OVERVIEW AND SCRUTINY MANAGEMENT BOARD

Date and Time:- **Tuesday 3 February 2026 at 10.00 a.m.**

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

Membership:- **Councillors Steele (Chair), Bacon (Vice-Chair), Allen, Baggaley, Blackham, Brent, A. Carter, Keenan, McKiernan, Monk, Tinsley and Yasseen.**

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 meeting Tuesday 13 January 2026 of Overview and Scrutiny Management Board (Pages 5 - 29)

To consider the minutes of the previous meeting of the Overview and Scrutiny Management Board held on 13 January 2025 and to approve them 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.

Items for Pre-Decision Scrutiny:

In accordance with the outcome of the Governance Review in 2016, the following items are submitted for pre-scrutiny ahead of the Cabinet meeting on Monday 9 February 2026. Members of the Overview and Scrutiny Management Board are invited to comment and make recommendations on the proposals contained within the report.

6. Rotherham Baby Packs: Outcomes and Future Commissioning (Pages 31 - 78)

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

Recommendations:

That Cabinet:

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

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

7. Inclusion Strategy and Annual Report (Pages 79 - 173)

Report from the Executive Director of Corporate Services.

Recommendations:

That Cabinet:

1. Approve the Inclusion Strategy 2026-30.

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

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

For Discussion/Decision:

8. Access to Contraception Review Report (Pages 175 - 434)

To consider the report which summarises the findings and recommendations of the Health Select Commission review into access to contraception.

For Information/Monitoring:

9. Work Programme (Pages 435 - 437)

To consider the Board's Work Programme.

10. Work in Progress - Select Commissions (Pages 439 - 444)

To receive updates from the Chairs of the Select Commission on work undertaken and planned for the future:

- Health Select Commission
- Improving Lives Select Commission
- Improving Places Select Commission

11. Forward Plan of Key Decisions

To review and identify items for pre-decision scrutiny from the Forward Plan of Key Decisions.

Link to: Browse plans - Forward Plan of Key Decisions, 2025 - Rotherham Council

12. South Yorkshire Mayoral Combined Authority Overview and Scrutiny Committee

As part of their role the Chair and Vice Chair of OSMB are appointed to the South Yorkshire Mayoral Combined Authority (MCA) Overview and Scrutiny Committee. The Chair of OSMB is the Vice Chair on this committee.

This committee holds the MCA to account and ensure that all aspects of the decision-making process are transparent, inclusive and fair. The Committee are responsible for checking that the MCA is delivering its objectives and that the decisions made in policies, strategies and plans have been made in the best interests of the residents and workers of South Yorkshire.

The published agenda packs and minutes can be accessed via: South Yorkshire MCA.

Members who have comments and queries regarding any item on any agenda should refer this to the Chair of OSMB and the Governance Manager at the earliest opportunity to ensure they're reflected in debate during the relevant public meeting.

13. Call-in Issues

To consider any issues referred for call-in from recent Cabinet meetings.

14. Urgent Business

To determine any item which the Chair is of the opinion should be considered as a matter of urgency.

The next meeting of the Overview and Scrutiny Management Board will be held on Wednesday 4 February 2026 commencing at 10.00 a.m. in Rotherham Town Hall.



John Edwards,
Chief Executive.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD
Tuesday 13 January 2026

Present:- Councillor Steele (in the Chair); Councillors Allen, Baggaley, Blackham, Brent, A. Carter, Keenan, McKiernan, Monk, Tinsley and Yasseen.

Apologies for absence:- Apologies were received from Councillors Bacon.

The webcast of the Council Meeting can be viewed at:-
https://rotherham.public-i.tv/core/portal/home

80. MINUTES OF THE PREVIOUS MEETING HELD ON 10 DECEMBER 2025

Resolved: - That the Minutes of the meeting of the Overview and Scrutiny Management Board held on 10 December 2025 be approved as a true record.

81. DECLARATIONS OF INTEREST

No declarations of interest were made.

82. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

No questions were received.

83. EXCLUSION OF THE PRESS AND PUBLIC

There were no reasons to exclude the press or public.

84. COUNCIL PLAN AND YEAR AHEAD DELIVERY PLAN PROGRESS UPDATE

At the Chair's invitation Councillor Read, the Leader of the Council (Leader) introduced the report, explaining that it was the six-monthly update on progress on the Council Plan and Year Ahead Delivery Plan.

The Leader set out the following headline points from the report:

- Of the 89 Action Points set out in the Year Ahead Delivery Plan, a quarter of those (21) had been completed, with 27% being delayed.
- A reduced number of performance measures had been set out (27), and 20 of these were on target.

Council Plan Themes
Places are thriving, safe and clean

- The Street Safe Team had been launched, and the second part of recruitment had been commenced, with 9 out of 10 posts filled. Regular patrols of Wath, Dinnington, Swinton and Maltby had

started taking place.

- The Roadside Cleaning Team had been in place since October.

- Construction on the Riverside Garden/Corporation Street public realm works had been underway since May 2025.

- There had been delays to a private sector town centre housing development due to a complicated procurement process. That process had now concluded and tenders were being scored.

- Work on the flood alleviation scheme at Whiston Brook was on target and due to be commenced within the next few weeks but there had been delays in progressing schemes at Eel Mires Dike in Laughton Common and Kilnhurst. The Eel Mires Dike scheme had experienced challenges with access to land and additional funding would be required. The Kilnhurst scheme would also require additional funding, but the Leader confirmed that the Council remains committed to see these projects through to delivery.

An economy that works for everyone

- The economic inactivity trailblazer/Pathways to Work scheme was up and running and the Social Value Action Plan had been completed.

- The Templeborough Business Zone Scheme, which was a government funded scheme, had been a longer process than expected to due to complications regarding land owned by Magna. The Leader was hopeful that sign-off stage on this scheme would be reached shortly.

Children and young people achieve

- The refurbished water splash park at Clifton Park had been reopened over the summer.

- Building work at the new SEND Hub at the Eric Mann's building was almost complete. The Rotherham Parents and Carers Forum had started to move in and offer activities from this building.

- Progress on implementing Independent Travel Training for children was off target due to staffing issues at the end of 2025, but the Leader confirmed that those posts were now filled.

- The commitment to the provisions of more Multi Use Games Areas (MUGAs) had experienced challenges due to the Football Federation delaying their funding round. Alternative sources of funding were being explored.

Residents live well

- The specialised support service for people who had attempted suicide had been delivered.

- Groundworks on new council homes at West Melton and Maltby

were underway.

- There were delays to the Rothercare analogue to digital switchover.

- The roll-out of Strengths Based Working training had been partly delayed by the vacancy in the former post of Assistant Chief Executive. Work was underway with HR to improve recruitment processes, and an advert had gone out to recruit for a permanent Head of Organisational Development (OD).

John Edwards, the Chief Executive, offered his support to the Leader's summary and acknowledged the significant work that had been conducted by colleagues across the Council in delivering the Council Plan and in recognising those areas which required continued focus.

The Leader and the Chair invited members of the Overview and Scrutiny Management Board (OSMB) to raise questions and queries on the points raised.

Councillor Blackham asked for an update on the Dinnington Market Scheme. The Leader explained that the compulsory purchase order that had been necessary to acquire the burnt-out buildings was complete and the Council was moving towards demolition within the next few weeks. Andrew Bramidge, Executive Director of Regeneration & Environment, confirmed that the Council was in the final stages of a tender process for a contractor to conduct the works. An open day had been held for local residents just before Christmas, to provide information.

In a supplementary question, Councillor Blackham asked if there was an estimated completion date for the project? The Executive Director of Regeneration & Environment stated that the project was expected to be a two-year programme, with completion anticipated in early 2028.

Councillor Monk enquired why the Family Hub sign up rate had dropped quite significantly during Q2 and whether information was available as to which wards were particularly struggling to meet these figures. Councillor Monk also asked for more information on what work had been done by midwives and health teams and how capacity within those teams had been managed.

In response, the Leader commented that there was an annual pattern where sign up to Family Hubs increased at certain times of the year and then dropped. There was no obvious reason for this, but the Leader provided reassurance that the sign-up level of 80% was good compared to other local authorities. The Leader pointed out that there would also be a number of families who were accessing services but were not necessarily registered with Family Hubs. Discussions were ongoing as to whether registration to Family Hubs should be mandatory, or whether this could potentially put people off.

Nicola Curley, the Executive Director of Children & Young People's Services, acknowledged that Family Hub sign up was an ongoing issue and that there was a demographic difference in sign up which was being actively investigated. Service did have some in-roads into those communities within the borough that were less likely to take up the Family Hub offer and would continue to work with these. It was suggested that the problem areas may be those that were further away from the physical Hub buildings but there were outreach services in place for residents that found it more difficult to get to a centre.

The Executive Director of Children & Young People's Services also pointed out the Council was very successful in take-up of places at Nursery and Early Years settings and sometimes, parents would choose one over the other. The Family Hub Programme and had received an additional year's funding, which was coming to an end in March 2026. There would be an end of programme report to Cabinet in March and then there would be ongoing permanent funding for a new programme going forward. Within this new programme, service would try and notice registration issues. The target was set at a very high level, and the Council was doing well, but would like to do better.

In a supplementary question, Councillor Monk asked if any detail could be provided on what work with midwifery services looked like. The Executive Director of Children & Young People's Services commented that they would obtain this information from colleagues in Public Health and would provide it to OSMB outside of the meeting.

Councillor McKiernan asked for more information on the reported quality assurance issues with regard to the Housing Stock Condition Surveys. Would the surveys that had already been completed have to be redone and what knock-on effect would this have to the whole process?

In response, the Leader explained that the Council had stopped conducting full stock condition surveys of council housing around 10 years ago. It was now clear that the Housing Regulator expected local authority housing providers to carry out a full set of stock condition surveys so over the last year, service had increased capacity to carry these out by taking on some additional in-house staff and commissioning an external contractor to assist. There had been a period of "bedding in" with staff and contractors to ensure that the quality of the surveys conducted was sufficient in order to progress the necessary repairs and maintenance activity. That had in turn, led to some delays on delivery. Conversations were ongoing between service, and the contractor and the Council was looking at creating some more in-house capacity to get the process back on target.

In a supplementary question, Councillor McKiernan asked whether the current information that the Housing team had could be relied upon due to the quality issues. The Leader clarified that the surveys that had been completed in the last 12 months were of sufficient quality, but that the

Council did not yet have completed surveys for the remainder of its council housing stock. There was, however, was a lot of other information available, such as gas and electrical safety inspections, which would provide useful information about that stock.

Councillor Tinsley asked about the proposed Rothercare analogue to digital changeover and whether tenants who were due the changeover were being prioritised in terms of need. Ian Spicer, Executive Director of Adult Care, Housing and Public Health, explained that the key reason why service was behind target for Q3 on this changeover was because the national provider that the Council had contracted with went into liquidation. The Council had used some of its own staff and contracts with Medequip and other providers to make progress on catching up. It was hoped that the changeover would be completed by the end of February 2026, pending any particular access issues to properties. National switchover was due to take place in January 2027, so the Council was ahead of that deadline. All new customers on Rothercare were part of a new roll-out and anyone who urgently required new equipment would be prioritised.

The Leader further commented that there were only two national providers of digital telecare and in this period of time where the whole country needed to switch over before the national deadline, one of them had gone out of business, which had created huge challenges.

Councillor Yasseen commented on the change of structure of the Council Plan report and felt that it was overall lighter on outcomes and that the measures were different to what had been used previously.

The Leader confirmed that the measures had been changed, following feedback from OSMB earlier in the year, and the number of outcomes had been reduced. When the new Council Plan had been brought to OSMB a few months ago, there was discussion about having a tighter set of measures, with longer-term measures expanded upon within the narrative of the report. The structure of the report was the same as previously but there had been the addition of the Appendix 2 summary, which had been requested by OSMB.

In a follow up question, Councillor Yasseen commented that throughout the report, there were a number of areas where targets had not been met due to a lack of senior officers being in post and questioned whether this lack of recruitment of senior officers was a concern. Could the wider teams in place still deliver on the actions without a strategic leader in place?

In response, the Leader explained that in areas where there was a Head of Service in place (such as Neighbourhoods), that Head of Service could not be expected to lead on a strategic plan whilst there was no Executive Director in post. The Leader assured members that in such situations, the work of the wider team would continue as normal but under caretaker

management. In the absence of a strategic lead, plans would be delayed until someone was in place to take that work forward. The Leader and the Chief Executive would be interviewing candidates for an interim post for the former Assistant Chief Executive's role (now Executive Director or Policy, Strategy and Engagement) and would hope to have someone appointed shortly, pending permanent recruitment.

Councillor Steele asked why the rate of new admissions to residential care homes for older people was significantly over the Better Care Fund (BCF) official target for Q2 and whether this was likely to be an emerging upward trend or were there specific pressures at the current time that had led to this increase?

In response, the Executive Director of Adult Care, Housing and Public Health explained that there was an anomaly each year where decisions and pay processes take a while to get onto systems. Last year, service did not reach target but was very close to it and it was hoped that service would be closer to target in this area by the end of the year. There was an increasing demand for adult care, and residential care in particular. People were living longer but with more need, acuity and complexity so challenges would remain in providing the required levels of care and support. Service would continue to work on providing community alternatives to care to enable people to live full lives.

Councillor A Carter asked a question in relation to the delays in recruitment discussed earlier. What impact did these delays have on the cost and delivery of services day to day versus the cost savings from not having these senior leaders in post?

The Leader explained that with regard to the vacant former Assistant Chief Executive's post, the new Chief Executive had wished to take some time to assess the best way for services to be organised going forward. A Staffing Committee meeting had been held in December, and the subsequent report would be presented at Full Council. Some deliberate changes were being made but members should not confuse that with a cost saving exercise, which was not the case in this instance. The ongoing vacancy in this post had allowed a reassessment of longer-term goals in this area of the Council and whether strategic leadership was focused on the right areas. Day to day services had not been negatively impacted by this vacancy.

The Chief Executive emphasised that any negative impact on service delivery had been avoided during this period due to excellent temporary leadership by colleagues. Following discussions with the Leader, the Chief Executive felt it was appropriate to focus work in this area on policy, strategy and engagement and had therefore reworked the post to reflect that, whilst moving the OD and HR functions to sit under the new combined Corporate Services Directorate. The Chief Executive explained that a key goal of this reorganisation was to make the most of available data and information about the borough in order to focus policy approach

and strategic implementation on the areas that could have the most impact.

In a follow-on question, the Chair asked how the Chief Executive viewed engagement with the South Yorkshire Mayoral Combined Authority (SYMCA) working as policies changed and developed? The Chief Executive commented that there was a lot of engagement with SYMCA at a number of levels across the Council. Continuing with this engagement would be significant going forward as national policies continued to develop regarding devolution to the Mayoral Combined Authorities. It was important that part of the new Executive Director of Policy, Strategy and Engagement role focused on engagement with SYMCA and with partnerships across the borough.

Councillor Yasseen returned to her earlier question regarding the change of reporting structure in respect of the Council Plan and compared this report to the position on the previous Council Plan at Q4. In the previous Council Plan, there had been 68 performance indicators with 54% on target. In this report, there were 27 indicators with 74% on target. Councillor Yasseen questioned whether the reduced number of measures withing this report provided a clear enough overview of where improvements were needed. The Leader reminded members that the LGA peer review which had taken place a couple of years previously had also challenged the Council to measure itself on outcomes rather than outputs. As a result, the Council had tried to have a smaller set of measures which are more closely related to what the Council can actually influence.

In an additional question, Councillor Yasseen asked why the recycling performance target of 45% had not been changed. Part of the reason why the Council was performing well in recycling was because the figures included household recycling, kerbside recycling and recycling at household waste centres, which had not been included before. The Leader, supported by the Executive Director of Regeneration & Environment, confirmed that the inclusion of the recycling at household waste centres was due to a national reporting requirement as the government did not make a distinction between the different methods of recycling. Performance was measured against all items of waste that get recycled within the borough.

Councillor Allen asked, with regard to the newly implemented Street Safe Team, whether some of the “examples of tangible results” referred to at page 54 the agenda pack could provide. In response, the Leader commented that whilst it was still early days, the impact of the support could already been seen, for example, support had been provided to: South Yorkshire Police, with an arrest in the town centre; a victim of domestic violence who was taken to a place of safety; and a rough sleeper who was directed to support from Housing Services. There was already strong evidence of the practical support that the Street Safe Team were providing, and the Council would think of the best way to report on this.

In a further question, Councillor Allen referred back to the structure of the Council Plan and commented that it had been previously requested that a more easily consumable, public version of the Council Plan was produced. Councillor Allen enquired whether work was underway to make this available.

In response, the Leader confirmed that work on a simpler, leaflet-style version of the Council Plan was ongoing. The Communications team was also picking out bite-sized nuggets of information that could be shared on social media.

Councillor Steele asked a question regarding the response times to calls to the call centre and complaints. An increase in calls regarding garden waste could have been anticipated so why had no additional resource been provided to deal with this? The Leader commented that the majority of complaints were not about the choice to cancel the collection of garden waste but more about the patchy service leading up to this, which had led to the increase in calls. The Leader expressed the opinion that service could not have anticipated this and increased resource accordingly. Service priority had been on increasing staffing resource to complete collections. The performance level in responding to complaints was good given the level of the increase. There was more of a challenge currently with Housing Services responding to complaints in a timely way, but work was ongoing to ensure that the response time to Housing complaints was improved.

Councillor McKiernan asked for further information on the issues with Northern Powergrid that are referred to throughout the report. The Executive Director of Regeneration & Environment commented that delays due to issues with utilities companies were commonplace across regeneration activity. For example, the redevelopment of the café at Rother Valley Country Park had been completed but the opening had been delayed due to delays with Northern Powergrid connecting the substation. Utility companies often did not work to the same timescales as local councils and this, unfortunately, was a factor out of the Council's control.

In a supplementary question, Councillor McKiernan asked whether the Council was communicating effectively with utilities companies that these delays were causing the Council significant problems? The Executive Director of Regeneration & Environment confirmed that there was an ongoing dialogue but that utilities companies experienced pressures from across the region, not just from Rotherham MBC.

Councillor Keenan asked whether the reported contract management issues for drugs and alcohol rehabilitation had been resolved? The Executive Director of Adult Care, Housing and Public Health expressed disappointment that numbers in this regard were not where they were anticipated to be and confirmed that the issues were being addressed via

ongoing discussions with the contractor for the drugs and alcohol service. It was hoped that more people would come forward to be prepared to go into residential placement for rehabilitation in due course.

The Chair thanked the Leader and officers for their input and responses.

Resolved: - That the Overview and Scrutiny Management Board supported the recommendations that Cabinet:

1. Note the overall position in relation to the Year Ahead Delivery Plan activities;

2. Note the Quarter 2 data for the Council Plan performance measures; and

3. Note that a progress report covering the remainder of the year will be presented to Cabinet in July 2026.

85. QUESTION AND ANSWER SESSION WITH THE LEADER OF THE COUNCIL

The Chair invited members to ask questions of the Leader relating to matters within his portfolio. The Leader explained that the kind of issues covered in the previous Council Plan item on the agenda made up a large part of their portfolio. The Leader explained that they also held responsibility for overall governance processes within the Council and would lead on communications, social value and inclusive economy activity. In addition, the Leader continued to sit as a member of the South Yorkshire Mayoral Combined Authority (SYMCA) board, which was a fast -changing environment.

In response to a question from Councillor Yasseen, the Head of Democratic Services provided members with a brief summary of other areas within the Leader's portfolio, as follows: - Customer Services; Democratic Services; community cohesion; responsibility for social value through corporate commissioning and procurement strategies and implementation, including Community Wealth Building; Household Support Fund and other local welfare assistance schemes, including the Food for People and Crisis Partnership, crisis loan schemes and development of the social supermarket; and advocacy and appeals.

Councillor Yasseen went on to ask a question of the Leader around the decision to rename to the former Equality, Diversity and Inclusion (EDI) Strategy to the Inclusion Strategy. In Councillor Yasseen's view, this marked a noticeable shift in how the Council was approaching its defined legal duties towards equality.

In response, the Leader asked Councillor Yasseen to wait and see what the new draft Inclusion Strategy looked like when it came to OSMB, as it still contained everything members would expect it to cover. The Leader

further explained that the Equalities Assessment through the Local Government Association (LGA) had changed its objectives and as the Council aimed to achieve “Gold” standard in this, some of the changes to in terminology within the draft Inclusion Strategy reflected this. The Leader also confirmed that responsibility for the Inclusion Strategy sat with Councillor Alam, who would present that report when it came to OSMB.

In a further question around community cohesion, Councillor Yasseen commended the strong key performance indicators and positive work that had been carried out to address and tackle hate-related incidents and crimes in the borough. Councillor Yasseen welcomed the range of activity and engagement with young people but asked the Leader what outcomes were anticipated as a result of this important work to try and keep communities together?

The Leader agreed that community cohesion was of great importance and was an area where the Council had statutory duties. However, the local council was not the main factor that influenced whether or not communities pulled together and currently, national and international trends demonstrated that other concerning factors were pulling communities apart. The Leader commented that as a measure of success, the Council would want to see less hate-related crimes being reported. There was an annual survey carried out where Rotherham residents were able to comment on how they felt people from other backgrounds got on with each other. The Leader was proud that this measure had improved year on year but expressed some concern that this trend may not continue in the current climate where certain far right influences were trying to create division. The Council would direct the relevant resource to intervene when it was able to and would look to drive neighbourhood activity towards promoting community cohesion. The Leader expressed a desire to drive forward a narrative about how to share and confront challenges collectively rather than being driven further apart.

Cllr Allen asked the Leader what the top 3 things they wanted to lead the Council to achieve in the upcoming year were. In response, the Leader highlighted the following:

1) Delivering on a number of large regeneration schemes. The Leader was proud of the significant amount of funding that had been secured for regeneration projects within the borough but was acutely aware that the burden of delivery of these projects now sat with the Council as it entered the delivery phase.
2) Housing Services and turning the corner on long-term decline of council housing. The Leader commented that the current government had introduced positive changes that had enabled more support for local councils in maintaining direct affordable council housing; and
3) Moving out of austerity, how could the Council put itself back into communities in a meaningful way? The Council supported

residents, businesses and communities but the Leader commented that residents did not always see the benefit of the council services that they used. The Leader expressed a desire to correct the current disconnect between the important work done by public servants and the tangible benefits that residents felt from this work.

Councillor McKiernan raised a question around communications and a recent article that had been published in The Sun newspaper concerning a matter within his ward. A council officer had been quoted in this article, but Councillor McKiernan had not been warned about it. Councillor McKiernan requested that in future, communications were improved and ward members informed if a ward issue was due to be reported in a national newspaper.

In response, the Leader accepted that this was a fair challenge and confirmed that systems could be put in place to advise members of any press coverage in their wards before publication. The Leader commented that it was common for national newspapers to approach local councils for a brief “right to reply” on an issue and then use that out of context or within a much wider report, citing the recent instance Councillor McKiernan referred to regarding HMOs in Masbrough and an article over the summer regarding the number of Rothercard holders with asylum seeker status. The Leader commented that the Council cannot control how the national press chooses to report on information given to them. The current Communications team at the Council had been reduced and faced challenges with capacity and the Leader reflected that that the issue of future resourcing in this area might have to be considered.

The Chair thanked the Leader for their time in answering Members’ questions.

86. NOVEMBER 2025-26 FINANCIAL MONITORING REPORT

At the Chair’s invitation Councillor Alam OBE, the Cabinet Member for Finance and Community Safety, introduced the report, which presented the Council’s financial position at the end of November 2025 and the forecast for the remainder of the financial year, based on actual costs and income for the first eight months.

As of November 2025, the forecast overspend stood at £3.4m, comprising of an £8.7m direct overspend offset by a £5.3m underspend in central services. The overspend was largely driven by placement pressures in Children’s Services, rising costs of adult social care packages, and backdated payments for Older People and Physical and Sensory Disabilities. Market price increases above inflation also contributed to budget pressures. These challenges were consistent with those faced by councils across the UK.

The Council continued to face significant pressures in funding social care and responding to rising demand. Traded services continued to perform

well. The forecast position was being closely monitored, and it was noted that, even with mitigation, reserves might be required to achieve a balanced outturn for 2025/26. The financial impact would be reflected in future monitoring reports to Cabinet.

The Service Director of Financial Services, Rob Mahon explained that this time of year could be challenging due to scrutiny presentations. It was noted that this report related specifically to financial monitoring, and that issues concerning the budget and the Medium-Term Financial Strategy (MTFS) would be addressed in the next presentation.

The Chair invited members of OSMB to raise questions and queries.

A question was raised by Councillor Allen regarding CYPS placements in relation to paragraphs 2.7 and 2.9.2 of the report. Paragraph 2.7 noted a reduction of 120 placements following the review, while paragraph 2.9.2 reported a £5.7m overspend on children in care placements, mainly due to increased use of external residential children's homes. Clarification was sought on whether the recent overspend formed part of the cumulative reduction identified in the review, or whether it occurred after the review. A further question asked whether this trend was likely to continue.

The Service Director of Financial Services explained that the savings delivery assessment reflected the long-standing work to review CYPS placements. The original savings were driven by reducing the number of children in care and improving the placement mix, including reducing external residential placements and increasing both in-house foster carers and kinship care options.

The review had resulted in a reduction of 120 placements over the period, as referenced in the report. However, the CYPS placement position remained fluid and subject to monthly fluctuation. A spike in looked-after children numbers occurred over the summer but had since reduced.

It was noted that ongoing challenges remained, particularly the continued reliance on external residential placements. Progress on developing in-house residential provision was expected to help reduce external placements over time. Work also continued to strengthen in-house fostering and kinship care to reduce demand for high-cost external placements.

It was confirmed that, based on the assessment, the CYPS savings set out in 2019/20 had been delivered, and this was also referenced in the MTFS presentation.

Councillor Baggaley raised a question regarding the CYPS savings position. It was noted that previous reports had shown a variance to the planned savings, and clarification was sought on whether the savings had genuinely been achieved. It was queried whether the savings arose from a real monetary reduction or simply from the fall in placement numbers

over time. It was observed that the budget line itself appeared unchanged, and therefore the reduction in placements, rather than budget adjustments, seemed to be driving the reported improvement.

It was confirmed that the question was valid and had been discussed several times in the forum. The Service Director of Financial Services explained that while year-on-year financial monitoring reports did not always clearly show the trend, the wider budget reports demonstrated a consistent reduction in the CYPS placements budget from 2019/20 to the current financial year. The associated savings had therefore been removed from the CYPS budget over time. The original aim had been to reduce placement numbers by 120, and this had been achieved. Had those 120 placements still been required, the Council would have been spending at least £10m more per year in the current and future financial years.

The Service Director of Financial Services noted the inherent volatility of CYPS placements: reductions of £2-3m could be achieved through lower looked-after-children numbers, but a single new high-cost placement could cost close to £2m and dramatically alter the position. Such events had occurred in recent years. A functional assessment of the 120 reduced placements, based on typical placement costs, indicated that the intended savings had been delivered. The Service Director of Financial Services expressed confidence that it was now the appropriate time to recognise the savings as fully achieved.

A question was raised about the rising costs of placements, noting that where the Council relied on profit-making providers, it was unlikely those organisations would accept reduced profit margins. It was observed that as placement numbers reduced, the unit cost per placement tended to increase, which could limit the level of savings achievable.

Councillor Monk went on to ask whether any commissioning work was underway to prioritise not-for-profit providers, or those able to demonstrate reinvestment rather than shareholder returns, and whether any action beyond standard mitigations was being pursued to address these pressures.

It was noted that no specific work had been undertaken to target not-for-profit agencies within CYPS commissioning. The Service Director of Financial Services explained that a key challenge in residential placements was the increasingly complex needs of children, which often required the capacity, specialist skills and scale offered by larger providers, many of whom operated on a for-profit basis. The Service Director of Financial Services agreed to take the issue back to CYPS for further discussion and to explore whether procurement could consider approaches to increase the use of not-for-profit providers, though it was acknowledged that this may present practical challenges.

A question was raised by Councillor Baggaley regarding the Treasury

Management savings. While the continued delivery of savings was welcomed, clarification was sought on how much of the reported position was due to delays in capital projects, resulting in later borrowing requirements being pushed into future years, versus how much was attributable to proactive treasury activity such as interest rate management. It was indicated that this distinction would be helpful for future reporting.

The Service Director of Financial Services explained that the majority of Treasury Management savings had been achieved through the strategic approach of minimising the need to borrow by reducing cash balances and relying on short-term borrowing to secure lower interest rates. This approach generated most of the savings reported.

It was confirmed that some savings were also the result of delays in delivering the capital programme, which reduced borrowing requirements in-year. However, once those capital schemes progressed, the associated borrowing would eventually be required. To mitigate this risk, provision for borrowing costs had already been built into the revenue budget and MTFS at the point the capital investment was approved, ensuring funding was in place when borrowing occurred.

The Service Director of Financial Services acknowledged that interest rate assumptions had to be monitored closely, as delays could expose the Council to changes in rates. This risk was managed continuously, and any significant concerns would be reflected in future MTFS proposals.

Councillor Brent asked about the Wath Library project. The Year Plan had stated that demolition was due to start in December; however, the current papers reported slippage and indicated the project was on hold. Clarification was sought on how these positions were consistent and what had changed since the Year Plan was agreed.

The Executive Director of Regeneration and Environment clarified that demolition had originally been expected to begin in December. This had slipped slightly, and the start date was now anticipated for the end of the month. The delay was due to ongoing negotiations between the contractor and the Council's parking team regarding the positioning of site boarding around the former library building. Officers confirmed that the project was not on hold.

The Chair queried the increasing overspend and questioned whether any additional measures had been introduced to reduce it rather than relying on the use of reserves. The Service Director of Financial Services reported that discussions had taken place with Executive Directors, the Chief Executive and SLT regarding the current financial position and options for managing pressures in the final quarter of the year. Although the Council had not introduced formal or strict controls such as direct service cuts or enforced spending restrictions, Executive Directors had been asked to apply strengthened decision-making around recruitment,

non-essential expenditure and the use of grants.

It was explained that several grants received during the year could be used either for new activity or to support existing work currently funded from the General Fund. Where appropriate, re-aligning these grants offered an opportunity to mitigate the forecast overspend. It was hoped that these measures would improve the position in the final quarter and reduce the potential call on reserves. It was noted that the Council's previous financial performance supported confidence in achieving this.

Councillor Yasseen reflected on the long-standing demand pressures within key services and noted that overspends had increasingly arisen in areas such as Adult Social Care and Home-to-School Transport. It was observed that the current system relied heavily on responding to rising demand, and that preventative approaches across the public sector had been difficult to deliver at scale.

It was highlighted that prevention required sustained partnership with residents and communities. Reference was made to council plan activity on independent travel, noting that Home-to-School Transport continued to show a £9.4m overspend. Councillor Yasseen queried progress on work to support greater independence for young people where appropriate and suggested that more radical approaches to reducing future demand might be required.

Concerns were also raised about wider demand trends, including the number of children identified with SEND compared to regional benchmarks, and whether support models could be developed that strengthened family and community-based solutions. Councillor Yasseen noted that some families had previously expressed willingness to explore lower-cost, more flexible transport options if supported. These comments were framed as part of a broader reflection on long-term sustainability, recognising that the matter extended beyond finance and into cross-council and partnership planning.

The Leader noted that the issues raised linked closely to national developments in SEND policy and home-to-school transport pressures. It was emphasised that the Council did not assign SEND status to children; eligibility was determined through an independent statutory process.

Significant work had taken place over several years, led by Children's Services, to address home-to-school transport pressures. Independent travel training had been expanded, supported by additional investment, and continued to benefit some young people. However, it was recognised that families often had concerns about moving away from guaranteed transport provision, particularly where children had complex needs. While family-arranged transport payments were already offered and could generate savings, the Council was open to considering further examples where this approach might work.

The Leader highlighted that demand pressures in SEND and home-to-school transport were being felt nationally. The challenge of balancing increased specialist provision, maintaining capacity in mainstream schools and managing the transport costs arising from these pressures was recognised. The Council's position was noted to be similar to that of comparable authorities, with examples referenced of other councils facing significant cost increases. It was confirmed that local work continued to push the system in a more sustainable direction despite the wider pressures.

The Chief Executive acknowledged the comments about long-term demand pressures, particularly within Adult Social Care, and noted the challenges associated with an ageing population. It was reported that the Council was participating in the national Neighbourhood Health Pilot, led by health partners and delivered across 42 areas nationally. The local focus was on long-term conditions and complex frailty, which often drove higher care costs.

The pilot aimed to improve understanding of how primary care, community support and adult social care could work more effectively together to promote independence and reduce reliance on statutory services. Learning from the pilot would feed into national evaluation and support the development of more sustainable approaches to managing demand.

The Chief Executive emphasised that, as with SEND and independent travel training, there was no single solution. Instead, a range of interventions would be required to support residents to live independently, reduce long-term pressures and help prevent health needs from escalating into higher-cost social care later in life.

Councillor A Carter noted that the CYPS overspend position felt repetitive year-on-year and recalled that the previous financial monitoring report to OSMB had indicated a much smaller overspend, which was expected to be reduced to approximately £0.5m by year-end. The escalation to a £9m overspend was a significant variance, and concern was expressed that this suggested insufficient planning for the demand pressures that had been evident for several years.

Councillor A Carter went on to ask what measures the Council intended to take to ensure a more realistic and transparent position in the next financial year. Questions were also raised about the potential impact of the current overspend on other projects and programmes, and what may be deprioritised as a result. A further query was made regarding the impact of reduced business rates income arising from the recent steelworks closure within the borough, and how far this had contributed to the current budget pressures.

The Executive Director of Corporate Services did not agree that the CYPS position reflected a lack of planning. It was explained that the children's

budget had reduced year-on-year, and significant work had been undertaken to provide assurance that historic savings actions had been delivered. The data had been re-examined in detail to distinguish between the savings originally required and the separate, ongoing budget pressures caused by the complexity and cost of placements. It was noted that, without the actions taken since 2019/20, CYPS would have been spending around £10m more per year. The Executive Director went on to emphasise that children were placed according to need, not cost, and some placements, particularly where intensive staffing was required, remained very expensive. The development of an in-house residential provision was helping to reduce costs where possible, but the service continued to face significant challenges due to the volatility and complexity of demand.

In relation to Adult Social Care, it was stated that the overspend did not indicate poor management but reflected unavoidable demand pressures, inflation in the care market and limited provider options. Work continued between services and finance teams to set budgets as accurately as possible while maintaining oversight and challenge.

The Executive Director of Corporate Services confirmed that the forthcoming MTFS report would set out the baseline adjustments and further work undertaken to establish realistic budget levels for the next financial year. It was also noted that the scale of the budgets involved, over £100m, needed to be taken into account when considering the size of variances. The Executive Director concluded that the earlier comments regarding demand pressures and inflation also addressed the point raised about the impact of business rates reductions.

It was confirmed by the Service Director of Financial Services that the loss of business rates from Speciality Steel had not affected the 2025/26 financial position. Under the business rates system, the Council forecasted expected income for the relevant financial year, and any surplus or deficit was adjusted through the Collection Fund in future years. The Collection Fund operated similarly to a reserve, allowing the impact of changes in business rates income to be managed over time. They went on to note that, following the company entering liquidation in the summer, the liquidator had continued to pay the business rates for the remainder of the financial year while they remained in occupation. As a result, the Council continued to receive business rates income from the site.

Councillor A Carter commented that some of the financial explanations given appeared understandable from a finance perspective but did not fully reflect the operational complexities faced within frontline services. They suggested that Executive Directors and Cabinet Members responsible for significantly overspending services should be invited to a future OSMB meeting to discuss the challenges in greater detail.

The Chair advised that these matters would be addressed in the following

month's budget scrutiny session when the Executive Directors and Cabinet Members would present their proposals to the Board. Members would have the opportunity at that meeting to raise questions directly with the relevant service leads.

The Chair noted that information as to whether any work was done by CYPS to look to commission services from not-for-profit organisations (which may help in mitigating the impact of constant price increases from private sector providers) would be provided.

Resolved: - That the Overview and Scrutiny Management Board supported the recommendations that Cabinet:

1. Note the current General Fund Revenue Budget forecast overspend of £3.4m;
2. Note the projected overspend and that whilst the Council aims to manage this pressure, should that not be possible, use of reserves will be required to balance the 2025/26 financial position;
3. Note the updated position of the Capital Programme; and
4. Approve the capital budget variations as detailed in section 2.17 of the report.

Further actions that arose from discussions were that:

- Information as to whether any work is done by CYPS to look to commission services from not-for-profit organisations (which may help in mitigating the impact of constant price increases from private sector providers) would be provided.

87. MEDIUM-TERM FINANCIAL STRATEGY UPDATE

At the invitation of the Chair, Councillor Alam, Cabinet Member for Finance and Community Safety and the Service Director of Financial Services introduced the item, explaining that the presentation would provide members with an update since the last report to Cabinet on the Medium-Term Financial Strategy (MTFS) in November 2025.

The key financial pressures currently faced by the Council were as follows:

- Placement pressures in social care, due to the complexity of care, market inflation and rising demand for services.

- Numbers of SEND children were rising year on year, which added pressure to home to school transport services.

These particular financial pressures reflected the national picture and were not unique to Rotherham and when looked at in comparison to neighbouring local authorities, Rotherham was performing well in these areas.

- The waste management optimisation programme had proved challenging but was not forecast to create a pressure in the financial year 2026-27 as the savings linked to that programme

should be delivered in full.

- Pressures on income generation within Regeneration & Environment remained but were not considered a huge issue in the context of the wider £350m net council budget.

- The impact of the local government pay awards, which were not funded by central government.

In taking members through the presentation, the Service Director of Financial Services explained that locally generated taxation (business rates and council tax) funded over 60% of the Council's core activity, with much less funded by central government. Over 60% of the Council's overall spend was taken up by social care for children and adults.

The Service Director of Financial Services commented that the Council had been getting more robust in its financial decision making and had demonstrated that savings could be agreed and delivered. The Council's reserves were in a stronger position than they had been historically, with a low level of reserve usage in the budget and MTFS profile.

The key dates for the budget setting process were highlighted as follows:

- Announcement of the Consumer Price Index (CPI) in September was key because that was the measure the government used to dictate the funding increases on core government grants year on year. September 2025's CPI was 3.8%, which was higher than the MTFS assumption of 2%, which was therefore positive, and would bring in more resource.

- The provisional settlement was announced in late December 2025, which included the output of the Fair Funding Review. This provided the Council with clarity on what funding would be from the various central government funding pots.

- February's cabinet meeting and the Full Council meeting in March would be where the Council's budget for 2026-27 would be formally set.

When the November MTFS update was provided, there was a £0.9 million overspend. Due to challenges within adult social care caused by backdated care placements and additional demand pressures, this overspend had increased to £3.4 million. It was hoped that this could be reduced significantly before the financial year end and the use of reserves minimised.

The Fair Funding Review represented a significant change in how local authority funding would be distributed and marked a shift towards applying funding more clearly on a need's basis. It would combine all the local authority funding from central government and council tax into a huge national pot, with Rotherham's share expected to be 0.49%. Initial calculations indicate that this could equate to over £20 million of funding

over a three-year period.

Savings of around £10 million had been achieved in CYPS as a result of a comprehensive review of demand and market management and social care pathways, with the aim of driving down the numbers of looked after children and where they were placed. The MTFS made provision for 3% inflation to CYPS for their supplier market. However, as each individual package is agreed on a placement-by-placement basis, for an emergency or complex placement, a much higher inflationary rate than 3% would have to be agreed. An external review of CYPS confirmed that the right things were being done, but did highlight a potential under-inflation on market placements, which had now been accounted for in the CYPS budget within the MTFS.

The Service Director of Financial Services explained that there had been some concern around the Household Support Fund coming to an end but that it had been confirmed that there would be a new scheme named the Crisis Resilience Fund. The Council would work through the guidance for this. There had also been a positive update from SYMCA that a new local growth fund would fund around 90% of the activity that had been previously funded through the UK Shared Prosperity Fund.

Since the November MTFS update, the government had announced a 6.75% increase in the real living wage. This had a significant impact on the Council as a real living wage accredited employer and would lead to an uplift in the Council's pay grade structure to ensure that, at the bottom end of the structure, the Council continued to pay the real living wage.

The government had been looking to change business rates and the business rates process. However, in recognition of the fact that the Fair Funding Review is already a seismic shift in funding for local authorities, it had decided to delay this. However, the government had paid out in advance, the top-up grant as part of the business rates review that would be allocated to the Council in 2026-27 and 2027-28, in order to mitigate some of the financial challenges that councils would face as part of this process.

The Chair invited members of OSMB to raise questions and queries on the points raised.

Councillor A Carter asked a question relating to the pressure caused by the higher than forecast local government pay award. How confident was the Council that its assumptions for increases in pay in the medium-term, would align with government outcome and could assurance be provided that this would not have an unexpected impact on the Council's financial position in-year?

The Service Director of Financial Services responded that the level of pay award could not be predicted as it was always announced by the government after the budget had been set. Initial proposals could come

forward from the unions prior to the budget being set but central government did not approve the level of the pay award until 6-7 months into the new financial year. The Council maintained a working assumption based at 2% but recognised that the award may be higher than this assumption, due to inflation. The Council's Treasury Management savings should mitigate any in-year pressure, and any budget gap would be addressed moving forward. If the working assumption on the pay award were to be increased, this could lead to a potential reduction in posts to make savings, which would be harder to reverse than to address a gap moving forward.

Cllr Yasseen commented that the Fair Funding Review and the three-year allocation of it represented a welcome positive shift in central funding for Rotherham. Was this funding expected to be available to the Council from April 2026? The Service Director of Financial Services confirmed that there was a specific settlement allocation over the three years, and the Council was due to receive an additional £8 million of funding for the financial year 2026-27.

Additionally, Councillor Yasseen asked a question around the reported savings in CYPS placements via the use of Special Guardianship Orders. Could more be done in this area to support and encourage the wider family members of relevant children to provide support in this way? The Service Director of Financial Services agreed that this was an area that CYPS were keen to drive forward as a more appropriate and cost-effective choice of placement for certain children. Increased use of Special Guardianship Orders was also being looked at nationally in reforms to CYPS social care.

Councillor Blackham asked whether the reserves position presented included recent changes regarding the write-down in social housing values. The Service Director of Financial Services explained that the social value housing write-down, which had been recently noticed in an external audit with Grant Thornton, would impact on capital financing reserves rather than corporate reserves.

