contraception use</p> <p>Condom Demonstration-Teacher-led demonstration of the correct way to use a male condom (or video clip alternative).</p> <p>Card match Students match cards to ensure understanding of condom demonstration.</p> <p>Condom practical- Students practise using a condom with condom demonstrators. [Allow time to tidy up and wash hands.]</p> <p>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.</p>
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Pornography and the emotional/social impact	<p>Explain in detail the distortions about sex and relationships in pornography.</p> <p>Discuss the consequences this can have on young people's self-esteem and their future relationships.</p> <p>Students explore misconceptions of what is reality Vs what is created for entertainment.</p> <p>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.</p> <p>Update on the laws and recent facts-students will be signposted and given guidance on how to seek support.</p>
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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. **Describe the long- and short-term consequences of sharing intimate images with partners or friends** 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: Explain, using new terminology in the correct context the legal, short and long-term consequences for perpetrators and victims.

- **Develop tailored tutor time sessions** that respond to the needs of each year group. Students will explore what they know about the term revenge porn and look at how this can happen to a person.
- **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. The lesson will explore a case study documentary lesson

By using Bounce Together, we aim to create a more responsive and nurturing school environment where every student can thrive – academically, socially, and emotionally.

<https://www.bbc.co.uk/iplayer/episode/p096h12v/zara-mcdermott-revenge-porn>

If you have any questions about **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.

Students will reflect together on the lessons learned, the impact this can have on a victim and perpetrator.

Signposting/guidance and support provided.

<p>Sexual harassment and harmful sexualised behaviour</p> <p>f (https://www.facebook.com/Cliftoncommunityschool)</p> <p>Instagram (https://www.instagram.com/cliftoncommunityschool/)</p>	<p>Understand what sexual harassment and harmful sexualised behaviour is and consider the effects of harassment on everyone in society</p> <p>To practice challenging harassment and consider the role of bystanders in this.</p> <p>CONTACT Key words and definitions activity baseline of knowledge in the room.</p> <p>Storyboard to reflect on the issues a young person may be facing in their lives.</p> <p>Middle Lane, Rotherham, S65 2SN</p> <p>Explore what is sexual harassment-in schools/work places/online and in society.</p> <p>Is this harassment-value continuum activity. Tel: 01709 515005</p> <p>Email: info@cliftonschool.org</p> <p>We need to know.</p> <p>Explore through case studies-what these news stories have to offer lessons to be learned for the future.</p> <p>Powered by Google Translate (https://translate.google.com)</p> <p>A campaign to make a difference- students use their creativity to create a display for schools to educate and inform others about reducing harassment and how to report any concerns.</p>
	<p>Useful websites to help you discuss this topic with your child.</p> <p>https://www.fpa.org.uk/for-parents/ (https://www.fpa.org.uk/for-parents/)</p> <p>https://www.brook.org.uk/ (https://www.brook.org.uk/)</p> <p>https://riseabove.org.uk/topic/love-life/ (https://riseabove.org.uk/topic/love-life/)</p> <p>https://www.childnet.com/parents-and-carers/ (https://www.childnet.com/parents-and-carers/)</p> <p>https://www.childline.org.uk/info-advice/friends-relationships-sex/ (https://www.childline.org.uk/info-advice/friends-relationships-sex/)</p> <p>https://www.thinkuknow.co.uk/11_18/ (https://www.thinkuknow.co.uk/11_18/)</p>



CONTACT



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

(/parents/term-dates/)Website-Privacy-and-Cookie-Policy.pdf

(/parents/term-dates/)Terms & Conditions

(/parents/term-dates/)Website-Terms-and-Conditions.pdf

(/parents/term-dates/)Zero Tolerance

(/parents/term-dates/)Tolerance-and-carers/

(https://cliftonschool.org/our-school/zero-tolerance/)



(<http://www.wickersleypt.org>)

A member of Wickersley Partnership Trust

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Year 7, Life Skills, 2023-24

Half Term 1: 4 th Sept - 20 th Oct (7 weeks)							Half Term 2		353				
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	October Half-Term Holiday	Week 8	Week 9	353			
What is Life Skills? Life Skills and Maltby Academy Key Drivers	Rights and Responsibilities	Child on Child Abuse	Bullying	Half Term 2: 30 th Oct - 22 nd Dec (8 weeks)		Half Term 3	Bullying	Mental and Emotional Health					
Week 10	Week 11	Week 12	Week 13	Week 14	Week 15		Christmas Holiday	Week 16	Week 17				
Mental and Emotional Health	Managing Puberty & Period Management	Hygiene and Reproduction	Careers	Careers	Bereavement								
Half Term 3: 8 th Jan - 9 th Feb (5 weeks)			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	Half Term 4: 19 th Feb - 29 th March (6 weeks)									
Easter Holiday		Week 27	Week 28	Week 29	Week 30	Week 31	Week 32	Half Term 6		353			
		Smoking, Drugs, and Alcohol	Healthy Relationships & Managing Emotions	Half Term 5: 15 th April - 24 th May (6 weeks)			Online Relationships and Safety	Spring Bank Holiday	Week 33				
								Sexual Bullying	Half Term 6				
Sexual Bullying		Half Term 6: 3 rd June - 19 th July (7 weeks)			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.								
Road and Rail Safety		Safety in the Community and Anti-Social Behaviour			The Big Community Project								

Year 8, Life Skills, 2023-24

Half Term 1: 4 th Sept - 20 th Oct (7 weeks)							Half Term 2	
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	
Half Term 2: 30 th Oct - 22 nd Dec (8 weeks)								
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: 8 th Jan - 9 th Feb (5 weeks)			February Half-Term Holiday	Half Term 4: 19 th Feb - 29 th March (6 weeks)			Week 25	
Week 18	Week 19	Week 20		Week 21	Week 22	Week 23	Week 24	Week 26
Body Image	Mental and Emotional Health			Careers		Political Awareness and British Values		Freedom of Speech and Democracy
Easter Holiday		Week 27	Week 28	Week 29	Week 30	Week 31	Week 32	Half Term 6
		Sexting and Online Safety		Grooming and CSE		Gender Identity	Week 33	Week 34
Half Term 5: 15 th April - 24 th May (6 weeks)						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.		
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			

Year 9, Life Skills, 2023-24

Half Term 1: 4 th Sept - 20 th Oct (7 weeks)							Half Term 2	
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	
Half Term 2: 30 th Oct - 22 nd Dec (8 weeks)								
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: 8 th Jan - 9 th Feb (5 weeks)			February Half-Term Holiday	Half Term 4: 19 th Feb - 29 th March (6 weeks)			Week 25	
Week 18	Week 19	Week 20		Week 21	Week 22	Week 23	Week 24	Week 26
Employability Skills	Stereotyping in Careers			Sexual Bullying		Relationships , Honour Based Violence, and Self Respect		Positive Online Relationships
Easter Holiday		Week 27	Week 28	Week 29	Week 30	Week 31	Week 32	Half Term 6
		Substance and Alcohol Abuse		Grooming and CSE		CCE and County Lines		Week 33
Half Term 5: 15 th April - 24 th May (6 weeks)						Spring Bank Holiday		Gender Identity: Respect and Tolerance
Week 34	Week 35	Week 36	Week 37	Week 38	Week 39	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.		
Gender Identity: Respect and Tolerance	Sexuality (LGBTQ+)		Safety in the Community and Anti-Social Behaviour	The Big Community Project				

Year 10, Life Skills, 2023-24

Half Term 1: 4 th Sept - 20 th Oct (7 weeks)							Half Term 2		Part 1	
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	October Half-Term Holiday	Week 8	Week 9	
Careers		Parenting		Fertility, Pregnancy and Miscarriage		Abortion		Abortion	Contraception and STIs	
Half Term 2: 30 th Oct - 22 nd Dec (8 weeks)										
Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Religion, Contraception, Arranged Marriage & Female Genital Mutilation	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 and Divorce	
Half Term 3: 8 th Jan - 9 th Feb (5 weeks)			February Half-Term Holiday	Half Term 4: 19 th Feb - 29 th March (6 weeks)			Half Term 5: 15 th April - 24 th May (6 weeks)			
Week 18	Week 19	Week 20		Positive Role Models		Harassment, Stalking and Online Relationships			Financial Choices	
Religion and Divorce	Religion and Gender Identity									
Easter Holiday		Peer Pressure, Gangs and County Lines		Child Exploitation and CSE		Extremism and Radicalisation		Spring Bank Holiday	Gender and the Equality Act	
Half Term 6: 3 rd June - 19 th July (7 weeks)						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.				
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					

Year 11, Life Skills, 2023-24



Art & Design
(/curriculum-2/art-design)

Child Development
(/curriculum-2/child-development)

Computer Science
(/curriculum-2/computer-studies)

Design Technology
(/curriculum-2/design-technology)

English (/curriculum-

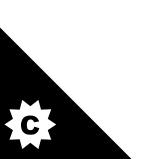
PSHE

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
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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

Quicklinks

Staff Email
(<https://login.microsoftonline.com/>)

Student Email
(<https://login.microsoftonline.com/>)

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(http://twitter.com/stpiusx_school)

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Wath-upon-Dearne,
Rotherham, Yorkshire,
S63 7PQ

📞 01709 767 900

✉️ info@saintpiusx.school

Click CEOP

(<https://www.ceop.police.uk/Safety-Centre/>)



(<https://www.ceop.police.uk/Safety-Centre/>)

© 2025 Saint Pius X Catholic High School. Our school website (<https://www.schooljotter.com/school-websites/>), mobile app (<https://www.schooljotter.com/mobile-apps/>) and podcasts (<https://soundbran.ch/>) are created using School Jotter (<https://www.schooljotter.com/>), a Webanywhere (<https://www.webanywhere.co.uk>) product. [Administer Site (<https://saintpiusx.home.schooljotter2.com>)]

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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](#)

Health Select Commission – Work Programme 2025-2026

Chair: Cllr Keenan

Vice-Chair: Cllr Yasseen

Governance Advisor: Kerry Grinsill-Clinton

Link Officer: Emily Parry-Harries

The following principles were endorsed by OSMB at its meeting of 5 July 2023 as criteria to long/short list each of the commission's respective priorities:

Establish as a starting point:

- What are the key issues?
- What is the desired outcome?