Councillor Baggaley commented that the financial year 2028-29 was looking potentially very challenging and asked how service hoped to maintain a balanced position going into that year? The Service Director of Financial Services responded that that they were confident that the Council would be able to get to a balanced position in the next two financial years but acknowledged that it would be difficult to balance the budget for the financial year 2028-29 given the current predicted position of an almost £10.5 million deficit. It was expected that this position would improve over the course of the next two financial years due to continued progress in making savings in CYPS and Adult Social Care. Completion of the Business Rates review process in summer 2026 would hopefully leads to an improved business rates position moving forward which would assist with the pressures anticipated in 2028-29. The Service Director of Financial Services also commented that it was likely that the position

regarding the Fair Funding Review would change moving forward, so in many respects, the projection for that third year remained uncertain.

Councillor Steele asked whether the Council was sure that the predicted £22 million would come to the borough under the Fair Funding Review? The Service Director of Financial Services confirmed that they were confident that this would come to the borough as it had been announced by the government in the provisional settlement. However, the figure was provisional, and the final financial settlement would be announced after the setting of the 2026-27 budget and could be subject to further minor refinements after this date. There was the small possibility of challenge from those local authorities who felt they had lost out under the Fair Funding Review.

In a supplemental question, Councillor Steele asked at what point inflation could cause problems for the budget? The Service Director of Financial Services responded that this was tricky to predict as inflation is only one part of the budget. High inflation – e.g. climbing to double figures - would cause the Council huge problems and could require the need to make massive savings. However, the Council had experienced high inflation in recent years and had been able to work through this and produce some mitigations. The crux of the matter was how inflation could interact with pay and impact on service delivery.

The Chair thanked officers for their input and responses to members' questions.

Resolved: - That the Overview and Scrutiny Management Board:

1. Noted the Medium-Term Financial Strategy Update.

88. STRATEGIC COMMUNITY INFRASTRUCTURE LEVY (CIL) UPDATE

At the Chair's invitation, the Executive Director of Regeneration and Environment introduced the report which provided an update on the outcome of the 2025 bidding round for Strategic Community Infrastructure Levy (Strategic CIL) funding.

The Executive Director of Regeneration and Environment explained that Strategic CIL funding was a method to secure contributions from developers towards strategic infrastructure to support developments across the borough. CIL funding was separate to contributions from developers under section 106 agreements, which were used to counteract the impact of developments in a specific local area. The report summarised the application process which had taken place and recommended to Cabinet the allocation of £3 million to the Whiston Brook Flood Alleviation Scheme, which was the only project that fulfilled all of the criteria in this bidding round.

The Chair invited members of OSMB to raise questions and queries.

Councillor Allen complimented officers on the report, commenting that it was clear, concise and logical. Councillor Allen then asked whether the A57 Todwick roundabout project, which sat within her ward, would be carried forward to a future bidding round and enquired if there were any other avenues of funding that could be made available to that project?

Simon Moss, the Service Director of Regeneration and Environment responded that the Todwick roundabout had been considered for Strategic CIL funding in this round. However, the project had been costed at over £8 million, which took it over the £3 million threshold for Strategic CIL funding. This project would require other funding to bridge that funding gap, which would usually come from SYMCA or the Department for Transport (DfT). The Service Director explained that the current phase of SYMCA block funding for transport was coming to an end and that policy work would soon commence with SYMCA to inform a new local transport plan. This would hopefully provide a new five-year funding scheme that could be utilised for local projects. The Service Director confirmed that it could be challenging to make a strong business case for congestion schemes as they had not been a priority for the government. However, the council had previously submitted an expression of interest in respect of the Todwick roundabout to the DfT and would continue to seek any funding opportunities as they arose. In the meantime, the Todwick roundabout project would not be ruled out for other rounds of Strategic CIL funding.

Councillor Steele asked whether any additional funding could be put into the projects that were not successful in this bidding round and enquired what consultation would be undertaken with ward members regarding Strategic CIL funding?

The Executive Director of Regeneration and Environment confirmed that for those projects that did not meet the threshold on this occasion, the council would look at alternative funding streams, and it was anticipated that some projects would come back for future Strategic CIL bidding rounds. It would be expected that service providers would consult with ward members on projects within their areas – not all proposals had come from the council, some had been from the NHS and other external service providers. The Executive Director of Regeneration and Environment informed members that a review of the Strategic CIL assessment criteria was about to take place with the Chief Executive and section 151 Officer. Any proposed changes to the criteria would be reported via Cabinet, which would allow members the opportunity to provide any input.

Councillor McKiernan asked whether the Whiston Brook Flood Alleviation Scheme would be fully funded from the Strategic CIL money if approved, or would there be any other money going into it? The Executive Director confirmed that funding from the Environment Agency for this project was already confirmed and available so if the grant of the Strategic CIL funding to this scheme was approved by Cabinet, it would be 100%

funded.

Resolved: - That the Overview and Scrutiny Management Board supported the recommendation that Cabinet:

1. Approve the allocation of Strategic CIL funds to the Whiston Brook Flood Alleviation Scheme (£3,000,000).

89. WORK PROGRAMME

The Head of Democratic Services noted that the current work programme was presented in the report and informed members that the proposed Q&A session with Mayor Coppard for the February meeting was still awaiting confirmation. The Budget and Council Tax Report 2026-2027 was due to come to OSMB for pre-decision scrutiny in February's meeting, alongside the Inclusion Strategy and Annual Report.

The review on by-laws and life-saving equipment was underway and information from the Service Director for Community Safety and Street Scene had been received and circulated to members, which would enable the review to progress.

The Chair informed members of two potential reviews which could come to OSMB that he was currently monitoring, following receipt of satisfactory information from Service Directors. These reviews related to problems with bin collections and the Snow Warden Schemes. Both of these issues would be put on hold until the end of April, at which point it could be properly assessed whether the issues still warranted a formal review. The Chair also referred to a working group due to be established by Councillor Williams, which would look into grit bins and their placement across the borough. Scrutiny had been asked to have some input into this working group.

Resolved: - That the Work Programme be approved.

90. FORWARD PLAN OF KEY DECISIONS

Councillor Allen referred to the meeting of the Audit Committee which was due to take place that afternoon and commented that one risk that consistently appeared on the council's risk register was around climate change. Councillor Allen was aware that the Climate Emergency Annual Report was due to be presented to the Improving Places Select Commission but requested that it come to OSMB. The Head of Democratic Services confirmed that the Climate Emergency Annual Report was on the forward plan of key decisions for Cabinet and that OSMB could consider it as a pre-decision item. The Chair commented that an additional meeting may be required to cover the additional items of pre-decision scrutiny as the scheduled 4th February meeting was likely to already be very busy with consideration of the budget, which would take priority.

The Head of Democratic Services outlined the forward plan for February, including reports on: the Rotherham Baby Packs: Outcomes and Future Commissioning; the Local Authority Better Care Fund 2025-26 Discharge Grant Commitments; SEND Sufficiency Strategy; Business Rates Discretionary Relief Renewals 2026-27; Climate Emergency Annual Report; Rotherham Markets & Library Update; and Rotherham Gateway – Progress to Full Business Case.

Resolved: - That the Overview and Scrutiny Management Board:

1. Agreed that the following items would be added to the work programme for February 2026 as part of OSMB's pre-decision scrutiny work:
   - Climate Emergency Annual Report;
   - Rotherham Baby Packs: Outcomes and Future Commissioning;
   - Rotherham Markets & Library Update; and
   - Inclusion Strategy & Annual Report.

2. Agreed that OSMB should add an additional meeting to the work programme in the first week of February to consider the above pre-decision items. This would ensure that the scheduled Wednesday 4 February 2026 meeting could be dedicated to the planned Q&A Session with Mayor Coppard and pre-decision scrutiny of the Budget and Council Tax Report 2026-27.

3. Agreed that the Head of Democratic Services would liaise with officers and Members to agree a suitable date for the additional February OSMB meeting.

91. SOUTH YORKSHIRE MAYORAL COMBINED AUTHORITY OVERVIEW AND SCRUTINY COMMITTEE

The Chair reported that there was nothing to update from the South Yorkshire Mayoral Combined Authority, as no formal meeting had taken place since the last OSMB meeting. The Chair commented that the minutes to the last meeting of the SYMCA Overview and Scrutiny Committee in November were available to members to review.

92. CALL-IN ISSUES

There were no call-in issues.

93. URGENT BUSINESS

There were no urgent items.

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Rotherham Metropolitan Borough Council

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet 09 February 2026

Report Title
Rotherham Baby Pack: Outcomes and Future Commissioning

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

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

Report Author(s)
Anne Charlesworth, Head of Public Health Commissioning
Anne.charlesworth@rotherham.gov.uk

Michael Ng, Strategic Commissioning Manager
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Ward(s) Affected
Borough-Wide

Report Summary

To report on the progress of the Rotherham Baby Pack Scheme pilot and to seek approval to recommission the scheme for a further period of up to four years.

Recommendations

That Cabinet:

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

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

List of Appendices Included

Appendix 1 – The Rotherham Baby Pack Scheme Report - Obtaining parents' views and feedback exercise

Appendix 2 – Equality Analysis Form

Appendix 3 – Climate Impact Assessment

Background Papers

Proposed Revenue Investments

Decision - The Rotherham Baby Pack Scheme - obtaining parents' views and feedback exercise - Rotherham Council)

Consideration by any other Council Committee, Scrutiny or Advisory Panel
No

Council Approval Required
No

Exempt from the Press and Public
No

Rotherham Baby Pack: Outcomes and Future Commissioning

1. Background

1.1 On 28 February 2024, Council approved the Budget for 2024/25, including provision to undertake an open procurement to identify a supplier to provide baby packs to ensure every family has access to essential items from the beginning of a child's life.

1.2 The Rotherham Baby Pack Scheme aims to promote a fair and equal start for all children as an aid in supporting the best possible outcomes for all Rotherham's children, with intended benefits including:

- Reducing socio-economic and health inequalities by encouraging registration with family hubs.
- Enabling information sharing to promote targeted engagement when families may benefit from additional help and support.
- Information on how to access Council Start for Life services via Family Hubs.

1.3 The intention of the Rotherham Baby Pack Scheme was for it to become a cornerstone of Rotherham's commitment to ensuring that every child in Rotherham gets the best possible start in life, by providing families with the essential items they need from birth.

1.4 Following a competitive tender process, Field Management Ireland (FMI) was awarded the Single Provider Framework Agreement in November 2024. The initial contract covers the supply and delivery of up to 5,600 baby packs, with a maximum annual value of £720,000 over two years, ending on 14 November 2026.

1.5 Registration of expectant mothers commenced on 6 January 2025 for babies due on or after 7 April 2025. The first packs were distributed the week commencing 24 March 2025.

1.6 **Registration Pathways**

Three registration routes are available for the Rotherham Baby Pack Scheme: expectant mothers are offered a pack on or around their 25-week appointment with Maternity Services at The Rotherham NHS Foundation Trust (TRFT). Any expectant mother not registered through midwifery can do so when registering the birth at Riverside House.

Rotherham residents receiving maternity care outside the Borough can be registered by the baby pack provider once their midwife confirms pregnancy.

1.7 **Performance**

From 10 January 2025 to September 2025:

	Jan – Mar*	April - Jun	Jul – Sept	Total
Registrations	324	604	659	1587
Uptake Rate	69%	86%	94%	85%
Delivered	82	749	756	1587

**Registrations of expectant mothers commenced on 6 January 2025 for babies due on or after 7 April 2025. The first packs were distributed the week commencing 24 March 2025.*

1.8 The average birth rate over the previous three years is 2,800 per annum. The current uptake rate is between 90% to 95%. As this is a universal offer the packs will continue to be offered to all expectant mothers.

1.9 At the end of September 2025, 100% of Rotherham Baby Packs had been delivered to Rotherham families who had requested them (Council Plan 2025-30).

2. Key Issues

2.1 Recipient feedback

In September 2025, Rotherham Council undertook its first survey of recipients of the Rotherham Baby Pack Scheme to obtain feedback on user experience and impact.

2.2 The survey indicates that the baby packs are highly valued by expectant parents with 99% of respondents indicating that they would recommend it to others. Satisfaction levels are exceptionally high with an average rating of 4.82 out of 5 for pack quality and 4.87 for the registration process. Respondents consistently highlighted the financial relief provided by the pack, with 78% agreeing it helped save money, and 80% noted its role in raising awareness of Family Hubs and local support services.

2.3 Key Findings

The full survey report is included as Appendix 1. A summary is set out below:

2.4 Overall Satisfaction: Strong endorsement of the scheme quality and ease of access:

- 99% would recommend the Baby Pack (Q1).
- Quality rating: 4.82/5 (Q8).
- Registration process: 4.87/5 (Q3).
- Leaflet usefulness: 4.17/5 (Q13).

One respondent noted: *"There are a wide range of really useful and clearly carefully considered items that will help any new parent. The box far exceeded my expectations, and I think it is a wonderful and helpful asset to any new parent."* – The Rotherham Baby Pack Scheme - obtaining parents' views and feedback exercise 2025.

2.5 Financial Impact: Rotherham ranks among the 14% most deprived local authorities in England, making financial relief a critical outcome:

- 78% agreed or strongly agreed the pack saved them money (Q9).
- 72% cited financial savings as the top benefit (Q16).

One respondent noted: *"It had everything I needed including some expensive items like nipple cream and baby play mat. It's also made a great storage box for baby items that I want to keep, and the top is a cute design that adds to the sentimental vibe. I'm a first-time parent so it was nice to get things I hadn't thought of. I'm still waiting to use bits like the safety stuff, so it keeps on giving."* – The Rotherham Baby Pack Scheme - obtaining parents' views and feedback exercise 2025.

2.6 Information and Awareness: While most families gained new knowledge, existing parents reported less benefit, suggesting the need for tailored content:

- 80% reported they had learned about Family Hubs/Children's Centres as a result of receiving the baby pack (Q3).
- 76% felt informed before arrival; 24% did not (Q5).
- Leaflet impact: 75% rated the leaflet positively (Q13).

One respondent noted: *"I think it helps make sure every child has the same essentials they need. I also liked that it provided mums with post-partum essentials. As a first-time mum, it was really useful. I think it's better than a monetary voucher as you cannot guarantee people would spend that on their baby."* – The Rotherham Baby Pack Scheme - obtaining parents' views and feedback exercise 2025.

2.7 Engagement with Professionals: There is opportunity to strengthen links with health professionals but overall, the survey suggests this is already positive in the main:

- 36% said the pack encouraged them to speak more with midwives/health visitors (Q14), with 42% saying they were already comfortable speaking with their midwives/health visitors.

One respondent noted: *"The value inside was great. Babies are expensive and this bundle has every essential item included, if you're struggling to get everything ready it's a perfect help!"* – The Rotherham Baby Pack Scheme - obtaining parents' views and feedback exercise 2025.

2.8 Delivery and Access: Home delivery remains essential, but earlier distribution and clearer communication could maximise benefits:

- 66% prefer home delivery; only 5% say they would collect from a Family Hub (Q7).
- Improvement priorities: timing of delivery and awareness were dominant themes (Q17).

One respondent noted: *“really appreciated this gesture from the Council. As a first-time parent it was so nice to receive such warmth to little baby, not just the baby but the fact that there was little packages for mom herself was very thoughtful. I think it would be great if this continues and gets offered in the long-term run.”* – The Rotherham Baby Pack Scheme - obtaining parents' views and feedback exercise 2025.

2.9 **Areas for improvement**

While feedback was overwhelmingly positive, several areas for improvement were identified. The most common suggestions relate to earlier delivery of the pack, clearer communication about its contents, and increased promotion of the scheme to ensure wider awareness. Individual respondents will not be aware of the high take-up rate and are therefore recommending it to others.

2.10 These issues are being addressed by:

- Enhanced communication: details about the contents of the baby pack will be included in the registration email to improve clarity and manage expectations.
- Earlier distribution: The current provider, FMI is willing to trial sending the baby pack approximately six weeks before the expected due date, allowing families more time to prepare.
- Updated materials: The *Start for Life* leaflet is being refreshed for Year 2 of the pilot to ensure relevance and accessibility.
- Expanded promotion: Communications will be increased across all channels to raise awareness of the scheme and its benefits.

2.11 These actions aim to enhance the scheme’s impact further, reduce duplication of purchases for parents, and strengthen engagement with local support services. This baseline survey provides a strong foundation for measuring progress and evaluating the effectiveness of any changes in the next survey, which is planned for September 2026.

3. Options considered and recommended proposal

3.1 **Option 1 - Recommended:** To recommission the baby pack scheme for up to a further four years with the annual budget of £410,000 plus yearly CPI increases.

3.2 As with the previous tender, prospective suppliers will be asked to submit their best product and offer within the available budget. The intention will be to ensure the baby pack contains the items and quality, as experienced during the pilot period. This will include the supply of a sample box for evaluation.

3.3 Potential price rises will be mitigated as the supplier will be required to commit to the price of the pack.

3.4 **Option 2 – Not Recommended:** To end the baby pack scheme when the current contract expires. The scheme is meeting its initial aims and is well regarded by parents and professionals.

4. Consultation on proposal

4.1 A feedback exercise with parents has been completed and detailed in section 2 of the Cabinet report.

5. Timetable and Accountability for Implementing this Decision

5.1 Subject to Cabinet approval, the tender will be advertised in April 2026, allowing 12 months to secure a provider partner and facilitating sufficient time to set up a registration and delivery system, and source the products and packaging which was key feedback from the initial procurement exercise.

5.2 The current provider, FMI, will continue the registration process for boxes until the contract ends in November 2026 and will then honour those orders with existing stock until 31 March 2027. (This is due to the planned 10-week lapse between registering for a pack and delivery).

6. Financial and Procurement Advice and Implications

6.1 The procurement for the supply of baby packs will be undertaken in compliance with the Council's Financial and Procurement Procedure Rules and the Procurement Act 2023.

6.2 The budget available for the baby packs from 2026/27 will be £410,000 per year. This is an increase of £50,000 and reflects the increase needed to provide the same quality and number of items in the pack. This will increase in line with inflation over the course of the contract.

7. Legal Advice and Implications

7.1 Legal Services has been involved throughout this project and have provided advice as and when required.

7.2 There are no further legal implications raised by this Cabinet report.

8. Human Resources Advice and Implications

8.1 There are no Human Resource implications in relation to this scheme. There are no Council staff employed as a result of the Rotherham Baby Pack scheme.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The Rotherham Baby Pack scheme is an initiative that aims to give all children in the Borough a fair and healthy start in life. By providing mother and baby essentials and connecting families with support services through

the Family Hubs and 'Start for Life' booklet, the scheme will continue to reduce inequalities and improve early childhood outcomes and development.

9.2 There has been collaboration between Public Health, Children and Young People's Services (CYPS) and TRFT throughout the development of the scheme.

9.3 The Scheme aligns to Rotherham's Health and Wellbeing Strategy and the commitment in Rotherham's Integrated Health and Social Care Place Plan to enable a strong start in life for children and young people. This also supports the aim in both the Rotherham Together Partnership Plan and the Rotherham Council Plan to ensure that children get the best start in life.

10. Equalities and Human Rights Advice and Implications

10.1 The Rotherham Baby Pack scheme is a universal offer for all children, families and babies born in Rotherham.

10.2 An Equality Analysis Form – Part B has been completed and accompanies this report at Appendix 2.

11. Implications for CO2 Emissions and Climate Change

11.1 The Climate Impact Assessment (Appendix 3) acknowledges the potential environmental implications of the scheme. The proposals will be assessed at the tender stage. This will ensure alignment with the Council's strategic commitment to environmental protection, sustainability, and ethical practice. These commitments will be actively monitored and managed through robust contract management processes to mitigate any adverse impact.

12. Implications for Partners

12.1 The key partners include Public Health, CYPS and TRFT. There will be increased engagement between Public Health, midwifery and Health Visiting services (TRFT) and Family Help.

12.2 Partners are engaged and committed to developing and participating in the Rotherham Baby Pack scheme.

12.3 Partners will be involved in implementing the Rotherham Baby Pack scheme with a Memorandum of Understanding (MOU) and Standard Operating Procedure (SOP) in place with TRFT, as well as Service Level Agreements (SLAs) with internal Council departments, e.g. Registrars of births, deaths, marriages and civil partnerships.

13. Risks and Mitigation

13.1 The baby pack scheme experienced increased item costs in year 2 due to inflation and global supply chain challenges.

13.2 If the recommendation to recommission is approved, a detailed tender specification will be provided that clearly defines quality standards, the same pack contents, and delivery expectations. This will ensure suppliers are contractually bound to maintain quality within the agreed budget.

13.3 Potential price rises will be mitigated as the supplier will be required to commit to the price per pack.

14. Accountable Officers

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

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	21/01/26
Executive Director of Corporate Services (S.151 Officer)	Judith Badger	20/01/26
Service Director of Legal Services (Monitoring Officer)	Phil Horsfield	19/01/26

Report Author:
Anne Charlesworth, Head of Public Health Commissioning
Anne.charlesworth@rotherham.gov.uk

Michael Ng, Strategic Commissioning Manager
Michael.ng@rotherham.gov.uk

This report is published on the Council's website.

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Appendix 1

1 The Rotherham Baby Pack Scheme Report - obtaining parents' views and feedback exercise

1.1 Introduction

In September 2025, Rotherham Council undertook its first survey of recipients of the Rotherham Baby Pack Scheme to establish a baseline of user experience and impact. With a response rate of **28%** (297 out of 1,070), the findings indicate high levels of satisfaction, strong support for the scheme, and clear evidence of financial and informational benefits. This report summarises key insights and highlights areas for improvement to guide future delivery and engagement.

Following the publication of an Officer Decision on 16 September 2025 (Decision - The Rotherham Baby Pack Scheme - obtaining parents' views and feedback exercise - Rotherham Council):

Context

- This is the first survey sent to mothers and will serve as a baseline.
- The survey was sent to people who received a baby pack in the first 6 months when the service was mobilising.
- The baby packs are sent out four weeks before the expected due date, provided at the 25-week maternity check
- The number of first-time births for England is, on average, around 47%

1.2 Overall Conclusion

The baseline survey reveals that the Rotherham Baby Pack Scheme is highly valued by expectant parents, with **99%** of respondents indicating that they would recommend it to others. Satisfaction levels are exceptionally high, with an average rating of **4.82** out of 5 for pack quality and **4.87** for the registration process. Respondents consistently highlighted the financial relief provided by the pack, with **78%** agreeing it helped save money, and many, **80%** noted its role in raising awareness of Family Hubs and local support services.

While feedback was overwhelmingly positive, several areas for improvement were identified. The most common suggestions relate to earlier delivery of the pack, clearer communication about its contents, and increased promotion of the scheme to ensure wider awareness, as individual respondents won't be aware of the high take-up rate and are therefore recommending it to others. Addressing these issues will enhance the scheme’s impact, reduce duplication of purchases, and strengthen engagement with local support services. This baseline provides a strong foundation for measuring progress and evaluating the effectiveness of any changes in the next survey cycle.

1.3 Key Insights

1. **High Satisfaction & Recommendation**
    - Nearly all respondents would recommend the pack.
    - Quality and registration process scored very high.
2. **Impact on Financial Support**
    - Strong agreement that the pack saved money, especially during cost-of-living challenges.
3. **Awareness & Engagement**
    - Significant increase in awareness of Family Hubs and local support services.
    - Encouraged conversations with professionals for some parents.

1.3.1 Themes Identified:

Themes identified from the open text responses.

- **Essential Items** (62 mentions): Parents value having all the basics in one place.
- **Support for Parents** (41 mentions): Especially helpful for first-time or low-income families.
- **Variety and Quality** (35 mentions): Appreciated the diversity and quality of items.
- **Cost Saving** (26 mentions): Helps reduce financial burden.
- **Surprise and Delight** (13 mentions): Positive emotional response to quality and thoughtfulness.
- **Convenience** (11 mentions): The pack makes preparation easier.

1.4 Key Findings by Theme

1. Overall Satisfaction

- **99%** would recommend the Baby Pack (Q1)
- Quality rating: **4.82/5** (Q8)
- Registration process: **4.87/5** (Q3)
- Leaflet usefulness: **4.17/5** (Q13)

"These boxes are well thought out and equipped with many essentials for both baby and mother. They encompass everything to aid new family life, and I imagine this is a huge lifeline for many families."

Insight: Strong endorsement of scheme quality and ease of access.

1.5 Financial Impact

- **78%** agreed or strongly agreed the pack saved them money (Q9)
- **72%** cited financial savings as the top benefit (Q16)

"The value inside was great. Babies are expensive, and this bundle has every essential item included. If you're struggling to get everything ready, it's a perfect help!"

Context: Rotherham ranks among the 14% most deprived local authorities in England, and 22,000 of our children live in the most income deprived neighbourhoods in England, making financial relief a critical outcome.

1.6 Information & Awareness

- **76%** felt informed before arrival of the baby pack; **24%** did not (Q5)
- Leaflet impact: **75%** rated leaflet positively (Q13)

"It had everything I needed, including some expensive items like nipple cream and a baby play mat. It's also made a great storage box for baby items that I want to keep, and the top is a cute design that adds to the sentimental vibe. I'm a first-time parent, so it was nice to get things I hadn't thought of. I'm still waiting to use bits like the safety stuff so it keeps on giving"

Insight: While most families gained new knowledge, multiparous parents reported less benefit, suggesting the need for tailored content in the Best Start in Life leaflet.

1.7 Engagement with Professionals

- **36%** said the pack encouraged them to speak more with midwives/health visitors (Q14), with 42% saying they were already comfortable speaking with their midwives/health visitors.

"The pack was really well designed with all the essentials we needed. In particular, the breast pads and nipple cream, as I had been dubious about my ability to breastfeed, so hadn't stocked up as well as I should have done - having the pack arrive just after we left hospital with these must-haves was a lifesaver!"

Insight: Positive impact—opportunity to strengthen links with health professionals.

1.8 Delivery & Access

- **66%** prefer home delivery; only **5%** would collect from a Family Hub (Q7)
- Improvement priorities: timing of delivery and awareness were dominant themes (Q17)

"The baby pack included items that I hadn't even thought of getting, but helped me greatly after the birth of my child".

Insight: Home delivery remains essential, but earlier distribution and clearer communication could maximise benefits."

1.9 Changes to the Scheme

While feedback was overwhelmingly positive, several areas for improvement were identified. The most common suggestions relate to earlier delivery of the pack, clearer communication about its contents, and increased promotion of the scheme to ensure wider awareness. Recognising that individual respondents will not be aware of the high take-up rate, and are therefore recommending it to others.

These issues will be addressed by:

- **Enhanced communication**: details about the contents of the Rotherham Baby Pack will be included in the registration email to improve clarity and manage expectations.
- **Earlier distribution**: The current provider, FMI, is trialling sending the Baby Pack approximately six weeks before the expected due date, allowing families more time to prepare.
- **Updated materials**: The *Start for Life* leaflet has been refreshed for Year 2 of the pilot to ensure relevance and accessibility.
- **Expanded promotion**: Communications will be increased across all channels to raise awareness of the scheme and its benefits.

These actions aim to enhance the scheme's impact, reduce duplication of purchases for parents, and strengthen engagement with local support services. This baseline provides a strong foundation for measuring progress and evaluating the effectiveness of any changes in the next survey, which is planned for September 2026.

2 Survey Results:

Based on the survey response rate of **297** out of **1070**, and assuming a standard margin of error of **5%**, the estimated confidence level is **95%**.

Benchmarking

Below are benchmarking percentages from patterns used in previous UK public sector surveys (link) and are being used as a guide throughout this report.

Category	Typical Range	Interpretation
Strongly Agree/5 Stars	30-45%	Excellent
Agree//4 Stars	25-40%	Strong
Neutral/3 Stars	10-20%	Normal
Disagree/Strongly Disagree / 1or 2 Stars	<15%	Low

Current Performance

For context the table below shows the registrations and uptake rate of the scheme, Registrations for baby packs commenced in mid-January for mothers who had a due date on or after the 7th of April 2025.

	Jan – Mar*	April - Jun	Jul – Sept	Total
Registrations	324	604	659	1587
Target	467	700	700	1867
Uptake Rate	69%	86%	94%	85%
Delivered**	82	749	756	1587

*From January to March, the service was mobilising the registration pathways.

** Mothers are registered 3 months before their due date, with the first deliveries taking place in March 2025.

At the end of September 2025, **100%** of Rotherham Baby Packs have been delivered to Rotherham families who have requested them (Council Plan 2025-30).

Delivery

For context, the table below shows the number and percentage of boxes delivered. The first boxes were only available for delivery from mid-March, resulting in a shorter delivery window for mothers with due dates in April 2025.

Delivered	Number	%	Comments
5 weeks	731	65%	Variance in weeks is due to most deliveries leaving the depot on a Tuesday
4 weeks	309	28%	
3 weeks	32	3%	Most of these had a delivery due date in April

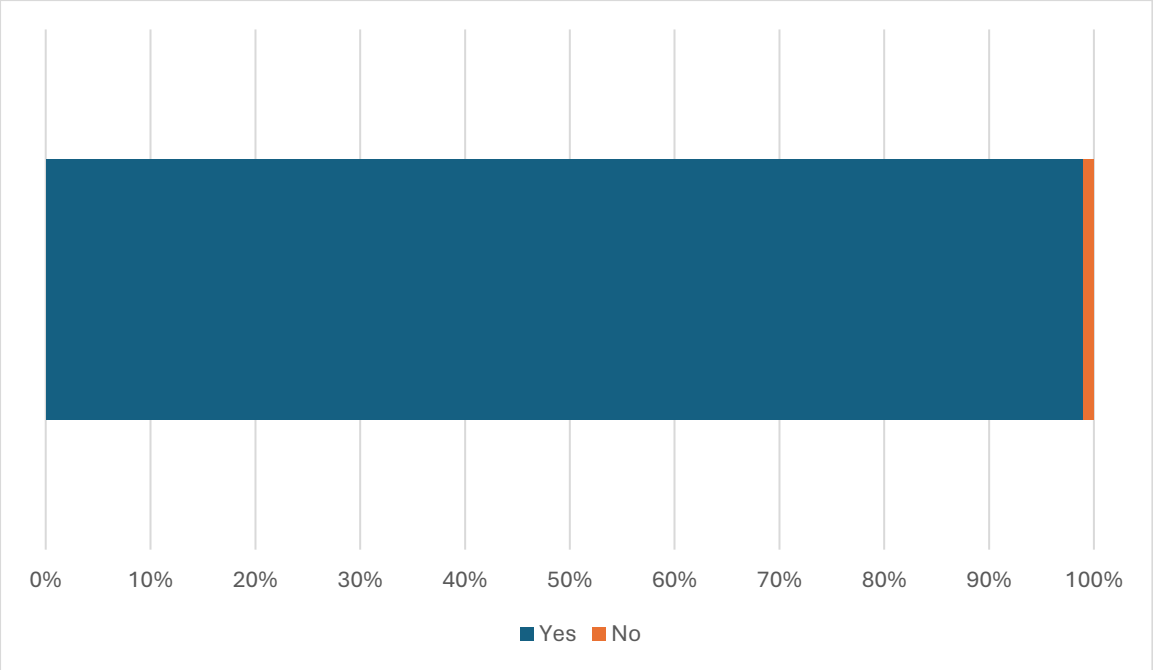
2 week	28	3%	All these had a delivery due date in April
1 week >	19	2%	All these deliveries had a due date before the 4th of April
Total	1119	100%	

93% of recipients received their box 4 or 5 weeks before their provided due date.

6% had their box delivered 2 to 3 weeks before their due date; all of the due dates were in April when the scheme was mobilising, and it was not possible to deliver 4 weeks before the provided due date.

There are 19 **(2%)** cases where the pack was delivered one week or less before the due date. The records show that recipients were registered as mothers before the 4th of April 2025 and then deviated from the guidance; many of these were due dates in March, and when the service was first launched.

2.1 Q1. Would you recommend the Rotherham Baby Pack to other expectant parents?



Of those who responded, **99%** indicated they would recommend the Rotherham Baby Pack to other expectant parents, while only **1%** (3 respondents) said they would not. This overwhelmingly positive feedback demonstrates strong user satisfaction and suggests recipients highly value the scheme.

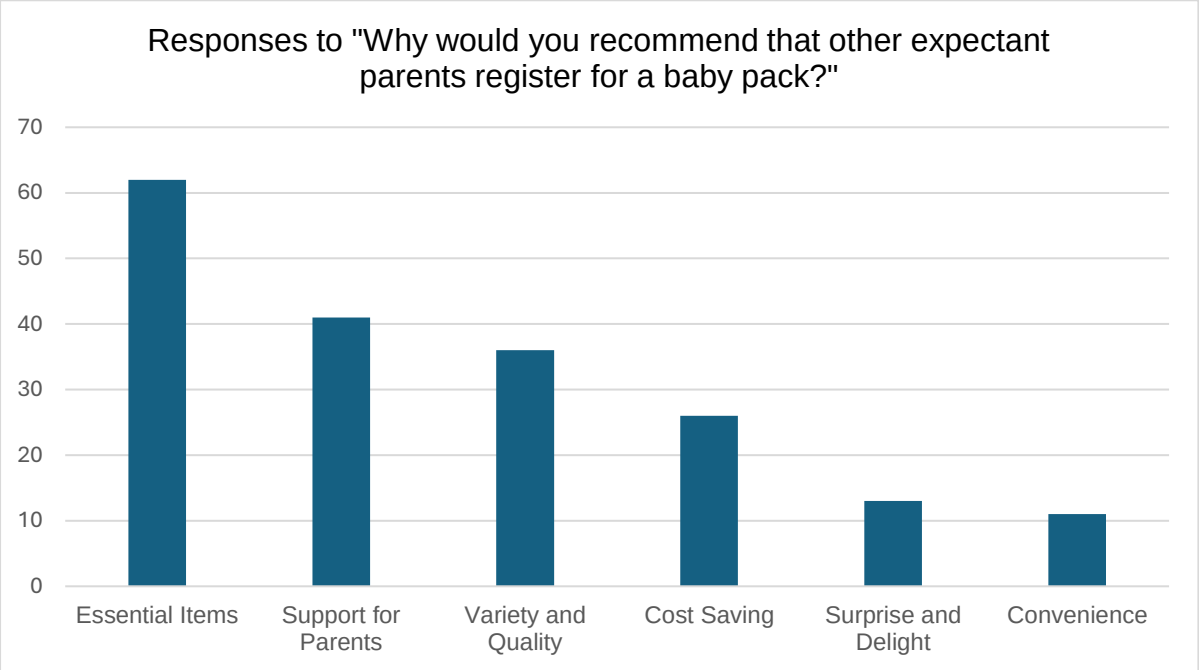
2.2 Q2. Why would you recommend that other expectant parents register for a baby pack?

A thematic analysis was conducted on the responses from Q2, with **247** parents choosing to participate after responding “yes” to Q1.

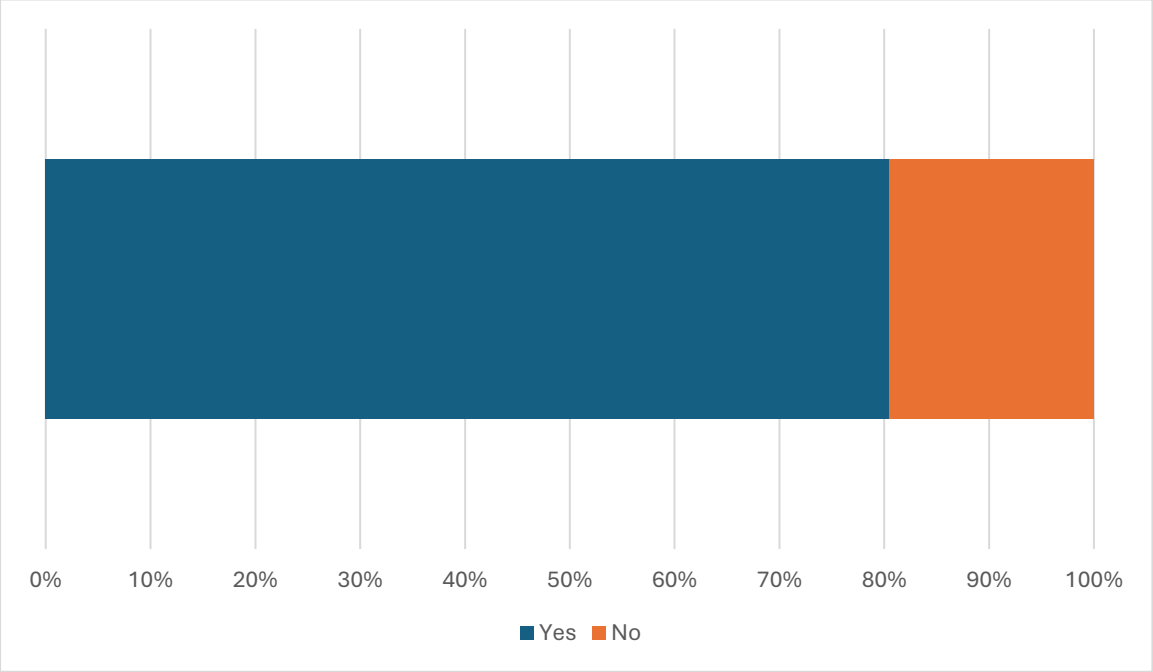
Top Themes Identified:

- **Essential Items** (62 mentions): Parents value having all the basics in one place.
- **Support for Parents** (41 mentions): Especially helpful for first-time or low-income families.
- **Variety and Quality** (35 mentions): Appreciated the diversity and quality of items
- **Cost Saving** (26 mentions): Helps reduce financial burden.
- **Surprise and Delight** (13 mentions): Positive emotional response to quality and thoughtfulness.
- **Convenience** (11 mentions): The pack makes preparation easier.

Theme	Frequency
Essential Items	62
Support for Parents	41
Variety and Quality	36
Cost Saving	26
Surprise and Delight	13
Convenience	11

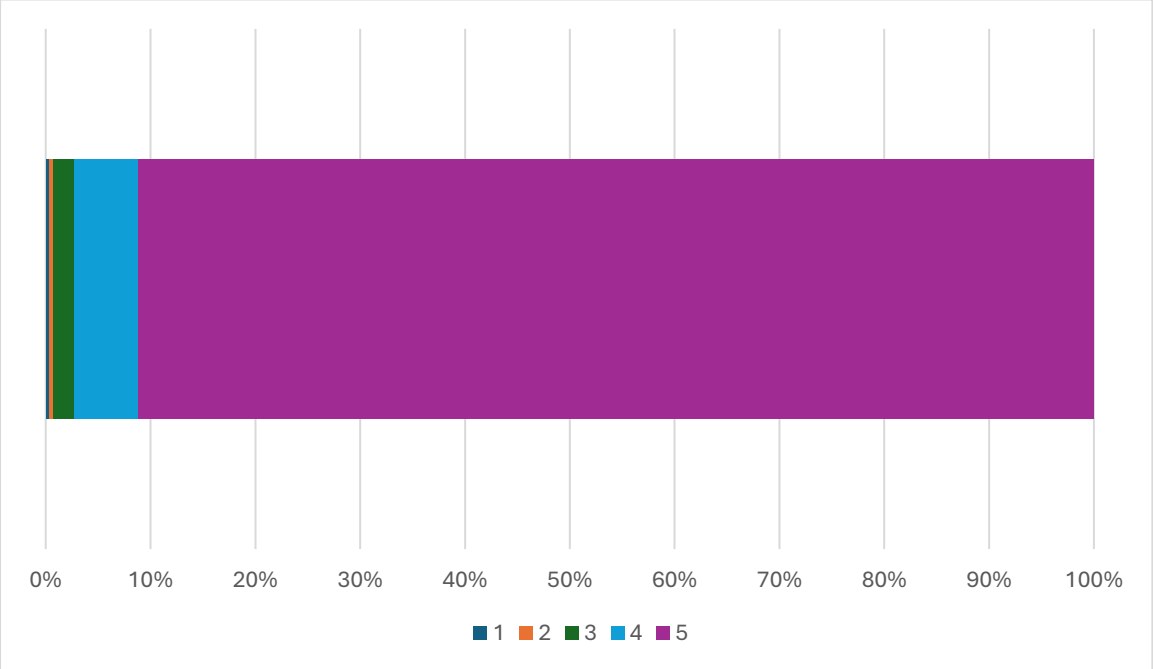


2.3 Q3. As a result of receiving a baby pack, have you learned about Family Hubs / Children's Centres?



Of those who responded, **80%** reported they had learned about Family Hubs/Children's Centres as a result of receiving the baby pack, while **20%** had not. This indicates that the baby pack is an effective channel for increasing awareness of local early years support services.

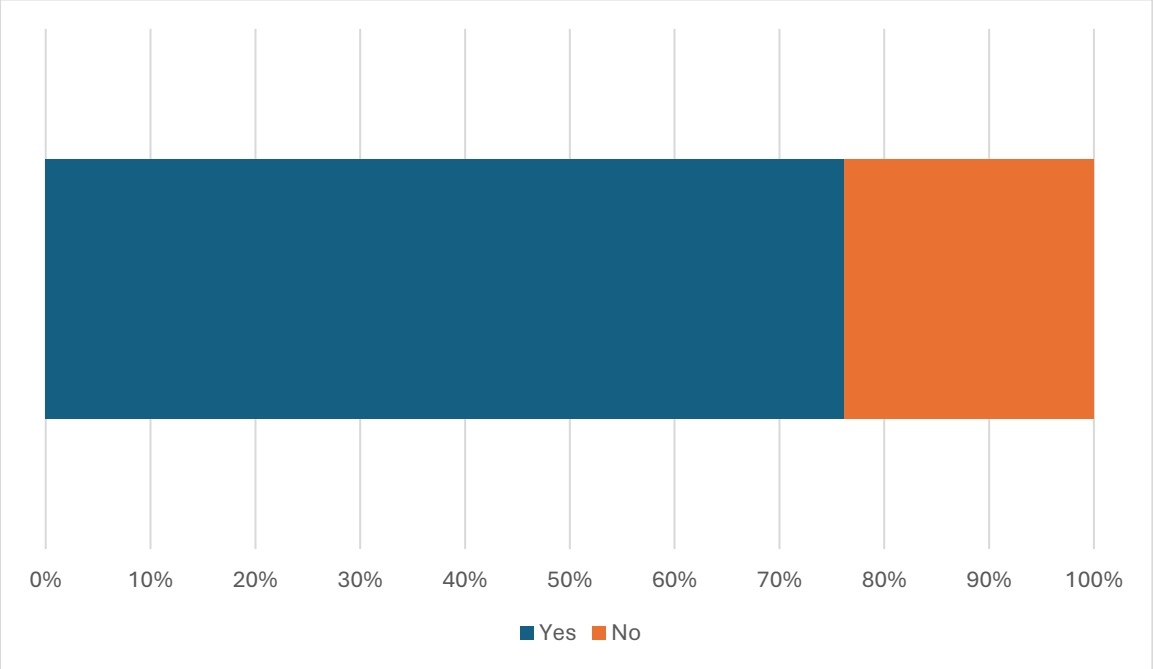
2.4 Q4. On a scale of 1 to 5 stars, how would you rate your experience with registering for the baby pack?



The registration process received a **weighted average of 4.87 out of 5**.

91% awarded **5 stars**, **6%** gave **4 stars**—meaning **97%** rated the process **4 or 5 stars**. Only **1%** gave **1–2 stars**, and **2%** selected **3 stars**. This indicates the registration process is performing strongly and is well-regarded by recipients.

2.5 Q5. Before your baby pack arrived, did you have enough information about it?



76% felt they had enough information about the baby pack before it arrived, while **24%** did not. This suggests that while most recipients were well-informed, there is an opportunity to improve pre-delivery communication to ensure all families receive clear and timely information.

2.6 Q6. What would you have liked to know more about? (Please select all that apply)

Question 6 was a follow-up question for recipients who selected “no” to question 5

Among respondents who indicated they did not have enough information before receiving the baby pack (linked to Question 5), **62 people** answered this question. The most common area for improvement was:

- **“What would be in the pack”** was selected by **77% (48 respondents)**.

Other key areas included

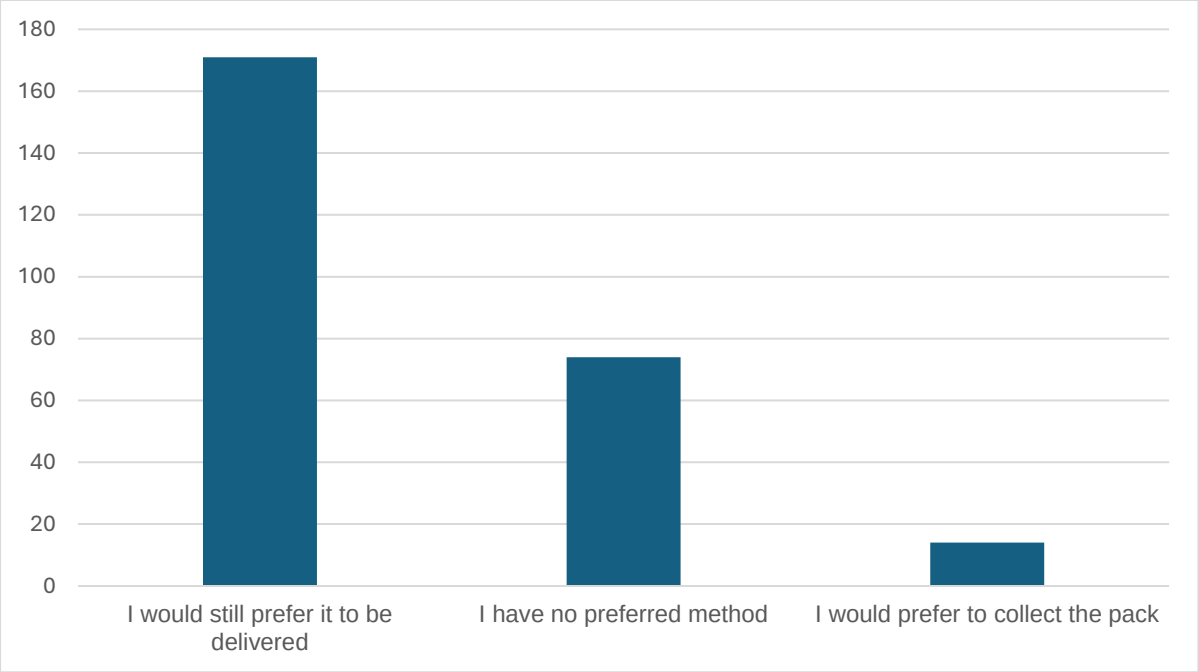
- **“When the pack would be delivered” 37%,(23 respondents**),
- **“The purpose of the Baby Pack Scheme” 37%, (23 respondents**),
- **“How the pack would be delivered” 23%, (14 respondents**).

Additionally,

- **15% (9 respondents)** provided other comments, highlighting issues such as lack of awareness, limited promotion, and reliance on midwives or registration officers for information.

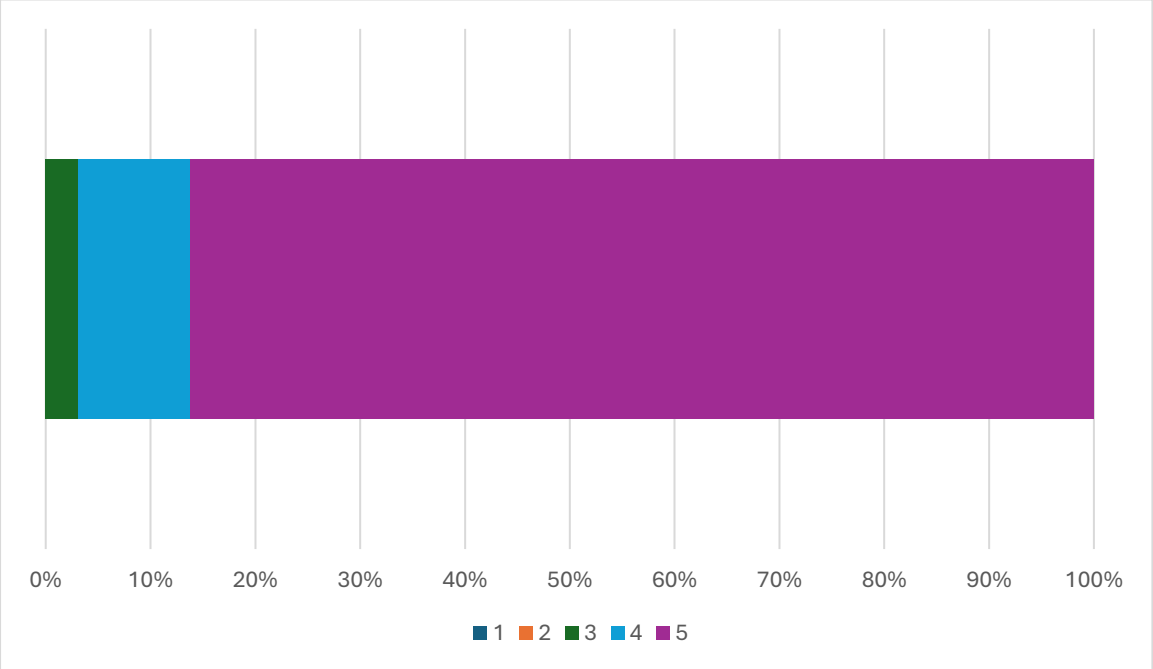
This suggests a need for clearer communication about contents, purpose, and delivery timelines to improve user experience.

2.7 Q7. The Rotherham Baby Pack is currently delivered to your home. If a collection option were available from a local Family Hub (e.g., Swinton, Eastwood, or Maltby) open Monday to Friday, 10 am to 4 pm, what would you be most likely to do?



The majority, **66%**, stated they would still prefer home delivery. **29%** had no preferred method, while only **5%** indicated they would prefer to collect the pack from a Family Hub. This suggests that maintaining home delivery as the primary method is important for user convenience, though offering a collection option could provide flexibility for some families.

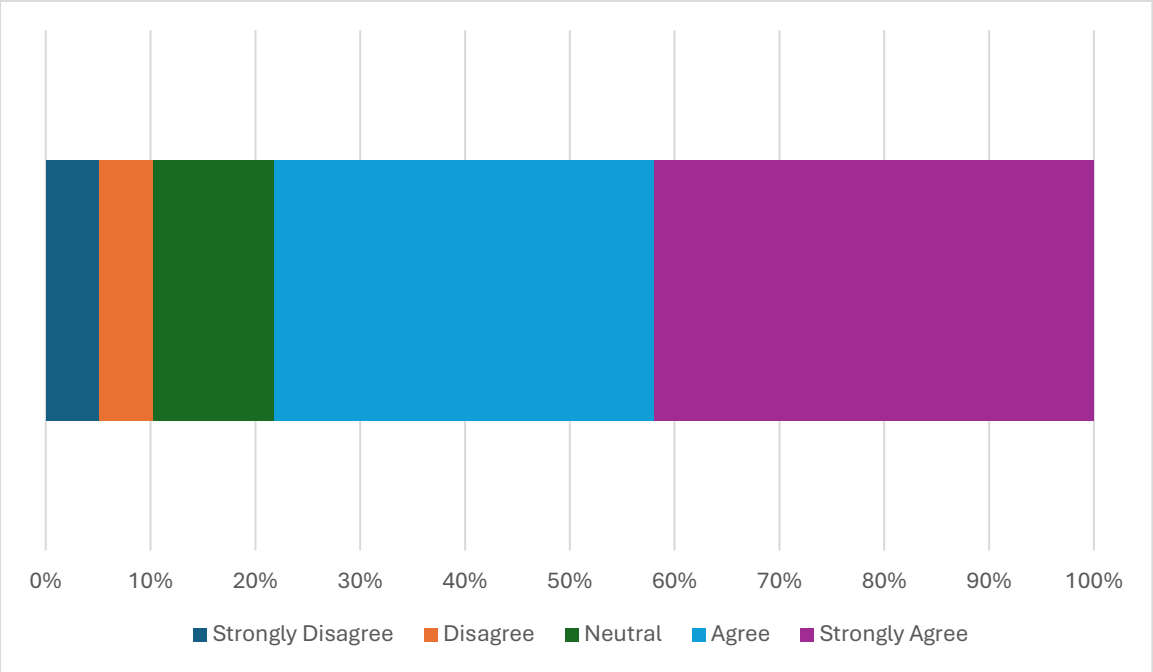
2.8 Q8. Overall, how would you rate the quality of the baby pack and its contents?



The baby pack received a **weighted average rating of 4.82 out of 5**. A significant majority, **86%**, rated the pack **5 stars**, and **11%** gave **4 stars**, meaning **96%** rated the pack positively (4 or 5 stars). Only **4%** rated it **3 stars** and there were no 1- or 2-star ratings.

This demonstrates exceptionally high satisfaction with the quality and contents of the Rotherham Baby Pack.

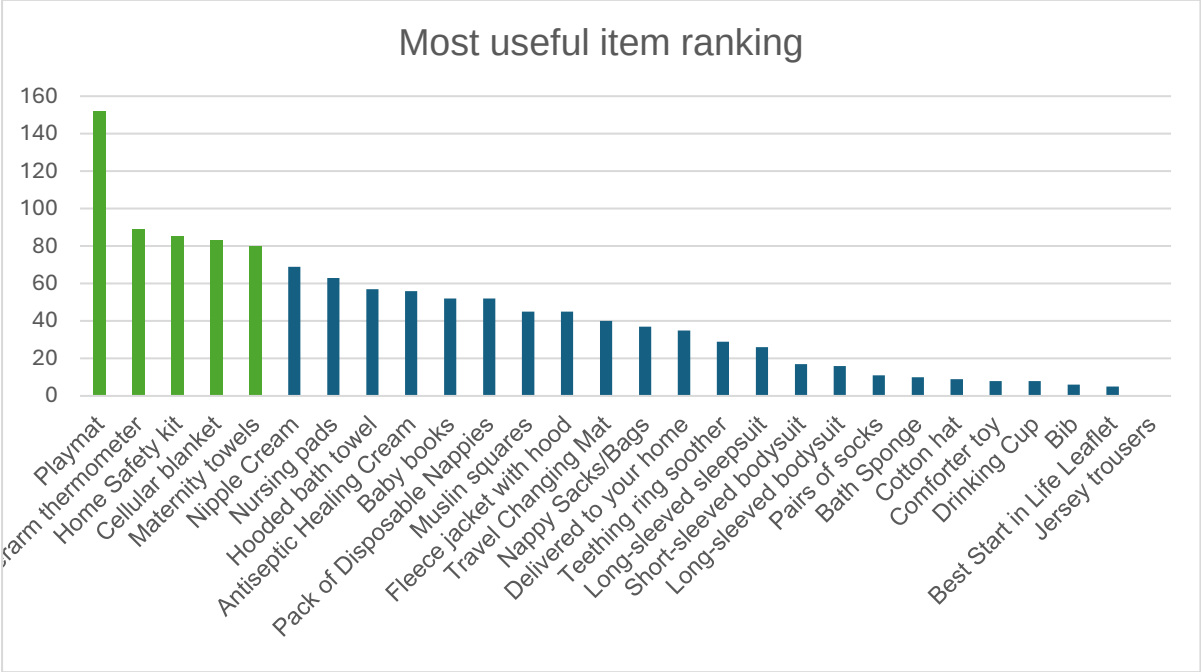
2.9 Q9. Thinking about the items in the baby pack, how strongly do you agree or disagree with this statement: "Receiving the baby pack saved me money."



The majority agreed with the statement: **42%** strongly agreed and **36%** agreed, meaning **78%** felt the Rotherham Baby Pack saved them money. **12%** were neutral, while **10%** disagreed or strongly disagreed. This indicates the scheme is delivering tangible financial benefits for most families.

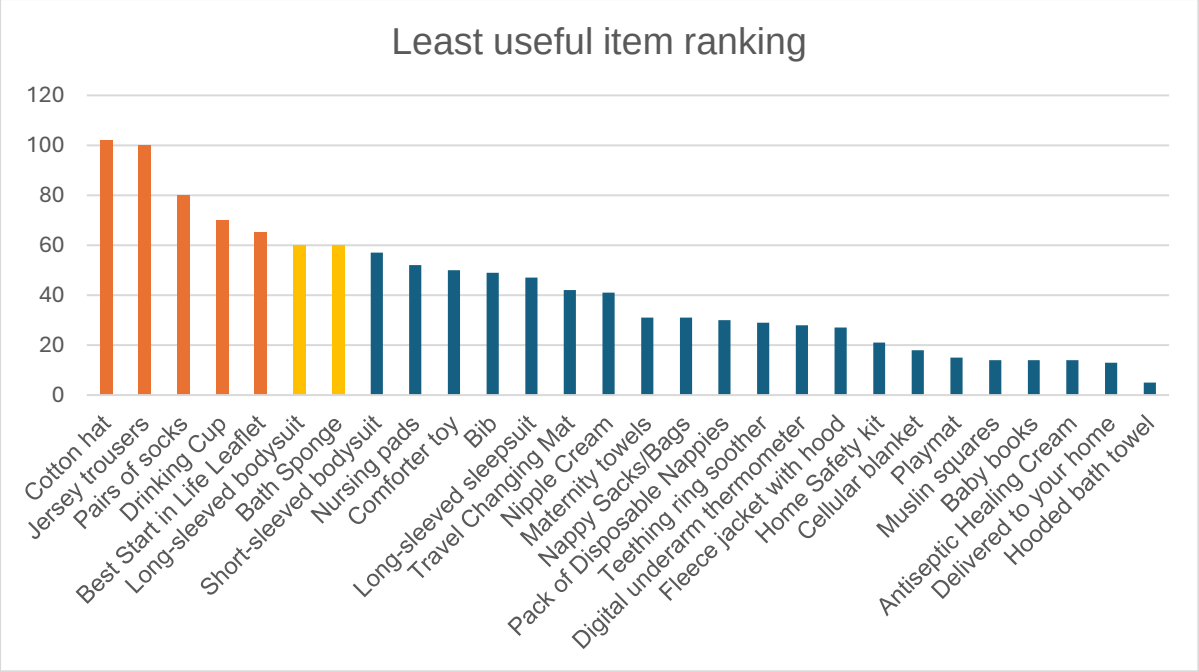
2.10 Q10 Which items did recipients find most or least useful?

2.10.1 Simple ranking system.



Recipients were asked to select the **most** useful items from the baby packs

1. Playmat 64%
2. Digital underarm thermometer 38%
3. Home Safety kit 36%
4. Cellular blanket 35%
5. Maternity towels 34%



Recipients were asked to select the **least** useful items from the baby packs

1.	Cotton hat	44%
2.	Jersey Trousers	43%
3.	Pairs of socks	34%
4.	Drinking Cup	30%
5.	Best Start in Life Leaflet	28%
6.	Long-sleeved bodysuit & Bath Sponge	26%

Due to the low ranking of the Best Start in Life Leaflet, the joint 6th rank item is also shown in the table above.

Best Start in Life leaflet: Measuring different aspects.

Further analysis shows that the *Best Start in Life* leaflet is well regarded by parents, achieving an average usefulness rating of **4.17 out of 5** (question 13) (95% CI: [4.03, 4.31]). A one-sample t-test confirms that this is significantly higher than the neutral midpoint of 3 ($t(223) = 16.23$, $p < 0.001$, Cohen's $d = 1.08$, indicating a large effect), indicating a strong perceived value. A secondary test against a stricter benchmark of 4 also reached significance (**$t(223) = 2.35$, $p = 0.019$**), though the effect size was small ($d = 0.16$), suggesting limited headroom for improvement beyond its current high standing.

At the same time, **28%** of respondents placed the leaflet among their bottom five items (Question 11), while **75% rated it 4 or 5 stars** (Question 13)**.** This apparent contrast reflects the different constructs measured: one question asked for an absolute rating of the leaflet, the other for a relative ranking within the pack. It is therefore consistent that many respondents consider the leaflet useful while still

ranking it lower than other items when prioritising value across the full set. This indicates comparative preference rather than dissatisfaction.

This indicates that, despite being relatively less preferred compared to other items in the baby pack, the leaflet is still considered valuable by most respondents.

Overall, the leaflet is performing strongly, but its relative position suggests an opportunity to enhance engagement. Improvements such as clearer design, concise language, and digital access options could increase its perceived value while maintaining the pack's overall effectiveness in supporting families.

2.11 Recommendations matrix

Below is a more in-depth recommendation score based on the number of times an item was selected as most or least useful.

Keep (Score: +0.20 and above)

- **Definition**: Items strongly perceived as useful and rarely considered unnecessary.
- **Interpretation**: High positive gap → strong consensus to keep.

Review (Score: -0.20 and below)

- **Definition**: Items widely considered unnecessary and rarely seen as useful.
- **Interpretation**: High negative gap → strong consensus to review.

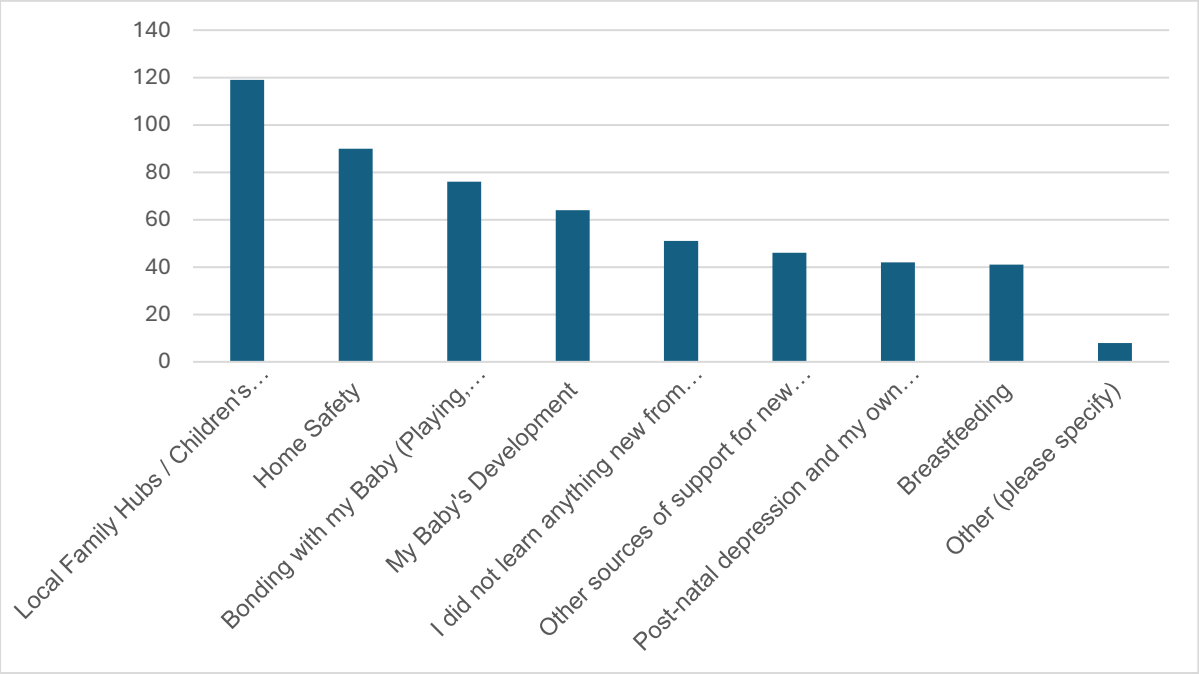
Optional (Score: Between -0.19 and +0.19)

- **Definition**: Items with mixed opinions or moderate usefulness.
- **Interpretation**: No strong consensus → consider as optional or situational.

Item	Most		Least		Net	Recommendation
Playmat	0.6414	152	0.0644	15	0.577	Keep
Cellular blanket	0.3502	83	0.0773	18	0.2729	Keep
Home Safety kit	0.3586	85	0.0901	21	0.2685	Keep
Digital underarm thermometer	0.3755	89	0.1202	28	0.2553	Keep
Hooded bath towel	0.2405	57	0.0215	5	0.219	Keep
Maternity towels	0.3376	80	0.133	31	0.2046	Keep
Antiseptic Healing Cream	0.2363	56	0.0601	14	0.1762	Optional
Baby books	0.2194	52	0.0601	14	0.1593	Optional
Muslin squares	0.1899	45	0.0601	14	0.1298	Optional
Nipple Cream	0.2911	69	0.176	41	0.1151	Optional
Delivered to your home	0.1477	35	0.0558	13	0.0919	Optional
Pack of Disposable Nappies	0.2194	52	0.1288	30	0.0906	Optional
Fleece jacket with hood	0.1899	45	0.1159	27	0.074	Optional
Nursing pads	0.2658	63	0.2232	52	0.0426	Optional

Nappy Sacks/Bags	0.1561	37	0.133	31	0.0231	Optional
Teething ring soother	0.1224	29	0.1245	29	-0.0021	Optional
Travel Changing Mat	0.1688	40	0.1803	42	-0.0115	Optional
Long-sleeved sleepsuit	0.1097	26	0.2017	47	-0.092	Optional
Short-sleeved bodysuit	0.0717	17	0.2446	57	-0.1729	Optional
Comforter toy	0.0338	8	0.2146	50	-0.1808	Optional
Bib	0.0253	6	0.2103	49	-0.185	Optional
Long-sleeved bodysuit	0.0675	16	0.2575	60	-0.19	Optional
Bath Sponge	0.0422	10	0.2575	60	-0.2153	Review
Start for Life booklet	0.0211	5	0.279	65	-0.2579	Review
Drinking Cup	0.0338	8	0.3004	70	-0.2666	Review
Pairs of socks	0.0464	11	0.3433	80	-0.2969	Review
Cotton hat	0.038	9	0.4378	102	-0.3998	Review
Jersey trousers	0	0	0.4292	100	-0.4292	Review

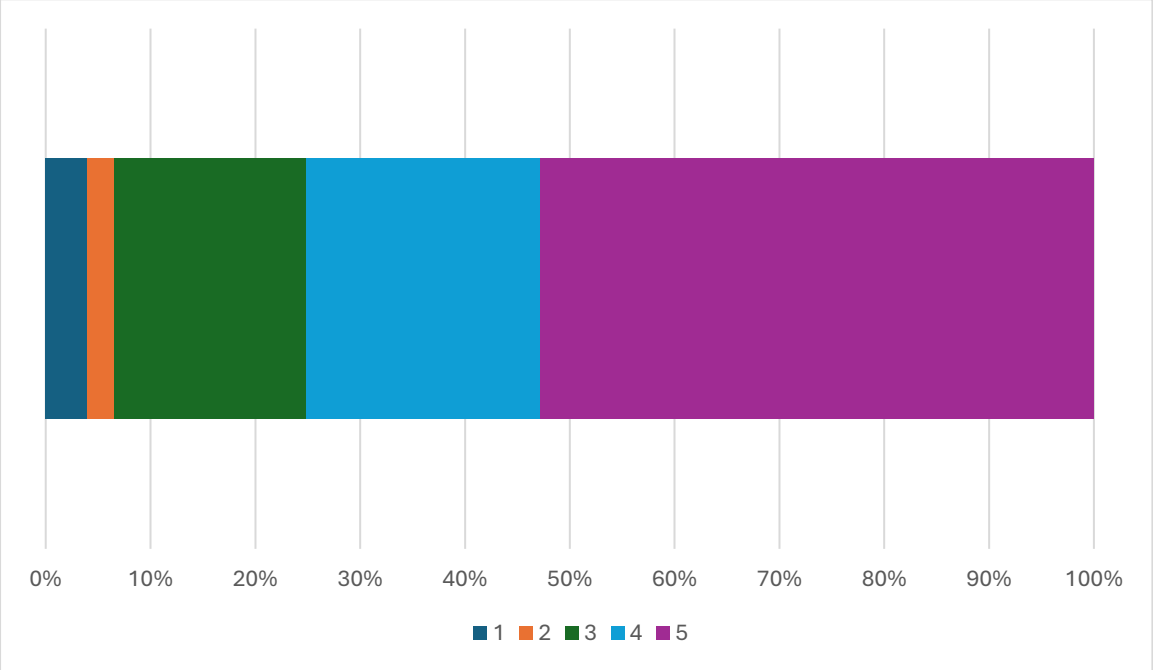
2.12 Q12. As a result of receiving the baby pack, what have you learned more about?



The most frequently cited learning areas were: **Local Family Hubs/Children's Centres** (**51%**), **Home Safety** (**38%**), **Bonding with my baby (playing, talking and reading)** (**32%**), and **My baby's development** (**27%**). Other areas included **post-natal depression and own wellbeing** (**18%**), **breastfeeding** (**17%**), and **other sources of support for new parents** (**20%**). Notably, **22%** reported that they did not learn anything new from the pack (multi-select question; totals exceed 100%).

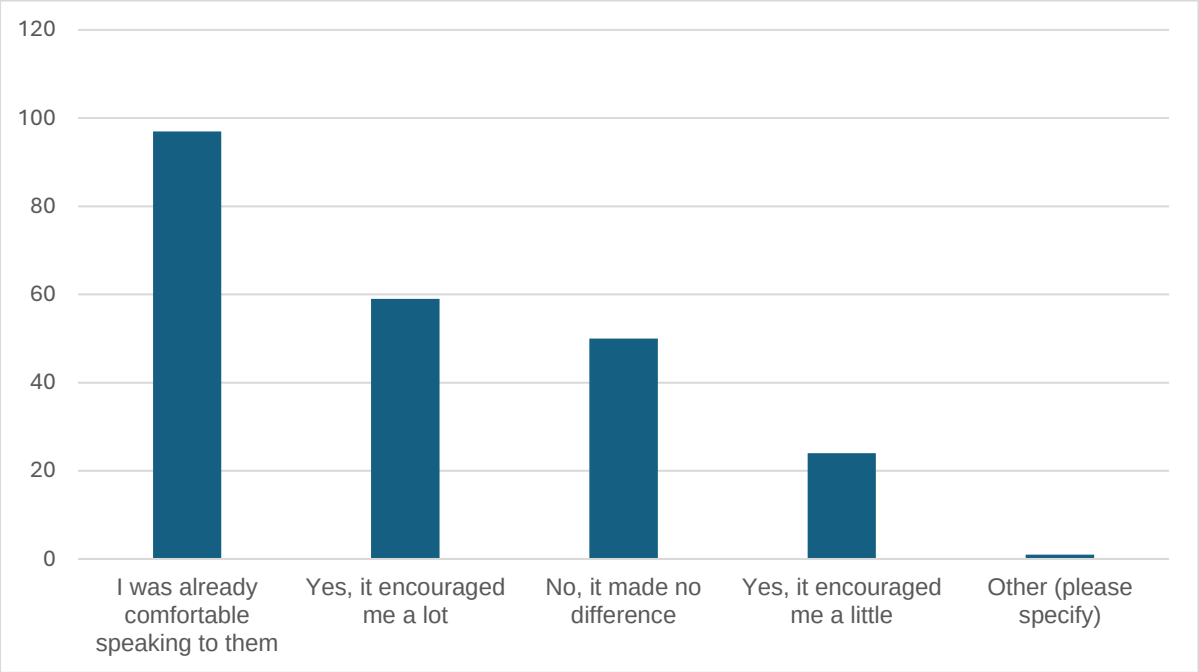
Free-text comments suggest that those reporting no new learning were often second-time parents, indicating scope to tailor information for multiparous families while retaining core guidance for first-time parents.

2.13 Q13. How useful did you find the Best Start in Life leaflet in the baby pack?



The Best Start in Life leaflet received a **weighted average rating of 4.17 out of 5**. Over half of respondents **53%,** rated it **5 stars**, and **22%** gave **4 stars**, meaning **75%** rated the leaflet positively (4 or 5 stars). **18%** gave **3 stars**, while only **7%** rated it **1 or 2 stars**. This indicates the leaflet is generally considered useful, though there is scope to enhance its relevance and clarity for all users.

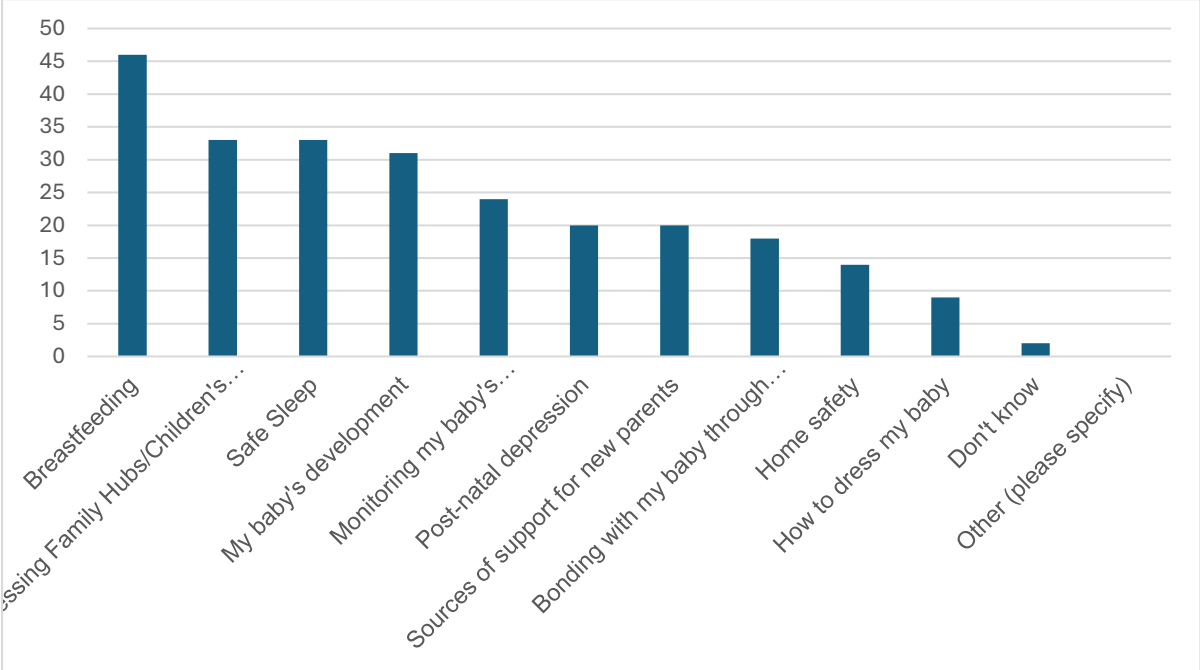
2.14 Q14. Has receiving the baby pack encouraged you to speak more with professionals, such as your midwife or health visitor?



26% said the baby pack encouraged them a lot, and **10%** said it encouraged them a little—meaning **36%** reported increased engagement with professionals. **22%** said it made no difference, while the largest group, **42%** indicated they were already comfortable speaking to professionals.

This suggests the baby pack has a positive influence on professional engagement for over one-third of recipients, complementing existing relationships for many families.

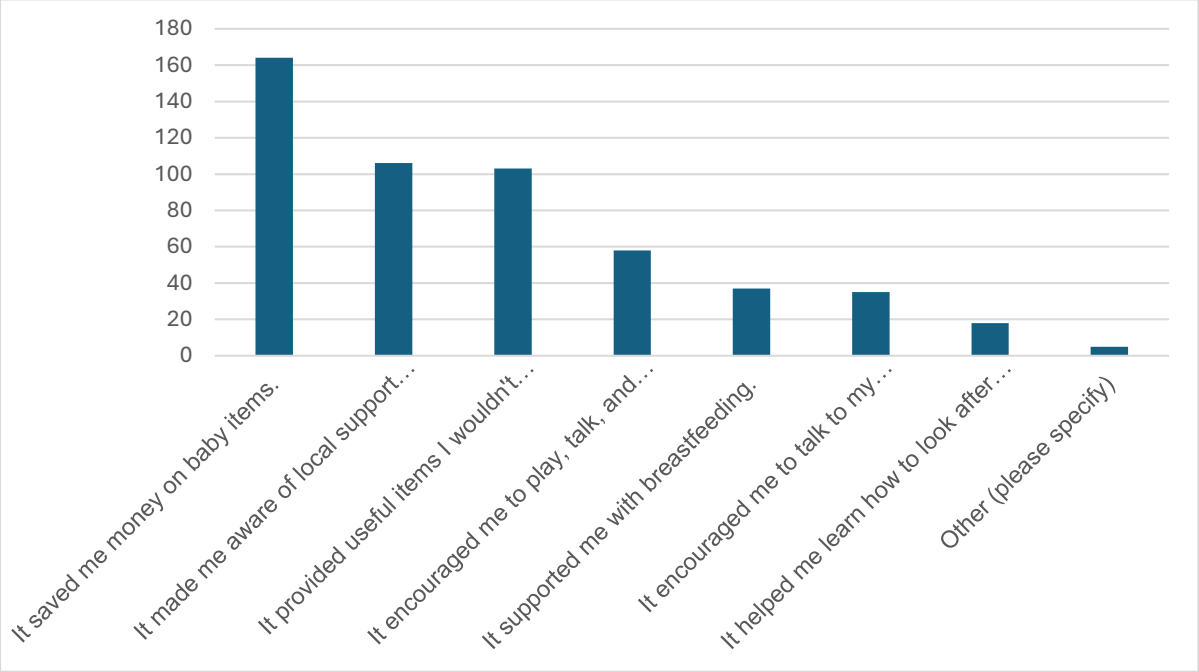
2.15 Q15. What topics did it encourage you to discuss? (Please select all that apply)



The most common topics encouraged for discussion were **Breastfeeding 56%, Accessing Family Hubs/Children's Centres 40%**, **Safe Sleep 40%** and **My baby's development 38%.** Other notable areas included **Monitoring baby's health/temperature 29%**, **Bonding through play, talk and reading 22%**, **post-natal depression** and **Sources of support for new parents** both **24%**. Smaller proportions mentioned **'Home safety' 17% and 'How to dress my baby' 10%**. Only **2%** selected "Don't know."

This indicates the baby pack is prompting conversations on **key health, safety, and emotional well-being topics**, particularly breastfeeding and local support services—critical areas for families in Rotherham, where deprivation levels heighten the importance of accessible guidance and professional engagement.

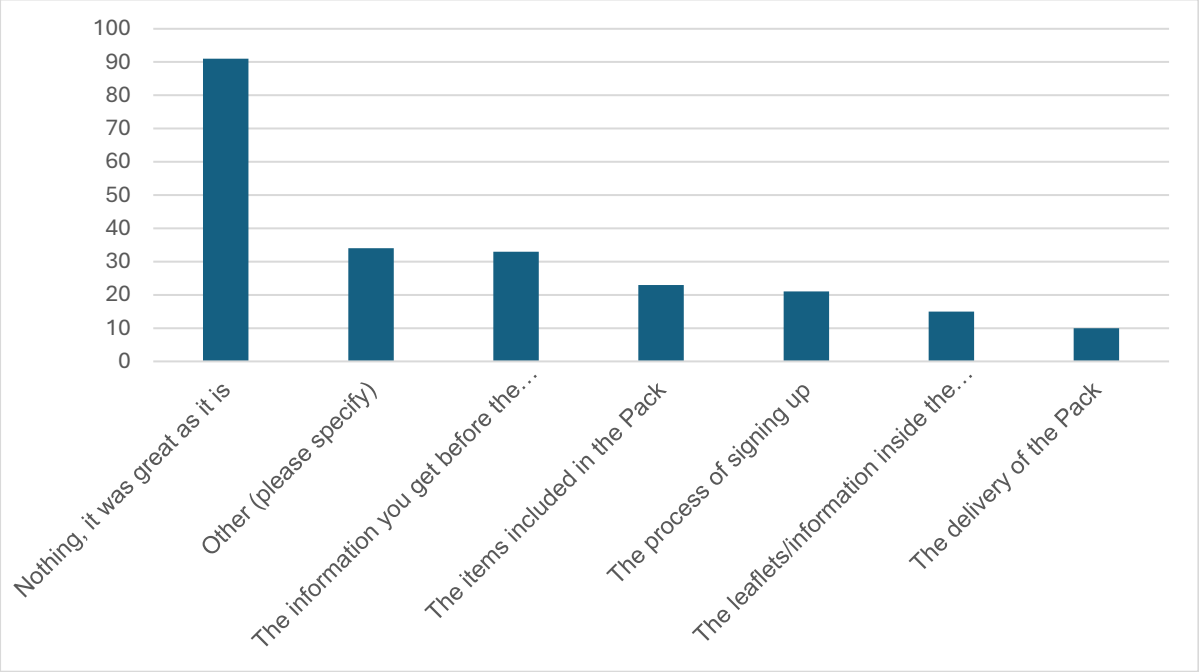
2.16 Q16. Overall, which of the following have been the main benefits of the baby pack for you personally?



The most frequently cited benefit was **saving money on baby items 72%**, followed by **providing useful items they wouldn't have bought themselves 45%** and **making them aware of local support and services 47%**. Other notable benefits included **encouraging play, talk, and reading with their baby 26%**, **supporting breastfeeding 16%**, and **encouraging conversations with midwives or health visitors 15%**. A smaller proportion **8%** stated that it helped them learn how to care for their baby, and **2%** selected "Other."

These findings reinforce the Rotheram Baby Pack's role in **financial relief**, **practical support**, and **service awareness**, which are particularly significant in Rotherham's context of high deprivation. The responses also highlight secondary benefits in promoting **early bonding**, **breastfeeding**, and **professional engagement**, aligning with public health priorities.

2.17 Q17. Finally, which part of the baby pack scheme could be improved the most for future parents?



222 respondents answered this question. The most common improvement areas were:

- **The information provided before the pack arrives 15%**
- **The items included in the pack 10%**
- **The process of signing up 9%**
- **The leaflets/information inside the pack 7%**
- **The delivery of the pack 4%**

Notably, **40%** felt **"Nothing, it was great as it is"**, while **15%** selected "Other," providing detailed comments

Key themes from free-text responses:

- **Timing of delivery**: some respondents suggested the pack should arrive **earlier in pregnancy** (ideally before 36 weeks) to avoid duplication of purchased items and maximise financial benefit.
- **Transparency of contents**: Several respondents requested a **clear list or video of included items** to help plan purchases and reduce waste.
- **Awareness and promotion**: Comments highlighted **low awareness** among expectant parents, suggesting stronger communication via midwives, antenatal classes, and online platforms.
- **Customisation and relevance**: Some respondents wanted **choice over items** or more neutral clothing options, while others noted that multiparous families may need different support.

Insight: While overall satisfaction remains high, improvements in **timing, communication, and personalisation** could significantly enhance the scheme's

impact—particularly for families in deprived areas who rely on these packs for financial relief.

A thematic analysis was conducted on the responses from Q17, with 34 parents choosing to respond.

Interpretation notes: These “% of all 292” figures are small because they apply the 33-comment theme counts to the entire respondent base. They **do not** imply that only **52%** of *all respondents* care about timing; rather, **within this qualitative subset** (33 of 292), timing was mentioned 17 times—equivalent to **6% of the total sample**.

Theme	Mentions	% within 33 responses	% of all 292 responses
Timing / Earlier delivery	17	52%	6%
Choice / Customisation / Opt-out	9	27%	3%
Transparency: list of contents in advance	7	21%	2%
Positive feedback / Non-means-tested	6	18%	2%
Awareness / Promotion	5	15%	2%
Clothing (labels/colours/assortment)	4	12%	1%
Delivery experience (slots/collection/website)	3	9%	1%
Digital info (QR / partner info)	3	9%	1%
Box design (use as bed)	1	3%	0%

END.

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Appendix 2.

PART B – Equality Analysis Form

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

This form:

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

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

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

1. Title	
Equality Analysis title: Rotherham Baby Pack: Outcomes and Future Commissioning	
Date of Equality Analysis (EA): 4 November 2025	
Directorate: Adult Social Care, Health and Housing	**Service area:** Public Health Commissioning
Lead Manager: Michael Ng	**Contact number:** 01709 808092
Is this a: ☐ **Strategy / Policy** ☒ **Service / Function** ☐ **Other** **If other, please specify**	

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance		
Name	**Organisation**	**Role (eg service user, managers, service specialist)**
Michael Ng	RMBC	Strategic Commissioning Manager
Hannah Walshe	RMBC	Commissioning Officer
Alex Hawley	RMBC	Public Health Consultant

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

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

This report sets out the recommendations for the future of The Rotherham Baby Pack Scheme and details the feedback gathered from parents and professionals on the initial two-year pilot.

The Rotherham Baby Pack Scheme aims to promote a fair and equal start for all children and to aid in supporting the best possible outcomes for all Rotherham's children by providing baby essentials and connecting families with support services. The scheme hopes to reduce inequalities and improve overall child development.

The baby pack itself includes items of clothing, developmental items, and informational resources to help motherss care for their newborns up to the age of six months old including the Start for Life Booklet.