Agree principles for longlisting:

- Can scrutiny add value or influence?
- Is this being looked at elsewhere?
- Is this a priority for the council or community?

Developing a consistent shortlisting criteria e.g.

T: Time: is it the right time, enough resources?
 O: Others: is this duplicating the work of another body?
 P: Performance: can scrutiny make a difference
 I: Interest: what is the interest to the public?
 C: Contribution to the corporate plan

Meeting Date	Responsible Officer	Agenda Item
26-Jun-25	Jayne Metcalfe, Cllr Baker-Rogers Simon Moss, Gilly Brenner and Cllr Williams Governance Advisor	Adult Contact Team Referral Pathway (Adult Social Care) Health Hub Nominate Representative to Health, Safety and Welfare Panel
31-Jul-25	Dania Pritchard, Cllr Baker-Rogers Kym Gleeson Cllr Clarke	ADASS Peer Review Healthwatch Annual Report Yorkshire Cancer Research White Rose Report Update
12-Sep-25	Governance Advisor	Access to Contraception Evidence Gathering Session
16-Sep-25	Governance Advisor, Cllr Keenan	Menopause Workshop
23-Sep-25	Governance Advisor	Access to Contraception Evidence Gathering Session
02-Oct-25	Gilly Brenner, Cllr Baker-Rogers Bob Kirton, Helen Dobson Jackie Scantlebury, Cllr Baker-Rogers Dania Pritchard, Cllr Baker-Rogers Alex Hawley, Cllr Baker-Rogers	Physical Activity for Health (Sport England) TRFT Annual Report Rotherham Safeguarding Adults Board Strategic Plan 2025–2028 How Did We Do - Adult Social Care Local Account (For Information Only) Rotherham Health and Wellbeing Strategy 2025-2030 (For Information Only)
08-Oct-25	Governance Advisor	Access to Contraception Evidence Gathering Session
20-Nov-25	Holly Smith, Cllr Baker-Rogers Steph Watt, Emily Parry-Harries Cllr Baker-Rogers	Draft Adult Social Care Mental Health Strategy 2026-29 - Pre-Decision Scrutiny Place Partners Winter Planning Health and Wellbeing Board Annual Report (For Information Only)
28-Nov-25	Jacqueline Clark, Katy Lewis and Joanne Bell	Unpaid Carer's Strategy Workshop
22-Jan-26	Jackie Scantlebury, Moira Wilson, Cllr Baker-Rogers Governance Advisor, Cllr Keenan Emily Parry-Harries	Rotherham Safeguarding Adults Board Annual Report and Strategic Plan 2025-2028 Access To Contraception Review Report Director of Public Health's Annual Report (For Information Only)
26-Mar-26 Extended Meeting (4pm - 7pm)	Liz Howarth, Julia Jessop and Mark Tuckett Bob Kirton Ian Spicer, Councillor Baker-Rogers Ian Spicer, Councillor Baker-Rogers	Cancer Alliance Lung Clinic Update SDEC (TRFT) Implementation Update Adult Social Care - CQC Inspection Confirmation of Supplementary Public Health Grants for 2026/27 - Cabinet Report (For Information)

14-May-26	TBC	NHS 10 Year Plan - Local Implications incorporating NHS Neighbourhood Health Services
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Substantive Items for Scheduling

TBC		Armed Forces Covenant - GPs commitments

Reviews for Scheduling

2025/26 municipal year		Access to NHS Dentistry - Review (to follow conclusion of Access to Contraception)

Items to be Considered by Other Means (e.g. off-agenda briefing, workshop etc)

Jan 2026	Jayne Metcalfe, Kirsty Littlewood	AI Implementation in Adult Social Care (Adult Contact Team Referral Pathway) Update - Off Agenda Briefing. (Circulated 12/01/2026)

Items for Future Consideration

TBC		Learning Disabilities Update (Castle View)
June/July 2026	Simon Langmead	Primary Care Network (PCN) Development
June/July 2026		Immunisation Programme Commissioning Changes
Sep-26	Garry Parvin	Consultation/Co-production engagement with HSC re All Age Autism Strategy Refresh
Early-Mid 2027	Garry Parvin	All Age Autism Strategy Pre-Decision Scrutiny
May-26		NHS Neighbourhood Health Services (Rotherham approach)
TBC	Bob Kirton	ERCP Reintroduction at TRFT
Sept/Oct 2026	Cllr Baker-Rogers, Gilly Brenner, Carole Foster	Physical Activity for Health (Sport England Main Bid and progress update)
Sept/Oct 2027	Cllr Baker-Rogers, Holly Smith, Scott Matthewman	Adult Social Care Mental Health Strategy - Mid point review of delivery

'IT'S ROTHERHAM, IT'S OURS'

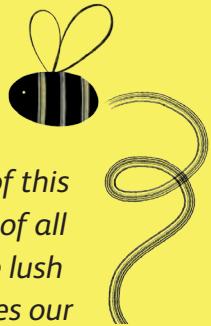
Rotherham's Director of Public Health Annual Report 2025



CONTENTS

OUR ROTHERHAM	4
FOREWORD	5
ACKNOWLEDGEMENTS	7
METHODOLOGY	55
BACKGROUND	8
WHAT MATTERS TO YOUNG PEOPLE IN ROTHERHAM?	14
YOU'RE NOT FROM NEW YORK CITY YOU'RE FROM ROV'RUM	21
WHO WE ARE, WHERE WE COME FROM	29
PLUG IN & PLAY	37
THE WORLD BENEATH OUR FEET	44
WHAT NEXT?	51
RECOMMENDATIONS	53
REFERENCES	56

Through this report, you will see summaries of each section in a yellow box which have been developed with young people.



OUR ROTHERHAM

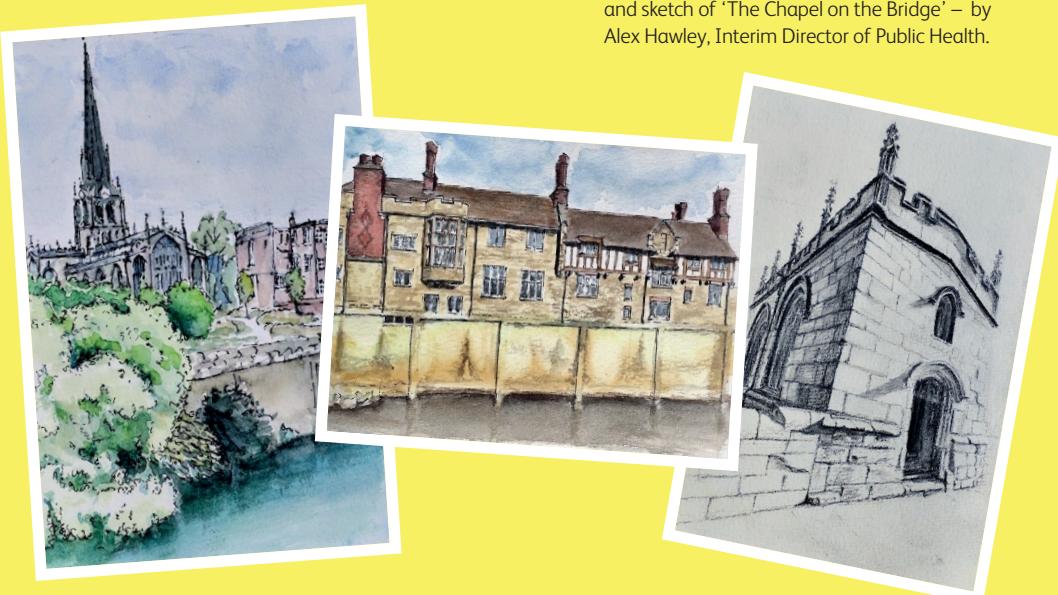
"The river Don flows and oozes through the beating heart of this northern town running past our ancient Minster, the ghost of all cultures and forges spilling into canals, skirting through the lush parks and green fields its parishes, homesteads, little villages our towns within a town.

Come over, come down, and see our treasures... New York Stadium where fathers carry their kids above the crowds like the trophies on their shoulders and Pukka pies and mushy peas waft on the breeze to the Chapel on the Bridge.

Clifton Park brims with sun-burnt Memories the slush of water in tribal longboats squeezing into hessian sacks to shoot down the old helter-skelter...

it's Rotherham, it's ours..."

Paintings of 'Rotherham Minster and The Don viewed from Forge Island' and 'The Bridge Inn' and sketch of 'The Chapel on the Bridge' – by Alex Hawley, Interim Director of Public Health.





FOREWORD



What an extraordinary year 2025 is for Rotherham: the Children's Capital of Culture is a unique and brilliant idea, conceived by Rotherham's children – an entire year of creativity. It has also been quite a different year for me, having the privilege of being Rotherham's Interim Director of Public Health for six months, and how fortunate for me that that included the opportunity to present this year's Director of Public Health's annual report. And in such a year, what else could it consider other than creative health? And, having an amateur interest in painting and sketching, I couldn't resist the opportunity to contribute a few Rotherham-based pieces of art to the report.

A cherished childhood memory I have from around age ten is when my Dad announced that our whole family (I was the youngest of six) would paint a giant underwater mural directly onto the living room wall. Though the mural is long gone, I vividly recall the octopus, sea urchin, crab, starfish, seaweed, and especially the blue-lipped fish I painted. This felt like a wonderfully spontaneous and permissive act for something that was normally forbidden. Looking back, I deeply value that moment – not just for sparking creativity, but for lifting judgment, encouraging collaboration, and fostering a shared sense of achievement, and I am certain that that was a formative moment in my creative journey. I wonder how many such moments are being experienced every day this year by Rotherham's children.

We know from a lot of research that it is never too early to begin engaging with children in ways that will stimulate their creative imaginations and help foster and accelerate their cognitive, social, emotional, and physical development. All babies will benefit from interacting with their parents

Above Photo: Alex Hawley, Interim Director of Public Health, engrossed in painting The Bridge Inn.

through singing, reading and play, but it doesn't necessarily come naturally to new parents. This is one of the reasons that Public Health provides some help through our Health Visiting service, and also through supportive places like our Family Hubs, and (also new this year) through some of the things we include in our Baby Packs (given to every new parent who wants one), such as a sensory book and a play mat. The box itself is intended to be visual stimulating, with high contrast images apparently inspired by Yorkshire weaving, and at a later stage would provide an excellent opportunity for colouring-in.



Making stuff is fundamental to being human, and making expressive marks on surfaces is something homo sapiens has been doing for tens of thousands of years. As soon as a child has the skill to hold a pen, pencil, crayon or paintbrush they will freely deploy it with obvious pleasure. I envy the fearlessness that children have when being creative – I am all too familiar with the fear of failure, especially when making the first mark on a blank sheet of paper. Despite that feeling, I know just how good for my mental health it is when I am making a picture, and (when it does go well) the fantastic feeling of achievement it imparts when the picture is complete. Visual creativity definitely fits well with a couple of the five ways to wellbeing – taking notice and learning, and if you make a picture as a gift, or as a unique birthday or Christmas card you can also add giving to the list. I guess I cover off the other two, being active and connecting through my other main creative hobby, which is singing in a choir, which I have done most of my adult life. For me, the joy of making music as part of a group of whatever standard is unparalleled. I love the fact that choral singing is such a strong tradition within British culture – in 2017 the Voices Now Big Choral Census estimated that there are 40,000 choirs in the UK, with 2.14 million people regularly singing in them! If I got my visual art passion from my Dad, then singing definitely comes from my Mum, who

has taught piano and singing and run a village choir for longer than I've been alive, and she's still doing it – perhaps the best personal testament I can think of for the health and wellbeing benefits of musical creativity.

Those are some of my personal reflections about creativity and health and I am very fortunate to have had the opportunity to share them, and indeed to present this year's DPH annual report, which will explore the topic in much greater depth through the data, the evidence and some of the lovely activities that have taken place during this special year (with more still to come).

I also have the additional privilege of being able to introduce our incoming Director of Public Health, Emily Parry-Harries, who will be starting with us very soon.

Alex Hawley

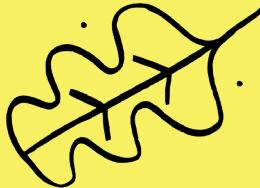


Creativity is so important for our health and wellbeing – it can reduce stress, improve mood, boost self esteem and keep the brain active. It strengthens social bonds, impacts on social isolation and loneliness and lowers blood pressure. Much of my personal satisfaction comes from being creative and I know that craft activities

make me feel better (although I am no where near as talented as Alex – you wouldn't want my illustrations as part of the DPH report). Arts, culture and creativity are not a luxury, they are a vital part of what makes us human and we need to find a way to maximise the opportunity to take part in these things for all the people of Rotherham.

I would like to thank the team for all of their work on this report and look forward, as the incoming DPH to working alongside them and the wider system to implement the recommendations.

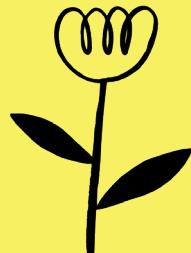
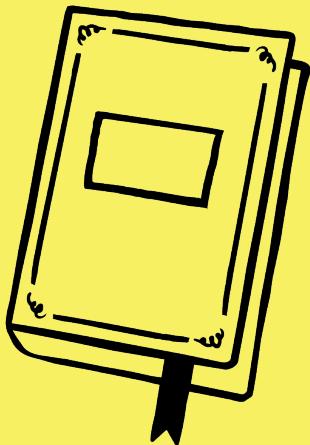
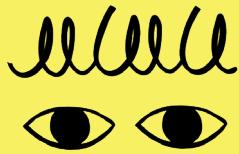
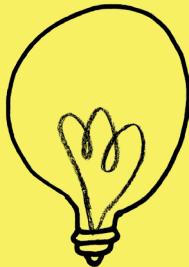
Emily Parry-Harries

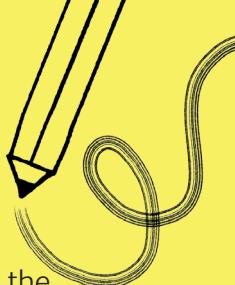


ACKNOWLEDGEMENTS

A special thank you, first and foremost, goes to the children and young people of Rotherham who have inspired this report.

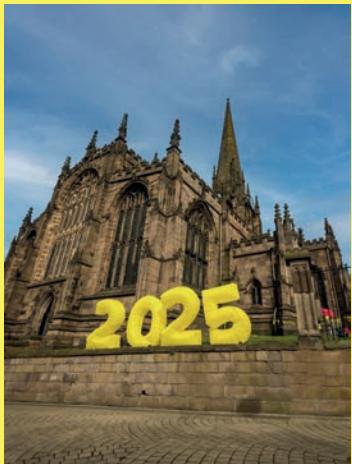
I would also like to thank the following people for their input and contributions: Lorna Quinn, Becky Woolley, Jaimee Wylam, Carys Williams, Sue Turner, Gilly Brenner, Polly Hamilton, Sarah Christie, Kaylynn Nogowczyk, Bev Pepperdine, Sarah Spink, Zoe Cartwright Harrison at Voluntary Action Rotherham, and Kym Gleeson and the team at Rotherham Healthwatch.





BACKGROUND

2025 – a year of celebration.



In 2025, Rotherham has become the world's first Children's Capital of Culture, holding a year-long festival of celebration through a programme devised, designed and delivered by children and young people.

The journey to this celebration year started in 2017, with the Embassy for Reimagining Rotherham. Over three weeks of intensive workshops in summer 2017, a group of young people created their own manifesto for the town's future. This

vision of Rotherham captured the imaginations of leaders and decision-makers and was the foundation for the Children's Capital of Culture programme. With ongoing co-production with children and young people at the centre, this is truly a partnership initiative, with hundreds of organisations working together to make Rotherham a better place to grow up.

The Children's Capital of Culture programme is not only about increasing engagement with the arts, culture and creativity – but about harnessing this engagement to improve the life chances of Rotherham's children and young people. One of the four headline aims of the programme is 'to support children and young people in developing responses to complex social, health and wellbeing challenges through increased participation in cultural and leisure activities' – meaning health is at the centre of this programme.

Above Photo: Rotherham Minster during Rotherham Roots Street Carnival 2025.

Building on the momentum of this celebration year, this year's Director of Public Health Annual Report will explore the role that culture and creativity can play in the health and wellbeing of children and young people. The report will synthesise national research, local data and evidence around the levers of change available locally, to inform the evaluation of the programme and to make the case that culture has an essential role to play in giving Rotherham's children and young people the best start in life.

It should be noted that this report references some of the activity that is being delivered through the Children's Capital of Culture programme – but there are so many fantastic things happening in Rotherham to engage children and young people in the arts, culture and creativity and this report only covers a very small portion of this.

Section summary

In 2025, Rotherham became the world's first Children's Capital of Culture. This is a year-long festival, designed with children and young people for children and young people. It has involved lots of organisations working together to make Rotherham a better place to grow up. It is not just about helping people to do more arts, culture and creative activities, it is also about supporting people with social, health and wellbeing challenges.

This year's Director of Public Health report thinks about how culture and creativity can play a part in the health and wellbeing of children and young people.

ROTHERHAM CONTEXT

Rotherham is one of four metropolitan boroughs within South Yorkshire with a population of approximately 271,195 (2023 mid-year population estimate). Around half of the borough's population lives in urban areas in the central part of the borough. Others live in outlying small towns, villages and rural areas, with 70% of the borough being open countryside.

Children and young people aged 19 and under make up 23.5% of Rotherham's population. (2023 mid-year population estimate).

Rotherham has a below average percentage of people aged 18 to 29 as a result of students leaving to study elsewhere and young adults leaving the area for work. The inner area of Rotherham has a notably younger population than the outer areas, particularly in the south of the borough, where there are higher proportions of older and middle-aged people.

Rotherham is a relatively deprived local authority, with 36% of the population living in the 20% most deprived communities in England. Deprivation is linked to a wide variety of poor health outcomes. As such, Rotherham often fares significantly worse than the national average when considering markers of 'good health' including life expectancy at birth and the number of years that people live in poor health.

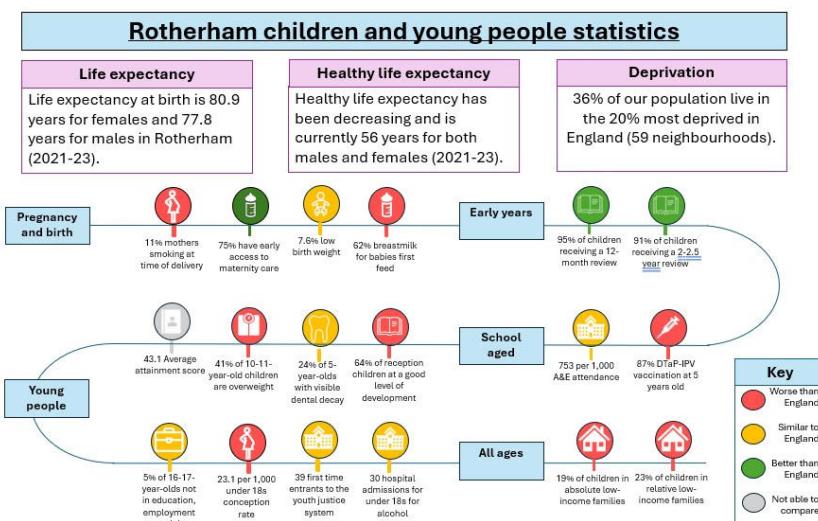
Section summary

Rotherham is a place in South Yorkshire. It is home to 271,195 people. Lots of Rotherham is small towns, villages and green, rural areas. Around half of the people living in Rotherham live in these areas, and the other half live in or near the town centre. Nearly 1 in every 4 people in Rotherham is under 19 years of age. Rotherham is considered a relatively deprived area. This means that there are people in Rotherham living without the things they might need to live a healthy and happy life.