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

The Rotherham Baby Pack Scheme is a Universal Offer for all expectant motherss who reside in Rotherham.

There are three registration routes for The Rotherham Baby Pack Scheme which not only captures expectant mothers who live in Rotherham and have their baby/babies delivered at The Rotherham NHS Foundation Trust (TRFT) but also those that reside in Rotherham but access midwifery care in neighbouring authorities:

- Rotherham Midwifery Registration – Expectant mothers are asked if they would like a pack at or around their 25-week appointment with Maternity Services at The Rotherham NHS Foundation Trust (TRFT)
- Registrar Registration – Mothers who have not registered via midwifery can do so when registering the birth at Riverside House.
- Provider Registration (FMI) - For expectant mothers who reside in Rotherham but have either chosen delivery in another hospital or have a midwife in a neighbouring authority, the Provider (FMI) is able to register them directly once the midwife has confirmed the pregnancy.

In Rotherham, on average, in the last five years, there have been 2788 babies turning 30 days compared to 2740 live births in the previous five years. The number of babies turning 30 days is slightly higher due to factors such as families moving into Rotherham or extended hospital stays.

The data has shown that there has been a 95% uptake rate since the start of the two-year pilot which commenced registrations in January 2025.

Maternities data between January 2025 and July 2025 shows the following motherss are accessing maternities and will have been offered a Rotherham Baby Pack:

Table 1 - The Ethnic Category of Mothers average percentage between 1 January and 31 July 2025:

White British	77%
Mixed	2%
Black or Black British	5%
Asian of Asian British	13%
Other	2%
Not Stated	1%

Table 2 – Percentage Breakdown of Age of Mothers at booking between 1 January and 31 July 2025:

19 & under	5%
20 to 24	19%
25 to 29	33%
30 to 34	26%
35 to 39	13%
40 to 44	3%
45 or over	1%

Table 3 – Index of Deprivation of mother at booking average percentage between 1 January and 31 July 2025):

1st Decile (most deprived)	28%
2nd Decile	12%
3rd Decile	14%
4th Decile	11%
5th Decile	6%
6th Decile	9%
7th Decile	7%

8th Decile	6%
9th Decile	5%
10Th Decile (least deprived)	2%

The predominant language spoken in Rotherham is English (96.60%) with a smaller number of Urdu, Punjabi, Polish and Slovakian speakers (1.6% combined). Arabic, Pakistani Pahari, Czech, Lithuanian and Persian/Farsi make up the remaining 0.6% Although the scheme does not require language-specific items, bidders may consider this information when developing offers.

The specification for the commissioned service clearly sets out the above requirements to ensure equal access and outcomes across all of Rotherham's communities whilst ensuring that no protected equalities group is being unintentionally disadvantaged or excluded. As per the service specification the service is a universal model.

For the initial two-year pilot wide ranging consultation took place across Public Health, CYPS & TRFT. Further consultation has taken place since The Rotherham Baby Pack Scheme was implemented which includes a questionnaire being sent to both parents (1070) and professionals to feedback their thoughts and highlight the requirements for the future supply and distribution of the baby pack scheme for Rotherham residents.
The following areas were consulted on:

- Experience of the registration process
- Usefulness of the pack and its contents
- Experience of the delivery process and timing of the pack delivery
- Impact on knowledge and behaviours for parents

The findings indicate high levels of satisfaction, strong support for the scheme, and clear evidence of financial and informational benefits. The summary of the feedback is as follows:

- **High Satisfaction & Recommendation**
  - Nearly all respondents would recommend the pack.
  - Quality and registration process scored very high.
- **Impact on Financial Support**
  - Strong agreement that the pack saved money, especially during cost-of-living challenges.
- **Awareness & Engagement**
  - Significant increase in awareness of Family Hubs and local support services.
  - Encouraged conversations with professionals for some parents.

While feedback was overwhelmingly positive, several areas for improvement were identified. The most common suggestions relate to earlier delivery of the pack, clearer communication about its contents, and increased promotion of the scheme to ensure wider awareness, as individual respondents won't be aware of the high take-up rate and are therefore recommending it to others. Addressing these issues will enhance the scheme's impact, reduce duplication of purchases, and strengthen engagement with local support services.

The above findings will continue to be monitored to build an ongoing picture of expectant mothers feedback on registering and receiving a Rotherham Baby Pack throughout the lifetime of the service.

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

All areas identified under the Equality Act 2010 protected characteristics: Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups are covered as this is a Universal Offer, with very high uptake.

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

A feedback exercise has taken place with recipients of the Rotherham Baby Pack which was completed in September 2025 which asked questions on:

- Experience of the registration process
- Usefulness of the pack and its contents
- Experience of the delivery process and timing of the pack delivery
- Impact on knowledge and behaviours for parents

A survey was sent to 1070 recipients who had received a baby pack by 16 September 2025. To achieve a 95% confidence level, it is estimated that 278 questionnaires (28% response rate) would need to be returned; 279 were received.

Key findings from the exercise:

- 99% of parents would recommend the Rotherham Baby Pack to other parents, with 86% of parents rating the quality of the baby pack 5 stars and 78% agreeing that “Receiving the Rotherham Baby Pack saved them money.”
- 80% noted the scheme’s role in raising the awareness of Family hubs and other local support services.

A mapping exercise has also taken place using the postcode data collected on the registration form to monitor and analyse where the baby packs are being delivered and the index of deprivation of these areas.

Monthly operational and quarterly performance meetings are held with the provider and key stakeholders, where the uptake rate and issues are discussed and monitored. As detailed above, the scheme currently has a 95% uptake rate since the start of the two-year pilot, which commenced registrations in January 2025.

Engagement undertaken with customers. (date and group(s) consulted and key findings)	See above for engagement and key findings
Engagement undertaken with staff (date and group(s)consulted and key findings)	N/A

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

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

The Rotherham Baby Pack Scheme is a universal offer for all pregnant women residing in Rotherham which aims to promote a fair and equal start for all children and to aid in supporting the best possible outcomes for all Rotherham's children, with intended benefits including:

- Reducing socio-economic and health inequalities by encouraging registration with family hubs
- Enabling information sharing to promote targeted engagement when families may benefit from additional help and support.
  Information on how to access Council Start for Life services via Family Hubs.
- Potentially providing greater benefit in expenditure avoidance for those on lower incomes (as a proportion of income), serving to reduce inequality (based on assumed near-universal uptake of a universal offer).

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

The Rotherham Baby Pack does not present any problems or barriers to communities or groups.

The Rotherham Baby Pack is a universal offer to all pregnant women that reside in Rotherham. Barriers for communities or groups have been mitigated by the scheme having three registration pathways as described above in section 3 where the registration form is completed by a professional to ensure that all pregnant women can access the service regardless of age, ethnicity, disability, race, religion etc.

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

As described throughout the Rotherham Baby Pack is a universal offer for all pregnant women residing in Rotherham. As described above the scheme aims to promote a fair and equal start for all children and to aid in supporting the best possible outcomes for all Rotherham's children, with intended benefits including:

- Reducing socio-economic and health inequalities by encouraging registration with family hubs, and through cost avoidance, with the potential that this represents proportionally greater benefit for those with less disposable income.
- Enabling information sharing to promote targeted engagement when families may benefit from additional help and support.
- Information on how to access Council Start for Life services via Family Hubs.

The current uptake rate of the scheme is 95% with 100% of baby packs being delivered to Rotherham families that requested one.

What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another) The Rotherham Baby Pack Scheme provides access to both products for a baby and for a mother such as the play mat and nipple cream that some mothers may not have had access to due to socio-economic and health inequalities. The pack also offers advice and guidance for recipients with the inclusion of the 'Start for Life' booklet as well as access to Family Hubs which may have not been received or accessed without receiving the baby pack.

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

5. Summary of findings and Equality Analysis Action Plan

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

Title of analysis: Rotherham Baby Pack: Outcomes and Future Commissioning
Directorate and service area: Adult Care, Housing and Public Health, Strategic Commissioning
Lead Manager: Anne Charlesworth
Summary of findings:
The Rotherham Baby Pack Scheme is a universal offer for all expectant mothers who reside in Rotherham. In quarter two of the current pilot project there was a 94% uptake rate. The survey, which received 279 responses, reveals that the Rotherham Baby Pack Scheme is highly valued by expectant parents, with **99%** of respondents indicating that they would recommend it to others. Satisfaction levels are exceptionally high, with an average rating of **4.82** out of 5 for pack quality and **4.87** for the registration process. Respondents consistently highlighted the financial relief provided by the pack, with **78%** agreeing it helped save money, and many, **80%** noted its role in raising awareness of Family Hubs and local support services. While feedback was overwhelmingly positive, several areas for improvement were identified. The most common suggestions relate to earlier delivery of the pack, clearer communication about its contents, and increased promotion of the scheme to ensure wider awareness, as individual respondents won't be aware of the high take-up rate and are therefore recommending it to others. Addressing these issues will enhance the scheme's impact, reduce duplication of purchases, and strengthen engagement with local support services. This baseline provides a strong foundation for measuring progress and evaluating the effectiveness of any changes in the next survey cycle. The operational group will continue to support the uptake rate as well as implementing feedback survey results, if applicable.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Carry on monitoring that IMDs that are being reached.	**O**	**ongoing**
A further feedback exercise – Planned for September 2026.	**O & PM**	**ongoing**

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

6. Governance, ownership and approval		
Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.		
Name	**Job title**	**Date**
Emily Parry-Harries	Director of Public Health	17 December 2025
Scott Matthewman	Assistant Director of Strategic Commissioning	17 December 2025
Councillor Victoria Cusworth	Deputy Leader and Cabinet Member for Children and Young People	18 December 2025
Councillor Joanna Baker-Rogers	Cabinet Member for Adult Social Care and Health	19 December 2025

7. Publishing	
The Equality Analysis will act as evidence that due regard to equality and diversity has been given. If this Equality Analysis relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report. A copy should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.	
Date Equality Analysis completed	4 November 2025
Report title and date	Rotherham Baby Pack: Outcomes and Future Commissioning
Date report sent for publication	
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	4 November 2025

Will the decision/proposal impact…	Impact	If an impact or potential impacts are identified:			
		Describe impacts or potential impacts on emissions from the Council and its contractors.	Describe impact or potential impacts on emissions across the Borough as a whole.	Describe any measures to mitigate emission impacts	Outline any monitoring of emission impacts that will be carried out
Emissions from non-domestic buildings?	Increase	A provider may choose to bulk-order items that require storage, and additional buildings may be needed for assembling the baby packs.	A provider may choose to have the storage facility in Rotherham.	This will be assessed at the tender stage, with the expectation that the successful provider will include measures to minimise impact.	This will be assessed at the tender stage, and any actions will be monitored and mitigated through contract management.
Emissions from transport?	Increase	The provider will source, procure, transport, and store the baby packs and their contents. Therefore, emissions will be affected as these processes take place.	The provider will arrange the delivery of the baby packs across the borough, which could have a potential impact on emissions.	This will be assessed at the tender stage with an expectation that the successful provider will: • Select reliable transportation partners and routes that will ensure timely delivery while minimising costs and environmental factors. • Ensure the baby pack and its contents will need to reflect the Council's commitment to environmental	This will be assessed at tender stage and any actions will be monitored and mitigated through contract management. The provider will ensure that emissions data is collected monthly and reported annually alongside the contract monitoring meetings.

				protection and sustainability with ethical practice throughout the supply chain working with the suppliers and partners, from manufacturing to delivery of the packs to expectant mothers. • Work with supply chain partners, if applicable, to set emission reduction targets and require reporting on the progress, enhancing supply chain sustainability. • Will provide evidence that there is a system in place that tracks energy consumption, fleet emissions and waste output. The data collected will then be shared regularly to build confidence among commissioners.	

Emissions from waste, or the quantity of waste itself?	Increase	The baby pack will be delivered in packaging and will also have items included, which are enclosed in packaging that will need to be recycled or disposed of.	There may be wastage of items that are included, as expectant parents may have already purchased or choose not to use.	This will be assessed at the tender stage with an expectation that the successful provider will commit to reducing carbon footprint by implementing sustainable practices in the operation, such as reducing waste, sourcing products with minimal packaging, increasing recycling efforts and using eco-friendly materials where possible.	This will be assessed at the tender stage, and any actions will be monitored and mitigated through contract management.
Emissions from housing and domestic buildings?	None				
Emissions from construction and/or development?	None				
Carbon capture (e.g. through trees)?	None				
Identify any emissions impacts associated with this decision which have not been covered by the above fields: N/A					

Will the proposal affect Council services' resilience to climate change, or the capacity of people living in the Borough to adapt to climate change? No

Provide a summary of all impacts and mitigation/monitoring measures:
The provider will source, procure, transport, and store the baby packs and their contents. Therefore, emissions will be affected as these processes take place. The emission impact from transport, waste, and the use of non-domestic buildings will be assessed at the tender stage and monitored and mitigated as part of contract management throughout the life cycle of the contract.

Supporting information:	
Climate Impact Assessment Author	Hannah Walshe Commissioning Officer Public Health Adult Care, Housing and Public Health
Please outline any research, data or information used to complete this Climate Impact Assessment.	N/A
If quantities of emissions are relevant to and have been used in this form please identify which conversion factors have been used to quantify impacts.	N/A
Validation	Tracking Reference: CIA532 Louise Preston Climate Change Manager

Rotherham Metropolitan Borough Council

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 09 February 2026

Report Title
Inclusion Strategy and Annual Report

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

Executive Director Approving Submission of the Report
Judith Badger, Executive Director of Corporate Services

Report Author(s)
Michael Holmes, Policy and Strategy Officer
michael.holmes@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary
The report summarises the Council's new Inclusion Strategy, which updates the previous Equality, Diversity and Inclusion (EDI) Strategy.

Building on the vision of the Council Plan of creating inclusive growth, the new strategy sets out the Council's approach to addressing inclusion-related issues, ensuring services are accessible and the voices of all communities are heard.

In addition, the annual report for 2024-25 includes key achievements and case studies that demonstrate progress in addressing EDI issues.

Recommendations

That Cabinet:

1. Approve the Inclusion Strategy 2026-30.
2. Approve the action plan for February 2026 to March 2027.
3. Note the Equality, Diversity and Inclusion Annual Report 2024-2025.

List of Appendices Included

Appendix 1 Inclusion Strategy 2026-30
Appendix 2 Inclusion Strategy action plan February 2026 to March 2027
Appendix 3 EDI Annual Report 2024-25
Appendix 4 Consultation Report
Appendix 5 Equality Screening
Appendix 6 Equality Analysis
Appendix 7 Climate Impact Assessment

Background Papers

EDI Strategy 2022-25

Consideration by any other Council Committee, Scrutiny or Advisory Panel

N/A

Council Approval Required

No

Exempt from the Press and Public

No

Inclusion Strategy and Annual Report

1. Background

1.1 The Equality Act 2010 (the Act) requires the Council to be compliant with the Public Sector Equality Duty by having due regard to the need to:

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

1.2 The nine protected characteristics under the Act are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

1.3 The Council also has a specific duty to publish equality objectives at least every four years. These are part of the Inclusion Strategy, which is appended to this report and summarised below.

1.4 In addition, the Council produces an annual report to demonstrate how it is delivering against the duty. The annual report for 2024/25 is appended to this report. It provides an overview of relevant activity and achievements over the last year.

2. Key Issues

2.1 The Council Plan 2025-2030 sets out the ambition to create an inclusive borough where no one is left behind and everyone can achieve their potential.

2.2 The Inclusion Strategy 2026-2030 reflects this ambition. It reinforces the inclusive growth focus of the Council Plan's vision of building a borough where opportunity is extended to everyone, where people can grow, flourish and prosper, and where no one is left behind. It describes how the Council will focus on listening to residents, engaging with them meaningfully – particularly those whose voices are not always heard - to address their concerns and ensure services are accessible.

2.3 It acknowledges that the Council has made good progress on inclusion and inclusive growth issues, such as providing equality of opportunity and fostering good relations between different groups.

2.4 Several significant recent achievements are highlighted in the Strategy. This includes receiving an outstanding Ofsted rating for Children and Young People's Services, establishing the RASCAL (Rotherham Adult Social Care Always Listening) group to enable individuals with lived experience to shape future adult care services, and working with local organisations to deliver a community cohesion programme after securing £600,000 from the government's Community Recovery Fund.

2.5 At the same time, it recognises that more can be done to ensure that people do not feel excluded, disadvantaged or held back due to their race, gender, disability, or any other characteristic.

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

2.7 Details can be found in the consultation report at Appendix 4, but some of the issues raised included:

- the importance of regular and appropriate communication.
- the accessibility of services.
- Co-producing with communities.
- Sharing feedback from consultation.
- Concerns about safety.

2.8 These and other findings have directly informed the Strategy's themes and areas of focus.

2.9 The Strategy focuses on the following themes:

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

2.10 Each theme includes an indication of what excellent looks like based on relevant criteria from the Equalities Framework for Local Government.

2.11 A series of actions are included for each theme, providing a focus for activity over the lifetime of the Strategy. A more detailed action plan for 2026-27 is attached at Appendix 2.

2.12 The Annual Report for 2024-25 (Appendix 3) provides a summary of recent achievements within the framework of the 2022-25 EDI strategy. Examples include:

2.13 **Understanding, listening to and working with Rotherham's communities**

- Children's Capital of Culture engagement – supported five festivals, engaging over 10,000 participants and embedding youth voice into local events.
- Rotherham's Learning Disability Strategy was shaped by nearly 250 people with lived experience, including those with learning disabilities, carers, and professionals.

2.14 **Leadership, partnership and organisational commitment**

- Rotherham's services for children and young people with special educational needs and disabilities (SEND) received the top rating from Ofsted and the Care Quality Commission. Inspectors praised how well local organisations work together to support children and families.
- Rotherham held its Holocaust Memorial Day event in January 2025 to honour victims of genocide and promote reflection on inclusion and justice. The event brought together faith leaders, councillors, schools, and residents to share messages of remembrance and hope.

2.15 **Responsive services and customer care**

- The Council provided free baby packs to expectant mothers, containing essentials like clothes, toys, and books to support early parenting. Over 600 families signed up in the first few months, with feedback showing the packs are a lifeline for many. The scheme also shares health advice and connects families to wider support services.
- In 2024/25, the Council delivered £12.3 million in validated social value, with a strong focus on employment, education, and community support.

2.16 **Diverse and engaged workforce**

- Around 200 employees attended a wellbeing event for frontline staff at the Hellaby depot, offering support on mental health, finances, and general wellbeing.
- In late 2024, a wide-ranging engagement exercise was carried out to understand how different communities perceive the Council as an employer. A series of focus groups and workshops enabled participants to explore innovative, inclusive ways to attract, recruit, develop, and retain a more diverse workforce.

2.17 The Annual Report also includes several case studies that illustrate how positive equality, diversity and inclusion outcomes have been achieved as part of the delivery of services and initiatives.

3. Options considered and recommended proposal

3.1 The recommendations are:

That Cabinet:

1. Approve the Inclusion Strategy 2026-30.
2. Approve the action plan for February 2026 to March 2027.
3. Note the Equality, Diversity and Inclusion Annual Report 2024-2025.

3.2 The recommendations reflect the priorities that have been highlighted during the consultation. They also ensure ongoing compliance with the Council's statutory duties.

3.3 An alternative option is to not agree the Inclusion Strategy and, instead, consider publishing alternative objectives in order to comply with statutory duties.

4. Consultation on proposal

4.1 Substantial consultation was carried out through twelve focus groups, as well as an online survey. The focus groups mainly involved voluntary and community sector organisations or advocacy organisations, as well as Council officers. Participants reflected the range of protected characteristics, including people who might face particular barriers to accessing services. Detailed information is included in Appendix 4.

5. Timetable and Accountability for Implementing this Decision

5.1 Progress in delivering the Strategy will be included in subsequent annual reports, which will be presented to Cabinet.

6. Financial and Procurement Advice and Implications

6.1 There are no direct financial implications arising from this report. In the event that any costs are subsequently identified in future, these will be highlighted and addressed through the monthly revenue budget monitoring process and will need to be managed within the existing budgets.

6.2 There are no direct procurement implications arising from the recommendations detailed in this report. However, where there is a need to appoint third party organisations to deliver against the strategy and action plan, these must be procured in compliance with relevant legislation (Public Contracts Regulations 2015 or the Procurement Act 2023) dependent on the route to market identified and the Council's own financial and procurement procedure rules.

7. Legal Advice and Implications

7.1 Under the Equality Act 2010, the Council is subject to the Public Sector Equality Duty requiring it to have due consideration to eliminating discrimination, advancing equality, and fostering good relations for people with protected characteristics (as set out above) when exercising its functions. This means that the Council must consider the reduction of inequalities and fostering good relations, not just avoid direct discrimination as required generally under the Equality Act 2010. This requirement also involves publishing equality objectives and data, as required by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 demonstrating how the Council meets these duties.

7.2 The Strategy and associated action plan sets out how the Council will comply with the above duties, and ensure the Council continues to adhere to the requirements of the Equality Act 2010.

8. Human Resources Advice and Implications

8.1 Inclusion will be an underpinning theme within the Council's updated Workforce Plan. This will particularly support delivery of the Inclusion Strategy's *employer of choice* theme, including monitoring and taking action on workforce diversity, and ensuring relevant learning and development provision is in place.

9. Implications for Children and Young People and Vulnerable Adults

9.1 Age is a protected characteristic under the provisions of the Equality Act, which applies to children and young people as it does to other age groups. An important aspect of the work around inclusion is to ensure that the voices of vulnerable adults and young people are heard and acted upon.

10. Equalities and Human Rights Advice and Implications

10.1 In developing and implementing a strategy to ensure people are included in society, can access the services they rely on, and feel safe in their communities, the Council is directly addressing equalities and human rights considerations and fulfilling its equality duty.

11. Implications for CO2 Emissions and Climate Change

11.1 This report has no significant implications for CO2 emissions and climate change. However, certain protected characteristic groups, such as older or younger people or those with physical disabilities, are likely to be more vulnerable to the effects of climate change.

12. Implications for Partners

12.1 Partnership working is an important aspect of the Council's approach to inclusion. In delivering the strategy, it is recognised that there will need to be close working with partners in the voluntary and community sector, as well as other public sector organisations.

13. Risks and Mitigation

13.1 Any significant risks that are identified will be assessed, mitigated and monitored through the corporate risk management processes.

14. Accountable Officers

Fiona Boden, Head of Policy, Performance and Intelligence

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	21/01/26
Executive Director of Corporate Services (S.151 Officer)	Judith Badger	20/01/26
Service Director of Legal Services (Monitoring Officer)	Phil Horsfield	19/01/26

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This report is published on the Council's website.

Rotherham MBC

Inclusion Strategy 2026-30

Foreword

The Council Plan for 2025-2030 restates the importance of Rotherham being an inclusive borough where all are welcome and people are treated fairly. After the disorder at Manvers in the summer of 2024, it's crucial that we emphasise these values and focus on bringing communities together, countering divisive narratives and ensuring that people feel safe and listened to.

No one in our town should feel that they are excluded, disadvantaged or held back due to their race, gender, disability, or any other characteristic. Rotherham must be a place where everyone can achieve their aspirations and live as happily and healthily as possible.

The Inclusion Strategy sets out how we will continue to work towards this.

We have made good strides in recent years. Our own assessments and, importantly, external reviews from other councils have confirmed that we are making progress. There is more to do, though, to embed this consistently. We need to ensure that equality considerations inform all our decisions, that inclusive practice is reflected throughout our policies, processes and activities, that – where appropriate - services are reshaped based on community feedback or produced with communities, and that, critically, we can show how outcomes are improving for different groups.

Our focus on an inclusive economy is central to the overall approach. This means that we are committed to tackling economic disadvantage and health inequalities, recognising that these issues are deep-seated but that addressing them is vital to creating a fair and inclusive society.

Practical examples of this range from the Employment Solutions service, which provides tailored support to help people into work or training, to our social value commitments, where we are maximising the benefits for local people and places from every pound we spend. This is one of many areas where we are working closely with partner organisations, combining our efforts, learning from each other, and multiplying our impact.

When we talked to local people as part of developing this strategy, the importance of communication came up constantly. Not just communicating regularly but doing it well – using methods that are appropriate and accessible, and showing that we're listening to and acting on the things people tell us. This will be another cornerstone of our approach to inclusion.

Underpinning all of this is our firm commitment to the Public Sector Equality Duty and protected characteristics. We have established staff networks based on the protected characteristics and strive to be an employer of choice that is representative of the communities we serve.

In Rotherham, we're also conscious of supporting other groups that are disadvantaged or at risk of exclusion. This includes people in care, refugees and migrants, those with caring responsibilities, people who are unemployed or on low incomes, ex-offenders, victims of domestic violence, homeless people, and veterans and their families. We facilitate and contribute to various initiatives, groups and partnership boards, enabling us to work with diverse communities, organisations and people to increase engagement with services and improve outcomes.

Ultimately, we know that inclusion is a continuous journey. Our commitment is to keep listening, keep learning and keep improving as we seek to create a place that everyone is proud to call home.

Vision and purpose

Our overall vision for Rotherham, set out in the Council Plan for 2025-2030, emphasises the importance we place on inclusivity and equality. It stresses that 'We value decency and dignity and seek to build a town where opportunity is extended to everyone, where people can grow, flourish and prosper, and where no one is left behind.'

This is underpinned by our values: caring, honest and proud - celebrating Rotherham, communicating openly, knowing our communities and residents, and taking time to listen and understand what matters.

To work purposefully and effectively towards these aspirations, we need to ensure that the services we deliver are informed by a clear understanding of the people in our communities, shaped by meaningful interaction with them, including those whose voices aren't always heard, and accessible to everyone.

The Inclusion Strategy describes how we will achieve this in the context of our obligations under the Equality Act and Public Sector Equality Duty.

There are several ways in which we ensure that the strategy is embedded across the Council. We require that all actions in our annual delivery plans for the Council Plan consider equality, diversity and inclusion issues; that the same considerations apply to individual services' plans for the year; and that all Cabinet and Council decisions are informed by equality screenings and, where the screenings determine it's necessary, more detailed equality analyses.

Taken together, this provides confidence that an explicit consideration of how people may be excluded or disadvantaged runs through everything we do.

Maintaining a strong focus on inclusion has never been more important.

In a time where divisive narratives, misinformation, and polarising debates can undermine trust and social cohesion, it is vital that public institutions lead by example. We remain committed to fostering a culture of respect, understanding, and shared belonging—where every resident feels seen, heard, and valued.

This strategy reaffirms our ambition to make Rotherham a place where diversity is celebrated, and where people from all backgrounds can thrive. We recognise that inclusion is essential to building resilient communities, improving outcomes, and ensuring fairness.

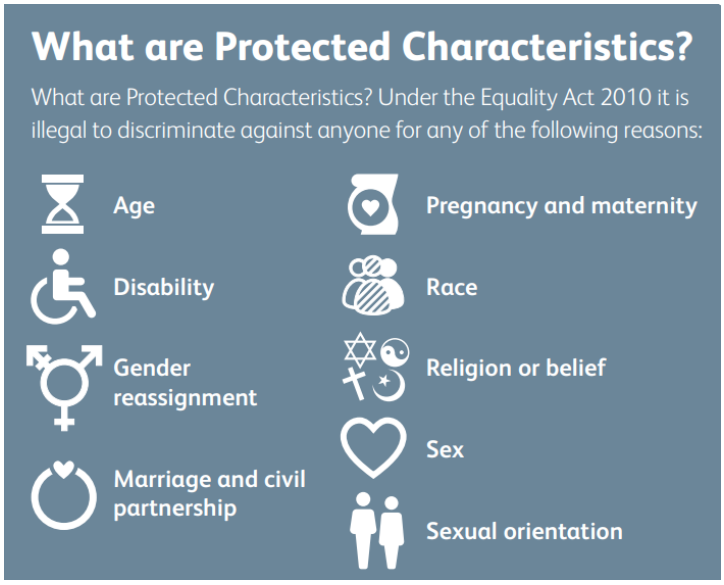
By embedding inclusion into our policies, services, and workforce practices, we aim to remove barriers to opportunity. We will continue to listen to our residents, learn from lived experience, and act on what we hear—ensuring that our decisions reflect both our legal duties and the realities of those we serve.

Policy Context

Rotherham Council's approach to equality, diversity, and inclusion is shaped by national legislation, statutory duties, and best practice frameworks.

The Public Sector Equality Duty (Equality Act 2010) requires us to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.



Under the Equality Act, there are four main types of discrimination:

- **Direct discrimination**

This form of discrimination is when someone is treated differently or worse than someone else because of that person's protected characteristic.

- **Indirect discrimination**

This form of discrimination occurs when a company put a general rule or plan in place, which puts some people with protected characteristics at a disadvantage. In the workplace, this general rule is only discriminatory when there's no justification for implementing it.

- **Harassment**

This form of discrimination is where someone conveys negative behaviour towards someone else to harm that person's dignity. Typical forms of harassment include bullying, harmful nicknames, asking inappropriate questions and gossiping.

- **Victimisation**

This form of discrimination is when someone becomes a victim of harmful behaviour because they support (or are expected to support) someone who possesses a protected characteristic. To be a victim of victimisation, you don't need to have a protected characteristic yourself.

There is also legal provision covering **positive discrimination.** This is a form of discrimination that favours someone by treating them differently in a positive way. An example is an organisation appointing someone from an underrepresented group into a role without considering whether they have the right skills for the post over other candidates who are better qualified. Positive discrimination is unlawful.

The **British Sign Language (BSL) Act 2022** requires local authorities to recognise BSL as a language of England, Scotland, and Wales, promote its use in public services and communications, and ensure deaf BSL users can access information and engage with services in an inclusive and equitable way.

From March to June 2025, the government consulted on mandatory ethnicity and disability pay gap reporting to help shape proposals in the forthcoming **Equality (Race and Disability) Bill**. The findings are yet to be published. The government is also expected to enact the **Equality Act's socio-economic duty**. This would require public authorities to consider how their decisions might help to reduce the inequalities associated with socio-economic disadvantage.

We draw on the **Equality Framework for Local Government**, which provides a structured approach to assessing progress and improving equality outcomes. The framework's principles – such as strong leadership, meaningful community engagement, and a focus on measurable improvements – underpin this strategy.

Demographics

Rotherham is one of four metropolitan boroughs in South Yorkshire. Our 25 Council wards cover a wide range of urban, suburban, and rural areas. The borough has a population of 276,595 (2024), mostly living in the urban areas of Rotherham.

- Age
  - Rotherham's population is ageing: 1 in 5 residents are aged 65 and over, representing 19.7% of the total population.
  - Rotherham has a below average percentage of people aged 18 to 29, (13.2% compared to 15% nationally) a result of young people choosing to study and work elsewhere.
  - In 2024, 19% of the population in Rotherham was aged 0 to 15, compared to 18.4% in England and 18.4% in Yorkshire & The Humber.
- Race/ethnicity
  - The borough has an increasingly diverse community. The Census 2021 found that 88.3% of the population are White British and 11.7% are from minority ethnic groups.
  - The Pakistani community is the second largest ethnic group in Rotherham after White British, with almost a third of Rotherham's 31,193 ethnic minority residents from Pakistani backgrounds (10,001 residents).

High level ethnic group	Percent
White: English, Welsh, Scottish, Northern Irish or British	88.3
Asian, Asian British or Asian Welsh	5.3
Black, Black British, Black Welsh, Caribbean or African	1.1
Mixed or Multiple ethnic groups	1.4
White other	2.8
Other ethnic group	1.1

  - Over half of the borough's ethnic minority population live in Rotherham's three central wards.
  - In Rotherham schools, 24% of pupils have an ethnic minority background (2024-25) whereas only 3% of pensioners (65+) are from ethnic minority backgrounds (Census 2021).
- Gender
  - Rotherham's population is 49.2% male and 50.8% female, compared to 49% male and 51% female in England (2024)
  - In 2025, full-time female workers in Rotherham earned only 75% of full-time male workers. The GB average for full-time female workers is 87% of male full-time earnings.
- Disability
  - 56,177 people in Rotherham (21.1% of the population) have a long-term health condition, whilst 9.8% report severe limitations (7.5% nationally).
- Sexuality/gender reassignment
  - 2.1% of residents in Rotherham identify as lesbian, gay or bisexual according to census data.

    - The census also reveals 0.6% of Rotherham residents aged over 16 identify as transgender, non-binary or have a gender identity different from their sex registered at birth, compared to 0.5% nationally.
- Religion
    - 49% Christian, 5.1% Muslim, 39.8% no religion (Census 2021)
- Deprivation
    - The borough is amongst the 15% most deprived local authority districts in England. 11,904 children are living in “absolute poverty” (Department for Work and Pensions, 2022-23).
    - Life expectancy in the most deprived areas of Rotherham is 9.9 years lower for men and 9.5 years lower for women than in the least deprived.
    - Healthy life expectancy at birth in Rotherham for males is 56 years and for females is 55.6 years (Public Health England public health profiles 2021-23) compared to 61.5 years for males and 61.9 years for females in England.

Key achievements

- **Outstanding services for children and young people**
  The Council’s Children and Young People’s Services were rated as outstanding in an Ofsted report published in December 2025. Rotherham is one of only nine councils in England to hold this rating alongside the top area outcome for the local partnership’s arrangements for children and young people with special educational needs and disabilities (SEND). Ofsted highlighted that children’s voices are central to assessment**,** planning and support, with lived experience actively shaping services. This includes initiatives such as the Children in Care Council, ‘In Care Voice’ group, and ‘Look Ahead’ for care leavers.

- **Embedded Equality, Diversity and Inclusion (EDI) in Adult Social Care**
  Planned and delivered a comprehensive training programme: 15 one-day EDI courses (April 2024–June 2025), two service events attended by over 100 staff (November 2024), and a planned cultural competence programme (May 2025–June 2026) comprising 15 practitioner sessions and four tailored sessions for 59 elected members.

- **RASCAL – Commitment to co-production, inclusion and continuous improvement**
  The newly established RASCAL (Rotherham Adult Social Care Always Listening) group brings together individuals with lived experience of adult social care to shape future services. Meeting monthly, the board ensures feedback is embedded into decision-making and service design. Supported by the Council, it uses accessible formats such as BSL interpretation to promote inclusive engagement and continuous improvement.

- **Tenant engagement framework**
  The development of our new tenant engagement framework has been a genuinely collaborative process. Tenants and other key stakeholders have been involved throughout, including our group of 26 regularly involved tenants. Through a series of co-design workshops, tenants, key staff, the Cabinet Member for Housing and a representative from tenant engagement experts, Tpas, helped to define what brilliant tenant engagement looks like and created draft outcomes. The feedback was supplemented by responses to a survey completed by over 100 tenants. This engagement process is central to our target of achieving Tpas exemplar accreditation, a mark of excellence that sets the bar for the highest standards of tenant engagement.

- **Community Recovery Fund**
  Following the August 2024 disorder in Manvers, Rotherham secured £600,000 through the Community Recovery Fund to support long-term community cohesion. The funding enabled grassroots initiatives, youth engagement programmes, and education-based interventions, all shaped by local organisations and residents. This rapid, inclusive response helped rebuild trust and promote unity across affected communities.

- **Baby Packs**
  Since March 2025, we have been delivering new baby packs to pregnant women across the borough, as part of a £360,000 family-friendly investment to give every child the best start in life. Packs include clothing, a toy, a book, and other essentials for the first six months. On average, there are 2,740 babies born each year who live in Rotherham, and all are eligible to receive a pack.

- **Crisis Support**
  We have provided crisis support funded through a combination of the government's Household Support Fund grant and Council funding. Working with the voluntary sector, we ensured that this funding reached our most vulnerable households. We have also provided food vouchers to help ensure that children had enough to eat during school holidays, an energy scheme to help with fuel bills, and specific financial support for our care leavers.

- **Rothercare**
  Rothercare is Rotherham's in-house assistive technology service, supporting over 5,600 households to live independently. A revised delivery model has modernised the service, expanded digital connectivity, and improved customer choice. Consultation showed 88% of users want the service to continue, with many citing reassurance and safety as key benefits. Rothercare plays a vital role in preventative care and inclusive service delivery.

- **Cultural Events – Holocaust Memorial Day, International Women's Day, Reclaim the Night, WOW (Women of the World)**
  The Council supported a wide range of cultural events in 2024-25 that celebrated diversity and inclusion. This included Holocaust Memorial Day, which brought together faith leaders, schools, and residents, and the 10th annual Reclaim the Night march, part of the WOW Festival, which featured creative workshops and public calls for safe, inclusive spaces.

- **Inclusion-Focused Strategies**
  We have developed and are implementing a range of strategies to promote independence, inclusion, and safety. This includes the Learning Disability Strategy, SEND Strategy and All Age Autism Strategy, which were co-produced with service users. Other key strategies, such as the Digital Inclusion Strategy, and Safer Rotherham Partnership Strategy, involved extensive consultation and elements of co-design.

- **New Council Values**
  Launched in April 2024, following engagement with staff across the organisation, the Council's refreshed values—*Caring, Honest, Proud*—reflect a commitment to inclusive, transparent, and ambitious public service. These values guide how the Council works with communities, makes decisions, and delivers services that celebrate Rotherham and support its people.

- **Independent Travel Training**
  A tailored programme for young people (aged 14+) with additional needs designed to build confidence and life skills through supported use of public transport. Delivered in partnership with families and schools, each young person is matched with a travel trainer to develop a personalised plan that promotes independence, self-esteem, and access to education, employment, and leisure.

- **Social Value Policy 2024–2027**
  This sets out how supplier contracts must actively support local employment, apprenticeships, and training—especially for disadvantaged groups—turning procurement into a tool for inclusive growth and opportunity in Rotherham.

Our new strategy will build on these significant achievements. This means taking further steps to consistently deliver inclusive, responsive services. It also means working closely with all our communities to develop strategies and initiatives that reflect their experiences, recognise their strengths, and meet their needs.

Approach and themes

The strategy is shaped by the responses we received from local people and groups during the consultation exercise. It is also informed by the equality, diversity and

inclusion informal peer review carried out by City of Doncaster Council (CDC) in 2024/25.

Consultation
From August to November 2025, several focus group sessions took place with local community and advocacy groups and their service users. The aim was to ensure that all protected characteristic groups were represented. An online survey was also available, enabling all residents to have their say on inclusion issues.

What we heard is that people…

- Don't always feel listened to:
    - it can be difficult to communicate with the Council and accessibility barriers can vary for different groups
    - the Council doesn't always appear to act on feedback, explain what action has been taken, or maintain a dialogue with groups
- Sometimes feel unsafe:
    - this can be particularly pronounced for some communities
    - there is a view that more deprived places are overlooked
- Want to be part of the solution:
    - co-production—designing services together—is crucial
    - regular engagement mechanisms would help, particularly for those who feel excluded or ignored

A separate report is available with more details of the consultation process and findings.

Informal peer review
CDC's informal peer review team visited the Council for three days in December 2024, speaking to staff, senior leaders, and a small number of tenants. Following the visit, additional information was provided and further virtual meetings took place.

The review report set out the Council's strengths and areas of good practice, whilst also highlighting areas for development. The findings were aligned to the Equality Framework for Local Government (EFLG) and are incorporated in the themes and actions outlined below.

Themes
Guided by the consultation feedback and informal peer review, our strategy focuses on:

1. Working together
2. Responsive services
3. Welcoming places

In addition, it is important for the Council to demonstrate that it values inclusivity and diversity in its workforce. To reflect this, we have added a fourth theme:

4. An employer of choice

For each theme, we have outlined the current position and areas of focus for improvement. Underneath this, we have included the relevant EFLG 'excellent' criteria and the broad actions that will be taken. This will form the basis of our approach to monitoring progress.

1. Working together
What we do already and how we'll strengthen it

We have a strong history of working with our residents and communities and strive to create services and plans designed with and for the people using them. For example, RASCAL (Rotherham Adult Social Care Always Listening) co-production group was set up in 2024 to enable people who use RMBC adult social care services to influence service changes and plans. Meeting monthly, the group has helped to shape the adult social care website and produced an e-bulletin.

Our tenant engagement team have a particular role in ensuring that the voice of our residents is heard and that tenants can shape services to meet their needs. This includes tenant panels and events, regular estate walkabouts, and the 'screen team', which reviews and improves the way we communicate with tenants.

The consultation feedback clearly showed that people are eager to engage with the Council and welcome the opportunity to collaborate to develop solutions and improve services to ensure they are inclusive and accessible. One way to achieve this is by utilising our strong relationships with voluntary and community sector organisations, who often act as a gateway to the groups they support. Elected councillors also play a crucial role as community leaders: engaging, listening to and working with constituents, and championing inclusion.

In Children and Young People Services (CYPS), voice and co-production mechanisms are well-established. Based on the Four Cornerstones principles (*welcome and care, value and include, communicate,* and *work in partnership*), several forums exist that give young people and their families the opportunity to shape and influence services. This includes the voice of young people in care, care-experienced adults, and young people and their families accessing SEND provision.

We continue to build our understanding of communities and places within the borough and the issues that affect them. The Rotherham data hub, for example, brings together a wealth of data and intelligence on health needs and the factors that affect health, helping us to target efforts to reduce health inequalities. As noted in the informal peer review report, cross-departmental efforts to share data are helping

services better understand overlapping needs, particularly in areas such as health inequalities and social care.

Despite the good practice highlighted above, the informal peer review report suggested that consultation and engagement efforts are fragmented, with concerns about repetitively consulting the same communities. It also identified that more effective sharing of data with partners could improve our understanding of intersectionality.

This demonstrates that more needs to be done to consistently and effectively engage groups and communities that are less likely to work with the council, ensuring their voice is heard and services reflect their needs and concerns.

What excellent looks like

- Services are co-produced with service users wherever possible and service users can influence changes
- Formal and informal interactions take place between the organisation and its diverse and under-represented communities
- All under-represented groups are actively participating in and influencing decision making and intersectionality is explored and accounted for
- Key decision makers are involved in the engagement process
- There is evidence of partnership arrangements for engagement leading to improved outcomes in participation. Partners are open to challenge and constructive criticism and there is openness in considering the views of different groups and stakeholders without bias towards the loudest voice(s)
- The Council's leaders' maintain a high profile on community relations, making use of members' links with different communities depending on circumstances
- Participation of under-represented groups has improved and people across a range of protected characteristics are able to influence decisions
- There is evidence of service improvements driven by greater participation from under-represented groups

Key actions

- Identify opportunities to develop and maintain a dialogue with diverse and under-represented communities
- Roll out the use of new consultation software to make our approach more consistent and improve accessibility
- Embed a more consistent approach to co-production based on an agreed framework or approach
- Work with partners to share information and good practice on inclusion issues

2. Responsive services

What we do already and how we'll strengthen it

The Council delivers a wide range of services that directly support those who may face barriers to inclusion. This ranges from services for those with special educational needs and disabilities, to targeted employment support initiatives, school holiday food provision for children from lower income families, and support for domestic abuse victims.

Part of our approach to ongoing service improvements is to gather feedback from customers, recognising that this provides valuable insight into how we're performing.

We realise, though, that we must do more to show how the feedback we receive is changing the way we do things. As people emphasised during the consultation, listening without acting or without communicating what we're doing in response, only causes frustration and a loss of trust.

Crucially, we must also ensure that we don't only listen to those who find it easy to make their voice heard. This means doing more to ensure there are easy ways for all our customers and residents to get in touch, raise concerns, and highlight how we could do things better.

The informal peer review highlighted that senior officers are committed to improving customer experience and there are good examples of how we make our services accessible and adapt communications to reach diverse communities. Our website has been externally validated as one of the more accessible local authority sites – most of it can be navigated using speech recognition software and listened to using a screen reader. For in-person contact we can offer an interpretation service for customers whose first language isn't English.

However, the review found that this needs to be more consistent across services, with further evidence that service delivery is being shaped or redesigned based on engagement or consultation. We also need to track outcomes for different groups, demonstrating whether changes are improving access and reducing specific barriers.

The use of equality analyses to understand how service changes might risk excluding or having a detrimental impact on particular groups is central to our decision-making process.

This is working well, as acknowledged in the peer report, but we will go further in improving the links between inclusion objectives and service plans and ensuring that services report on their performance from an inclusion perspective.

Another critical aspect highlighted in the consultation is the importance of community facilities and delivering services locally. There are several examples of this approach, including our family hubs and the Open Arms Rotherham financial inclusion project. Both initiatives take a one-stop-shop approach, using a range of local venues across the borough and working closely with our voluntary and community sector partners.

What excellent looks like

- Services are accessible and offer different access routes to meet the varying needs of different communities
- There is evidence of how levels of customer satisfaction with services and associated outcomes have improved over time
- There are examples of how different customers' experiences are analysed and acted upon to improve services
- There is a clear link between meeting inclusion objectives and delivering positive outcomes for communities, and we can show that improvements are being delivered
- Service and business plans are designed and written with inclusion objectives in mind
- Gaps have been identified in terms of who may not be using services and why. Action has been taken to change services in response
- There is evidence of improving outcomes, disaggregated where appropriate to demonstrate the effects on different communities/protected groups

Key actions

- Develop the staff training offer to improve understanding of inclusion issues and customers' varying needs
- Strength equality impact assessments by reviewing the forms, updating guidance and providing appropriate training
- Review the way in which inclusion issues are considered within service plans, including commissioned services
- Systematically use data and intelligence to ensure services are inclusive and to understand whether outcomes are improving for different groups
- Make proactive, practical changes to communication methods and platforms, including the Council's main website and galaxy sites, to ensure they are accessible to all communities
- Deliver a wide range of core and targeted services that meet community needs

3. Welcoming Places

What we do already and how we'll strengthen it

We want all towns, villages and public spaces in Rotherham to be welcoming places for everyone where people always feel safe. This is an important aspect of being an inclusive and diverse town.

Based on the consultation feedback, we know that there are people in our communities who do not always feel safe in certain areas of Rotherham, at different times of the day, or just being themselves.

We understand that a welcoming place is made up of more than the physical environment. It includes the services that we and other organisations deliver and the diverse people that make up our communities. It is also about a way of working –

building relationships, bringing people together, and using the assets that exist across our neighbourhoods, including residents' skills and knowledge, to jointly solve problems and plan improvements.

Our commitment to improving services in line with local people's priorities is the basis for our ward plans, which are shaped and delivered with residents, community groups and partner organisations.

Cultural and creative activities can also play a major role in helping people to feel included and valued. Our unique Children's Capital of Culture programme explicitly aimed to celebrate Rotherham's diversity and remove barriers to accessing culture. Many of the young people who participated identified as LGBTQ+, disabled or neurodivergent.

We will use this strategy to influence other plans, activities and services, making sure groups feel both included and safe in Rotherham. This includes working with colleagues and partner organisations involved in Rotherham's community safety partnership, which has a specific focus on creating safer neighbourhoods.

The partnership has overseen a significant programme of activity on hate crime, increasing the number of reporting centres and working extensively with local schools to raise awareness, including creating a professional development package.

More broadly, we will ensure that the needs and safety of all residents are considered in planning and designing changes to our borough. This includes working towards more of what people have consistently told us is important to them: well-kept parks and green spaces, more connected communities, peaceful and quiet areas with less anti-social behaviour, cleaner streets and safe roads, good local amenities, and revitalised town and village centres.

What excellent looks like

- There is evidence of improved safeguarding outcomes for under-represented groups
- Service design and delivery is producing equality outcomes for all under-represented groups in the community
- The Council takes a sophisticated approach to fostering good relations, resulting in measurable improvements in relationships between diverse communities
- The organisation works with others to improve performance on good relations between diverse communities
- The Council plays a leading role in bringing partners and the community together if there are serious incidents of hate crime

Key actions

- Deliver a range of events and activities across Rotherham that help to bring people together
- Focus on the use of education and engagement to prevent hate crime
- Consult on, produce and deliver ward plans, working closely with local groups and residents
- Oversee ongoing community cohesion initiatives working with local voluntary and community groups
- Improve local places, making them more accessible and appealing and utilising key assets

4. Employer of choice
What we do already and how we'll strengthen it

The Council is one of the borough's largest employers, with nearly six thousand full-time equivalent employees. We are committed to fostering an inclusive workplace where everyone feels valued, respected, and able to thrive.

It is also important that our workforce reflects the diversity of Rotherham's communities. One of the ways we have done this is through targeted recruitment and engagement with schools, the voluntary sector, and community groups. These efforts will continue, alongside new initiatives to attract and retain talent from underrepresented backgrounds, so our workforce truly represents the borough.

As a Disability Confident employer, we continue to develop our recruitment approach to attract and retain talent from all backgrounds. Our aim is to ensure recruitment processes are inclusive, accessible, and insight driven. By embedding inclusive principles and strengthening support for hiring managers, we seek to remove barriers and create fairer opportunities for all applicants.

We offer flexible working arrangements, development opportunities, and a broad range of benefits to support work-life balance. Inclusion is embedded in our workforce development, with apprenticeships and internships helping young people gain meaningful experience and build career pathways. Meeting apprenticeship targets remains a priority, particularly in supporting young people from underrepresented backgrounds, including care leavers.

CYPS are currently creating two positions for people from communities who are currently less represented in the workforce. These will be entry level posts with a clear career path. At the same time, Council staff will be taking advantage of a national initiative providing leadership training for people of colour.

Staff networks play a vital role in championing diversity, providing safe spaces for employees to connect, share experiences, and influence change. We will strengthen these networks by expanding participation and developing a framework that enables greater organisational impact.

We are committed to fostering a workplace culture that supports wellbeing, and inclusion. This approach reflects our values—listening and working together, being open and accountable, and striving for the best for our people and place.

We will continue to build a sense of belonging by encouraging wider staff participation in events and initiatives that celebrate diversity. We want all employees to have a voice in shaping what we do, ensuring decisions are informed by experience and local insight.

What excellent looks like

- The workforce profile, including major commissioned service providers, broadly reflects the diversity of the local community and labour market
- Equality outcomes for the whole workforce are clearly prioritised and demonstrably achieved
- Staff involved in equality networks are satisfied that they are listened to and that they can make a difference in the organisation
- Workforce strategy and management practices are informed by robust, comprehensive employment data, with benchmarking and sharing of good practice embedded
- We consistently consider equality in decision making, resource allocation and service design
- Services are provided by well-trained staff who understand and meet the diverse needs of local communities
- The organisation actively supports career progression for under-represented groups, fostering a culture of opportunity and fairness
- A positive health and wellbeing culture is embedded across all levels, promoting identity, self-esteem, and psychological safety for all employees

Key actions

- Expand participation in staff networks and offer flexible ways to get involved
- Ensure that workforce data can be disaggregated to enable analysis by protected characteristic, supporting workforce planning
- Ensure the learning and development offer supports the progression of under-represented groups across the Council
- Embed inclusive principles into recruitment and selection by reviewing processes to ensure they are fair and accessible, and using feedback to identify barriers and improve practice
- Ensure the refreshed Workforce Strategy emphasises inclusivity, with specific actions identified
- Explicitly link inclusion to wellbeing by embedding it in the workplace wellbeing programme and related initiatives
- Increase staff involvement in diversity events to strengthen engagement and celebrate inclusion across the organisation

Measuring progress

Progress will be monitored via an annual action plan setting out key activity across the strategy's four themes. This will be subject to regular oversight and reporting via robust internal governance arrangements. The relevant EFLG criteria will also be used to gauge progress.

Each year, an annual report will provide an overview of progress, highlighting key achievements and case studies.

In addition, both the Council Plan and annual plans for individual Council services will clearly set out how inclusion, equality and diversity issues are being considered and addressed in the planning and delivery of priority activity.

We will also ensure that our internal staff networks and external groups representing or advocating for those with protected characteristics are given the opportunity to hold us to account.

Appendix 2: Inclusion Strategy Action Plan February 2026 to March 2027

Inclusion strategy action	Specific action	Target date	Lead officer / service
Theme 1: Working Together			
Identify opportunities to develop and maintain a dialogue with diverse and under-represented communities	Refresh the community reference group and widen membership to include additional inclusion groups	Q4 25/26	Head of Organisational Development
	Arrange an annual inclusion summit to raise awareness of activity and gather feedback from local communities	Q3 26/27	Head of Organisational Development
Roll out the use of new consultation software (Citizen Space) to make our approach more consistent and improve accessibility	Complete initial phase of staff training	Q4 25/26	Head of Policy, Performance and Intelligence
	Launch Citizen Space	Q1 26/27	Head of Policy, Performance and Intelligence
Embed a more consistent approach to co-production based on an agreed framework or approach	Embed the Rotherham Adult Social Care Always Listening Co-Production Board (RASCAL) within the approach to change across adult social care	Q4 25/26	Service Director of Adult Care & Integration
	Publish the *Adult Social Care Involvement Framework*, which sets out the approach and commitment to co-production and involvement across adult social care	Q1 26/27	Service Director of Adult Care & Integration
	Publish the co-designed tenant engagement framework	Q4 25/26	Service Director of Housing
Work with partners to share information and good practice on inclusion issues	Explore how data can be more effectively shared across partner organisations to better understand communities and intersectionality	Q4 26/27	Head of Policy, Performance and Intelligence
Theme 2: Responsive Services			
Develop the staff training offer to improve understanding of inclusion issues and customers' varying needs	Utilise the Community Recovery Fund to deliver a workforce development programme which focuses on Equality Act 2010 protected characteristics and Public Sector Equality Duty	Q4 25/26	Head of Organisational Development
Strengthen equality impact assessments by reviewing the forms,	Review and refresh equality screening/assessment forms and update the guidance, including consideration of intersectionality	Q3 26/27	Head of Policy, Performance and Intelligence

Inclusion strategy action	Specific action	Target date	Lead officer / service
updating guidance and providing appropriate training	Commence training to key staff to help them understand the process and improve the quality of assessments	Q4 26/27	Head of Policy, Performance and Intelligence
Review the way in which inclusion issues are considered within service plans, including commissioned services	Review service plan templates and guidance to improve the way in which inclusion issues are considered at the strategic service level	Q4 25/26	Head of Policy, Performance and Intelligence
Systematically use data and intelligence to ensure services are inclusive and to understand whether outcomes are improving for different groups	Create a comprehensive framework for collecting equality, diversity and inclusion data to drive a more equitable and responsive approach to housing services	Q4 26/27	Service Director of Housing
Make proactive, practical changes to communication methods and platforms, including the Council's main website and galaxy sites, to ensure they are accessible to all communities	Produce and disseminate easy read and summarised versions of the inclusion strategy	Q1 26/27	Head of Policy, Performance and Intelligence
	Expand the range of services available digitally to improve access, including implementing calendar booking and payment upfront online functions. This will include a digitalised pest control appointment service.	Q4 25/26	Service Director of Customer, Information & Digital
	Work closely with the contracted interpretation and translation provider to review and implement solutions that enable real-time, on-demand BSL communication for in-person interactions	Q3 26/27	Service Director of Customer, Information & Digital
Deliver a wide range of core and targeted services that meet community needs	Provide food vouchers, meals and activities to children eligible for free school meals during the school holidays, as part of the Household Support Fund and Holiday Activities and Food programmes	Q4 25/26	Service Director of Financial Services / Early Help
	Deliver independent travel training to at least 30 children and young people to increase independence, through the new Home to School Transport Policy	Q4 25/26	Service Director of Community Safety & Street Scene
	Support 27 Rotherham secondary schools and colleges, including SEND schools and pupil referral units, to enhance their careers provision	Q4 25/26	Service Director of Planning, Regeneration & Transport

Inclusion strategy action	Specific action	Target date	Lead officer / service
	Deliver holistic, community-based support for families through the Family Hubs network and children's centres, working with voluntary and community sector partners to raise awareness and increase engagement	Q4 25/26	Service Director of Family Help
	Issue 73% of Education, Health and Care Plans within 20 weeks ensuring children receive effective support when needed	Q4 25/26	Service Director of Education & Skills
	Agree an updated Domestic Abuse Strategy to continue to improve the support available to victims and the actions taken to address perpetrators of violence and abuse	Q4 25/26	Service Director of Community Safety & Street Scene
	Complete the building work for Castle View day service which will provide new day opportunities for people with high support needs	Q4 25/26	Service Director of Adult Care & Director of Public Health
	Deliver the Learning Disability Strategy priorities for 2025, including a new transition pathway for young people preparing for adulthood, increasing the number of young people accessing employment opportunities and embedding the voice of the young person in their care and support journey	Q4 25/26	Service Director of Adult Care & Integration
	Appointment of inclusion lead for Rotherham Music	Q1 26/27	Service Director of Culture, Sport and Tourism
	Develop SEND specific music offer for schools	Q3 26/27	Service Director of Culture, Sport and Tourism
	Through the Employment Solutions Service, support a minimum of 455 unemployed people to access employment opportunities (including training, education, apprenticeships, and paid employment), and enable 160 economically inactive participants to move into work as part of the Economic Inactivity Trailblazer	Q4 25/26	Service Director of Housing
	Engage with employers to develop and implement inclusive recruitment programmes, focusing on job descriptions,	Q4 26/27	Service Director of Planning, Regeneration & Transport

Inclusion strategy action	Specific action	Target date	Lead officer / service
	recruitment practices, and in-work support as part of the Pathways to Work initiative		
	Support local residents to overcome barriers to employment by connecting them to work opportunities and addressing challenges related to long-term health conditions and disabilities. Deliver Q4 activities under the Pathways to Work programme, including targeted support for 151 neurodiverse individuals, aiming for 50% in-work outcomes.	Q4 26/27	Service Director of Planning, Regeneration & Transport
	Commission specialist organisations to embed Individual Placement Support within services already accessed by people on probation, survivors of domestic violence, and those experiencing homelessness	Q4 26/27	Service Director of Planning, Regeneration & Transport
	Deliver the Council's Local Council Tax Support Top Up scheme, providing up to £126 to working households in receipt of council tax support	Q4 25/26	Service Director of Financial Services
Theme 3: Welcoming Places			
Deliver a range of events and activities across Rotherham that help to bring people together	Deliver a diverse programme of cultural events throughout the borough, underpinned by a series of programming principles which ensure they are accessible, representative of their communities and inclusive to all.	Q4 26/27	Service Director of Culture, Sport and Tourism
	Continue to celebrate international days, such as International Women's Day, and explore how they can be used to bring people together and engage with communities	Ongoing throughout	Head of Communications and Marketing
	Celebration event for intergenerational community grants programme	Q4 25/26	Service Director of Culture, Sport and Tourism
	Deliver a targeted intergenerational family learning programme with ethnic minority communities and a co-produced intergenerational family learning programme with older people and children	Q4 26/27	Service Director of Culture, Sport and Tourism
Focus on the use of education and engagement to prevent hate crime	Tackle hate crime incidents and the drivers of hate crime through the delivery of education and engagement group and individual sessions:	Q4 25/26	Service Director of Community Safety & Street Scene

Inclusion strategy action	Specific action	Target date	Lead officer / service
	• 600 children and young people to attend group sessions • 600 children and young people to attend group sessions • 55 one to one sessions		
Consult on, produce and deliver ward plans, working closely with local groups and residents	Delivery of ward plans through ward reports being reported to Council from July 2025, which have been informed by local communities	Q4 25/26	Head of Neighbourhoods
Oversee ongoing community cohesion initiatives working with local voluntary and community groups	Support communities across the borough through the delivery of the Community Cohesion Grant fund	Q4 25/26	Head of Policy, Performance and Intelligence
	Actions to be identified from the cohesion strand of Rotherham's regeneration plan (Pride in Place programme)	Q4 26/27	Service Director of Planning, Regeneration & Transport
Improve local places, making them more accessible and appealing and utilising key assets	Improve four play areas as part of the children's playground programme, ensuring they are accessible to disabled children	Q4 25/26	Service Director of Culture, Sport and Tourism
	Deliver a range of schemes through the Our Places fund, breathing new life into public spaces, enhancing safety and maintaining local infrastructure	Q4 26/27	Service Director of Planning, Regeneration & Transport
	Invest £300k in community facilities across the borough - including the Black Hut and Oaklea Retreat - to sustain and increase the participation, activities and engagement within them	Q4 2025/26	Service Director of Property & Facilities Service
Theme 4: Employer of Choice ***(Activity within this theme aligns with criteria from the Equality Framework for Local Government and working towards being an Employer of Choice)***			
Expand participation in staff networks and offer flexible ways to get involved.	Establish and implement a clear governance structure to ensure that staff networks are proactively able to influence the organisation and provide feedback	Q4 25/26	Head of Organisational Development
	Conduct an annual survey for staff networks to feedback satisfaction levels about how network voice is being heard and acted on by the organisation, with a focus on continuous improvement and inclusivity	Q4 26/27	Head of Organisational Development

Inclusion strategy action	Specific action	Target date	Lead officer / service
Ensure that workforce data can be disaggregated to enable analysis by protected characteristic, supporting workforce planning.	Promote workforce diversity in underrepresented areas of the organisation by using disaggregated data to inform the development of initiatives Develop and implement targeted career development strategies into leadership and management roles for existing staff members from underrepresented groups within the workforce	Q4 26/27	Head of Human Resources Head of Organisational Development
	Targeted activity to encourage staff to disclose equality information: - Cultural engagement to be delivered by OD focusing on the fact that disclosing information is in the individual's best interest (link to reasonable adjustments etc) - Communications around updating info on self-serve once a year. In first instance to be actioned at 6-month intervals to measure progress and create baseline for future years	Q1 & Q3 26/27 Q2 & Q4 26/27	Head of Organisational Development
	Explore establishing a reporting mechanism to ensure that harassment and bullying incidents can be analysed by protected characteristics - Ensure quarterly monitoring and analysis reports of incidents, leading to action being taken where issues are identified - Implement and embed a process to monitor and address specific complaints of staff from protected groups - Use data to identify recurring themes and address as necessary e.g. through education and awareness training	Q2 26/27	Head of Human Resources
Ensure the learning and development offer supports the progression of under-represented groups across the Council	Conduct a training needs analysis of the learning and development offer across the Council to identify where there is variation across directorates. Expand the offer of learning and development based on the needs analysis.	Q2 26/27	Head of Organisational Development

Inclusion strategy action	Specific action	Target date	Lead officer / service
	Increase the proportion of new starter apprenticeships created within the Council, aiming for at least 80 at any one time	Q4 26/27	Head of Organisational Development
	Develop and implement an apprenticeship action plan that documents the work with partners to develop more apprenticeships across the borough	Q4 25/26	Head of Organisational Development
Embed inclusive principles into recruitment and selection by reviewing processes to ensure they are fair and accessible, and using feedback to identify barriers and improve practice.	Establish a process to ensure that data on applicants and people shortlisted is systematically collected and can be disaggregated by protected characteristic Utilise the anonymised data to inform recruitment initiatives that address disparities in protected groups, as necessary	Q2 26/27 Q3 26/27	Head of Human Resources Head of Organisational Development
	Deliver inclusive training for recruitment panels	Q2 26/27	Head of Organisational Development
Ensure the refreshed Workforce Strategy emphasises inclusivity and workforce outcomes align with the Inclusion Strategy.	Refreshed Workforce Plan agreed and implemented	Q4 25/26	Service Director, Human Resources and Organisational Development
Explicitly link inclusion to wellbeing by embedding it in the workplace wellbeing programme and related initiatives.	Refresh the employee wellbeing programme	Q4 26/27	Head of Organisational Development
Increase staff involvement in diversity events to strengthen engagement and celebrate inclusion across the organisation.	Support staff networks to deliver internal events across the year	Ongoing throughout	Head of Organisational Development
	Identify opportunities to celebrate inclusion and achievements (e.g. introduce a Diversity and Inclusion Champion award at Big Hearts, Big Changes)	Ongoing throughout	Head of Organisational Development

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EQUALITY, DIVERSITY AND INCLUSION ANNUAL REPORT 2025



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Rotherham Metropolitan Borough Council

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FOREWORD

Rotherham Council remains committed to promoting equality and fostering a cohesive society built on mutual respect, where no one is left behind. This principle shapes our policy priorities, with a strong focus on tackling inequalities embedded throughout our work.

Equality considerations continue to influence the Council's internal operations and decision making. As this report highlights, engagement with diverse communities has helped co-produce services. We've also worked closely with local voluntary, community, and faith sector organisations to support residents during the ongoing cost-of-living crisis.

In 2024/25, over £5 million was allocated to crisis support, funded through a combination of the government's Household Support Fund grant and Council self-funding. Working with the voluntary sector, we ensured that this funding reached our most vulnerable households. We also provided food vouchers to help ensure that children had enough to eat during school holidays, an energy scheme to help with fuel bills, and specific financial support for our care leavers.

Our Employment Hub supported around 700 residents into sustainable employment or accredited training, reflecting our commitment to removing barriers and helping people reach their potential.

Over the past year, the Council and partners have promoted events celebrating diversity and marking awareness days, including Holocaust Memorial Day, International Women's Day, Carers Rights Day, Inter-Faith Week, Rotherham Show, Armed Forces Day, and Mental Health Awareness Week.

A standout moment was the 10th annual Reclaim the Night event, part of the Women of the World Festival (WOW) Rotherham. The evening featured creative workshops and a town centre walk, with banners created by local artists and groups calling for action against gender-based violence and advocating for safe, inclusive spaces.

In August 2024, our community was deeply affected by the violent attack on the Holiday Inn in Manvers, which was housing asylum seekers. This unacceptable act of hate targeted some of the most vulnerable people in our borough. In its aftermath, we worked closely with partners, the police, and community leaders to provide support and reassurance, while reaffirming our commitment to ensuring Rotherham remains a safe, inclusive, and welcoming place for all.

We continue to take a coordinated approach to advancing equality, diversity and inclusion, with leadership and staff working together to embed inclusive practices and shape a more representative and supportive workplace culture.

Equality and inclusivity are central to Forging Ahead, our new Council Plan for 2025-30. The plan sets out an ambitious programme, focused on expanding opportunities and harnessing the knowledge and skills of community groups and local residents.



Councillor Saghir Alam OBE
Cabinet Member for Finance

INTRODUCTION

Over the past year, Rotherham Council has continued to put equality, diversity and inclusion at the centre of its work. We've done this while facing ongoing economic and social challenges. The Council has stayed focused on supporting the borough's most vulnerable residents, providing targeted assistance where it is most needed.

As we continue to strive for the best possible outcomes for our residents, our commitment to equality, diversity and inclusion remains central. In the past year, we've built stronger partnerships, worked closely with communities, and continued to tackle the inequalities that exist in the borough.

This report highlights some of our key achievements from 2024/25, using the four themes identified in the current EDI Strategy:

- **THEME 1: Understanding and working with our communities**
- **THEME 2: Leadership, partnership, and organisational commitment**
- **THEME 3: Responsive services and customer care**
- **THEME 4: Diverse and engaged workforce**

It also shares case studies and identifies priorities for the first year of the new Inclusion Strategy (2026-29). As we look ahead, we remain committed to building a fairer, more inclusive Rotherham where everyone can thrive, no matter their background or circumstances.

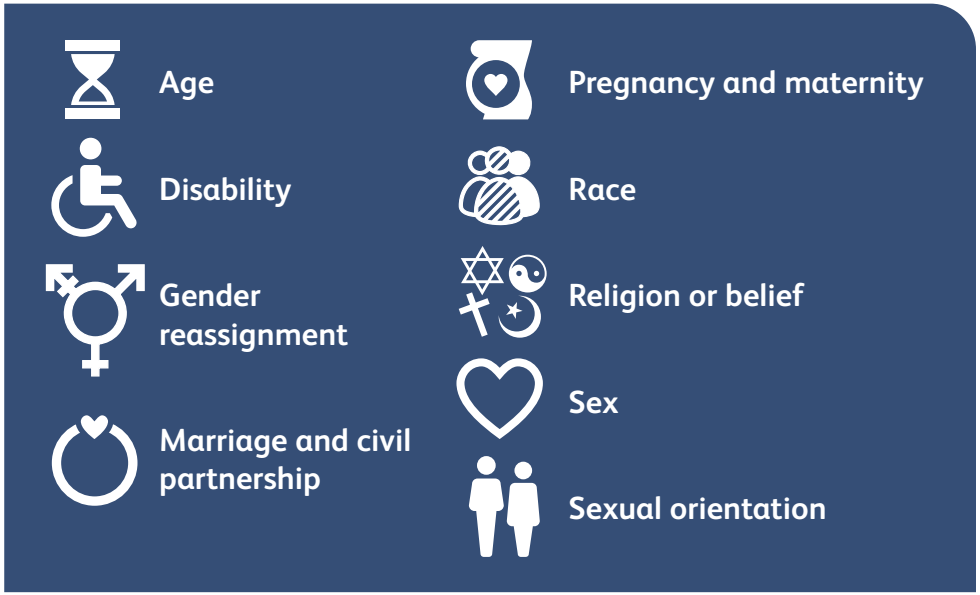


POLICY CONTEXT

The Equality Act 2010 places a general duty on the Council and others carrying out public functions to have due regard to the need to:

- **Eliminate discrimination**, harassment and victimisation
- **Advance equality of opportunity** between people with and without protected characteristics.
- **Foster good relations** between different groups.

A fair society cannot exist if some communities remain disadvantaged because of protected characteristics, which include:



The Council must actively embed equality in all its work and ensure suppliers do the same. We are also expected to consider how our decisions affect different people and communities.

In addition, the Council aims to address socio-economic inequalities by focusing on reducing unequal outcomes when making strategic decisions.

Equality Framework for Local Government (EFLG)

The EFLG helps councils to deliver accessible and inclusive services and to meet their legal requirements in relation to equality. It does this by:

- Identifying areas of activity that councils need to address to deliver good equality outcomes.
- Helping councils to understand how they can build equality into processes and practices.
- Supporting organisations to become inclusive employers.
- Enabling councils to informally self-assess their progress on the equality improvement journey and determine where and how they need to improve.

The Council has used this framework to assess its progress, including through peer assessments from other councils.

Equality, Diversity and Inclusion Strategy 2022-2025

In 2021, the Council committed to refreshing its equality objectives, taking into account the impact of Covid-19. This led to the development of the Equality, Diversity and Inclusion (EDI) Strategy 2022–2025, shaped by engagement with elected members, staff, partners, and local communities.

The EDI Strategy provides a framework for embedding equality, diversity, and inclusion in everything the Council does. It sets out how the Council aims to remove barriers that prevent full participation in the borough's social, cultural, political, and economic life.

The strategy includes four key objectives:

- Understanding, listening to and working with Rotherham's communities
- Delivering accessible and responsive services that meet diverse needs
- Providing leadership and organisational commitment to promote equalities
- Ensuring a diverse and engaged workforce

These objectives align with the EFLG and inform an annual work plan.

As we near the end of the current strategy, work is underway to develop a new Inclusion Strategy.



THEME I: UNDERSTANDING, LISTENING TO AND WORKING WITH ROTHERHAM'S COMMUNITIES

As outlined in the EDI Strategy, reducing inequalities and tackling discrimination begins with a clear understanding of the needs and priorities of our communities.

This means collecting and analysing equalities data – such as information on age, ethnicity, disability, gender, and socio-economic background – to identify where disparities exist. It also involves engaging meaningfully with local people, fostering good community relations, and supporting residents to participate fully in public life.

Key achievements in 2024/25 include:

- **Children & Young People's Partnership** Board gives young people a real say in how services are planned and delivered. It's co-chaired by a councillor and a youth representative and focuses on issues young people care about. One key priority they've raised is tackling hate crime.
- **Rotherham's Learning Disability Strategy** was shaped by nearly 250 people with lived experience, including those with learning disabilities, carers, and professionals. Their feedback focused on feeling welcome, being included, and having clear communication. This approach ensured the strategy reflects real-life experiences and priorities.
- **RASCAL (Rotherham Adult Social Care Always Listening co-production group) Board** is a new board made up of people with experience of adult social care, helping shape future services in Rotherham. Members meet monthly to share feedback and influence decisions. Their work is supported by the Council and includes accessible communication like BSL interpretation.
- **Children's Capital of Culture engagement** – supported five festivals, engaging over 10,000 participants and embedding youth voice into local events.
- Funded by **Arts Council England**, each festival received **up to £2,000**
- Partnered with:
  - Eastwood Fun Festival (June, Rotherham East ward)
  - Harthill Carnival (July, Wales ward)
  - Aston Carnival (August, Aston and Todwick ward)
  - Ferham Festival (August, Rotherham West ward)
  - Reclaim The Night (November, Boston Castle ward)
- Engaged **499 school pupils and 130 children and young people** in youth provision
- Total reach: **10,000+ participants**
- Ferham Festival highlights:
  - **2,000+ attendees**
  - Creative projects with **154 children** from Kimberworth and Thornhill primary schools
  - Youth-led performances including the Thornhill Rap and a Roma-hip hop dance fusion
  - Family involvement from the Liberty Church youth group

CASE STUDY:

Ferham Mother, Baby & Toddler Group – Supporting Families, Building Trust

The Ferham Mother and Baby Group was created by the Infant Feeding Team and nursery nurse, Musaret Nazir, to support the Pakistani community in Ferham. Hosted at Jamia Masjid Noor-Ul-Huda mosque, which generously provides the space free of charge, the group was developed in response to a clear gap: while many families were breastfeeding, they weren't accessing local support.

Sessions run fortnightly, focusing on baby development and open conversations with health professionals. Families helped shape the programme, suggesting sensory-themed activities like lights, messy play, and texture exploration. Guest speakers from oral health, weaning, genetic counselling, and children's literacy have also joined, helping families connect with wider services.

One early challenge was keeping families informed about session dates. Initially, Musaret made individual calls, which was time-consuming. This was resolved when a mother trained in Solihull Breastfeeding Peer Support created a WhatsApp group to share updates and invite others – including expectant mums – to join.

Feedback has been overwhelmingly positive, with families praising the friendly environment, engaging activities, and the chance to connect and share experiences. The group has helped reduce health inequalities by offering education in a familiar, informal setting, and has strengthened relationships between staff and families.

In 2025, the initiative was recognised with the **Rotherham NHS Foundation Trust Proud Award for Diversity & Inclusion**. The team celebrated alongside peer supporter Yasmin and Louise Willis from Grimm & Co, marking a milestone in inclusive community support.

Hear from Alice Edwards (Infant Feeding Team) and Yasmin (Peer Supporter and service user) as they share their experiences and insights about the group in this short video: ***Watch on YouTube***.



Winner - Diversity and Inclusion Award
Infant Feeding Team

CASE STUDY:

Rotherham Sight & Sound – Inclusive Design through Meaningful Engagement

The Upper Millgate and Corporation Street public space scheme is a key part of Rotherham's town centre regeneration, creating a vital link between the new Forge Island leisure development and the wider town centre. The project aims to deliver a more pedestrian-friendly environment, with improved access, green spaces, and safer crossing points to Riverside Gardens, the cinema, hotel, and restaurants.

Key proposals included:

- Widening footways and enhancing the public realm along Corporation Street.
- Reducing crossing distances to improve pedestrian access.
- Retaining traffic restrictions (except for buses) on the uphill section of Corporation Street, while allowing bicycles to travel in both directions.
- Replacing signalised crossings at Upper Millgate with a raised informal crossing.
- Permanently removing traffic lights at the High Street/Ship Hill junction, following a successful trial, and redesigning the junction to improve visibility and pedestrian safety.

To ensure the community had a clear understanding of the proposals and the opportunity to provide meaningful feedback, a comprehensive communications plan was developed. This identified specific audiences and tailored communication methods to encourage engagement.

A stakeholder database was created, including local businesses, community groups, educational institutions, and organisations representing protected characteristic groups.

Stakeholders were offered one-to-one meetings and alternative formats of the plans to ensure accessibility. This approach led to Rotherham Sight & Sound (RSS)—a key organisation supporting people with sensory impairments—requesting a dedicated meeting to discuss the impact of the proposals on their service users.

Two officers from Rotherham Investment and Development Office (RiDO) met with RSS at their Ship Hill offices, sharing printed and tactile versions of the plans. The group raised several concerns, particularly around the removal of signalised crossings and the challenges this would pose for visually impaired pedestrians.



Key points raised included:

- The need for a safe, even if longer, route between Ship Hill and Riverside House.
- The current route involves five separate crossings, which is particularly difficult for those with visual impairments.
- A preference for signal-controlled crossings over zebra crossings, which can be difficult to navigate safely without clear driver cues.
- The importance of a crossing on Westgate near Ship Hill, as many RSS clients walk up Corporation Street and would struggle to cross safely at that junction.
- While RSS acknowledged that not all crossings could be signalised, they felt a strong case existed for a controlled crossing between Ship Hill and Main Street, due to its importance as a key route for visually impaired people accessing Council services.

The feedback was formally included in the consultation and flagged as a priority for further design consideration.

A follow-up meeting and site visit were arranged with RSS to review updated proposals. Printed plans were shared again, and the group walked the route to assess the impact of the proposed changes.

During the visit, RSS reiterated the need for a signal-controlled crossing on Westgate, and discussions were held about how to ensure visually impaired people were made aware of the changes. It was suggested that project funding could support route training for RSS clients, helping them adapt to the new layout and identify safer routes—particularly between the bus station and Riverside House via Riverside Gardens.

As a result of the meeting, the following actions were agreed:

- RMBC would instruct the design team to explore the feasibility of a standalone signal-controlled crossing on Westgate between Main Street and Ship Hill, recognising the specific needs of visually impaired pedestrians.
- RMBC would provide RSS with a recommended accessible route from Rotherham Interchange to Riverside House, using existing and proposed signalised crossings and the new Riverside Gardens path.

A further meeting took place in September 2024, where representatives from RSS, the Council's Project Manager, and the design team walked the full route to identify any remaining issues and ensure the proposed solution was practical and safe.

Outcomes

The engagement with RSS led to tangible changes in the scheme's design and delivery. RSS were satisfied with the revised proposals and the commitment to implementing a safer crossing point. They also requested a pre-opening visit to Forge Island for their service users, which was arranged for August 2024 to help familiarise them with the new environment.

In addition, RSS offered to deliver free visual impairment awareness training to the RiDO team, which took place in June 2024. The training was extremely well received and provided valuable insight into the challenges faced by people with sensory impairments—insight that will inform future public realm projects.

This case study highlights the importance of early, inclusive engagement and the value of listening to lived experience. By working closely with RSS, the Council was able to adapt its plans to better meet the needs of all residents.

THEME 2: LEADERSHIP, PARTNERSHIP AND ORGANISATIONAL COMMITMENT

The Council plays a pivotal role as a local leader in championing equality, diversity, and inclusion across Rotherham. This leadership extends to embedding these values in all aspects of its work—from decision-making and communications to partnership working, priority setting, employment practices, policy development, and the delivery of projects and programmes.

In 2024/25, the Council's key achievements included:

- **Rotherham Council supported a range of events in 2024 that celebrated diversity and brought communities together.** These included the WOW Festival for women and non-binary people, Rotherham Show and Reclaim the Night. Each event helped raise awareness of inclusion and gave residents a chance to connect and take part.
- **Rotherham held its Holocaust Memorial Day event** in January 2025 to honour victims of genocide and promote reflection on inclusion and justice. The event brought together faith leaders, councillors, schools, and residents to share messages of remembrance and hope.



- **Launched the WalkSafe app** to help people feel safer when out and about, especially women and vulnerable groups. The app lets users share their location with trusted contacts and shows which venues have safety measures in place. It's free to download and part of a wider effort to make public spaces more inclusive.
- **Rotherham's services for children and young people with special educational needs and disabilities (SEND)** received the top rating from Ofsted and the Care Quality Commission. Inspectors praised how well local organisations work together to support children and families. The result means no reinspection is needed for five years, showing

CASE STUDY:

Standing Together – Community Response to August 2024 Disorder

Following the incident on 4 August 2024, when violent disorder broke out outside a local hotel housing asylum seekers in Manvers, the Council, voluntary and community sector organisations, other partners and the local community came together in a show of unity to support residents and restore the area.

The violence caused damage to nearby family homes, and many residents witnessed the events first-hand. Some families felt unable to leave or return to their homes, and concerns were raised about the safety of local faith buildings. This created a climate of fear and disrupted daily life for many.

In the immediate aftermath, Council teams worked closely with partner agencies and the community to understand what was needed to rebuild trust and restore a sense of safety and cohesion. The Community Safety and Street Scene teams supported clean-up efforts alongside local residents, while the Early Help team provided a visible and compassionate presence, listening to families and offering reassurance. The Communities Team also worked with faith leaders to ensure mosques remained safe spaces and to help counter misinformation.

To support longer-term recovery and strengthen community cohesion, Rotherham was allocated £600,000 through the Community Recovery Fund. This funding has been used to deliver a range of initiatives in partnership with local organisations and residents. These include:

- **Grant programmes** to support grassroots community cohesion efforts
- **Innovative approaches** to building relationships and trust across communities
- **Additional resources** for education providers to engage and support young people

Despite the short funding window, partners across the borough have worked at pace to develop and begin delivering these plans, ensuring that the response is shaped by and for the community.



CASE STUDY:

Raising the Bar: Embedding Equality and Safety in Rotherham's Night-time Economy

In 2025, the Council undertook its statutory five-year review of the Licensing Act policy. Historically, such reviews have focused on meeting minimum legal requirements, with limited emphasis on innovation or progressive practice.

This time, however, the Licensing Team at RMBC took a bold step forward – choosing to lead by example and embed the principles of equality, diversity, and inclusion at the heart of the borough's licensing framework.

Inspiration and Approach

Motivated by a desire to go beyond compliance and reflect the Council's broader priorities around community safety and social inclusion, the team drew inspiration from Rotherham's nationally recognised taxi licensing policy. They explored best practice across the UK, engaged with stakeholders, and considered national concerns around safety in licensed venues.

Key themes emerged through engagement with South Yorkshire Police, the Community Safety Unit, the Violence Reduction Unit, and local licensees. These included:

- Women's safety in the night-time economy
- The visibility and effectiveness of schemes such as Ask for Angela
- The need to improve awareness and understanding of diversity and inclusion within licensed settings

The team also considered feedback from residents, complaints data, and insights from local forums such as Licence Watch, as well as national media coverage.

Policy Enhancements

The revised Licensing Act policy now includes clear guidance encouraging licensed venues to adopt good practice in the following areas:

- Women's safety – including regular staff training, promotion of recognised safety schemes, and routine testing of safety protocols
- Equality and diversity – including inclusive venue design, equitable service provision, and staff training on EDI principles

While these measures are not mandatory, they are strongly recommended. By setting a clear example, the Council aims to encourage voluntary adoption of higher standards across the sector.

Impact and Aspirations

The inclusion of EDI and safety guidance represents a meaningful shift in approach. The policy provides licensees with practical tools and a clear framework for improvement – supporting them to become better employers, responsible neighbours, and valued community partners.

The Licensing Team recognised that many licensees are willing to make positive changes but often lack clarity on how to do so. The revised policy helps bridge that gap, offering direction and support without imposing unrealistic demands.

The Council hopes that, like its taxi licensing framework, this policy will be seen as a model of best practice and inspire similar approaches across other local authorities.

Conclusion

This case study demonstrates how RMBC is using its regulatory powers not just to enforce standards, but to empower change—promoting safer, more inclusive public spaces and embedding equality, diversity, and inclusion into everyday practice.

THEME 3: RESPONSIVE SERVICES AND CUSTOMER CARE

The Council works hard to make sure its services are accessible to everyone in Rotherham. One way we do this is by using the way we buy goods and services—known as commissioning and procurement—to create more jobs and training opportunities for local people. We're especially focused on helping young people and those who are currently unemployed to access these opportunities

In 2024/25, the Council's key achievements included:

- **In 2024/25, the Council delivered £12.3 million in validated social value**, with a strong focus on employment, education, and community support.

Highlights include:

  - 695 apprenticeship weeks delivered – a 43% increase on the previous year.
  - £6480,000 invested in support for unemployed individuals, nearly doubling the previous year's figure, with around 130 hours of tailored support.
  - 6Over 20 jobs created for long-term unemployed residents.
  - 61,850 training weeks committed to support skills development across the borough.
  - £682,000 worth of equipment and resources and 234 hours of business advice donated to VCS organisations.
- **The Council provided free baby packs to expectant mothers**, containing essentials like clothes, toys, and books to support early parenting. Over 600 families signed up in the first few months, with feedback showing the packs are a lifeline for many. The scheme also shares health advice and connects families to wider support services
- **A major job fair in March 2025 connected nearly 400 residents with employers**, training providers, and support services. Attendees explored opportunities in sectors like childcare, construction, and care work, with many submitting applications on the day. The event also offered tailored support for women and neurodiverse individuals to help overcome barriers to employment.

These initiatives are helping to reduce barriers to employment, improve health and wellbeing, and ensure that every resident can benefit from the borough's growth.