THE HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE IN ROTHERHAM

Childhood lays the foundation for health, meaning that poor health in childhood can have long-standing impacts throughout an individual's life. An overview of what we know about the health and wellbeing of children and young people in Rotherham is outlined below. Data for this infographic and further information is available on Fingertips, Department of Health & Social Care¹.

Rotherham children and young people statistics



Section summary

How a person grows up, including where they live, play and learn, can make a difference to how healthy they are when they are an adult.

WHY IS ART, CULTURE AND CREATIVITY IMPORTANT FOR CHILDREN AND YOUNG PEOPLE'S HEALTH?



Creative Health is the term used to describe work with creativity, arts and/or culture that supports health and wellbeing. Approaches may involve embedding creative activities in health and care services, communities, schools, or supporting co-production, education and workforce development. Activities can include visual and performing arts, film, literature, writing and creative activities in nature.

Creative Health can contribute to the prevention of ill health, promotion of healthy behaviours, management of long-term conditions and treatment and recovery of people of all ages.

For children and young people, engagement in culture and arts can play a significant role in fostering creativity, developing social skills, supporting physical health, and overall emotional and mental health. Engagement in the arts and cultural activities can also foster a sense of belonging and identity and build confidence and self-esteem in children and young people. It can also play a key role in improving wellbeing and prevent the onset of conditions such as anxiety and depression. The Social Behavioural Research Group highlights that adolescents engaging in extracurricular arts activities are less likely to demonstrate risk taking behaviours such as smoking, alcohol and substance use, and engage in fewer anti-social behaviours. These outcomes are generally consistent across different demographics such as gender and ethnicity.

Evidence demonstrates that when embedded as part of care pathways, creative health can be an effective and cost-effective intervention for

Above Photo: Having fun at Rotherham Show 2023.

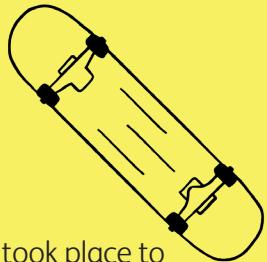
children and young people. It can also play a valuable role in addressing the increasing mental health support needs and therefore, when developed and delivered effectively, creative health programmes can support the sustainability of mental health services in the long-termⁱⁱ.

Section summary

Creative Health means working with creativity, arts and/or culture to support health and wellbeing. This can include lots of activities, like drama, art, film or writing. These activities can happen in lots of different places, for example, at school, at a hospital, at home or in a park.

For children and young people, doing cultural and creative things can help with social skills, physical health and mental health. Teenagers who do arts activities outside of school are less likely to do things which could harm their health, such as smoke, drink alcohol or use drugs.

Lots of children and young people struggle with their mental health, and creative health can help if included as part of mental health support.



WHAT MATTERS TO YOUNG PEOPLE IN ROTHERHAM?

This section outlines insights from engagement work that took place to inform the Children's Capital of Culture programme, as well as findings from wider engagement with Rotherham's children and young people from the last couple of years. This includes the 2024 School Survey, which was completed by 4,641 students in years 7 and 10 and research from Healthwatch conducted in 2024-2025 which reached 445 young people.

Common themes are outlined below.



Above Photo: Young people involved in the Bronze Arts Award at Rotherham United.

Children and young people want to feel proud of where they live – and many already do

At Rotherham Show in 2021, 80% of children and young people surveyed stated that they felt positive about the borough (with younger participants more likely to be positive than older participants). The things that children and young people loved the most about Rotherham were:

- Green spaces, such as Clifton Park
- Sports, including Rotherham United
- Entertainment and activities, such as rides and fairs

Many children and young people want more fun things to do in Rotherham

When asked for ideas about how to make Rotherham better through the Children's Capital of Culture programme, having more things to do emerged as a key theme. Specific ideas included:

- Free events
- More green spaces and activities that celebrate existing green spaces
- More live music events and venues
- Greater access to a wider range of different sports
- A cinema
- Activities and spaces aimed specifically at children and young people

The School Survey results from 2024 indicate that there is an age divide in perceptions around things to do in Rotherham. Whilst 66% of Year 7s surveyed agreed that there are good places to spend their free time, fewer than half of Year 10s (47%) agreed with this statement.



Young people face a wide variety of pressures and anxieties

As part of engagement sessions that took place with 16- and 17-year-olds in 2021, young people were asked about their anxieties. The things they were worried about were wide-ranging, with the top 10 being:

1. Education
2. Mental health
3. The future
4. Family
5. Future careers (including not accomplishing dream jobs and no jobs in the things young people are interested in)
6. Global events
7. Sport
8. Friends
9. The environment
10. Money

Similarly, in 2025, Healthwatch asked young people about the biggest pressures they were facing (see figure 2 below). Body image and social media were highlighted as the two biggest sources of pressure, but again, the topics were wide-ranging, including social factors, like problems with friends and family, pressures around identity, such as gender and sexual orientation, and engagement with health risk behaviours, such as alcohol, vaping, smoking, drugs and gambling.

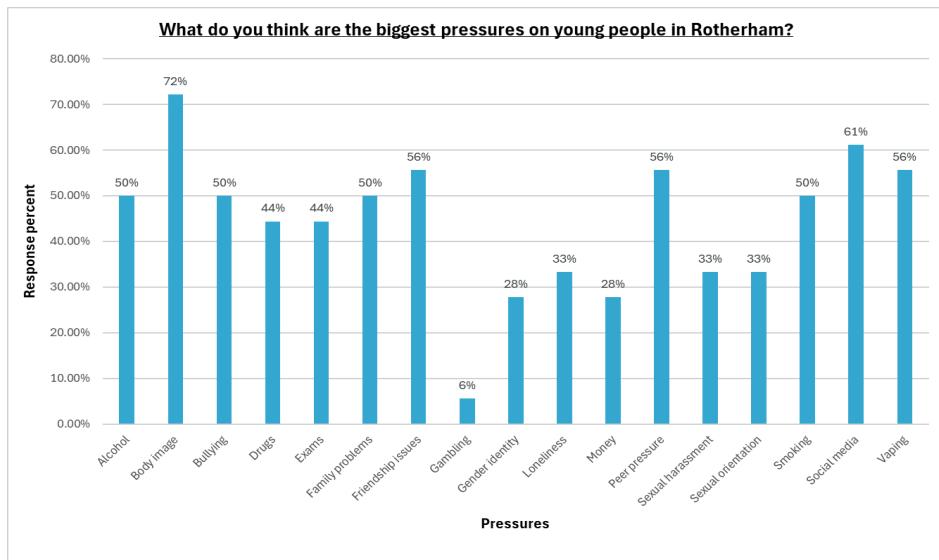


Figure 2: Responses to 'What pressures do you and your peers face?' taken from 'What young people told us about their wellbeing in 2025' by Healthwatch Rotherham

'I believe if my mental wellbeing is not good, my physical wellbeing will deteriorate'

WELLBEING IS IMPORTANT TO YOUNG PEOPLE

As above, mental health was in the top two concerns that young people reported feeling anxious about in 2021. Similarly, in a 2025 study conducted by Healthwatch, 88 % of participants agreed that wellbeing is important to them. All the young people engaged with stated they had someone or something to turn to when they were unhappy (with parents and guardians being the people young people were most likely to turn to). However, over 53 % said they did not know where to turn for extra help, and the majority had not accessed local or national services or resources to support their mental health.

Furthermore, in the 2024 School Survey, 38 % of Year 7 students and 43 % of Year 10 students rated their mental health as fair or poor. It is noteworthy that in comparable surveys, there was a significant increase in Year 10 students reporting fair and poor mental health between 2019 and 2022, which was during the course of the COVID-19 pandemic.

Whilst significant proportions of young people reported only fair or poor mental health, 79 % of respondents to the School Survey in 2024 described their physical health as 'good' or 'excellent.'



SPENDING TIME WITH FRIENDS AND FAMILY IS WHAT MATTERS THE MOST

A strong theme which emerged from all of the engagement work that this report has drawn from was the importance of friends and family and spending time with the people that matter most. Young people were most likely to reach out to their friends and family for help and support and saw connecting with them as a big priority.

“My friendships and family are what is most important in my heart.”



Section summary

This section is about some of the things that children and young people from Rotherham have said matter to them. Some of the things they said include:

- They want to feel proud of where they live.
- They want more fun things to do in Rotherham.
- There are quite a few different things that young people worry about, including education, mental health, social media and body image.
- Some young people don't feel happy, with more Year 10s than Year 7s saying their mental health is fair or poor.
- Spending time with friends and family is very important to children and young people, with many saying this is the most important thing to them.

THE CHILDREN'S CAPITAL OF CULTURE: PROGRAMME THEMES

In collaboration with children and young people, including some of the engagement work referenced in the previous section, the Children's Capital of Culture programme was designed around four headline themes. These are:

- You're Not From New York City, You're From Rov'rum: supporting young people to have agency and create change, building pride in Rotherham as their home.
- Who We Are, Where We Come From: enabling children and young people to develop a sense of community and belonging through the arts and culture, enhancing their mental health and critical thinking.
- Plug In & Play: increasing opportunities for play in digital and physical spaces, as well as fostering physical activity and participation in sport.
- The World Beneath Our Feet: enabling children and young people to engage with nature and their local environment and take action to combat climate change.