CASE STUDY:

Rothercare – Empowering Independent Living Through Assistive Technology

Rothercare is Rotherham's in-house assistive technology service, designed to support residents with care and support needs to live independently, safely, and with dignity in their own homes.

Aligned with the Council's Adult Social Care vision, Rothercare plays a vital role in supporting people to live their best lives, with people they value, close to home with access to the right support at the right time.

The Challenge

With increasing demand for care services and the need to optimise resources, the Council recognised the importance of expanding its use of assistive technology. A service review highlighted operational challenges, including the upcoming analogue switch-off and limitations in the current delivery model. There was also a need to improve customer choice and modernise the service offer, particularly around digital connectivity.

Rothercare provides a comprehensive, end-to-end service that includes:

- Referral and triage
- Equipment installation
- 24/7 monitoring and emergency response
- Procurement of hardware and software

The service supports around 5,600 households, with approximately 1,200 new customers joining each year. Importantly, it is accessible without a formal Care Act assessment, making it a preventative tool for maintaining independence and reducing reliance on formal care.

The Solution

Following the review, the Council implemented a revised delivery model:

- Rothercare work collaboratively with a technology partner to manage technical elements including assessments and access to a wide range of technology
- Rothercare continue to deliver core service functions including the referral element and response service



Technology in Use

Rothercare's assistive technology includes:

- Environmental sensors (smoke, carbon monoxide, temperature, door sensors)
- Personal sensors (fall detectors, location trackers, medication prompts)
- Enhanced safety and monitoring (bed/chairs sensors, epilepsy sensors, property exit sensors)
- Voice-activated technology and digital connectivity options

These tools interface with a 24/7 monitoring centre to mobilise appropriate responses, including emergency services when needed.

Customer Insights

Consultation with service users revealed:

- 88 % want the Council to continue providing Rothercare
- 84 % believe the service offers good value for money
- 40 % cited reassurance in emergencies as the main benefit
- Many want greater choice, including opting out of mandatory charges and access to Wi-Fi-enabled devices
- Suggestions included video support, daily welfare calls, and carer-specific services

Impact

Rothercare contributes to:

- Delaying or avoiding admission to care homes
- Reducing the need for home care
- Supporting strengths-based approaches
- Enhancing wellbeing and safety
- Providing peace of mind for carers and families

Next Steps

The Council aims to:

- Increase awareness of assistive technology
- Expand provision across the borough
- Ensure the service remains responsive, modern, strengths-based and person-centred

CASE STUDY:

East Herringthorpe – Inclusive and Energy-Efficient Housing

At the Northern Housing Awards 2025, Rotherham Council's housing development in East Herringthorpe was named Best Affordable Housing Development (up to £5m).

The scheme delivered ten affordable homes, including the Council's first one-bedroom houses and a four-bedroom dormer-style bungalow designed to meet the needs of a household with complex health challenges. The homes were built with energy-efficient features such as Air Source Heat Pumps, solar panels, underfloor heating, and mechanical ventilation with heat recovery, aimed at reducing running costs and improving indoor comfort.

This development forms part of the Council's wider ambition to deliver 1,000 additional homes by 2027. As part of this programme, the 650th property was acquired in February 2025, and the 700th in July 2025, marking continued progress in expanding the borough's housing stock.

The homes delivered through the Housing Growth Programme are designed to meet the needs of Rotherham's diverse population, including residents with protected characteristics, those facing health or mobility challenges, and people struggling due to the ongoing cost-of-living crisis.

Tenants across the programme have shared how their new homes have made a difference:

"We haven't had a shower before and this met the medical needs of our son. Outside it's very private and a double drive allows easy access in and out of our vehicle. All block paved in the area on the estate, so all looks smart."



"We love the house. The best thing is the downstairs toilet, as I have children with additional needs, so this is easy to get to. The garden is a nice size too."

Tenants at East Herringthorpe also reported significant improvements to their wellbeing:

"This move has improved my mental health, decreased my anxiety, and reduced my bills – it's life changing."

"I can now move around freely and no longer feel embarrassed having visitors. It's given my children their childhood back."

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

"In 2018 we made a commitment to support our residents with their housing needs by providing an additional 1,000 affordable council homes for local people to rent by 2027 and we will deliver on this.

These homes are well-built and designed to be affordable to run, which is vital as households face rising energy costs.

This award is testament to the hard work and commitment of all those involved in the development, but the biggest achievement is the impact that the homes are having on the tenants."

The scheme was delivered by local contractors R H Fullwood & Co Ltd., with delivery led by the Council's Strategic Housing and Development team.



***Alex Young** and **Uzma Sattar** from **Rotherham Council's Strategic Housing and Development team** collecting their award at the Northern Housing Awards.*

THEME 4: DIVERSE AND ENGAGED WORKFORCE

In 2024/2025, we focused on strengthening our workforce by promoting diversity, engagement, and wellbeing. This work has been central to building a culture where staff feel valued, empowered, and supported to deliver high-quality services. It has also enhanced collaboration across teams and with the communities we serve.

In 2024/25, the Council's key achievements included:

- **A wellbeing event for frontline staff at the Hellaby Depot** offered support on mental health, finances, and general wellbeing, with help from local organisations. Around 200 employees attended and found the event valuable and informative. Many said they would follow up with the services they learned about.
- **A self-defence class was held for female staff at Rotherham Council,** teaching practical techniques to boost safety and confidence. The session was well received, with participants finding it both useful and empowering. Due to strong interest, more workshops are being planned.
- **Staff attended a session about Ramadan** to better understand how religious festivals affect people's lives and engagement with services. It encouraged empathy, cultural awareness, and inclusive customer service. Feedback was positive, with staff appreciating the respectful and informative approach.
- **Between November and December 2024, Rotherham Council carried out engagement activities with over 200 individuals** from a wide range of organisations, including Wales High School, St Bernard's School, Sheffield Hallam University, and members of Black and Minority Ethnic communities. The Council also held focus groups and workshops with internal staff networks to gather insights from its own workforce. The purpose of this engagement was to understand how different communities perceive RMBC as an employer and to explore innovative, inclusive ways to attract, recruit, develop, and retain a more diverse workforce.



CASE STUDY:

Embedding Community Strengths-Based Approaches in Rotherham

Between October 2024 and July 2025, the Council undertook a programme to embed Community Strengths-Based Approaches across its workforce. This initiative was part of a commitment to working in partnership with communities, recognising their assets, and fostering a culture of empowerment and collaboration.

To deliver the training, the council commissioned experts from Leeds City Council and the "We Are Seacroft" Asset-Based Community Development team, whose work has been nationally recognised for its innovative, community-led approach.

Eight sessions were delivered between October and December 2024, with a further four sessions in July 2025. Around 200 people took part in the training, including external partners.

This work complemented the council's online module on strengths-based approaches, which has now been completed by over 1,800 staff members.

Why It Matters

The motivation behind the training was clear: to embed strengths-based thinking across the organisation and support a shift in how services engage with communities. This approach aligns with Rotherham's commitment to:

- Locality working
- Staff development
- Community empowerment
- Cross-directorate collaboration

By focusing on what communities already have – rather than what they lack – the council aims to build more resilient, connected, and self-sustaining neighbourhoods.

Importantly, this training helps staff work more effectively with and empower some of the most vulnerable and diverse communities in the borough, ensuring that services are inclusive, responsive, and shaped by lived experience.



Outcomes and Impact

The training has already led to several positive developments:

- Community of Practice: a quarterly forum has been established where colleagues share learning, reflect on practice, and build a shared understanding of strengths-based work.
- Strategic Integration: the principles are being embedded in key documents, including the Council Plan, service plans, and individual year ahead plans.

What People Said

Feedback from participants has been overwhelmingly positive. One attendee said:

"Really engaging speakers. I learnt a lot and it changed my way of thinking. I feel more empowered to do the difficult thing – engaging early on with communities."

This reflects a broader shift in mindset across the organisation – from delivering services to building relationships.

Looking Ahead

The Council remains committed to embedding strengths-based approaches as a core part of its work. With continued leadership support, a growing network of champions, and strong community partnerships, the council is building a culture where staff are empowered, communities are valued, and services are shaped by the people they serve.

CASE STUDY:

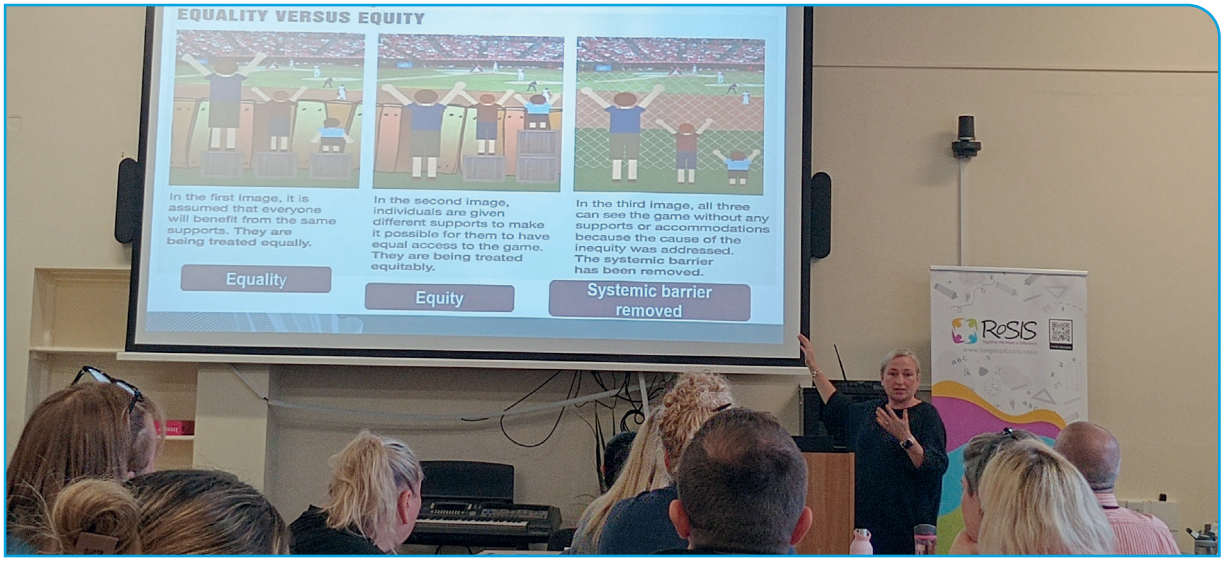
Embedding Equality, Diversity and Inclusion in Adult Social Care

Equality and diversity training is a mandatory requirement for all social care practitioners. In April 2024, the service began rolling out a programme of fifteen one-day diversity, equality and inclusion courses, scheduled for completion by June 2025.

In November 2024, assistant directors in Adult Social Care planned and led two whole service events focused on equality, diversity and inclusion. These events were attended by over 100 staff, including middle and senior managers, and provided a valuable opportunity to reflect on practice, share learning, and reinforce the Council's commitment to inclusive service delivery.

Building on this momentum, from May 2025 through to June 2026, Adult Social Care will deliver fifteen one-day cultural competence training courses for the workforce, alongside four sessions tailored for 59 elected members. These courses are designed to equip both practitioners and councillors with the knowledge, skills, and behaviours needed to work effectively and respectfully with individuals from diverse cultural, religious, ethnic, and social backgrounds.

The programme is currently being reviewed at a corporate level to explore how elements of the training could be incorporated into the Council's wider workforce development offer.



LOOKING AHEAD

Some of the key actions for 2025/26 are set out below.

THEME 1: UNDERSTANDING, LISTENING TO AND WORKING WITH ROTHERHAM'S COMMUNITIES

- Delivery of ward plans shaped by meaningful engagement with local communities.
- Refreshing the Thriving Neighbourhood Strategy to reaffirm the Council's commitment to working collaboratively with communities and integrating locality-based services.
- Deliver the Community Cohesion Grant Fund to support and strengthen communities across Rotherham.
- Co-design a new Tenant Engagement Framework to empower tenants to shape housing services and influence neighbourhood improvements.

THEME 2: DELIVERING ACCESSIBLE AND RESPONSIVE SERVICES THAT MEET DIVERSE NEEDS

- Tackle hate crime and its drivers by delivering educational sessions to 600 young people and 55 individuals, promoting understanding and inclusion.
- Deliver the SEND Centre at Eric Manns Building, enabling Rotherham Parents Carers Forum to provide dedicated support for children with SEND.
- Open the new Castle View Day Service to provide meaningful day opportunities for people with high support needs.
- Support 25 young people aged 16–25 into paid employment through traineeships and internships as part of the Children's Capital of Culture Programme.
- Improve service accessibility and convenience through the expansion of digital booking and payment options.

THEME 3: PROVIDING LEADERSHIP AND ORGANISATIONAL COMMITMENT TO PROMOTE EQUALITIES

- Deliver the Learning Disability Strategy priorities for 2025, which will include a new transition pathway for young people preparing for adulthood, increasing the number of young people accessing employment opportunities and embedding the voice of the young person in their care and support journey.
- Further embed inclusive and strength-based working across the Council and its partners through a targeted learning and development programme for staff and Elected Members.
- We will demonstrate leadership in inclusive and ethical practice by delivering Phase 2 of the Social Value Action Plan across commissioning and partnerships.
- Embed the Rotherham Adult Social Care Always Listening Co-Production Board (RASCAL) within the approach to change across adult social care.

THEME 4: ENSURING A DIVERSE AND ENGAGED WORKFORCE

- Aim for over 50% staff participation in the Employee Opinion Survey to better understand engagement and satisfaction levels.
- Support workforce diversity and development by delivering the Apprenticeship Action Plan and expanding borough-wide apprenticeship opportunities through strategic partnerships.
- Strengthen workforce inclusion and succession planning by delivering the Career Pathways Programme, offering diverse entry routes through internships, apprenticeships, and graduate schemes.
- Refresh the Council's recruitment approach through community engagement, jobs fairs, and strategic partnerships to attract applicants who reflect the diversity of Rotherham's communities.

Rotherham Metropolitan Borough Council

Inclusion Strategy

Consultation Report

December 2025



Rotherham Metropolitan Borough Council

Contents:

1. Introduction and background
2. Methodology
3. Engagement profile
4. Findings from the consultation and engagement methods:
   4.1 Online survey responses summary
   4.2 Focus groups summary
5. Overall summary

1. Introduction and background

In late summer and autumn 2025, the Council carried out a public consultation on its approach to equality, diversity and inclusion (EDI) to inform the development of a new inclusion strategy, which will replace the EDI strategy 2022-2025. This involved a 14-week public consultation period, including focus groups and an online survey.

The aim of the consultation was to hear people's views, gather their feedback on the existing themes, and understand their experiences to help shape the new inclusion strategy. This exercise is vital to fulfilling our duty to consider how our work, policies and decisions affect diverse communities and to reduce disadvantage for people with protected characteristics. It also helps us fulfil our obligations to protect staff and customers from discrimination.

The Public Sector Equality Duty (Equality Act 2010) requires us to have due regard to:

- Eliminating discrimination
- Advancing equality of opportunity
- Fostering good relations

The nine protected characteristics under the Equality Act 2010 are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

This report outlines the methodology used, the engagement profile of respondents, the main themes from the consultation, quantitative and qualitative analyses of the survey results, and a conclusion summarising the findings.

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2. Methodology

The consultation began on 6 August 2025 and ran to 12 November 2025. During this time, Rotherham residents were consulted via a survey (online and print copies) and a series of focus groups and other engagement activities. The online survey was available on the Council website from 22 August to 27 October 2025. It was promoted to staff and residents via e-bulletins, social media, and the focus groups. A total of 12 focus groups were held to ensure a wide range of people from protected characteristics groups could participate in the consultation and provide more in-depth views and feedback.

The focus groups organised around protected characteristics were arranged through local community organisations, as well as internally with staff groups sharing protected characteristics. Full details of the groups involved are outlined in section 3 (engagement profile) below.

The focus groups involved semi-structured and open conversations around inclusion issues. Although the aim of the conversations was to be as free flowing as possible, prompts were provided for facilitators to set the tone for the discussion, or to ensure that certain topic areas were covered. These prompts included:

- Do you have any general comments about inclusion issues in Rotherham? (what does inclusion mean to you?)
- Which issues are most important to you?

- What is your experience of accessing Council services or working with the Council?
- What affects you the most?
- What improvements or changes do you think are important?
- In what ways do you think the council can understand, listen to, and work with Rotherham communities?
- What are the important things to consider when trying to deliver accessible and responsive services that meet diverse needs?
- How can the Council provide leadership and actively promote equality?

Following the close of the consultation, notes and written comments on the survey were analysed by identifying themes across responses, and survey responses were also analysed statistically.

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3. Engagement profile

A total of **22** responses were received through the online survey, with 12 **(54.5 %)** respondents providing consent for the Council to use their equalities monitoring information. While the feedback is valuable, the number of responses represents a small sample size and is unlikely to fully reflect the views of the whole borough.

Age **(22.7%** of respondents provided an answer): 0-15 0%, 16-24 0%, 25-64 100%, 65 and over 0%.

Gender **(54.5%** of respondents provided an answer): 27.3% female, 18.2% male, 2.6% other, 45.5% no response.

Gender reassignment **(54.5%** of respondents provided an answer): 4.5% transgender, 4.5% prefer not to say, 45.5% no, 45.5% no response.

Sexuality **(54.5%** of respondents provided an answer): gay/lesbian 18.2%, heterosexual/straight 13.6%, other 9.1%, prefer not to say 9.1%, bisexual 4.5%, 45.5% no response.

Marital status (**54.5%** of respondents provided an answer): married 18.2%, living with partner 13.6%, prefer not to say 13.6%, divorced/separated 4.5%, single 4.5%, 45.5% no response.

Pregnancy and maternity (**54.5%** of respondents provided an answer): no 45.5%, prefer not to say 9.1%, 45.5% no response.

Pregnancy and maternity (**54.5%** of respondents provided an answer): no 45.5%, prefer not to say 9.1%, 45.5% no response.

Disability (**54.5%** of respondents provided an answer): 36.4% long-term disability, 13.6% no disability, 4.5% prefer not to say, 45.5% no response.

Ethnicity (**54.5%** of respondents provided an answer): 4.5% Asian or Asian British – Pakistani, 4.5% prefer not to say, 4.5% White - any other background, 36.4% White – British, 4.5% White – Irish, 45.5% no response.

Religion (**54.5%** of respondents provided a response): 22.7% no religion, 13.6% Christian (all denominations), 9.1% prefer not to say, 4.5% Jewish, 4.5% Muslim, 45.5% no response.

Refugee or asylum seeker status (**54.5%** of respondents provided a response): 45.5% neither, 9.1% prefer not to say, 45.5% no response.

Carer (**54.5%** of respondents provided a response): 22.7% yes, 22.7% no, 9.1% prefer not to say, 45.5% no response.

Focus groups

There were 12 focus groups in total. Three took place online, eight were held in person and one was a hybrid meeting. The focus groups engaged with borough residents and staff, ensuring representation from a wide range of demographics and organisations/service users representing specific cohorts (e.g. ethnicity, sexuality, gender, disabilities, age).

Date	Name of group	No. of attendees	Membership/groups attending	Online/in person
6 August 2025	VCS focus group at Voluntary Action Rotherham	6	Rainbow Project, Voluntary Action Rotherham, NHS Mental Health Community Connectors, Rotherham United Community Sports Trust, Rotherfed	In person
7 August 2025	Sense	50	Sense service users, carers and staff	In person
7 August 2025	RMBC internal staff networks	11	RMBC staff	Hybrid
19 August 2025	VCS online focus group	5	Rotherham Ethnic Minority Alliance, Rotherham Muslim Community Forum, SEND Youth Club, Clifton Learning Partnership, Voluntary Action Rotherham	Online
19 August 2025	Rainbow Project	15	Staff members and service users	In person
21 August 2025	Faith Leaders	6	Faith group leaders from across Rotherham	Online
2 September 2025	Steel City Consultancy	24	Community group focused on supporting women and their families. 2 sessions hosted for service users – one for women (18 attendees) and one for men (6 attendees)	In person
5 September 2025	Sight and Sound	13	Service users and staff	In person

10 September 2025	Youth Cabinet	9	Youth Cabinet members	In person
12 September 2025	Our Borough That Cares	11	Member organisations and RMBC staff	Online
26 September 2025	Deaf Futures	27	Service users, carers and BSL interpreters	In person
12 November 2025	United Multicultural Centre	18	Service users and staff	In person

Any specific issues raised in these focus groups have been fed back to relevant services, and the main themes and findings are outlined in section 4.2 below.

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4. Findings from the consultation and engagement methods

The following section outlines the findings from each of the consultation and engagement methods and summarises common themes.

4.1 Online survey

The online survey asked respondents a number of questions, as below. There were 22 responses received in total. To encourage further responses, the survey period was extended and it was promoted through various networks and channels.

Q1. Do you feel that [the current strategy's] priorities are something we should all work towards?	Number	Percentage
Strongly agree	13	59.1%
Agree	3	13.6%
Neither agree nor disagree	3	13.6%
Disagree	2	9.1%
Strongly disagree	1	4.5%

Respondents were then given an opportunity to expand on their view, with 14 participants providing additional comments, including:

- Recruitment for a diverse and engaged workforce should be offered to the most qualified applicants, rather than based upon protected characteristics.
- Everyone is important and should have equal access to services.
- The current priorities are too broad; without specific commitments, they risk being open to interpretation and may not lead to meaningful change.
- Women's safety in the workplace should be recognised as a key issue.
- The voices of underrepresented groups must be actively heard and included.
- Delivery and accountability should be central to all Council services.
- Leadership should model inclusive behaviours throughout the organisation.
- Communication aids and tools should be available for vulnerable individuals at Riverside House, such as those who are deaf or visually impaired.

- Greater provision should be made for older people.

Respondents were asked to comment on ***objective 1 of the current strategy: "understanding, listening to, and working with Rotherham's communities"***. Of the 22 survey participants, 14 (63.6%) provided comments, while 8 (36.4%) did not.

Respondents offered a range of suggestions, including:

- Consultation with communities should take place after the strategy's scope has been defined by councillors and the leadership team.
- Creative industries should be recognised as vital community assets.
- Engagement must ensure all voices are heard, especially those who feel overlooked during previous consultations.
- The Council should be more open, transparent, and welcoming in its approach.
- Promotion of consultations needs to be improved to increase participation.
- Greater support is needed for Council staff equality networks.
- The Council should commit to delivering all priorities outlined in the strategy.
- A clear definition of "communities" is needed to guide inclusive engagement.
- Specific issues such as women's safety, disability access, and LGBTQ+ inclusion must be explicitly recognised to avoid being overlooked.
- The strategy should include a commitment to equity not just equality to ensure engagement leads to meaningful and fair outcomes.
- Groups most at risk of marginalisation should be explicitly named and considered throughout the strategy.

Respondents were asked to comment on ***objective 2 of the current strategy: "delivering accessible and responsive services that meet diverse needs"***. Of the 22 survey participants, 15 (68.2%) provided comments, while 7 (31.8%) did not.

Recommendations for improvement from respondents included:

- The strategy should explicitly reference safety, safeguarding, and protection from harassment, particularly for individuals in public-facing roles or services.
- The Council should actively engage with the community in the delivery and implementation of the finalised strategy.
- Greater emphasis should be placed on in-person support, recognising that many residents lack the facilities or digital literacy to access online services.
- Acknowledge that some community members rely on relatives or support workers to access services at Riverside House, and ensure provision to accommodate this.
- Ensure service information is accessible and clearly promotes the availability of translation and interpretation services for those requiring additional support.
- Provide comprehensive training for staff to better support customers, particularly in understanding and responding to the needs of individuals with disabilities.
- Reword the priority to: "meeting the needs of people and delivering inclusive services."

Respondents were asked to comment on ***objective 3 of the current strategy: "providing leadership and organisational commitment to actively promote equalities".*** Of the 22 survey participants, 11 (50%) provided comments, while 11 (50%) did not.

Respondents offered a range of suggestions, including:

- Place stronger emphasis on equity, accountability, and explicit protections for women and other marginalised groups.
- Replace the word "promote" in the heading of the priority, as its meaning is unclear. Consider using alternatives such as "encourage," "support," or "model behaviours."
- Celebrate cohesive and inclusive communities.
- Ensure that all Council staff voices are heard, potentially through suggestion boxes placed in Council buildings.
- Establish a dedicated equalities team to lead on this agenda and ensure appropriate action is taken across the organisation.
- Promote leadership transparency and accountability, while also inspiring pride among the workforce.

Respondents were asked to comment on ***objective 4 of the current strategy: "ensuring a diverse and engaged workforce".*** Of the 22 survey participants, 12 (54.5%) provided comments, while 10 (45.5%) did not.

Recommendations from respondents for improvement included:

- Support unemployed individuals through workplace placements to equip them with the skills and knowledge needed to secure employment.
- Improving Council staff skills is essential to ensure service users are successfully supported.
- The best person for the job should be selected based on merit, not on their protected characteristics.
- Staff equality networks are a positive initiative; however, there needs to be clear direction and promotion of the benefits of participation, to enable constructive challenge in the delivery of corporate strategies.
- Develop a workforce that reflects the diversity of the town, including engagement with communities whose first language is not English.
- There should be explicit policies and enforcement mechanisms addressing sexual harassment, sexist behaviour, and gender-based discrimination.
- Monitor representation by grade, level, gender, ethnicity, and disability; track retention, promotion, and reasons for exit; and record incidents of harassment and discrimination.
- The advertising and recruitment process for Council roles is slow, which increases the risk of applicants accepting positions elsewhere.

The final question gave respondents the opportunity to provide additional comments about the consultation. Of the 22 survey participants, 6 (27.3%) provided comments, while 16 (72.7%) did not.

Respondents offered a range of suggestions, including:

- Once the strategy is live, bring it to communities in each ward to invite challenge and share updates on the work being undertaken.

- The current four priorities are too generic and open to interpretation.
- Clearly define "communities," as it is unclear who the Council is working with to deliver improvements.
- A question emerged regarding how the objectives will be delivered, as they currently read more like statements than actionable goals.
- There is no terminology or mention of LGBTQ+ people.
- Refer to the Tourism Strategy as an example of accessible information and effective community engagement

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4.2 Summary of findings across focus groups

A total of **195** service users, carers, and staff from community equality networks participated in the consultation. While there is a history of engagement on key policies, strategies, and service design, frustrations remain due to a lack of feedback on what has been achieved and what actions are possible based on community input. Despite this, there is a strong interest in working collaboratively with the Council and a sense of optimism that meaningful change can occur.

At the start of each focus group session, participants were asked the question, ***"what does inclusion mean to you?"***. A word cloud has been created to visually represent the responses shared.
Common themes that emerged included feeling connected, having access to opportunities and services, being treated with respect, feeling safe, and the importance of inclusion, leadership, and the Council setting a positive example.



Community experiences of accessing Council services or engaging on matters of inclusion were generally negative.
Key concerns raised include:

- **Lack of transparency and communication**: Feedback from consultation exercises is not consistently shared with communities, and there is limited explanation of how decisions are made.
- **Feelings of frustration**: Many feel unheard and unable to access services that meet their specific needs.
- **Barriers to inclusive service delivery**: There is a lack of appropriate knowledge and understanding among staff on how to effectively support customers with additional needs, which negatively impacts the customer experience.

Recommendations from service users for improvement include:

1. Engage communities early in the process to ensure their voices help shape strategies before they are developed.
2. Establish Inclusion Champions across the organisation to support services in working more effectively and inclusively with all customers.

3. Hold dedicated question-and-answer sessions with customers who have accessibility needs to gain a deeper understanding of the barriers they face and to identify the specific support required to improve their experience.
4. Develop clear, inclusive, and accessible policies that actively promote equity, foster a sense of belonging, and ensure all individuals can engage with services confidently and without barriers.
5. Raise awareness of available translation services to support effective communication of individual needs and ensure people are directed to the appropriate services.

A wide range of concerns were shared in response to the question, ***"what inclusion issues are most important to communities?"*** These have been visually represented in a word cloud to acknowledge all responses (see below). Where relevant, officers carrying out the consultation contacted specific services on the issues raised, helping to ensure that feedback is acted on. The top 10 issues were:

1. **Accessible communications:** Ensure information is available in different languages, formats, and with text-to-voice assistance on the Council website.
2. **Feeling safe:** Concerns around safety are influenced by several factors, including a lack of visible police and community support officer presence, inadequate street lighting, public disorder, and the negative reputation of certain areas within the borough. These issues contribute to individuals feeling unsafe and discourage them from accessing public spaces, particularly during the evening.
3. **Accessible Council services:** Clear advertisement about service availability, particularly for community drop-in events, is essential to ensure residents know when and where they can access support. It is recommended that contact details be consistently displayed on officer email signatures, promotional leaflets, and across all materials outlining the support offer, to improve accessibility and engagement.
4. **Learning from residents' experiences:** Communities have shared valuable feedback through consultations, engagement activities, and customer satisfaction surveys to help improve the customer experience. However, there is a sense among respondents that appropriate actions are not being taken, as decisions and outcomes are not consistently reported back to community equality networks.
5. **Advocacy:** To ensure all residents can access Council services equitably, support should be available for completing customer forms, particularly for those who may face barriers. Additionally, the promotion of translation and interpretation services is essential to help residents with language needs engage confidently and effectively with available support.
6. **Revitalisation of towns and villages:** While significant regeneration is underway in Rotherham town centre and towns such as Wath, Dinnington, and Swinton have benefited from government investment, there is a shared view that all areas across the borough should be improved. This would help reduce inequalities and ensure that every community has access to vibrant, well-supported local environments.
7. **Council supporting the integration of communities:** To help ensure that all communities feel connected and have equal access to opportunities, it was suggested that Council officers regularly attend community equality network

meetings and maintain a visible presence within local neighbourhoods. This approach would strengthen relationships, build trust, and support the integration of diverse communities across the borough.

8. **Customer care training for Council staff:** There have been instances where residents reported negative experiences when interacting with Council staff, particularly at Riverside House and via telephone. Common concerns include enquiries not being appropriately addressed and individuals being directed to access services online, even when this option is not suitable. It is recommended that Council staff receive training focused on understanding and supporting individuals with accessibility needs, and on delivering respectful, inclusive customer service.
9. **Parking, health support, perception of the Council:** Equal number of votes were received across these three priorities, highlighting their shared importance to residents. Pavement parking is particularly problematic for wheelchair users and individuals with visual impairments, as obstructed pathways limit safe and independent movement. Long waiting lists and limited funding for health services are causing frustration among residents who feel their needs are not being met in a timely manner. Some residents expressed discomfort in accessing Council services, citing unwelcoming environments in Council buildings and unhelpful interactions with staff.
10. **Litter:** A clean and well-maintained environment is essential for supporting healthy communities and encouraging the use of shared spaces across the borough. This includes reliable waste collection services and effective education around recycling, which are key to preventing issues such as rodent infestations and promoting environmental responsibility.



The top 5 priorities that emerged for the objective ***"in what ways do you think the Council can understand, listen to, and work with Rotherham communities?"***, are as follows:

1. **Partnering with communities:** Co-produce solutions with communities to ensure services reflect lived experiences and local needs. Embed strengths-based approaches and training to empower both staff and residents in shaping inclusive services.
2. **Accessible communications:** Ensure information is available in different languages, formats, and with text-to-voice assistance on the Council website. Recognise that not all members of the community are digitally enabled - engage through alternative channels such as libraries, schools, and places of worship.
3. **Feedback from consultations:** Consultation feedback is not consistently shared with communities, and there is often a lack of clarity around how decisions are made. This contributes to negative perceptions of the Council and a lack of trust in the consultation process.
4. **Council to lead by example:** As one of the largest employers in the borough, the Council has a vital role in shaping perceptions of the town. It is essential to foster a culture where all members of the community and employees feel valued, supported, and included, ensuring local needs are recognised and addressed through inclusive leadership and practice.
5. **Voices of children and young people:** The Youth Cabinet plays a vital role in representing the views of children and young people across the borough. It is essential that the Council continues to support its work and promote the value of youth participation in shaping local policies and services.

Three top priorities, each receiving an equal number of votes, emerged from responses to the question, ***"in what ways do you think the Council can understand, listen to, and work with Rotherham communities?",*** and aligned closely with the objective, ***"how can the Council provide leadership and actively promote inclusion?"*** These priorities are:

1. **Accessible services and communications:** Ensure services are clearly advertised, including details on availability, eligibility criteria, and the support offered. Collaborate with local partner organisations to effectively communicate key messages to diverse communities.
2. **Perception of the Council:** To strengthen trust and improve perceptions of the Council, councillors, officers, volunteers, and community members should work collaboratively on local issues. Building these partnerships can foster stronger community bonds and demonstrate a shared commitment to inclusive and responsive service delivery.
3. **Council to lead by example:** Empowering the Council's leadership team to champion inclusion and embed inclusive practices throughout the workplace. The Council must lead by example by developing clear, inclusive, and accessible policies that promote equity and belonging. Host events to commemorate religious and cultural festivals, creating opportunities for people, groups, and communities to come together, share experiences, and foster understanding. Councillors and Council officers to meet regularly with community members to understand their needs and act on concerns shared.

The top 3 important things to consider for the objective ***"delivering accessible and responsive services that meet diverse needs"*** were:

1. **Valuing community facilities and accessible communications:** Communities rely heavily on local amenities, such as libraries, customer service centres, and community hubs to support overall health and wellbeing. There is a strong recognition of the need for continued investment to ensure these services remain operational and that facilities are well-maintained. Equally important is the provision of accessible communication, including materials available in multiple languages and formats, to ensure all customers can engage with services effectively.
2. **Training of volunteers to support communities:** Volunteers play a vital role in supporting the most vulnerable individuals, offering both practical assistance and emotional support. Investing in their training ensures they are equipped with the skills and knowledge needed to respond effectively and compassionately to diverse community needs.
3. **Engage service users in the co-design and co-delivery of services:** Involving local communities in the development of policies, strategies, and services ensures that their needs are accurately understood and addressed.

The top 3 actions that could be taken in response to the objective ***"ensure that the Council and other agencies have a diverse and engaged workforce"*** included:

1. **Leadership accountability:** Ensure leadership accountability by integrating diversity and inclusion into performance objectives and evaluation frameworks.
2. **Reputation of the Council:** Equip Council officers with the skills, knowledge, and training needed to succeed in their roles and progress within the organisation. Encourage staff to model positive behaviours within the community. Ensure employees feel heard and valued, particularly when consulted on new policies and procedures.
3. **Workforce diversity:** Share workforce diversity data with internal staff networks to inform and support inclusive recruitment campaigns and workforce planning**.**

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5. Overall summary

The main points that arose across all methods of engagement focused on the following:

Feeling safe, secure and listened to – including how the council works with, listens to and engages with all communities in Rotherham:

- **Partnering with and listening to communities:** Co-produce solutions with communities to ensure services reflect lived experiences and local needs. Engagement must be inclusive and ensure all voices are heard, particularly those who have felt overlooked in previous consultations. A clear definition of "communities" is needed to guide meaningful and inclusive engagement.
- **Feedback from consultations:** Feedback from consultations is not consistently shared with communities, and there is often a lack of transparency around how decisions are made. This contributes to negative perceptions of the Council and a lack of trust in the consultation process.

Promotion of consultations should be improved to increase participation. Engagement with communities should take place after the strategy's scope has been defined by councillors and the leadership team, and there should be an open dialogue to share how the Council has acted on people's feedback.

- **Feeling safe and welcome:** As one of the largest employers in the borough, the Council plays a vital role in shaping perceptions of the town. It is essential to foster a culture where all community members and employees feel valued, supported, safe and included. Local needs should be recognised and addressed through inclusive leadership and practice. The Council should adopt a more open and transparent approach to ensuring that all towns, villages and areas across Rotherham are welcoming spaces for everyone so that people always feel safe.

Accessibility and ensuring council services consider different needs, especially when dealing with individual issues. This included:

- **Customer experience:** Feedback on customer experience was generally negative, with participants reporting difficulties in contacting the Council. Many were signposted to incorrect departments or found that their enquiries could not be resolved promptly. In order to improve the overall customer experience, respondents recommended that Council officers receive additional training on the structure and operations of Council services, as well as on how to effectively support communities requiring extra assistance. There was limited confidence expressed that the Council would deliver meaningful improvements in response to the feedback received through this consultation.

- **Accessible services:** Greater emphasis should be placed on in-person support, recognising that many residents lack the facilities or digital literacy to access online services. Given that some community members rely on relatives or support workers to access services at Riverside House, there should be provision to accommodate this.

- **Accessible communications:** Ensure service information is accessible and clearly promotes the availability of translation and interpretation services for those requiring additional support. Participants also highlighted the need for accessible communication tools to support people with disabilities. One example was the inclusion of a text-to-speech function on the Council's website, which would benefit users with visual impairments, dyslexia, or those who prefer auditory content.

Another theme focused on the council acting as a leader, celebrating and championing inclusivity. This included:

- **Celebrating cohesive and inclusive communities**: Host events in community spaces, such as churches and community centres across the borough to promote inclusion and ensure everyone can access the provision.

- **Leadership:** Encourage transparency and accountability within leadership, while also inspiring pride among the workforce. Ensure all Council staff voices are heard, for example by placing suggestion boxes in Council buildings.
- **Championing inclusion**: Enable the leadership team to champion inclusion and embed inclusive practices throughout the workplace. Establish a dedicated equalities team to lead on this agenda and ensure appropriate action is taken across the organisation.

Internally, suggestions focussed on the empowerment and development of the Council's workforce. Suggestions included:

- **Employment programmes**: Support unemployed individuals and young people through workplace placements to equip them with the skills and knowledge needed to secure employment.
- **Learning and development**: Improving the skills of Council staff is essential to ensure service users are effectively supported. Enhance the learning and development offer by integrating mentoring programmes and expanding opportunities for professional growth.
- **Recruitment and selection**: Design recruitment campaigns that attract a diverse range of candidates across various roles and service areas. Selection should be based on merit, not on protected characteristics. Develop a workforce that reflects the diversity of the town, including engagement with communities whose first language is not English.

  Address delays in the advertising and recruitment process, which increase the risk of applicants accepting positions elsewhere. Monitor representation by grade, level, gender, ethnicity, and disability; track retention, promotion, and reasons for exit; and record incidents of harassment and discrimination.
- **Equality networks**: Staff equality networks are a positive initiative; however, clearer direction and promotion of their benefits are needed to enable constructive challenge in the delivery of corporate strategies. Leverage these networks to embed inclusive practices and foster trusted, collaborative relationships with Human Resources.

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PART A - Initial Equality Screening Assessment

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

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

Completed at the earliest opportunity it will help to determine:

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

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

1. Title	
Title: Inclusion strategy 2026-2030 and Equality, Diversity and Inclusion Annual Report 2024-25	
Directorate: ACX	**Service area: Policy, Performance & Improvement**
Lead person: Michael Holmes	**Contact: Michael.Holmes@rotherham.gov.uk**
Is this a: [X] **Strategy / Policy** [ ] **Service / Function** [ ] **Other** **If other, please specify**	

2. Please provide a brief description of what you are screening
This screening covers three related documents that will be presented together in a single cabinet report: • **Inclusion Strategy 2026–2030:** A refreshed approach outlining the Council's priorities and commitments on inclusion through to 2029.

- **Equalities Action Plan 2026-27:** Builds on the strategy by detailing specific actions RMBC will deliver in the first year of the strategy. Actions will require their own equalities screenings via the responsible directorate.

- **Equalities Annual Report 2024-25:** Summarises equalities-related activities undertaken during 2024-25 and includes case studies showcasing key achievements.

3. Relevance to equality and diversity

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

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

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

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

If you have answered no to all the questions above, please explain the reason

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

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

4. Considering the impact on equality and diversity

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

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

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

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

Equality and diversity have been considered throughout the production of all three documents. The Inclusion Strategy 2026–2030, Equalities Action Plan 2026-27, and Equalities Annual Report 2024-25—are intrinsically equality-oriented. Together, they refresh the Council's equality objectives, set out a strategic approach to embedding inclusion and equalities across all services, and demonstrate accountability for progress. This work underpins the new Council Plan and ensures that equalities are integrated into everything the Council does, rather than treated as a standalone consideration.

- Key findings

A consultation was undertaken both externally and with council staff on draft equality objectives and key actions over the medium term. The outcomes of the consultation have informed the final strategy and accompanying one-year workplan.

Feedback included:

- It can be difficult to communicate with the Council and accessibility barriers can vary for different groups
- The Council doesn't always appear to act on feedback, explain what action has been taken, or maintain a dialogue with groups
- People sometimes feel unsafe and this can be particularly pronounced for some communities
- There is a view that more deprived places are overlooked
- People want to be part of the solution and co-production - designing services together - is crucial
- Regular engagement mechanisms would help, particularly for those who feel excluded or ignored

- **Actions**

From listening to and analysing the feedback we received, we developed four key themes that underpin the strategy and action plan. These will guide our inclusion-related activities throughout the lifespan of the strategy:

- **Working Together** – Embedding co-production and collaboration so that communities are active partners in designing solutions.
- **Responsive Services** – Ensuring services are accessible, inclusive, and shaped by ongoing dialogue with communities.
- **Welcome Places** – Creating safe, welcoming environments where everyone feels valued and respected.
- **Employer of Choice** – Building a diverse, inclusive workforce and a culture where all employees feel supported and able to thrive.

Date to scope and plan your Equality Analysis:	11/12/2025
Date to complete your Equality Analysis:	12/12/2025
Lead person for your Equality Analysis (Include name and job title):	Paul Stafford Policy Officer

5. Governance, ownership and approval

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

Name	Job title	Date
Michael Holmes	Policy and Strategy Officer	16/12/2025

6. Publishing

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

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

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

Date screening completed	12/12/2025
Report title and date	Inclusion strategy 2026-2030 and Equality, Diversity and Inclusion Annual Report 2024/25
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	09 February 2026
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	16/12/2025

PART B – Equality Analysis Form

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

This form:

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

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

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

1. Title	
Equality Analysis title: Inclusion strategy 2026-2030 and Equality, Diversity and Inclusion Annual Report 2024-25	
Date of Equality Analysis (EA): 12/12/2025	
Directorate: PSE	**Service area: Policy, Performance & Improvement**
Lead Manager: Michael Holmes	**Contact number: Michael.Holmes@rotherham.gov.uk**
Is this a: [X] **Strategy / Policy** [ ] **Service / Function** [ ] **Other** **If other, please specify**	

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance		
Name	**Organisation**	**Role (eg service user, managers, service specialist)**
Michael Holmes	Rotherham Metropolitan Borough Council	Policy and Strategy Officer
Paul Stafford	Rotherham Metropolitan Borough Council	Policy Officer
Oscar Holden	Rotherham Metropolitan Borough Council	Corporate Improvement Officer

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

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

The Inclusion Strategy 2026–2030 aims to ensure that inclusion is embedded across all RMBC activities within the borough. It primarily affects people with protected characteristics and those facing barriers due to socio-economic circumstances. The intended outcomes are to:

- Expand access to opportunities for all residents.
- Deliver services that meet the needs of diverse communities.
- Work collaboratively with communities to design services that reflect their priorities.
- Create vibrant, safe, and welcoming spaces for everyone.