The analysis in this report is structured around these four themes.



Section summary

The people who work on the Children's Capital of Culture programme asked children and young people what they thought the activities should focus on. Together, they came up with four key themes:

- You're Not From New York City, You're From Rov'rum which is about young people feeling proud of Rotherham and feeling part of making changes to make Rotherham a better place.
- Who We Are, Where We Come From which is about the arts and culture helping children and young people to understand more about their own feelings and the world.
- Plug In & Play which is about giving children and young people more opportunities to play – both online and in their community. It also includes encouraging young people to be more active.
- The World Beneath Our Feet which is about children and young people being outside in nature and taking action linked to climate change.

The report looks at each of these four themes.



YOU'RE NOT FROM NEW YORK CITY YOU'RE FROM ROV'RUM

This theme is about supporting young people to have agency and create change, building pride in Rotherham as their home.

Land art overlooking Rother Valley Country Park that reads 'You're Not From New York City, You're From Rov'rum', 2025.



SENSE OF BELONGING AND COMMUNITY

Feeling part of a community is a vital determinant of health and wellbeing, with this being a protective factor against disease and poor mental healthⁱⁱⁱ.

There are several measures in the School Survey which in combination, seek to assess the extent to which Rotherham's young people feel a sense of belonging in their area. The findings in 2024 reflect a mixed picture, with Year 7 students generally having a more positive view of their neighbourhood than Year 10 students (see figures 3 and 4). The biggest disparity across age cohorts was the percentage of respondents who agree that there are good places to spend their free time. This indicates that there is a need to do more to foster a sense of belonging for

adolescents in particular, which is a key focus of the Children's Capital of Culture programme.

Additionally, across both age cohorts, the statement that the lowest percentage of respondents agreed with was 'I can trust people in the area where I live' with only 50% of Year 7s and 39% of Year 10s agreeing with this statement. This again, points to the need to bring communities together, to support increased trust and social cohesion.

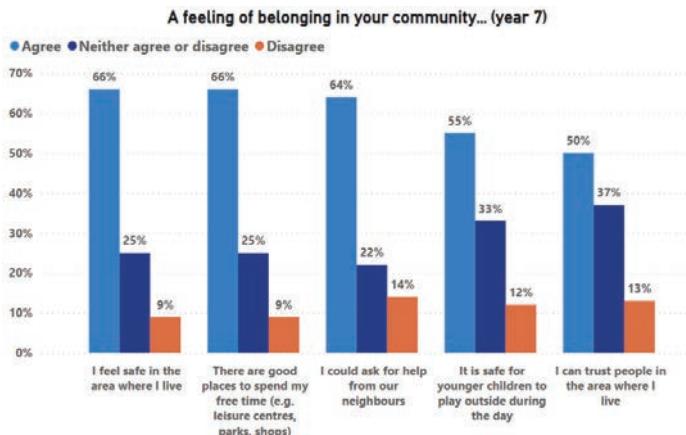


Figure 3: Year 7 responses to questions in the School Survey 2024 around feeling a sense of belonging in their community

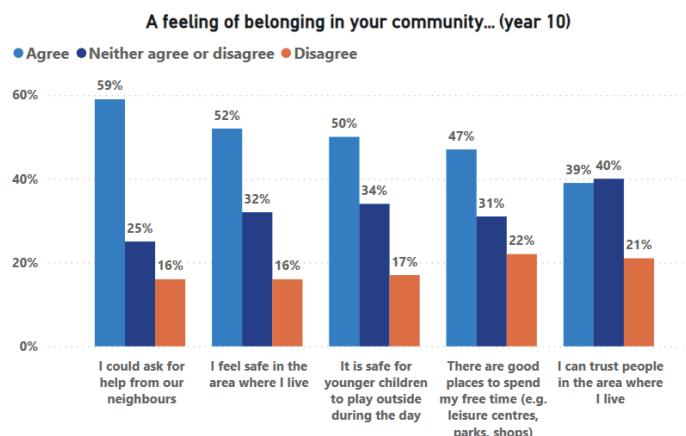


Figure 4: Year 10 responses to questions in the School Survey 2024 around feeling a sense of belonging in their community

As well as providing an impetus and a forum to bring communities together, research shows that culture and the arts have specific benefits in promoting a sense of belonging and individual wellbeing. Using music as one example, research into group singing has found that participants across multiple studies had higher levels of social bonding than prior to singing and that the process of social bonding through group singing is faster than through other social activities. Additionally, research has shown that engagement with music in childhood is associated with better social skills, reduced bullying and a reduced risk of behavioural issues in adolescence – all of which are likely to support an increased sense of belongingⁱ.

Moreover, participation in the arts may translate into more active citizenship, with children who participate in arts and creative outlets being more likely to volunteer. This suggests that engaging Rotherham's children and young people with creative pursuits has the potential to have a long-term impact on community culture.

Section summary

This section is about whether children and young people feel they belong in their local community. It shows that:

- Feeling like you belong helps you to feel happier and can make you healthier.
- Some children and young people in Rotherham don't feel like they belong.
- Creative activities, like group singing can help young people to bond with other people they are doing the activity with and feel a sense of togetherness.
- Young people who are involved in art or other creative activities are more likely to volunteer and vote in elections as adults, which could be a sign that they are connected to their local community.

EDUCATION

Education is strongly linked to health outcomes, with those with higher levels of education being more likely to live in good health for longer.

In Rotherham, educational outcomes are generally below the national average. This inequality starts early, with the percentage of children achieving a good level of development at the end of reception being 64.3 %, compared with an England average of 67.7 % (2023/24). This continues through school, with 59 % of Rotherham children reaching the expected standard for Key Stage 2 Standard Assessment Tests (SATs) compared with an England average of 61 % (2024). Moreover, the average Attainment 8 score at Key Stage 4 in Rotherham is 43.1 compared with an England average of 46.2 (2022/23).

There are also inequalities within Rotherham in terms of educational attainment. For instance, while 64.3 % of all children in Rotherham achieve a good level of development by the end of reception, this drops to 47.6 % of children who receive free school meals (2023/24). Similarly, educational attainment differs between areas within Rotherham, for example 75.2 % of children in Wickersley North achieved the expected standard+ at KS2 compared with 46.2 % in Maltby East (2024).

There is ample evidence to show that engagement in arts, creativity and culture during childhood has a positive influence on educational outcomes. For instance, research demonstrates the impact of reading out loud in childhood on literacy and comprehension skills.ⁱⁱⁱ Engaging with music in childhood has also been found to have an influence on cognitive development and educational attainment. For instance, one study found that playing an instrument was associated with higher attainment scores at Key Stage 4 in Mathematics, English and across all other subject areas, with those who had been playing the instrument for four years or more scoring more highly still. Researchers explain the positive influence of engagement in the arts on educational outcomes through the concept of 'transfer' of cognitive training from one skill to another, but also through



the development of individual motivation and behavioural benefits. This indicates that this may also have wider social benefits aside from improved educational outcomes.

There is also evidence that supports the role of engagement in the arts with reducing inequality. One systematic review found evidence that young people from low-income households were three times more likely to get a degree if they participated in arts activities at school. Additionally, the evaluation of a project in Scotland aimed at engaging low-income children in orchestra found that participation was associated with improved concentration, language development, school attendance and educational outcomes. Research has shown that embedding arts and creative activities into the school day is effective at developing emotional regulation, boosting self-esteem and improving social connection. Schools often being the first point of contact for children showing signs of emotional distress and research has shown that schools that integrate arts into pastoral care have seen improvements in attendance, pupil wellbeing and behaviour.

However, although engaging young people with creativity and the arts has the potential to have a positive influence on health inequalities, there has been a decline in the percentage of schools providing arts education; in England 42 % of schools are no longer entering pupils for GCSE music, 41 % of schools are no longer entering pupils for Drama and 84 % of schools are no longer entering pupils for Dance. This is likely to widen inequalities, as young people from more affluent backgrounds are more likely to have the opportunity to pursue creative learning outside of school, which is likely to enrich their learning in other areas and improve their overall academic performance^{viii}.

Section summary

This section is about education. It shows that:

- Children and young people in Rotherham generally get worse grades than the average for England.
- Being involved in arts and creative pursuits can help young people to get better grades, even in subjects that are not related to arts or culture.
- Fewer schools in England are offering classes like music, drama or dance, which may mean that some children and young people are not able to learn about these things.

EMPLOYMENT AND ASPIRATIONS

There is evidence that creative engagement can support educational development and subsequently equip children and young people with a range of transferable skills that are not only attractive to employers but can also support building confidence in terms of career aspirations. Of our secondary school children who undertook a survey, 31% would like to go to college and university, 19% would like to go to college and then gain employment, 13% would like to get an apprenticeship, 9% would like to start their own business, 5% would like to get a job straight from school and the rest were unaware of what they would like to do. In Rotherham, 5% of our 16–17-year-olds are not in education, employment or training (NEET).

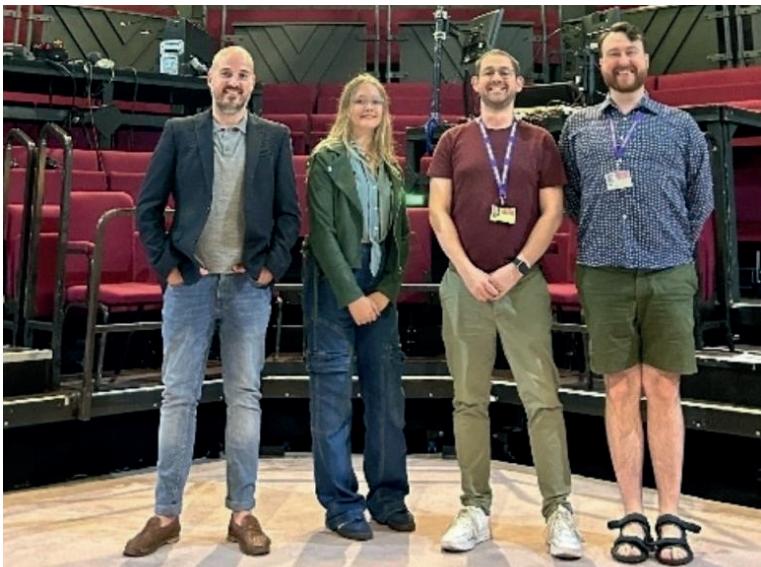
“You don’t have to leave to chase your dreams!”