The strategy focuses on the following themes:

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

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

RMBC maintains extensive equality data, gathered through local consultations and national datasets such as the Census and the Indices of Multiple Deprivation. This

information helps us understand the borough's diverse communities and informs inclusive policy development.

About Rotherham

Rotherham is one of four metropolitan boroughs in South Yorkshire. It comprises 25 Council wards, covering urban, suburban, and rural areas. The borough has a population of **276,595 (2024)**, with most residents living in the urban areas of Rotherham.

Equality Profile

Age

- Rotherham's population is ageing: **19.7%** of residents are aged 65 and over (1 in 5 people).
- The borough has a below-average proportion of young adults aged 18–29 (**13.2% vs 15% nationally**), reflecting outward migration for study and work.

Race/Ethnicity

- Rotherham is increasingly diverse, with **31,193 people (11.7%)** from minority ethnic groups (Census 2021).
- The Pakistani community is the largest minority ethnic group after White British.

Gender

- In 2025, full-time female workers in Rotherham earned **75% of male earnings**, compared to **87% nationally**.

Disability

- **56,177 people (21.1%)** have a long-term health condition; **9.8%** report severe limitations (vs **7.5% nationally**).

Sexual Orientation & Gender Identity

- **2.1%** of residents identify as lesbian, gay or bisexual (Census 2021).
- **0.6%** of residents aged 16+ identify as transgender, non-binary or have a gender identity different from their sex at birth (vs **0.5% nationally**).

Religion

- **49% Christian**, **5.1% Muslim**, **39.8% no religion** (Census 2021).

Deprivation

- Rotherham is among the **15% most deprived local authority districts in England**.
- **11,904 children** live in absolute poverty (DWP, 2022/23).
- Life expectancy in the most deprived areas is **9.9 years lower for men** and **9.5 years lower for women** than in the least deprived.
- Healthy life expectancy at birth:

- **Males: 56 years**
- **Females: 55.6 years**
  (England averages: 61.5 and 61.9 years respectively – PHE, 2021–23).

Engagement Overview

Online Survey

- **Total responses:** 22
- **Equalities monitoring consent:** 12 respondents (54.5%)
  Note: Small sample size – findings may not represent the whole borough.

Demographics of respondents

- **Age:** 100% aged 25–64
- **Gender:** Female 27.3%, Male 18.2%, Other 2.6%, No response 45.5%
- **Gender reassignment:** Transgender 4.5%, Prefer not to say 4.5%, No 45.5%, No response 45.5%
- **Sexuality:** Gay/Lesbian 18.2%, Heterosexual 13.6%, Other 9.1%, Bisexual 4.5%, Prefer not to say 9.1%, No response 45.5%
- **Disability:** Long-term disability 36.4%, No disability 13.6%, Prefer not to say 4.5%, No response 45.5%
- **Ethnicity:** White British 36.4%, Asian (Pakistani) 4.5%, White Irish 4.5%, White Other 4.5%, Prefer not to say 4.5%, No response 45.5%
- **Religion:** No religion 22.7%, Christian 13.6%, Jewish 4.5%, Muslim 4.5%, Prefer not to say 9.1%, No response 45.5%
- Other characteristics (marital status, pregnancy/maternity, carer status, refugee/asylum) were also captured.

Focus Groups

- **12 focus groups** held: 3 online, 8 in person, 1 hybrid.
- The focus groups engaged with borough residents and staff, ensuring representation from a wide range of demographics and organisations/service users representing specific cohorts (e.g. ethnicity, sexuality, gender, disabilities, age).

Key messages from engagement

- **Communication barriers:** Difficulty contacting the Council; lack of feedback loops.
- **Safety concerns:** Particularly among some communities; perception that deprived areas are overlooked.
- **Desire for co-production:** Strong appetite for collaborative service design and regular engagement mechanisms.

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

The consultation process, coupled with use of pre-existing data sets, aimed to minimize gaps in the information available. While some gaps in data are inevitable, the service and the local authority are committed to an ongoing programme of improvement, including regular reviews and the integration of new data sources where possible. This ongoing programme of improvement will include follow up engagement with all groups that have been involved in the engagement process.

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

The impact of the policy on communities and groups with protected characteristics will be monitored through a combination of structured reporting, governance, and engagement mechanisms:

- **Regular Reporting:** Progress will be tracked through Q2 and Q4 reports to Cabinet on Council Plan Key Performance Indicators (KPIs) and Year Ahead Delivery Plan progress.
- **Annual Reviews:** The Equalities Annual Report will provide a review of progress against the Equality, Diversity and Inclusion (EDI) strategy and workplan. This report will identify forward actions and share good practice through case studies. In addition, an annual action plan will set out key activities across the strategy's four themes and will be subject to oversight through robust internal governance arrangements.
- **Integration into Planning:** Both the Council Plan and annual service plans will explicitly demonstrate how inclusion, equality, and diversity considerations are embedded in the planning and delivery of priority activities.
- **Engagement and Accountability:** Internal staff networks and external representative groups advocating for people with protected characteristics will be actively engaged and provided with opportunities to hold the Council to account.

These arrangements ensure that equality considerations remain central to policy implementation and that progress is transparent, measurable, and informed by stakeholder input.

Engagement undertaken with customers. (date and group(s) consulted and key findings)	**Focus group 1: Voluntary and Community Sector Focus Group – 6th August 2025** Participants included representatives from Rainbow Project, Voluntary Action Rotherham, NHS Mental Health Community Connectors, Rotherham United Community Sports Trust, Rotherfed. They stressed the need for clearer definitions of which communities are represented, acting on feedback, and co-designing solutions. They highlighted that delivering accessible and responsive services should be a top priority, with simplified objectives and stronger leadership to promote equalities. Key concerns included poor customer experience, barriers to accessing services, lack of face-to-face engagement, safety issues, and the

	need for investment in green spaces, regeneration, volunteering, and inclusive communication, alongside calls for a dedicated equalities team and more diverse recruitment practices. **Focus group 2: Sense Centre – 7th August 2025** Participants included Sense service users, carers and staff. They raised concerns about accessibility, customer experience, and inclusion, highlighting poor pavement and road conditions, limited accessible facilities, and challenges with disabled travel passes and cinema seating. They called for better Council communication, staff training, work shadowing with community services, and co-design of inclusive services, alongside improvements in public transport, safety, and consultation processes. Suggestions also included hosting disability awareness events, providing accessible toilets, and creating more opportunities for ethnic minority groups and disabled adults. **Focus group 4: Rainbow Project – 19th August 2025** Participants at Montgomery Hall included staff members and service users. They raised concerns about safety in Rotherham town centre, particularly for LGBTQ+ individuals, and called for more inclusive facilities such as gender-neutral toilets. They highlighted gaps in support for homeless people, the need to improve the night-time economy, and suggested relocating Rotherham Pride to a safer, quieter venue like Clifton Park. Other issues included an intimidating complaints process, poor accessibility at Riverside House, and limited awareness of homelessness services. Recommendations included staff training on equality and sexual health, introducing mystery shoppers to assess inclusivity, and improving website accessibility with features like speech-to-text and customizable display options. **Focus group 5: Faith Leaders – 21st August 2025** Participants from local faith groups praised positive experiences with Council services, citing efficient Parking Services and strong engagement with the mosque during community events. They stressed the need for inclusive public engagement, better promotion of consultations, and clear communication on how feedback shapes decisions. Key priorities included improving town centre safety and regeneration, fostering community cohesion, upgrading civic spaces, and equipping young people to challenge misinformation and understand local democracy

	Focus group 6: Steel City Consultancy – 2nd September 2025 Participants included community groups focused on supporting women and their families. One session was hosted for women and one for men. Residents in Kimberworth raised concerns about inequality in investment, deteriorating environments in areas like Ferham, and barriers to accessing Council services, including long phone wait times and limited face-to-face support. Safety issues, lack of visible policing, and poor communication on consultation outcomes were highlighted, alongside calls for councillor surgeries and better community integration. Additional priorities included overcrowded housing, borough-wide selective licensing, school admission inequalities, inadequate social care, health disparities, and ineffective active travel infrastructure, with participants stressing the need for visible leadership and dedicated funding to address inclusion. **Focus group 7: Sight and Sound – 5th September 2025** Participants at Sight and Sound (service users and staff) highlighted a lack of consistent feedback following consultations, noting that outcomes and decisions are rarely communicated or explained. Key concerns included pavement parking, absence of audible traffic signals for visually impaired residents, missed garden waste collections, and feeling unsafe due to anti-social behaviour. Negative experiences at Riverside House were reported, where residents struggled to access in-person support and were directed online, prompting calls for staff training to ensure inclusive and effective customer service. **Focus group 8: Youth Cabinet - 10th September 2025** Participants from the Rotherham Youth Cabinet highlighted concerns about poor public toilet facilities, lack of free sanitary products, and safety issues when walking home or using green spaces. They stressed the need for better mental health support for young people, improved promotion of services and consultations, and more accessible activities for communities with limited transport options. Suggestions included hosting inclusive community events, providing sustained funding for equality networks, and offering Council work experience

	placements for 16–18-year-olds to build engagement and future opportunities. **Focus group 9: A Borough That Cares Network - 12th September 2025** Participants from the Borough That Cares member organisations and RMBC staff stressed the need for early community engagement before strategies are developed, better support for service users with complex needs, and inclusion champions to provide tailored assistance. Key priorities included building a diverse workforce, fostering a sense of belonging, and improving access to services through libraries and neighbourhood hubs. Recommendations focused on transparent commissioning and funding processes, accessible communication in easy-read and non-digital formats, and regular collaboration with equality networks. Leadership was urged to model inclusive practices consistently, while HR should work with staff networks and partners to embed diversity across the organisation. **Focus group 10: Deaf Futures - 26th September 2025** Participants at Herringthorpe United Reformed Church (service users, carers and BSL interpreters) expressed frustration over decades of feeling unheard and highlighted major barriers to communication, particularly for the deaf community, which has led to isolation and poor mental health. Key concerns included inaccessible phone support, lack of advocacy and translation services at Riverside House, difficulties with online travel pass applications, and inequities in public transport access for disabled and elderly residents. They also called for fairer funding for equality-focused community networks and greater recognition of support for vulnerable individuals. **Focus group 11: United Multicultural Centre – 12th November 2025** Participants at the United Multicultural Centre (service users and staff) stressed that inclusion means equal access to services without discrimination and called for more initiatives to integrate diverse communities. Key concerns included public safety, poor road and pavement conditions, overcrowded housing for refugees, inadequate street lighting, and barriers to accessing Council services due to language and technology issues. Additional priorities were education

	support through English classes, employment pathways, tackling drug-related crime, and improving responsiveness and communication from Council officers. The group supported the Inclusion Strategy objectives but requested regular face-to-face engagement, better promotion of multiculturalism, and more funding for community organisations to strengthen cohesion and deliver accessible services.
Engagement undertaken with staff (date and group(s)consulted and key findings)	**Focus group 3: RMBC Internal Staff Networks – 7th August 2025** Participants from the Council's internal equality networks highlighted the need for more inclusive communication, including translation and accessibility tools like text-to-speech on the Council website. They recommended a unified "One Council" approach, equality champions across directorates, and proactive community recovery efforts to strengthen cohesion. Suggestions for workforce diversity included mentoring programmes, expanded development opportunities, and collaboration between HR and staff networks to remove recruitment barriers. Leadership accountability was seen as critical, with calls to embed inclusion into performance objectives and policies. Participants also stressed co-designing services with users to ensure accessibility and responsiveness.

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

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

The Inclusion Strategy is designed to complement and strengthen the ambitions set out in the Council Plan 2025–2030 by embedding equality, diversity, and inclusion (EDI) principles across all services and decision-making. While the Council Plan established a commitment to fairness and opportunity for all, the Inclusion Strategy provides a framework for delivering these aims in practice.

The strategy ensures that the Council meets its obligations under the Equality Act 2010 and the Public Sector Equality Duty, which require it to:

- Eliminate discrimination, harassment, and victimisation.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people from different backgrounds.

It addresses the needs of all protected characteristic groups (Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnership and Marriage, Pregnancy and Maternity) by:

- **Accessible services**: Improving physical and digital accessibility.
- **Targeted support**: Delivering tailored initiatives alongside inclusive cultural events and community cohesion programmes.
- **Safety and wellbeing**: Working with partners through the Safer Rotherham Partnership to tackle hate crime, improve community safety, and create welcoming spaces for all.
- **Inclusive economy**: Using the Social Value Policy and Employment Solutions service to create jobs, apprenticeships, and training opportunities for underrepresented groups.
- **Workforce diversity**: Strengthening recruitment practices to attract candidates from diverse backgrounds and supporting staff networks.

Some examples of actions that will be undertaken as part of the strategy/action plan include:

Working together

- Roll out the use of new consultation software (Citizen Space) to make the approach more consistent and improve accessibility
- Embed the Rotherham Adult Social Care Always Listening Co-Production Board (RASCAL) within the approach to change across adult social care
- Complete building work on the SEND centre at Eric Manns and hand over to the Rotherham Parents Carers Forum

Responsive Services

- Provide food vouchers, meals and activities to children eligible for free school meals during the school holidays, as part of the Household Support Fund and Holiday Activities and Food programmes.
- Agree an updated Domestic Abuse Strategy to continue to improve the support available to victims and the actions taken to address perpetrators of violence and abuse.
- Commission specialist organisations to embed Individual Placement Support within services already accessed by people on probation, survivors of domestic violence, and those experiencing homelessness.

Welcoming Places

- Support communities across the borough through the delivery of the Community Cohesion Grant fund.
- Tackle hate crime incidents and the drivers of hate crime through the delivery of education and engagement group and individual sessions
- Improve four play areas as part of the children's playground programme, ensuring they are accessible to disabled children

Employer of Choice

- Promote workforce diversity in underrepresented areas of the organisation by using disaggregated data to inform the development of initiatives.

- Develop and implement targeted career development strategies into leadership and management roles for existing staff members from underrepresented groups within the workforce.

- Increase the proportion of new starter apprenticeships created within the Council
- Conduct a training needs analysis of the learning and development offer across the Council to identify where there is variation across directorates. Expand the offer of learning and development based on the needs analysis.

The strategy also commits to co-designing services with communities, ensuring that feedback informs service improvements. Progress will be monitored through annual action plans and ongoing engagement activity.

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

No problems or barriers have been identified. The Inclusion Strategy is specifically designed to reduce and eliminate barriers faced by communities and protected groups, ensuring equitable access to services and promoting fairness across the borough.

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

Yes. The Inclusion Strategy is designed to deliver positive impacts by promoting equality, improving access to services, and removing barriers that prevent participation. It aims to create fairer opportunities for all communities by addressing inequalities, enhancing customer experience, and ensuring services are inclusive and responsive to diverse needs.

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

The strategy explicitly aims to bring different groups together through the delivery of diverse events and creative programmes, to involve service users generally and particular cohorts who are at risk of exclusion in shaping and designing services, and to make places more welcoming and safer.

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

5. Summary of findings and Equality Analysis Action Plan

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

Title of analysis: Inclusion Strategy 2026-2030 and Equality, Diversity and Inclusion Annual Report 2024-25
Directorate and service area: PSE – Policy, Performance and Intelligence
Lead Manager: Michael Holmes
Summary of findings:
The Equality Analysis demonstrates that the Inclusion Strategy 2026–2030, Equalities Action Plan 2026-27, and Equalities Annual Report 2024-25 collectively embed equality, diversity, and inclusion across Council services, aligning with statutory duties under the Equality Act 2010. Engagement through surveys and focus groups highlighted priorities such as improved communication, safety, and co-production, while equality data confirms significant diversity and socio-economic challenges in Rotherham. No adverse impacts were identified; instead, the strategy delivers positive outcomes by removing barriers, promoting fairness, and fostering good relations. Progress will be monitored through quarterly reviews, annual reporting, and ongoing engagement with equality networks to ensure transparency and continuous improvement.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Initial feedback to groups that took part in the engagement process / ongoing engagement with those groups	All	March 2026 / Ongoing
The action plan will be reviewed quarterly to assess progress	All	April, July, October 26; January, April 27
Annual action plans will be produced to identify specific actions for the year ahead.	All	April 27, April 28, April 29
Annual reports will be produced to review all progress made annually and highlight key achievements and areas for improvement.	All	Late summer each year

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

6. Governance, ownership and approval		
Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.		
Name	**Job title**	**Date**
Fiona Boden	Head of Policy, Performance and Intelligence	02/01/2026
Lynsey Linton	Service Director of Human Resources	02/01/2026

7. Publishing	
The Equality Analysis will act as evidence that due regard to equality and diversity has been given. If this Equality Analysis relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report. A copy should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.	
Date Equality Analysis completed	16/12/2025
Report title and date	**Inclusion** strategy 2026-2030 and Equality, Diversity and Inclusion Annual Report 2024-25
Date report sent for publication	09/01/2026
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	16/12/2025

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Will the decision/proposal impact…	Impact	*If an impact or potential impacts are identified:*			
		Describe impacts or potential impacts on emissions from the Council and its contractors.	*Describe impact or potential impacts on emissions across the Borough as a whole.*	*Describe any measures to mitigate emission impacts*	*Outline any monitoring of emission impacts that will be carried out*
Emissions from non-domestic buildings?	None				
Emissions from transport?	Increase	*Several actions include increased transportation across the Borough, including consultation activities, community support programmes, school careers, and events programmes.*	*Events and other community-based activities may increase transport emissions depending on target audiences and access arrangements.*	*Consider advertising active or public transport as part of external programmes and encourage car sharing or public transport where possible for staff.*	*Emissions for staff transport are monitored annually by the climate change team.*
Emissions from waste, or the quantity of waste itself?	Increase	*Waste may be increased as a result of events and construction activities. Small amounts of waste may also be produced through consultation activities.*		*Consider the waste hierarchy and inclusion of sustainable materials as part of events planning. Advice can be received through the Council's events environmental champion on this topic and plans for the events progress.*	*Waste management may vary depending on location of event or activity. It will therefore need to be reviewed where monitoring is possible. Alternatively, qualitative monitoring of positive swaps or avoided waste can be monitored.*
Emissions from housing and domestic buildings?	None				

Emissions from construction and/or development?	Increase	*Increase in emissions as a result of SEND centre, Eric Manns refurbishment, play area refurbishment and community building facilities investment.*		*Inclusion of carbon monitoring and sustainability considerations in new tenders.*	*Review carbon impact as part of KPIs where feasible.*
Carbon capture (e.g. through trees)?	None				

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

There are a number of other actions which cannot be assessed at this stage due to their current stage and/or impacts outside of the scope of the Council's emissions boundaries. For example, utilisation of software such as Citizens Space which may hold data on servers or systems outside of the Council's control for monitoring. There are also actions which have minimal obvious emissions which may need to be considered at the implementation stage such as the wider implications of changes to internal organisational policies and governance relating to inclusion. It is likely in these cases that further impact assessments or wider review will be required.

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

The strategy itself—aside from the carbon associated with publishing and storing it electronically and producing any paper copies—will not have a direct climate impact. However, the activities arising from the actions within the strategy will. Separate climate impact assessments will be carried out by the relevant teams as part of the governance process when progressing those actions. Some of the actions to increase inclusivity and the Council's ability to listen and learn from residents will put the Council in a better position to effectively respond to climate impacts and support residents to do the same.

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

The strategy itself will have minimal direct climate impact, aside from the emissions associated with publishing and storing it electronically and producing any paper copies. To mitigate this, where possible, we will distribute electronic copies rather than printed versions.

A number of actions require in person activities, which are necessary to achieve the required engagement, inclusion and feedback. In these cases mitigations have been presented such as encouraging active travel and public transport though it is noted that in many cases this will not be possible due to the nature of the activity and those involved. Any future activities arising from the strategy's actions may have climate impacts. These will be assessed separately by the relevant teams as part of the governance process before implementation.

Supporting information:	
Climate Impact Assessment Author	Paul Stafford Policy Officer Policy, Performance & Intelligence Policy, Strategy and Engagement
Please outline any research, data or information used to complete this Climate Impact Assessment.	No external documents, research, or datasets were used to complete this assessment. The response is based on the nature of the strategy itself and standard considerations for potential emissions impacts.
If quantities of emissions are relevant to and have been used in this form please identify which conversion factors have been used to quantify impacts.	**N/A**
Validation	Tracking Reference: CIA 577 Louise Preston Climate Change Manager

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Rotherham Metropolitan Borough Council

Public Report
Overview and Scrutiny Management Board

Committee Name and Date of Committee Meeting
Overview and Scrutiny Management Board – 3 February 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.

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

Recommendations

1. That the Overview and Scrutiny Management Board (OSMB) note the report.

2. That the recommendations listed below and the wider ambitions as listed in Paragraph 5 of the report, as approved by Health Select Commission, be submitted to Cabinet for consideration and response:

a. Commissioning and Service Delivery

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

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

b. Education, Public Awareness and Messaging

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

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

c. Digital Access and Information

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

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

d. Youth Access and Confidentiality

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

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

e. Data, Monitoring and Strategic Alignment

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

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

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

3. 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
Health Select Commission – 22 January 2026

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

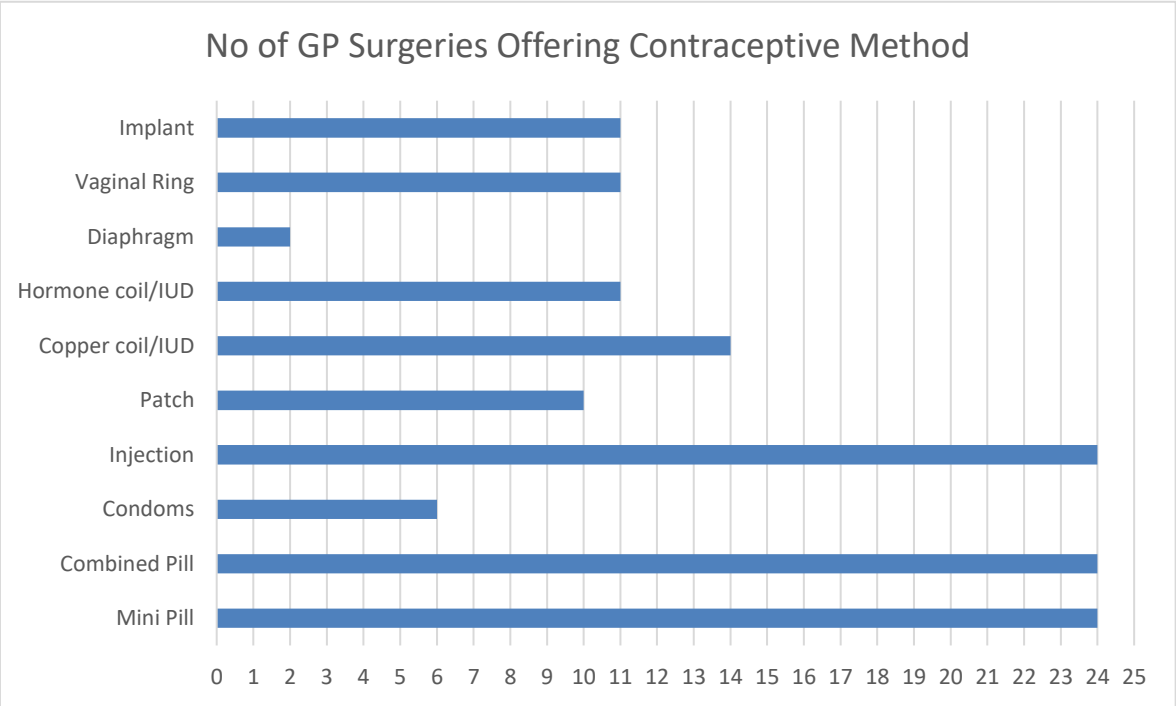
4. Discussion themes and key insights

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

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

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

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 <u>Digital Access and Information</u>

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 During its 22 January 2026 meeting Health Select Commission considered a number of approaches and determined that in order to deliver maximum impact for Rotherham Residents the most appropriate proposal was to request that OSMB and in turn, Cabinet were asked to support both the specific recommendations and the long-term broad ambitions described at paragraph 5 of this report. This is because it was felt that this represented the option that most closely reflected the vision and strategic outcomes described in the Council Plan, and had the potential to deliver improvement in health and wellbeing for generations to come.

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 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

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Appendix 1

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

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

Travel South Yorkshire

Rotherham Hospitals

Your guide to the direct bus services to and from Rotherham Hospitals.

Valid from: 01 September 2025



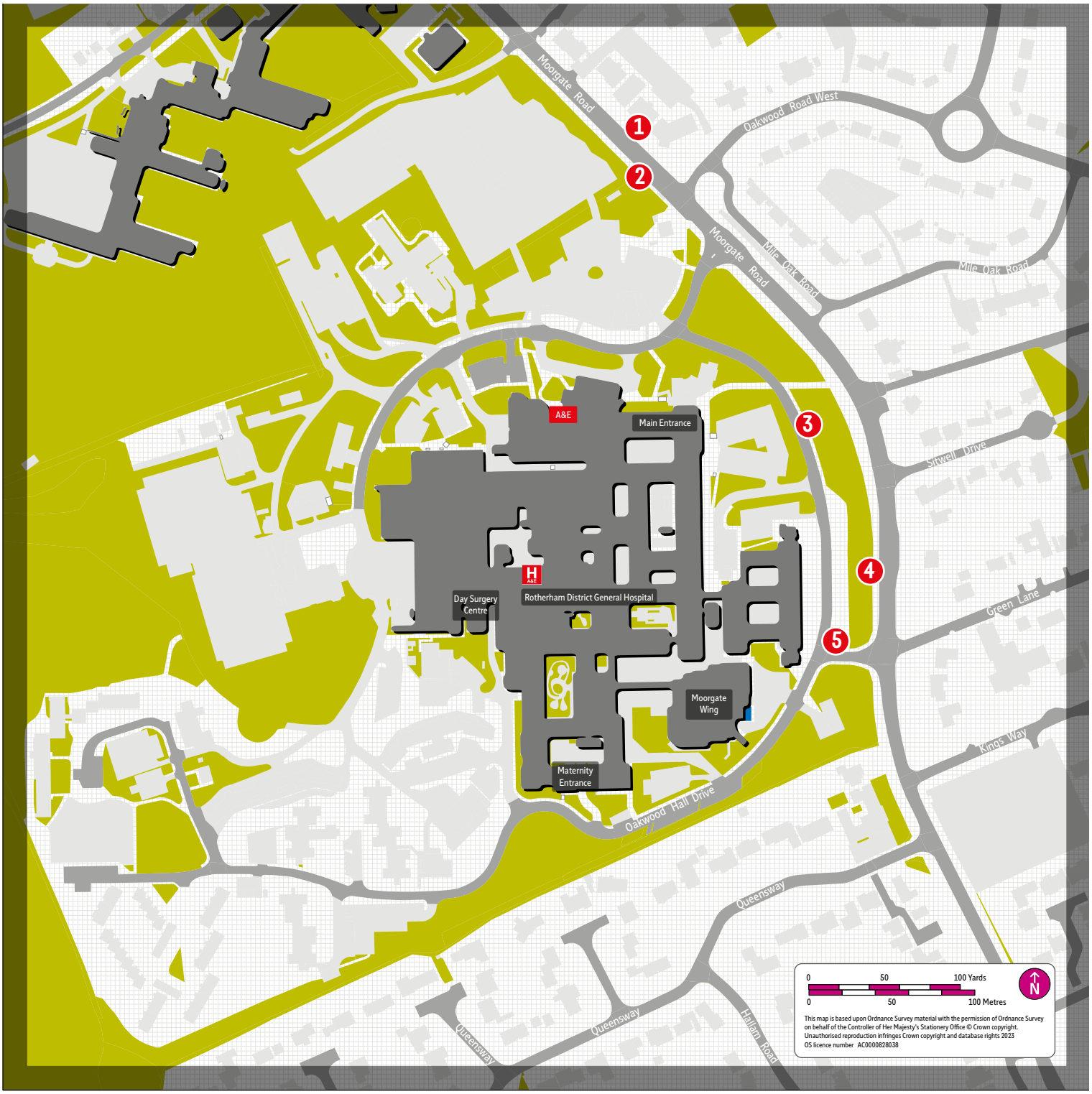
Hospitals Featured:

- Rotherham General Hospital

How can I get more information?

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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

A&E

Moorgate Road, Rotherham, S60 2UD

01709 820000

therotherhamft.nhs.uk

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

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

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Appendix 3

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

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

17 Mar 2023

From health promotion to a mobile clinic

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

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

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

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

‘The mobile unit has great potential’

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

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

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

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

The alternative routes in

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

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

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

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

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

‘We’re maximising the use of our resources’

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

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

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

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

Contact details

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

More case studies about Health

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

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

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

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

New mobile sexual health van hits the road in Sheffield

23 April 2025

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



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

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

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

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

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

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

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

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

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

GOV•UK

Press release

Millions of people to benefit from healthcare on their doorstep

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

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

Published 9 September 2025



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

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

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

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

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

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

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

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

Health and Social Care Secretary Wes Streeting said:

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

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

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

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

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

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

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

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

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

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

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

communities, not organisations.

Data shows that:

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

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

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

Daniel Elkeles, Chief Executive, NHS Providers, said:

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

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

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

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

Jacob Lant, Chief Executive of National Voices, said:

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

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

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

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

Neighbourhood health service sites

The 43 wave 1 sites are:

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

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

Published 9 September 2025

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Appendix 5

What lies behind the rise of the contraception app?

8 April 2023



GETTY IMAGES

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

Amy Phipps
BBC News

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

So what is behind the rise of technology contraception?

'There's a risk in everything'



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

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

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

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

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

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

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

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

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

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

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

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

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

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

'It has helped me understand my body'



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

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

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

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

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

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

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

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

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

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

'I listen to my body'



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

'Not suitable for everyone'



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

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

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

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

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

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

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



GETTY IMAGES

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

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

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

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

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

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

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

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

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

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

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

New app helping young people get free condoms



Young people can also get advice about sexual health

8 August 2024

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

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

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

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

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

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

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

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

OnlyFans, porn, and the fall in teen condom use



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

Jenny Rees

Health correspondent, BBC Wales News

30 December 2024

Updated 31 December 2024

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

How do I know if I have an STI?

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

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

Sexual health clinics across Wales also provide testing and support.

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

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

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

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

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

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

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

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

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

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

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

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

How do you get a sexually transmitted infection?

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

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

What are the symptoms of an STI?

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

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

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

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

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

Fears misinformation behind drop in contraception



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

Sophie Bott

27 November 2024

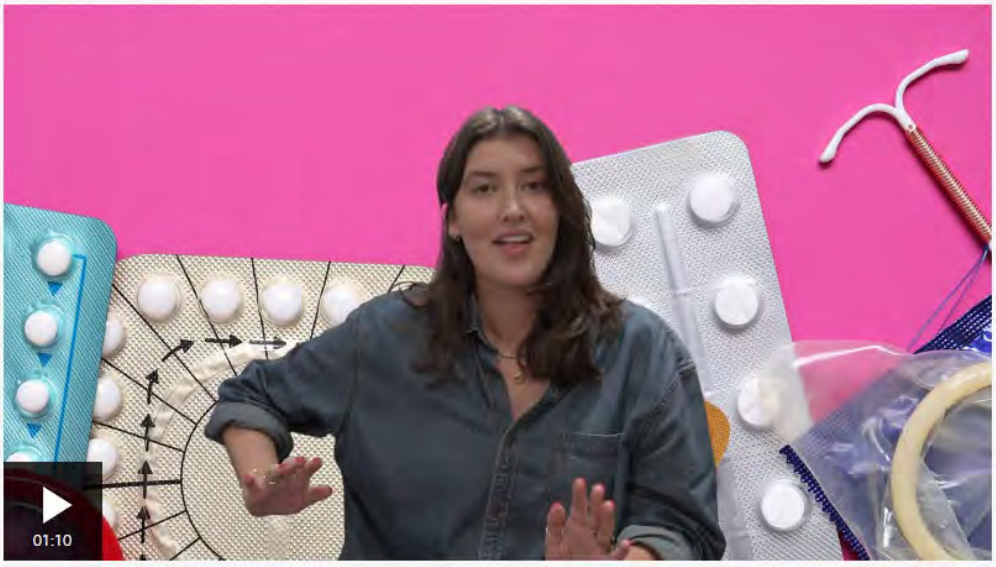
Updated 28 November 2024

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

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

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

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



What are the most common myths about contraception?

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

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

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

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

The scientist working on male contraceptive pill

30 December 2023 ›

Don't ditch condoms, sexual health experts say

28 September 2023 ›

Doctors warn about social media link to abortion rise

6 September 2023 ›

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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



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

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

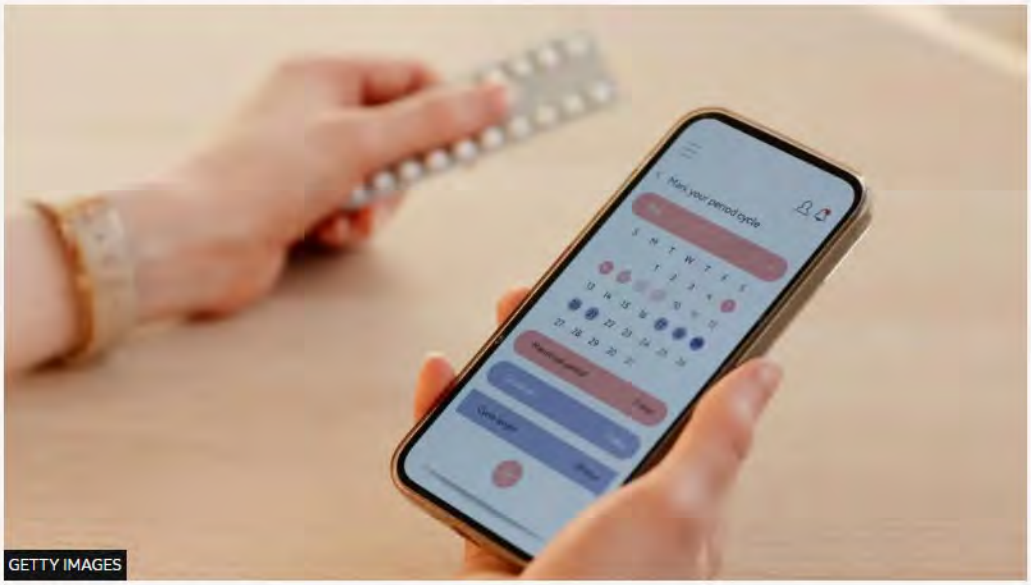
She added there was a need for sexual health experts to make evidence-based information "more accessible and I think healthcare professionals and health organisations are waking up to that".

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

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

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

Women seeking abortions after using 'natural' contraception



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.

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



Some women are ditching pills and coils for fertility apps

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

18 January 2025

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

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

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

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

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

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

Trial and error

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

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

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

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

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

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



GETTY IMAGES

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

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

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

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

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

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

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

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

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

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

'Stakes too high'

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

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

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

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

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

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

She says her partner, now husband, was amazing.

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

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

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

She opted for the the non-hormonal copper coil.

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

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

'Better choices for women'

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

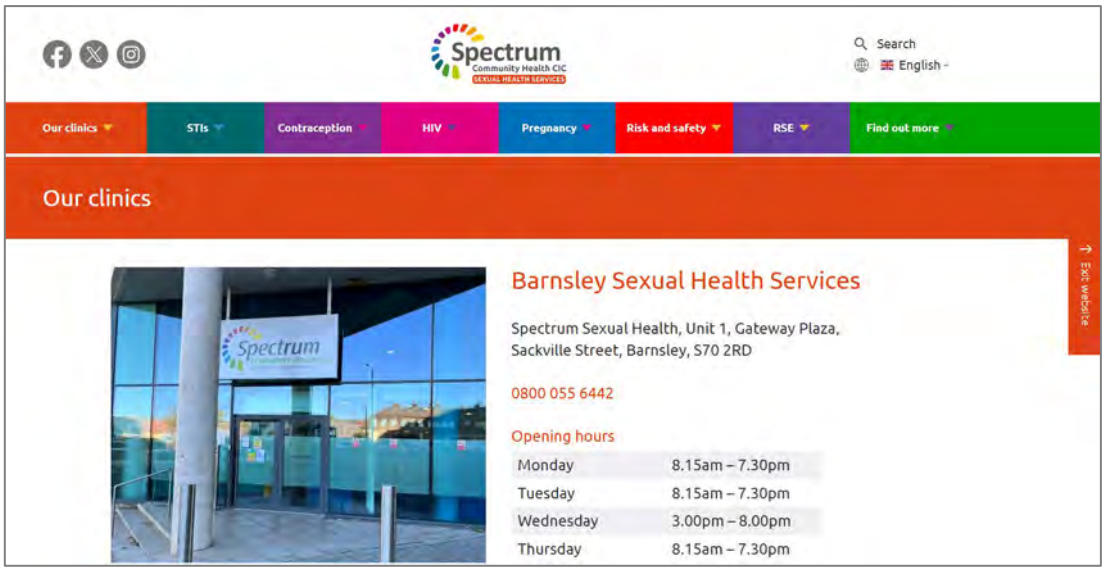
"It will sometimes take a few attempts to find the best one for you."

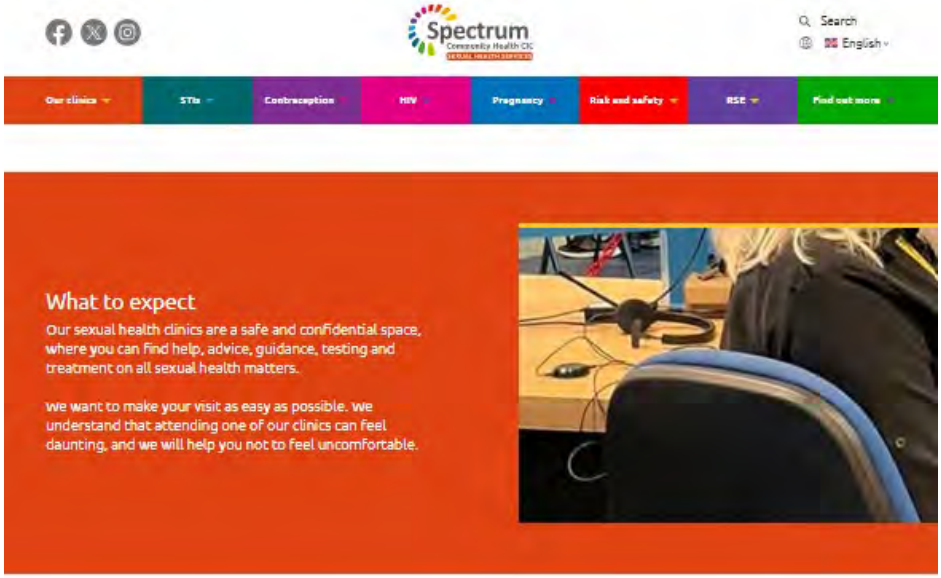
Companies say apps can be as much as 93% reliable when used correctly, meaning 7 in every 100 women would get pregnant when tracking their fertility for a year.

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

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

Barnsley


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Barnsley Sexual Health Services
Spectrum Sexual Health, Unit 1, Gateway Plaza, Sackville Street, Barnsley, S70 2RD
0800 055 6442
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
Spectrum
C-CARD

Spectrum Community Health CIC

Search

English

Our clinics | STIs | Contraception | HIV | Pregnancy | Risk and safety | RSE | 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.

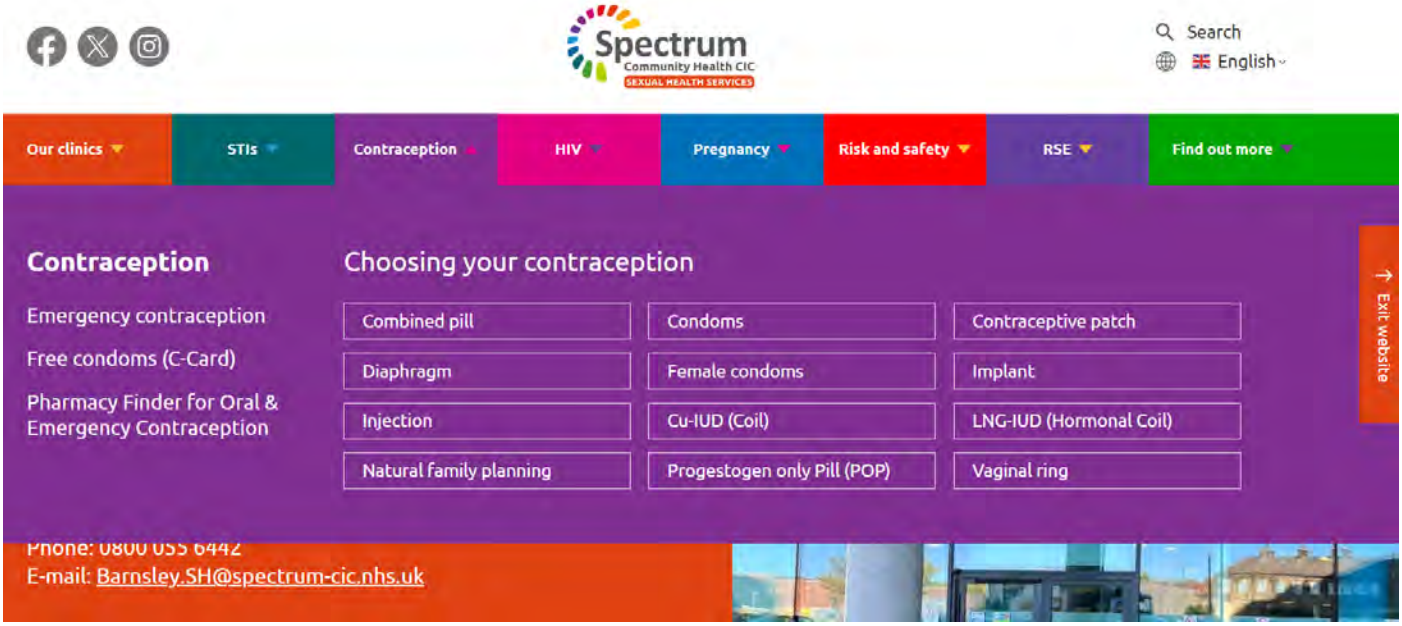
Is C-Card sign up and collection confidential?