CASE STUDY: SKILLS STREET – ‘USING CREATIVITY TO MAKE A POSITIVE DIFFERENCE’

Skills Street is an immersive and innovative world-of-work experience developed to widen career aspirations for children, young people, and adults across the region and inspire the next generation to work. It was co-founded by Gulliver’s Valley Resorts and The Work-Wise Foundation.

Below, Mia, who is helping to co-design the ‘Creative and Cultural’ zone of Skills Street, shares her experience and why she is so passionate about supporting other young people to access routes into creative industries.



Mia backstage at The Crucible in Sheffield..

“I’m Mia and I’m one of the new Children’s Capital of Culture Trainees at Skills Street!

I’m passionate about the arts, creative industries and education, so I’m thrilled to be co-designing Skills Street’s ‘Creative and Cultural’ zone. This zone will demonstrate the different roles and routes into creative and cultural careers; the skills people need and how these skills develop at

an earlier age alongside the school curriculum. I'm also helping to build marketing strategies and support business development across the wider Skills Street C.I.C.

I never really knew what career I wanted to do when I was at school - I adored writing, languages, acting, art – and maths quite literally made me cry. My dream job at eleven was to write my own books, illustrate them, and get them turned into films I could act in. Leaving school, all I really knew was that I wanted to use my creativity to make a positive difference around me.

I joined Skills Street because I think it's vital that pupils recognise the value of all careers, school subjects and deconstruct the idea that less typically 'academic' subjects are less valuable. When choosing my own GCSE options, I was so frustrated at feeling pushed to sacrifice my favourite subjects for 'more academic' ones – but I wouldn't be where I am today if I hadn't committed to the subjects I loved. Creating a careers-based learning environment in hand with real businesses and brands will allow young people to fully visualise the vast number of possibilities and pathways in each industry. I am keen to play my part and inspire the next generation to consider jobs they haven't known before – something especially vital for the media, arts, culture and heritage careers where access into the creative subjects and industries are declining.

It's a real privilege that the Skills Street site is being built in my hometown Rotherham. I think lots of people going into their first career job, especially graduates, think the best opportunities are exclusive to the capital, so it's so valuable to showcase organisations local to the region, and to be able to provide careers-based learning to children and young people who need it the most.

No day of my traineeship so far has been the same – I've met new business partners, redesigned a website, and been backstage in The Crucible – and my office is based at Gulliver's Valley theme park! It's so

exciting and rewarding to be an active part of Skills Street's construction, and I can't wait for everyone to see us open next year!"

To read the full case study, please visit the Skills Street website: [Meet Mia - "Using creativity to make a positive difference". — Skills Street.](#)

More than 1600 pupils, children and young people have visited the exciting new Skills Street experience based at Gulliver's Valley.

Skills Street CIC is a groundbreaking education and training environment designed to revolutionise how young people engage with careers and skills development. Among the highlights is the newly launched FlyMe@ Skills Street aviation experience, which offers students a full airport simulation - from check-in to boarding a real Boeing 737 fuselage and flying an industry-standard simulator. Visitors can also explore historic Rolls-Royce and Vulcan aircraft engines and learn about careers in aviation, engineering, travel, and tourism.

Julie Dalton, managing director at Skills Street said: "We're thrilled to have welcomed so many young people through the doors of Skills Street as part of our soft opening".

"It has been fantastic to see them experience the different zones and enjoy a whole range of industry experiences. Skills Street was designed to inspire and educate visitors about future careers and the skills needed. We've created a space to explore real-world careers in a fun and interactive way, and to witness that in action was simply wonderful."

WHO WE ARE, WHERE WE COME FROM



This theme is about enabling children and young people to develop a sense of community and belonging through the arts and culture, enhancing their mental health and critical thinking.



Art by Wath Youth Group for Roots Rotherham Street Carnival, 2025.

MENTAL HEALTH



Face-painting at Eastwood Funfest, 2023.

Mental ill health is increasingly recognised in children and young people. In Rotherham, 40 % of secondary school children report their mental health as 'fair' or 'poor', and 18 % of our secondary school students reported feeling lonely most of the time or always within the last 12 months, with girls being twice as likely to report feeling this way (2023/24).

Research shows that connecting with other people was a common feature of activities perceived as being helpful for mental health. This includes creative activities that were 'connecting' and 'absorbing', and one study showed that the more absorbing an experience, the greater benefit to ill mental health through a shift away from negative thoughts . One study also showed a positive impact of online arts and culture as it offered an alternative to social media that may impact negatively on mental health. Additionally, human connection through arts and culture provided young people the opportunity to reflect on the experiences, thoughts, feelings and behaviours of other people. This allowed them to

reflect on their own personal experiences and understand more about the emotional lives of others.

Research has also showed that arts and culture could help reduce negativity, lift mood, calm and increase proactivity providing a positive impact on mental health, disrupting negative thought patterns, and a feeling of calm when engaging with cultural content. It also demonstrated that young people have a critical level of insight and understanding regarding their mental health and the ways in which creative methods could improve this

HEALTH BEHAVIOURS

Health in Rotherham is generally poorer than the national average, with people living fewer years than the England average and living a significant proportion of those years in poor health. These outcomes are driven by risk factors that are amenable to prevention, such as smoking, poor diet, low levels of physical activity and excess alcohol consumption. Whilst this section refers to health behaviours, it should be noted that these behaviours are driven by the environment in which people live, and many factors limit the control that individuals have over these behaviours.

The School Survey includes a number of measures around these health behaviours and the findings reflect a mixed picture:

- 2.7 % of respondents stated that they smoked regularly in 2024 (which is a significant decline from 14 % in 2011).
- 5.8 % of students stated that they vape regularly, which has been increasing since 2017.
- 39.1 % reported to having been drunk more than twice.
- 41.6 % of children and young people who responded to the School Survey confirmed that they eat fruits and vegetables at least once per day.

These findings show evidence that these key risk factors that influence long-term health outcomes are, for many people, rooted in childhood and adolescence.

Research suggests that creative pursuits may have a role in mitigating some of these risk factors. For instance, a study that was conducted in deprived communities in London found that engagement with the arts was positively associated with eating healthily and increased physical activity. The study sought to control for mental wellbeing and social capital and found that these factors did not mediate the relationship between arts participation and health behaviours^x.



Dancing at Rotherham Show, 2023.

There was a lack of research identified through this report around the role of creativity in influencing other health behaviours for young people – including smoking, vaping and alcohol consumption. This may be an area that would benefit from further research at a local level, particularly due to evidence from the Healthwatch report that there is perceived social pressure for young people to engage in these health behaviours.

Additionally, body image was highlighted as one of young people's top two pressures in the Healthwatch report. Whilst multiple studies were identified that emphasised the positive impact of engaging in creative pursuits on children and young people's self-esteem, no research evidence was found specifically in relation to weight stigma and body image. This may also be a beneficial avenue for further research, in support of Rotherham Health and Wellbeing Board's compassionate approach.

Section summary

This section is about health behaviours, like eating, smoking, vaping and drinking alcohol. It shows that:

- Health in Rotherham is generally worse than the average for England and this is partly due to some people in Rotherham eating unhealthily, smoking and drinking alcohol. For many people, they start doing these things from childhood or being a teenager.
- There are many reasons why someone would smoke, drink alcohol or eat an unhealthy diet, and they may not be able to fully control their behaviour.
- Being involved in art and creativity may help people to eat more healthily.
- We don't know much about how art and creativity might help with smoking, vaping, drinking alcohol or body image.

CONFIDENCE, SELF-ESTEEM AND IDENTITY



Young people at the Big History, Bright Futures celebration event, 2024.

An important part of growing up is the formation of identity – the way we see ourselves and our beliefs and values about the world. This process is key for developing high self-esteem, which is a protective factor for good mental wellbeing.

A key theme which emerged from the Healthwatch report was confidence, with 35 % responding “no” to the question, “Do you feel confident speaking up for yourself?”. As confidence and self-esteem are closely linked, this may be an avenue to explore further through local research and engagement activity, particularly to consider whether a lack of confidence impacts on young people’s mental health.

Evidence suggests that engagement with the arts and culture can help to build confidence in children and young people. Qualitative research into the impact of virtual music groups during the COVID -19 pandemic found

that participation in the group enabled young people to gain confidence that they had lost as a result of multiple lockdowns^{xi}.

Additionally, a study into arts engagement and self-esteem in children and young people using the Millennium Cohort Study found that listening to or playing music, drawing, painting or making things and reading for enjoyment were all associated with higher levels of self-esteem. This included when all demographic, socioeconomic and familial confounders had been matched. The association was stronger when children regularly engaged with these activities with their parents, which indicates that this may be a key approach for families to support their children to develop high self-esteem. This highlights the importance of having arts and cultural experiences available locally that are family-friendly and that appeal across different age cohorts – which is part of the approach of the Children's Capital of Culture programme^{xii}.

As well as confidence and self-esteem, local engagement shows that there are many aspects of identity that young people are grappling with. Gender and sexual orientation both emerged as themes within the Healthwatch report. Equality, diversity, tackling discrimination and wanting more cultures to be represented across Rotherham were key messages from the engagement work that shaped the co-creation of the Children's Capital of Culture programme.

There is evidence to support the role that culture and the arts can play in exploring different identities. For example, one study into online culture and arts found that many participants found the cultural content to be a “safe space” which enabled them to navigate and explore different viewpoints and identities without “the fear of saying the wrong thing.” Hearing diverse stories was important to young people, and this allowed them to reflect on their own identities and experience. However, this study also found that underrepresentation of certain groups by race, gender identity or sexual orientation had the potential to alienate the young people and have a negative impact on their mental health^{ix}.

Linked to this, research has found that as well as benefitting from engaging with the arts in terms of exploring identity, young people can also play a fundamental role in ensuring the arts and cultural spaces are inclusive for often marginalised groups. Research into a five-year collaborative programme between young people from ethnic minority backgrounds and a UK university museum found evidence of the transformative potential of young people challenging norms, addressing inequalities and embedding inclusive and anti-racist practices. This emphasises the benefits of working with young people and giving them real agency and power to shape the delivery of creative activity^{xiii}.

Section summary

This section is about confidence, self-esteem and identity. It shows that:

- Some young people in Rotherham don't feel confident. Involvement in creative activities like playing or listening to music, drawing, painting or making things and reading for enjoyment help young people to feel more confident and have higher self-esteem.
- Culture and art help young people to explore different viewpoints and think about their own feelings and experiences.
- Young people can help to make cultural places like museums better and more welcoming for different types of people.

CASE STUDY: BIG HISTORY, BRIGHT FUTURES



Big History, Bright Futures mural on the Clifton Learning Partnership building.

The Big History Bright Futures project was created to encourage young people to learn about and celebrate the histories of their families and communities through creative art forms. This initiative was funded by Historic England in partnership with Imagine Rotherham and Children's Capital of Culture.

These partnerships aim to inspire young people and build a sense of community pride. Overall, the project aims to empower people by connecting them to their roots and community heritage, celebrating diversity, and building a stronger sense of community through art.

Young people attended workshops with the talented mural artist Lucy Oates, who encouraged them to connect with their families and local communities, exploring their own lived experiences and the stories of their families. These stories were transformed by the young people into small art pieces from collages and lino prints. These designs were used to

create the final mural on the Clifton Learning Partnership building, which showcased the young people's family's stories and the cultural diversity in the community.

After the mural had been painted, it was time to celebrate all the hard work! So, a celebration event was hosted at Clifton Community School. This event brought together all those involved in the project, including young participants, their families, local Councillors, and community members.

It was a vital space to share the stories and artworks created throughout the project, where young people involved had the opportunity to share their experiences and what they learnt.

Through this project and by connecting with their heritage, young people gained a deeper understanding of their communities and themselves. Exploring their heritage had the power to give young people a sense of pride and ownership, not only in their school community but also in the wider community.

One young boy noted that he felt more comfortable talking to his classmates because of how the project had encouraged young people to talk about their heritage.

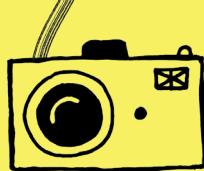
"I enjoyed it because I love painting and it's calming. It [mural wall] looks so much better than it used to before the mural. I want more stuff like this to come to Clifton because it makes things brighter and it's not boring. Having representation for different heritages is important because I'm proud of my heritage and I want to show it off." – young participant.

"I enjoyed doing this mural because it was fun and interesting. I learnt how to paint, and it made me feel confident working with Lucy. I'm also really proud of my heritage and the fact that my flag, the gypsy flag, is being represented on this mural." – young participant.



*Close up of the Big History,
Bright Futures Mural.*

To read the full case study, please visit the Children's Capital of Culture website here: [Big History Bright Futures Brings Bold Mural to Rotherham – Children's Capital of Culture](#)



PLUG IN & PLAY

This theme is about increasing opportunities for play in digital and physical spaces, as well as fostering physical activity and participation in sport.



Skate festival in Rotherham Town Centre, 2022.

PHYSICAL ACTIVITY AND PLAY

In Rotherham we have seen a decrease in the percentage of children and young people that are physically active, and it is now at 44% (2023/24). Our Rotherham School Survey showed that of our Year 7 and Year 10 respondents, 67% exercised at least three times a week; however, 8% never take part in physical activity or do so less than once a month.

There is a strong evidence base to show how increased physical activity can support creativity, and incorporating creativity into physical activity can make it more engaging and enjoyable. Physical activity is shown to improve psychological and cognitive outcomes and through

partnership with creative and artistic methods, studies show that artistic aspect may improve psychological wellbeing. There is a correlation between less-sedentary behaviour and more moderate-to-vigorous physical activity and creative activities, and one study found that creative behaviour such as making music would support the positive effects of habitual physical activity^{xiv}.



CULTURE AND THE ARTS ONLINE



Children playing online at the Plug in & Play Event, 2024.

Children and young people often recognise themselves at the forefront of new technology and popular culture. However, the potential harms of social media and young people spending large portions of their leisure time online are widely discussed, with many parents and adults having concerns. A recent YouGov poll found that 80 % of adults surveyed felt that social media has either a fairly or very negative impact on teenagers' health. Research has reinforced this, with evidence that social media can have a negative influence on young people's mental wellbeing and sense of life satisfaction.

This emerged as a theme within the research conducted by Healthwatch locally, with social media being the joint top pressure that young people said they faced, alongside body image. The report indicated that these two pressures were seen as closely linked, with young people noting doctored and altered images online and the influence this had on their feelings about their own appearances.

However, with most young people spending leisure time online, digital spaces offer a critical opportunity for engagement in the arts and cultural pursuits, and this has the potential to provide a healthier alternative to traditional social media. One qualitative study explored the impact of online arts and culture on young people's mental health. In this study, online arts and culture was defined as content provided by cultural institutions such as museums, theatres, art galleries, libraries, archives and natural heritage organisations that is available digitally. Participants reported that they experienced positive outcomes, including lifted mood, feelings of calm and fewer negative thoughts. Human connection also emerged as a theme from the research, with the young people identifying with other people's stories that were communicated through arts and culture^{ix}.

Similarly, another study focussed on virtual music groups during the COVID-19 pandemic and found that this supported social connections and improved wellbeing for young people^{xi}.

These studies suggest that there may be opportunities to harness online creative experiences to improve children and young people's mental health and wellbeing and foster a sense of connection.

Section summary

This section is about culture and the arts online. It shows that:

- Some people are concerned about the impact social media is having on young people.
- Creative content online may offer an alternative to social media that is better for young people's mental health.

LONELINESS

'Young or old, loneliness doesn't discriminate.' – Jo Cox

Loneliness is an important public health issue, and can have serious health consequences, including increased risk of depression, coronary heart disease, stroke, cognitive decline and Alzheimer's. Traditionally, discussions around loneliness have often focussed on older people, but Rotherham's Loneliness Action Plan makes it clear that loneliness can happen at any age and identifies young people as a group that may be particularly vulnerable to loneliness. A report from the Children, Young People and Families Consortium in 2019, into loneliness and young people aged 10-25 years, found that of the 130 young people interviewed:

- **63%** confirmed that they had felt lonely at one time or another.
- **95%** of young people in one organisation where the children and young people were from BAME communities experienced feeling left out or lonely
- In the supported housing project **20%** of the cohort felt lonely always (**7%**) or a lot of the time (**13%**).



Smiles at
Otherham
Winter Light
Festival, 2025.

In line with this, the research conducted by Healthwatch flagged loneliness as one of the key pressures that local children and young people are facing, finding that whilst young people valued connecting with others, many find it challenging. Of the young people who were engaged, 46 % mentioned something that related to the broader theme of connecting with others as being the thing they find most difficult – including socialising, friendships, relationships, speaking to people and confidence. Additionally, the School Survey found that 18 % of students reported feeling lonely most of the time or always within the last 12 months, with girls being more likely to report loneliness than boys, and Year 10s more likely to report loneliness than Year 7s.

Engagement in the arts, creativity and culture may have an important role to play in mitigating the impacts of loneliness for young people. A report that was written in response to the rise of loneliness during the COVID-19 pandemic emphasised the importance of social infrastructure that brings communities together – such as community groups. Investing in community capacity was a key recommendation of the report. Groups that engage young people with the arts and culture – such as drama clubs, music groups, writing circles and book clubs – form part of this social infrastructure and help to bring young people together.

As outlined in the section about sense of belonging, there is evidence that certain activities, such as group singing, have specific benefits in terms of social bonding over and above other social activities, which indicates that creative pursuits may have a specific role to play in tackling loneliness and social isolation^v.

Additionally, evidence suggests that the arts support self-expression, which may help young people to navigate feelings of loneliness and talk about their feelings, which is important for the establishment of support networks. Engaging with other people's stories, as conveyed through art and other creative mediums, also fosters feelings of connection and has been found to have mental health benefits^{ix}.

Section summary

This section is about loneliness. It shows that:

- Some children and young people in Rotherham feel lonely. Being lonely can make you unhappy and impact your health.
- Creative activities like drama clubs, music groups, writing circles or book clubs help to bring children and young people together and feel less lonely.
- Art and culture can help children and young people to understand and talk about their feelings, which may help them to connect with others.

CASE STUDY: SCHOOL BATON RELAY

In June 2025, 328 Rotherham school children and staff from 82 schools ran and walked over 9 days, covering over 100 miles and cheered on by 17,500 people as a baton was passed through the borough from school to school, finally arriving at Herringthorpe stadium at the Festival of Sport on 2nd July. The baton passed through the hands of school children, but also via community leaders, councillors, the Mayor of Rotherham, and Miller Bear at Rotherham United before finally reaching Ed Clancy OBE, Olympic Gold medalist cyclist and South Yorkshire Active Travel Commissioner, who talked to the children at the Festival of Sport about his childhood joy - playing on his bike outside with friends.

Pupils submitted designs for the baton itself, with the final design chosen by the Children's Capital of Culture Youth Programming Panel. It was crafted in Rotherham by Cast Innovations using recycled tins and cans collected from Rotherham schools. One side of the baton features a powerful message passed between the children: *"be brave, be kind, help others, laugh!"*

The relay brought together children from different local schools, supporting and cheering each other on, creating a loud togetherness and a celebration of achieving and making memories together.



THE WORLD BENEATH OUR FEET

This theme is about enabling children and young people to engage with nature and their local environment and take action to combat climate change.



Bubbles as part of the Playful Anywhere Project at Canklow Park, 2024.

BLUE AND GREEN SPACES



Access to green space is one of the many neighbourhood-specific characteristics that affect health, and neighbourhoods with greater access to green space tend to have greater life expectancy. In Rotherham, just 3 % of our population have access to woodland, compared to 15 % nationally (2022), and 14 % of our population use outdoor space for health or physical activity purposes compared to 18 % nationally (2017).

There are noted inequalities in access to green and blue spaces. People who live in more deprived areas are more likely to live in neighbourhoods with less access to green space. People from minority ethnic groups are less likely to live in neighbourhoods with more access to green spaces compared with white people. There is less inequality in access to green space based on age, although younger people are less likely to live in neighbourhoods with the most access to green space.

Research shows that spending time outdoors can increase creativity and stimulate children's senses and imaginations which can lead to participation in further creative activities. Specifically, research shows access to outdoor space can increase attention span, creativity, well-being, and happiness.

[Nature doesn't judge you - how urban nature supports young people's mental health and wellbeing in a diverse UK city - PubMed](#)

CLIMATE ACTION



One of the strongest themes that emerged from engagement with young people to inform the Children's Capital of Culture programme was the extent to which they value nature and green spaces. On the flip side of this, climate crisis and action to protect the environment emerged as priorities.

Moreover, climate change can impact on the health and wellbeing of children and young people. There are direct impacts of climate change, such as increased asthma attacks due to air quality, and indirect impacts, such as mental health impacts.

When children and young people see bad news about the planet and our environment it can cause eco-distress (sometimes also called eco-anxiety or climate anxiety). Eco-distress might cause a person to feel anxious, angry, sad, upset, scared or worried for the future. A lot of young people in England worry about the environment. A survey carried out in England in 2020 showed that over half (57 %) of child and adolescent psychiatrists (mental health doctors for children and young people) were seeing children and young people distressed about the climate and state of the environment.

For children and young people who experience eco-distress a range of approaches can help, including spending time in nature, talking to others about how they feel, connecting with other groups of young people who feel worried about the environment, and taking action to support the environment (e.g. making a bird feeder, using a refillable water bottle).

Children and young people in Rotherham are taking action to take care of the local environment, including participating in the Schools Climate Education South Yorkshire Conference held in Rotherham in 2025, and creating a track to raise awareness around climate change and let people know that it's not too late to change and not too late to make a difference.

Section summary

This section is about the impact of climate change. It shows that:

- Some young people in Rotherham are worried and anxious about climate change.
- Climate change can impact on children and young people's health – such as making it more likely they'll have asthma and feeling anxious, sad or scared about the future.
- For children and young people who do feel anxious or scared about the future, there are different things that can help, like spending time in nature and taking action to look after the environment.

CASE STUDY: OUR HABITATS, OUR HOME



Creating art with nature at Pottery Ponds in Swinton, 2023.

There is lots of amazing activity happening in Rotherham to help look after our natural environment. Local children and young people are playing a big part in helping to make these changes.

The '*Our Habitats, Our Home*' exhibition at Clifton Park Museum showcased how local young people are getting involved in protecting nature. Examples of the projects showcased are outlined below.

Rewilding at Anston Greenlands School

Children at Anston Greenlands School have been focussed on rewilding green spaces and in the process have learned about nature, how to look after it and the things they can do to help improve biodiversity. This has included making bird feeders and planting trees. An event was also organised for other local schools to teach them about rewilding, and off the back of this event, other schools developed their own Wildlife Zones.

One child involved in the project said: 'If one school does it, then the next school does it, then all these schools that have done it, hopefully it'll spread around the whole of the UK.'

Youth Cabinet brings the ACE awards to Rotherham

The ACE Awards, which stands for Advocates for the Climate and Environment, is a school accreditation programme, designed to recognise and encourage schools to reduce their carbon footprint and promote positive environmental action. Rotherham Youth Cabinet has brought the awards to Rotherham, judging schools on a tiered basis (bronze-platinum) based on how far they are going to tackle climate change, with the hope that this incentivises further action.

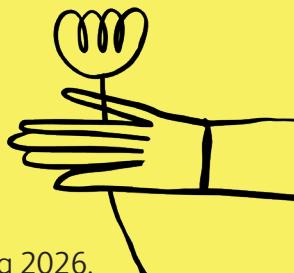
Caring for their local environment in Thorpe Hesley

Students in Thorpe Hesley have been litter-picking and learning about the benefits this has in protecting wildlife in their local area, as well as other actions that can be taken to improve biodiversity.

Celebrating nature through drama

Dalton Youth Group produced a piece of drama focussed on the value of nature. The main character, Wisteria Dumont, once loved nature, but has been driven away and now only stays inside her house. The play follows her journey with nature, in the hopes that it encourages more young people to get out and enjoy nature.

To hear more about these projects in the words of children and young people, there is a short film included [here](#).



WHAT NEXT?

Hundreds of organisations have worked with the children and young people of Rotherham to make 2025 a year to remember. A closing ceremony will be taking place in spring 2026, to round off our year-long festival of celebration.

However, this is not where the Children's Capital of Culture programme ends. Flagship activity in 2025 has been funded through several commissioning pots, and a third of each pot has been reserved for activity beyond 2025, to ensure that the work that has taken place so far is only the beginning. The Children's Capital of Culture programme has forged new and stronger connections with groups and services, and this positive collaborative working will continue post 2025 including through the Cultural Partnership Board.

A comprehensive evaluation of the programme will also be taking place, to consider how successful it has been in achieving the original aims, and the findings of this evaluation will be used to make the case of how the programme is taken forward. These evaluation findings will therefore shape the cultural strategy for years to come!

The Children's Capital of Culture programme has provided an opportunity to celebrate and showcase the talent of Rotherham's children and young people, whilst engaging them in creativity and the arts. Throughout the delivery of the programme, local young people have been placed in positions of power and agency, and consistently, they have risen to the challenge. This report has demonstrated the potential impact this could have on their health and wellbeing, their confidence and their role as active citizens – but to sustain these outcomes at a population level, there is a need for sustainable and long-term funding. Identifying this and ensuring that the programme has an ongoing legacy as part of mainstream activity in Rotherham, is a key priority.



Thank you to the Children's Capital of Culture, many organisations have shifted their approach and are embedding positive pathways and coproduction as a key part of what they will do and will do moving forward.

Section summary

Lots of lovely things have happened in 2025 to celebrate the Children's Capital of Culture and arts and creative activities for children and young people will carry on after the year is over.

We will be looking at information to see if we have done a good job and achieved what we originally set out to do.



RECOMMENDATIONS



Saying hello at Rotherham Show, 2024.

Based on the findings of this report, the Rotherham Director of Public Health asks our partners working in the borough to consider the following recommendations:

1. A comprehensive evaluation of the Children's Capital of Culture programme to be completed, including consideration of the role of the programme in supporting the health and wellbeing of Rotherham's children and young people.
2. A legacy programme to be delivered, building on the learning from this year-long festival of celebration, the evidence of the benefits of cultural and creative arts activities to health and wellbeing, and linking up with wider initiatives such as the SYMCA Year of Reading.
3. Cultural and creative activities in Rotherham to strive to be welcoming and inclusive for families and to tackle inequalities in access.

4. Partners and stakeholders across the local education sector to value and champion arts and culture and work to increase access and reduce inequalities to arts education.
5. Long-term and sustainable funding to be identified to support work to engage children and young people in the arts, culture and creativity.
6. Partners and organisations to learn from the success of genuine co-production as a means for children and young people to be empowered to work with us on more of the things that matter most to them.
7. Physical activity to remain embedded when the Rotherham Cultural Strategy is refreshed, acknowledging the role it plays in culture and creative activity and the benefits to health and wellbeing and wider outcomes.
8. Opportunities for local research to be explored that build on some of the gaps identified through this report, including the role of creativity in supporting positive health behaviours and to better understand the impact of school on young people and their mental wellbeing
9. The valuable contribution of the arts, culture and creativity to children and young people's mental health to be harnessed; acknowledging that mental health is an area of increasing need and system-wide partnership working is vital to ensuring enough support for children and young people
10. The preferred communication methods of children and young people to be used to ensure that they are aware of fun things to do and places to go locally



METHODOLOGY

Rotherham specific data has been used throughout the report where possible. Data from young people was obtained through the Rotherham School Survey conducted annually with Year 7 and Year 10 young people at a Rotherham school. Data for health behaviours are available at a local authority level from OHID Fingertips where data are derived from surveys, NHS Digital, Hospital Episode Statistics (HES) and ONS Mid-year Population Estimates. Further information on the demographic and health of children and young people can be found on the Rotherham Joint Strategic Needs Assessment, available here, www.rotherham.gov.uk/data/.

To triangulate the local data with national research, PubMed Central and National Library of Medicine were used to search for relevant literature published in English in the last 10-years and where the full free text was available. Medical Subject Headings (MeSH) terms were used to ensure a more comprehensive and accurate identification of relevant studies for use in this report. Where limited research specifically on children and young people existed, we have incorporated all-age research and/or in some cases, older literature. Relevant research was also identified through reviewing publications by key groups and organisations, such as the WHO Scoping Review into Creative Health, an evidence review by Arts Council England and the All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report.

The analysis in the report is structured around the four themes of the Children's Capital of Culture programme – which were codeveloped with Rotherham children and young people.

Section summary

This report has been written using a range of information. This includes local Rotherham information, for example, the Rotherham School Survey, and numbers collected about Rotherham people, for example, how many people have a health condition. This local information is considered alongside national research, where learning about a topic is shared to help us understand it more.

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*Painting of Rotherham
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