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.

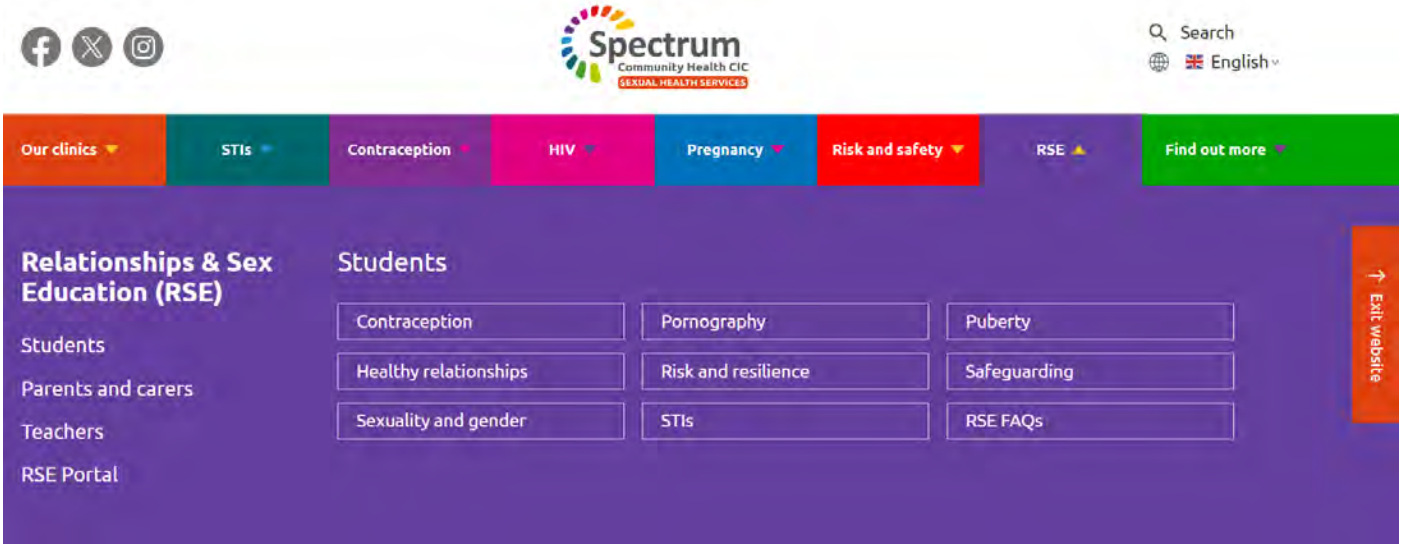

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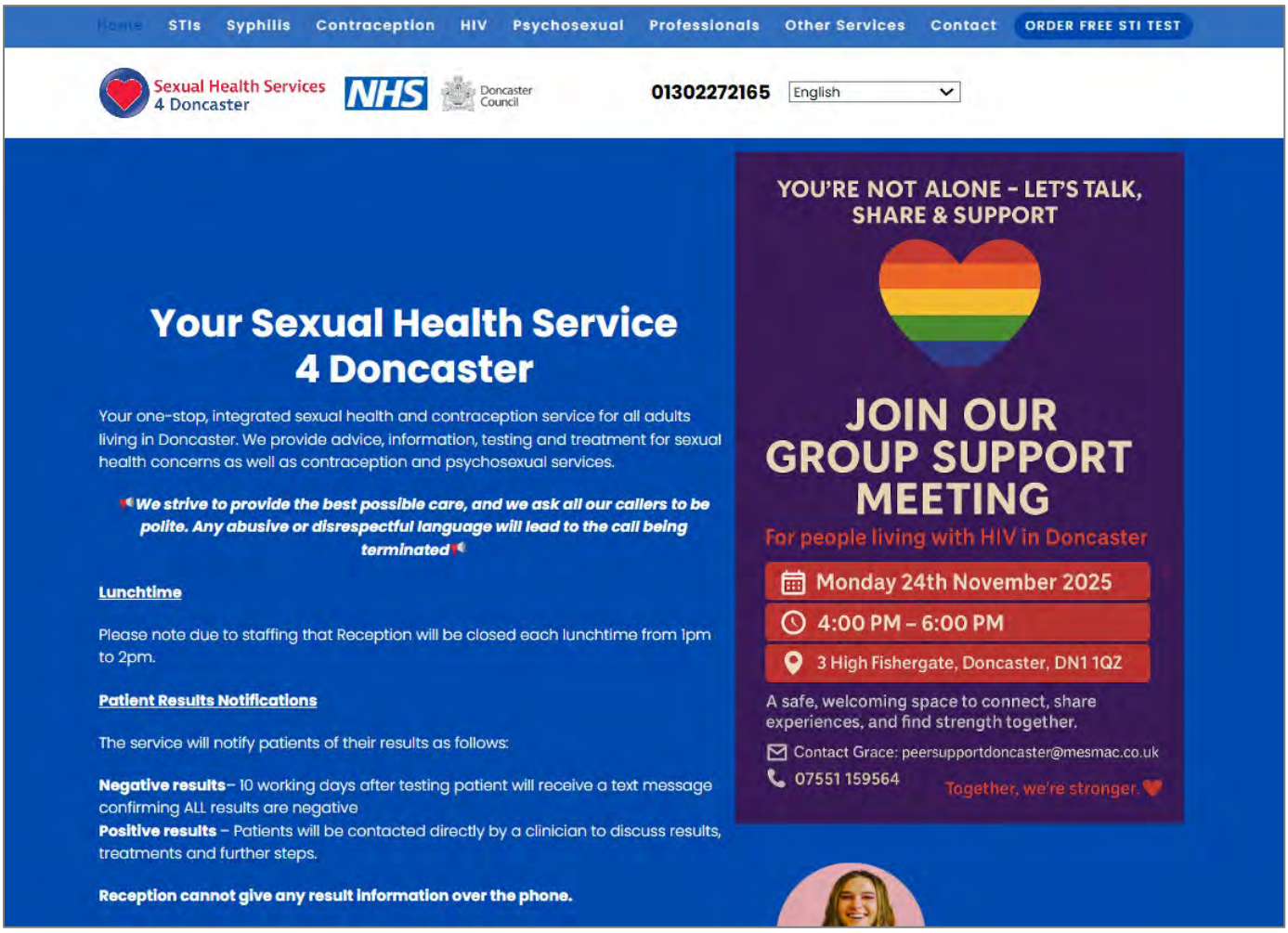

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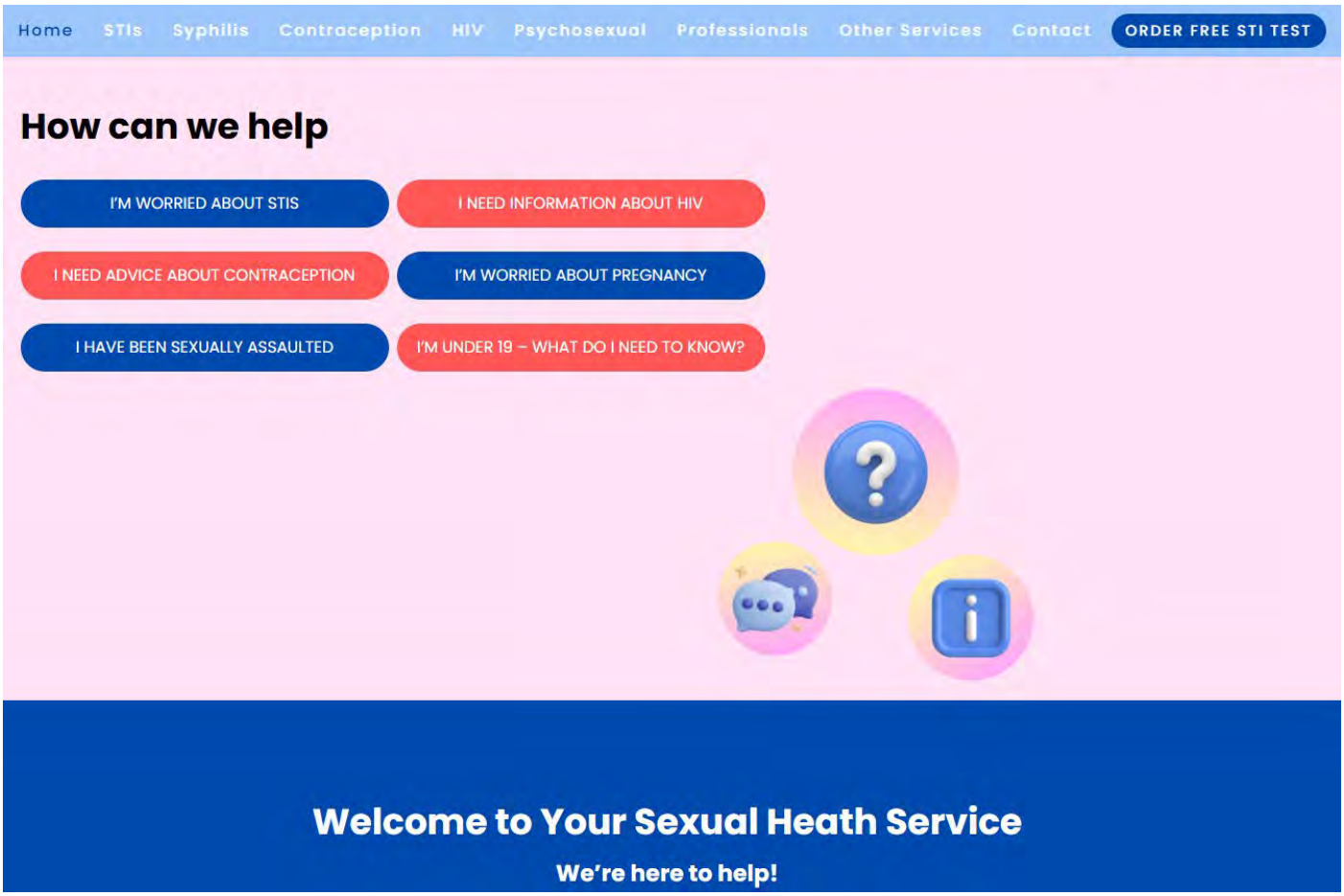

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Doncaster


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Sexual Health Services 4 Doncaster
NHS
Doncaster Council
01302272165
English
Your Sexual Health Service 4 Doncaster
Your one-stop, integrated sexual health and contraception service for all adults living in Doncaster. We provide advice, information, testing and treatment for sexual health concerns as well as contraception and psychosexual services.
We strive to provide the best possible care, and we ask all our callers to be polite. Any abusive or disrespectful language will lead to the call being terminated
Lunchtime
Please note due to staffing that Reception will be closed each lunchtime from 1pm to 2pm.
Patient Results Notifications
The service will notify patients of their results as follows:
Negative results– 10 working days after testing patient will receive a text message confirming ALL results are negative
Positive results – Patients will be contacted directly by a clinician to discuss results, treatments and further steps.
Reception cannot give any result information over the phone.
YOU'RE NOT ALONE - LET'S TALK, SHARE & SUPPORT
JOIN OUR GROUP SUPPORT MEETING
For people living with HIV in Doncaster
Monday 24th November 2025
4:00 PM – 6:00 PM
3 High Fishergate, Doncaster, DN1 1QZ
A safe, welcoming space to connect, share experiences, and find strength together.
Contact Grace: peersupportdoncaster@mesmac.co.uk
07551 159564
Together, we're stronger.


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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 Heath Service
We're here to help!

Sexual Health Services 4 Doncaster NHS Doncaster Council 01302272165 English

Contraception





Our team of experienced clinicians are here to support you with making decisions around the best method of contraception for you. It is important that you use a method of contraception if you do not wish to become pregnant. If you want to learn more about contraception, please talk with a member of the team.

There are many types of contraception available, and none are perfect. The Contraception Choices website provides honest information to help weigh up the pros and cons. Please find more information at their website here: **Contraception Choices**

We have partnered with local GP practices to provide contraceptive services across Doncaster. Your GP will be able to start, change or continue you on some of the more common types of contraceptive methods including various types of pill and injectable contraception. Many will be able to provide coils and implants within the practice.

Weight Loss Injection "skinny Jabs" and Contraception

Weight Loss Injections "skinny Jabs" can affect your contraception, LET THE NURSE KNOW if you are using these injections.

Home STIs Syphilis Contraception HIV Psychosexual Professionals Other Services Contact ORDER FREE STI TEST

A list of GPs who can provide Fit and Forget Contraception including Implants and Coils can be found here:

- **Mexborough Health Centre**, Adwick Road, S64 0BY – **01709 590590**
- **The Edlington Practice**, The Martinwells Centre, Thompson Avenue, Edlington, DN12 1JD – **01709 915760**
- The Nayar Practice, The Martinwells Centre, Thompson Avenue, Edlington, DN12 1JD – **01709 915780**
- The Oakwood Surgery, Masham Road, Cantley, DN4 6BU – **01302 537611**
- Thorne Moor Medical Practice, The Vermuyden Centre, Fieldside, DN8 4BQ – **01405 631271**
- Thorne Moor Medical Practice, The Orchard Centre – **01405 631271**
- Don Valley Healthcare Bentley Surgery, 128 Hugh Street, Bentley, Doncaster, DN5 0AT – **01302 874551**
- ASA Medical Group, Mere Lane, Armthorpe, DN3 2DB **01302 986100**
- Hatfield Health Centre, Ash Hill Road, Hatfield, DN7 6JH **01302 897600**
- Kingthorne Group Practice, Thorne Road, Doncaster DN1 2EU **01302 342832**
- Lakeside Practice, Spa Pool Road, Askern DN6 0HZ **01302 700212**
- Mount Group Practice, Thorne Road, Doncaster DN1 2JP **01302 361222**
- St John's Group Practice, Greenfield Lane, Doncaster DN4 0TH **01302 854521**
- **St Vincent Medical Centre**, 77 Thorne Road, DN1 2ET – **01302 361318**
- The Auckley Practice, 41 Ellers Lane, DN9 3HT – **01302 770327**
- The Burns Practice, 4 Albion Place, DN1 2EG – **01302 810888**
- The Burns Practice, Cantley Surgery, DN4 6NJ – **01302 810888**
- The Rossington Practice, Grange Lane, DN11 0LP – **01302 868421**
- The Scott Practice, Greenfield Lane, Balby, DN4 0TG – **01302 850546**
- Don Valley Healthcare, Amersall Road, Scawthorpe, Doncaster, DN5 9PQ – **01302 874551**
- Don Valley Healthcare, Newtone Lane, Sprotbrough, Sprotbrough, Doncaster, DN5 8DA – **01302 874551**
- **Great North Medical Group**, Chestnut Avenue, Carcroft Doncaster, DN6 8AG – **01302 723510**
- The New Surgery, Adwick Road, Mexborough S64 0DB **01709 511800**
- Petersgate Medical Centre, Amersall Road, Scawthorpe DN5 9PQ **01302 390490**
- West End Clinic, West End Lane, Rossington, DN11 0PQ **01302 865865**
- Tickhill & Colliery Medical Practice, St Mary's Road, Tickhill DN11 9NA **01302 742503**

If your GP is unable to fit a coil or implant they may refer you to another local GP practice or to our clinic in central Doncaster.

You may also self-refer to our clinic team for coils and implants by calling reception on: **01302 272165** but please try your GP first.

Please note: Sexual Health Services 4 Doncaster are not commissioned to offer appointments to people who require a coil fit for non-contraceptive reasons. For example, if you need a coil fitting for heavy periods or HRT and you or your partner has had a sterilization/ vasectomy procedure in the past, we will be unable to provide this. Please contact your GP to arrange the fitting elsewhere.

Emergency contraceptive

Emergency contraception is commonly referred to as "The morning after pill" or "EHC." If you have had sex without using contraception, or think your contraception might have failed, you can use emergency contraception. You should access emergency contraception as soon as possible

Call the service on 01302 272165 for emergency contraception

If you need emergency contraception, it is available from most pharmacies, GP Practices and the Sexual Health Clinic.

We have partnered with these Community Pharmacies to provide Emergency Contraception free of charge:

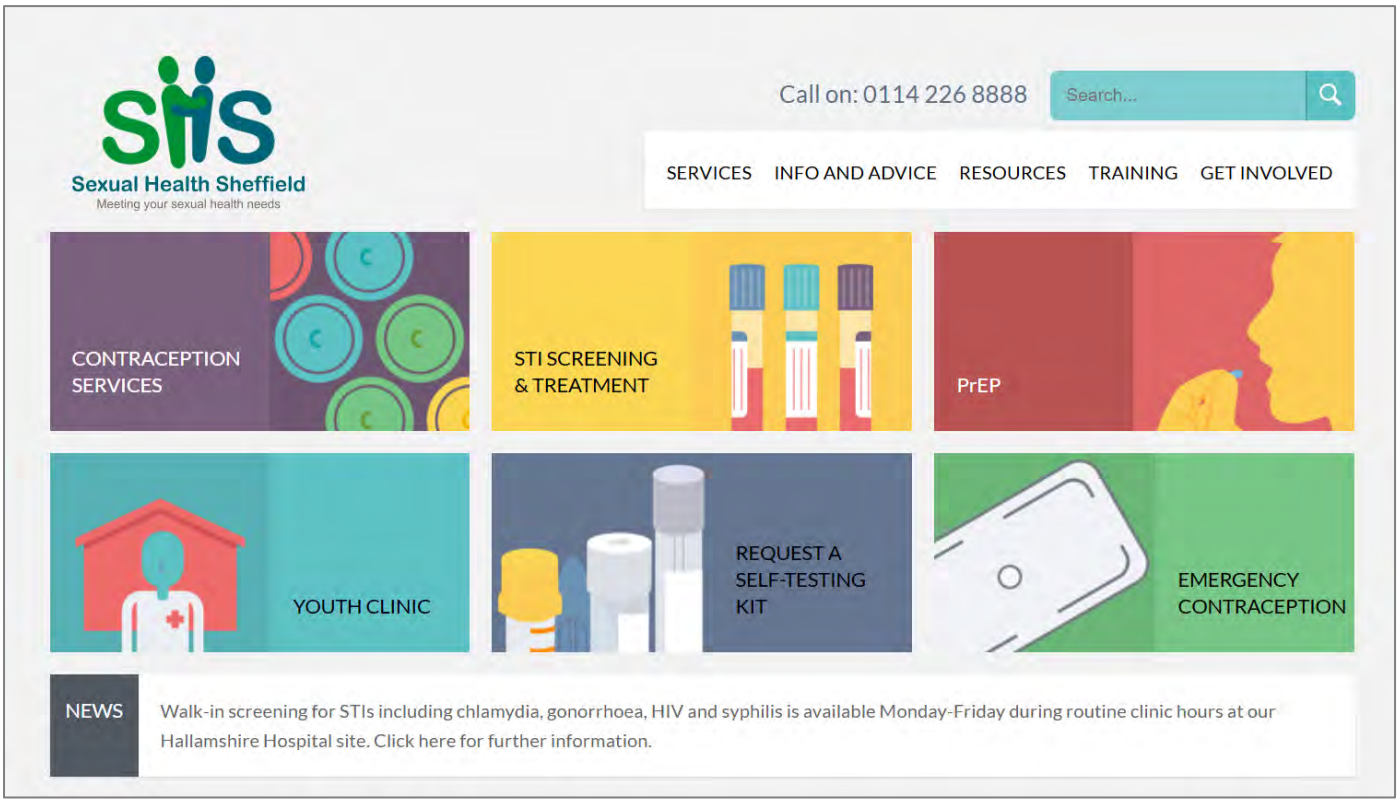
- ASDA, Carcroft DN6 8DN
- Chestnut Pharmacy, Carcroft DN6 8AG
- Crest Pharmacy, Hexthorpe DN4 0AJ
- Doncaster Pharmacy, Intake DN2 6QP
- Greenwell Pharmacy, Sprotbrough DN5 7RF
- Holden's Chemist, Bentley DN5 0AP
- Hyde Park Pharmacy, Hyde Park DN1 2BJ
- McGills Pharmacy, Dunsville DN7 4BX
- MEXCARE Pharmacy, Mexborough S64 9AS
- Pickfords Pharmacy, Balby DN4 0TG
- Warmsworth Pharmacy, Warmsworth DN4 9LS
- Weldricks Pharmacy, Tickhill DN11 9HT
- Weldricks Pharmacy, Armthorpe DN3 3AG
- Weldricks Pharmacy, Barnburgh DN5 7EP
- Weldricks Pharmacy, Barnby Dunn DN3 1AX
- Weldricks Pharmacy, Bawtry DN10 6JE
- Weldricks Pharmacy, Wheatley DN2 4AD
- Weldricks Pharmacy, Cantley DN4 6ED
- Weldricks Pharmacy, Carcroft DN6 8DP
- Weldricks Pharmacy, Conisbrough DN12 3HR
- Weldricks Pharmacy, Denaby DN12 4AB
- Weldricks Pharmacy, Dunscroft DN7 4JS
- Weldricks Pharmacy, Town Centre DN1 1HZ
- Weldricks Pharmacy, Edenthorpe DN3 2JA
- Weldricks Pharmacy, Edlington DN12 1JD
- Weldricks Pharmacy, Harworth DN11 8JN
- Weldricks Pharmacy, Hatfield DN7 6JH
- Weldricks Pharmacy, Intake DN2 5JA
- Weldricks Pharmacy, Kirk Sandall DN3 1JR
- Weldricks Pharmacy, Moorends DN8 4SB
- Weldricks Pharmacy, Rossington DN11 0LW
- Weldricks Pharmacy, Scawthorpe DN5 9PH
- Weldricks Pharmacy, Skellow DN6 8JH
- Weldricks Pharmacy, Sprotbrough DN5 8BP
- Weldricks Pharmacy, Stainforth DN7 5AF
- Weldricks Pharmacy, Thorne DN8 5DE
- Weldricks Pharmacy, Wheatley Hills DN2 5AJ
- Weldricks Pharmacy, Woodlands DN6 7LX

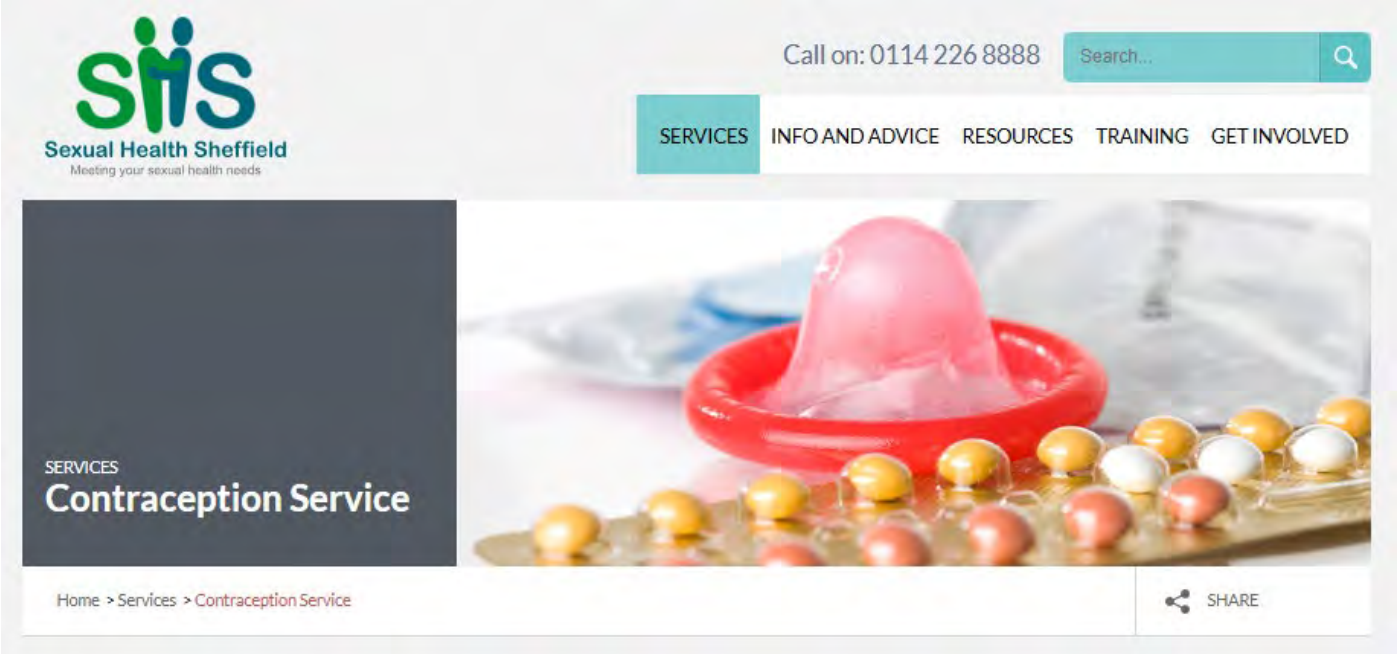
Other Community Pharmacies will be able to provide EHC, but there will be a cost for the prescription.

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

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

Sheffield


Sexual Health Sheffield
Meeting your sexual health needs
Call on: 0114 226 8888
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STI SCREENING & TREATMENT
PrEP
YOUTH CLINIC
REQUEST A SELF-TESTING KIT
EMERGENCY CONTRACEPTION
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.


Sexual Health Sheffield
Meeting your sexual health needs
Call on: 0114 226 8888
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In This Section

GP CONTRACEPTION SERVICES

Contraception services are delivered by Primary Care Sheffield. They offer appointments for the fitting of coils and implants, or Depo injections, in community clinics. To access the right appointment for you, please contact: 0114 226 8888 to book a telephone triage appointment with a member of the clinical team.

Our phone lines are open between the following hours:

8.30am-7.00pm Monday to Thursday

8.30am-5.00pm Friday

Access to emergency contraception is not affected. Please call 0114 226 8888 to book a call back from an experienced clinical pharmacists. Alternatively, please click here for information on additional ways to obtain emergency contraception

Primary Care Sheffield provide contraception and pregnancy advice via your GP practice nurse or Specialist Hub – please telephone 0114 226 8888 for more information.

Specialist Hub Locations:

Burncross Surgery
1 Bevan Way, Chapeltown, Sheffield, S35 1RN

Central Health Clinic
1 Mulberry Street, Sheffield, S1 2PJ

Crystal Peaks Medical Centre
15 Peaks Mount, Crystal Peaks, Sheffield, S20 7HZ

Darnall Primary Care Centre
290 Main Road, Sheffield, S9 4QH

Fairlawns
621 Middlewood Road, Sheffield, S6 1TT

The Flowers Health Centre
87 Wincobank Avenue, Sheffield, S5 6AZ

Jordanthorpe Health Centre
1 Dyche Close, Jordanthorpe, Sheffield, S8 8DJ

Sloan Medical Centre
2 Little London Road, Sheffield, S8 0YH

White House Surgery
1 Fairfax Rise, Sheffield, S2 1SL

For further information about permanent methods of contraception (sterilisation/vasectomy) please visit our info and advice page

Downloads

Contraception Choices - Arabic Language

Contraception Choices - English Language

Contraception Choices - Farsi Language

Contraception Choices - French Language

Contraception Choices - Kurdish Sorani Language

Contraception Choices - Tigrinya Language

Contraception Choices - Vietnamese Language



SERVICES
MOBILE SEXUAL HEALTH SERVICE



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STUDENT SERVICES



SERVICES
PREP

Useful Links

NHS Contraception guide

Sexual Health Sheffield
Meeting your sexual health needs

Call on: 0114 226 8888

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SERVICES
Youth Clinic

Home > Services > Youth Clinic

SHARE

In This Section

FAQS ABOUT YOUTH CLINICS

SUPPORT FOR YOUNG PEOPLE IN SHEFFIELD

The Youth Clinic is a walk-in service for anyone aged 18 and under. These clinics offer free and confidential access to information and advice on any sexual health issue as well as a full range of contraception, testing & treatment for sexually transmitted infections (STIs) and support for pregnancy options (including counselling and making arrangements for abortion or continuing pregnancy).

Opening Times

Mondays and Thursdays 2.00pm-6.00pm
Royal Hallamshire Hospital, Entrance 11a, B Road
No appointment needed, just call in during the above times, register at our reception desk, and wait to be seen.

Services Available at Sheffield Youth Clinics

- Information and advice about contraception choices
- Free contraception including emergency contraception (sometimes known as the 'morning after pill')
- Free condoms
- Free pregnancy testing and information/ support for pregnancy options (including counselling and making arrangements for abortion or continuing pregnancy)
- Information, advice and access to testing for sexually transmitted infections (STIs)
- Information, advice about HIV and access to HIV testing
- Information about safer sex and risk reduction
- Information on support networks for young people in Sheffield

If you require Emergency Contraception outside our clinic hours or at bank holidays please see information on approved pharmacies in Sheffield here. **Please note that approved pharmacies in the city cannot issue emergency contraception to patients under the age of 14, these patients are advised to contact their own GP or 111.**

If someone you have had sex with lets you know that they have a sexually transmitted infection, watch this video produced by the British Association for Sexual Health & HIV, for more information on why it's important you get a sexual health check-up.

Someone I've had sex with has an STI - what now?



Downloads

Health Appointments For Young People



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YOUTH CLINIC



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YOUTH CLINIC



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SEXUAL HEALTH SUPPORT

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WHERE TO GET HELP

ROTHERHAM SEXUAL HEALTH SERVICE

Provided by the Rotherham NHS Foundation Trust, this free service offers:

- STI screening and treatment
- Sexual health advice
- HIV care, PrEP and PEP
- Emergency contraception
- Free condoms
- Contraceptive pills, implants, injections and coils
- Vasectomies
- Free postal STI testing kits (for ages 16+)

The service works with:

Rotherham GPs

- Providing implants, IUDs and chlamydia screening.

Yorkshire MESMAC

- Outreach support and sexual health advice for diverse communities.
- Visit MESMAC

Emergency contraception

- Find out where to access free Emergency contraception (EHC) from Pharmacies in Rotherham.
- View the locations available

SH24 – Home Testing Kits

- Order free STI testing kits online.
- Visit SH24

Visit the Rotherham Sexual Health Service

Previous
Why sexual health matters

Sexual Health Services

Our sexual health service provides a range of contraceptive and sexual health services.

We are a friendly, non-judgmental, highly confidential and experienced team that hopes to inform, encourage and empower you in making the best decisions for your sexual health needs.

Services we offer

At our central clinic in Rotherham Hospital, we offer:

- Sexual health advice
- STI screening
- STI treatment
- PrEP, PEP and HIV care
- Emergency contraception
- Free condoms
- Other barrier methods
- Contraceptive pills
- Implants
- Depo injections
- Coils
- Vasectomy

Sexual Health

C level, junction 3
(opposite the Chapel)
Rotherham Hospital
Moorgate Road
Rotherham
S60 2UD

01709 427777

Opening times

Monday to Thursday, 8.30am to 7.30pm
Friday, 9am to 5pm
Saturday, 10am to 2pm

Under 25s drop-in service

Rotherham residents only

Tuesday, 2pm to 6pm
Thursday, 2pm to 6pm

Outreach clinics

We offer outreach clinics at:

- Kimberworth Park Medical Centre - Tuesday and Friday, 9am to 12noon.
- Maltby Health Centre - Monday, 2.30pm to 5pm.

These clinics are by appointment only. Book by calling 01709 427777.

Other sexual health services available in Rotherham

MESMAC Sexual Health, based on Mansfield Road, Rotherham, S60 2DR (for those 16 and over)

They offer sexual health advice, STI screening and free condoms.

- Monday (drop in): 3pm to 7pm
- Tuesday (drop in): 10am to 2pm
- Alternatively you can book an appointment online



Emergency contraception



Order a free home testing kit

Rotherham residents only.



Sexually Transmitted Infections (STIs)



HIV, PrEP, PEP and vaccinations



Contraception



When you visit

Patient information leaflets

Find us on Facebook

Visit the Rotherham Sexual Health Services - all about contraception Facebook page for helpful advice about all things contraception.

Follow us on

Contraception

Condoms are the only form of contraception that protect you from sexually transmitted infections! However, they are only around 80% effective at preventing pregnancy, so we recommend using them alongside another more reliable form of contraception.

Contraceptive pill - there are two main types of the contraceptive pill. The combined pill (commonly known as 'the pill') contains oestrogen and progesterone. The progesterone-only pill (commonly known as the 'mini pill') contains just progesterone.

The patch is similar to the 'pill' but instead of taking a pill every day, your body receives the hormones through the skin.

The vaginal ring works very similarly to the combined pill but the hormones are delivered into the bloodstream through the vaginal wall.

The coil - There are two types of coil: Intrauterine device (IUD) and Intrauterine system (IUS).

The implant is a very small flexible rod that sits under the skin and releases the hormone progesterone.

The injection is given every 13 weeks that contains progesterone.

A vasectomy involves cutting or sealing the tube that carries sperm from the testicles.

> Sexwise is a great website full of useful information that can help you decide which method might be the best for you before your visit.

Follow us

Visit our Facebook page for helpful advice about all things contraception.

Emergency contraception

Emergency contraception works by preventing an egg from being fertilised by a sperm by delaying the release of the egg in the hope to prevent pregnancy.

Emergency contraception is most effective the sooner it is taken after unprotected sex or failure of your regular contraceptive method, such as missed pills or split condoms.

There are two main methods, the copper coil and the emergency pill of which there are two types, Ulipristal acetate and Levonorgestrel.

If you are under 25, you are entitled to free emergency contraception.

Types of emergency contraception

Copper IUD

The copper IUD is 10 times more effective at preventing pregnancy than emergency pills. It is the most effective method of emergency contraception and will work even after you have most likely already ovulated, i.e. more than halfway through a regular cycle. It can be fitted up to 5 days after unprotected sex or 5 days after the earliest possible time of ovulation. The IUD is effective immediately and it can be kept in as a hormone free method of contraception for up to 10 years if you would like, or we can remove the coil after we know you are not pregnant.

Levonorgestrel (also known as Levonelle)

Levonelle needs to be taken within 72 hours (3 days) of unprotected sex and works by delaying the release of an egg. It only prevents pregnancy for that one episode of UPSI and you are not protected after this.

Ulipristal acetate (also known as (ellaOne)

ellaOne has to be taken within 120 hours (5 days) of unprotected sex to prevent pregnancy. It stops or delays the release of an egg. If you are on the contraceptive, it will also stop this from working properly. You must wait 5 days before taking your pill again and then another 7 days before you can rely on your oral contraceptive so 12 days of condom use are required. After taking ellaOne, if you do not wait 5 days before restarting your contraceptive pill, you will be at risk of pregnancy.

Out of hours emergency contraception

If you aren't able to get to us within our opening hours please use the links below for a list of pharmacies that supply FREE emergency oral contraception for Rotherham residents. Please ring the pharmacy before you go, to make sure a trained member of staff is working. You will need to consult with a pharmacist before taking any emergency contraception.

Abbey Pharmacy Rotherham	19-21 Howard Street, Rotherham, S65 1JQ	01709 377421
Allied Pharmacy	Aston Customer Services Centre, Swallownest, S26 4WD	01709 254134
Allied Pharmacy	2 Church Street, Wath upon Dearne, Rotherham, S63 7QY	01709 873134
Allied Pharmacy Wath	37 High Street, Wath upon Dearne, Rotherham, S63 7QB	
Asda Store Rotherham	off Aldwarke Lane, Doncaster Road, Rotherham, S65 3SW	01709 850670
Doncaster Gate Pharmacy	Rotherham Health Village, S65 1DA	
Medwin Pharmacy	Unit 10A, Meadowbank Industrial Estate, S61 1EE	
Pickfords Brampton	65 Knollbeck Lane, Brampton, Rotherham, S73 0TW	01226 341281
Rex Pharmacy	64 High Street, Maltby, S66 8LA	
Silverwood Pharmacy	90 Flanderwell Lane, Sunnyside, Rotherham, S66 3TQ	01709 296500
SKF Lo Chemist	1 Fenton Road, S61 4RD	
SKF Lo Chemist	30A Highthorn Road, S64 5UP	
Weldricks Pharmacy	27 Brinsworth Lane, Rotherham, S60 5BS	01709 378320
Weldricks Pharmacy Maltby	Leisure & Services Centre, Braithwell Road, Maltby, Rotherham, S66 8JE	01709 813344
Weldricks Pharmacy Maltby	94A High Street, Maltby, Rotherham, S66 7BN	01709 812429
Weldricks Pharmacy Swinton	1A Church Street, Swinton, Mexborough, S64 8QA	01709 582776
Wickersley Pharmacy	Morthern Road, S66 1EU	
York Road Healthcare Ltd	72-78 York Road, Eastwood, Rotherham, S65 1PW	01709 375304

Family Planning Association
Over 90 Years of Health and Sex Education

Teachers ~ Parents ~ Medical Professionals ~ Shop ~ Sexual Health Questions About FPA ~

FPA MEDICAL PROFESSIONAL > SEXWISE.ORG.UK NOW CLOSED

FPA Medical Professional

BUY MEMBERSHIP

- FPA Medical Professional
  - Membership – Fees
  - Membership – Buy
  - Booklets – Contraception
  - Booklets – STIs
  - Booklets – Abortion, Birth, Pregnancy, Menopause
- Sexwise Closed



Sorry, you've probably reached this page because you were looking for Sexwise.org.uk but sadly Sexwise has now closed.

FPA Tried to Rescue Sexwise

At the Family Planning Association we made 2 offers to run Sexwise for free.

The Department of Health and Social Care rejected both our offers.

REJECTED

Yorkshire MESMAC

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Home — Our services — Rotherham

Rotherham

You can get a sexual health screening, contraception advice, free condoms and period products, pregnancy testing and sexual health and wellbeing support by attending one of our drops ins or booking an appointment online at our Rotherham office.

Our drop in services:

Mondays 3pm – 7pm (last appointment 6:30pm)

Tuesdays 10am – 2pm

Tuesdays 2pm - 4pm (drop-in for women aged 16-24)

Alternatively, go to bookatest.mesmac.co.uk to book an appointment.

Over the festive period, our office in Rotherham will be CLOSED from 25th December - 4th January. If you need sexual health support in this period, please contact the hospital on 01709 427777.

You can look after your sexual health by:

- **Always using a condom:** the only contraception to protect you from STIs. Free condoms can be posted to anyone living in the Rotherham area. Order your free condoms here.
- **Making sure you have enough contraception:** Check your supply of pills/rings/patches. If you're running low, contact your GP or clinic *as soon as possible* to arrange more. If you need a new injection/implant/coil in the next few weeks, contact your GP or clinic for advice. You may be offered an alternative method such as the pill. Always use condoms if you run out of your normal method.
- **Don't delay emergency contraception** – you have up to 5 days after unprotected sex to get emergency contraception to prevent pregnancy. Sexual health pharmacies can offer it free without an appointment or prescription. Always call ahead to check the pharmacist is available.
- **Call the Rotherham Sexual Health Service if you have STI symptoms** – call 01709 427777 to speak to the team if you have unusual bleeding, burning, discharge or abdominal pain.

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GOV•UK

Department for Education

Guidance

Personal, social, health and economic (PSHE) education

Updated 13 September 2021

Applies to England

Contents

Personal, social, health and economic education

Relationships and sex education

Additional support



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This publication is available at https://www.gov.uk/government/publications/personal-social-health-and-economic-education-pshe/personal-social-health-and-economic-pshe-education

Personal, social, health and economic education

Updated statutory guidance will come into effect from September 2020.

The revised curriculum subjects will be:

- relationships education (primary)
- relationships and sex education (RSE) (secondary)
- health education (state-funded primary and secondary)

Read more about the consultation (https://www.gov.uk/government/consultations/relationships-and-sex-education-and-health-education) and new statutory guidance (https://www.gov.uk/government/publications/changes-to-personal-social-health-and-economic-pshe-and-relationships-and-sex-education-rse).

Personal, social, health and economic (PSHE) education is an important and necessary part of all pupils' education. All schools should teach PSHE, drawing on good practice, and this expectation is outlined in the introduction to the proposed new national curriculum.

PSHE is a non-statutory subject. To allow teachers the flexibility to deliver high-quality PSHE we consider it unnecessary to provide new standardised frameworks or programmes of study. PSHE can encompass many areas of study. Teachers are best placed to understand the needs of their pupils and do not need additional central prescription.

However, while we believe that it is for schools to tailor their local PSHE programme to reflect the needs of their pupils, we expect schools to use their PSHE education programme to equip pupils with a sound understanding of risk and with the knowledge and skills necessary to make safe and informed decisions.

Schools should seek to use PSHE education to build, where appropriate, on the statutory content already outlined in the national curriculum, the basic school curriculum and in statutory guidance on: drug education, financial education, sex and relationship education (SRE) and the importance of physical activity and diet for a healthy lifestyle.

Relationships and sex education

Relationships and sex education (RSE) is an important part of PSHE education. Relationships education is compulsory for all primary school pupils, and relationships and sex education (RSE) is compulsory for all secondary school pupils.

When any school provides RSE they must have regard to the Secretary of State's guidance (https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education), this is a statutory duty.

Advice for schools

We provided grant funding to the PSHE Association (http://www.pshe-association.org.uk/) to advise schools in developing their own PSHE curriculums and improve the quality of teaching. The association focuses on signposting schools to resources and in expanding their Chartered Teacher of PSHE programme. We also asked the Association to promote the teaching of consent as part of SRE, in line with the 2000 statutory guidance.

Additional support

We want teachers to be free to address the topics most relevant for their pupils, drawing on good practice and advice from professional organisations. Schools are free to use the organisations and resources they choose and we encourage organisations to develop guidance for schools in the areas of their expertise.

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Department for Education

Relationships Education, Relationships and Sex Education (RSE) and Health Education

Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, and teachers

July 2025

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Introduction

1. Children and young people need knowledge and skills that will enable them to make informed and ethical decisions about their wellbeing, health and relationships. High quality, evidence-based teaching of relationships, sex and health education (RSHE) can help prepare pupils for the opportunities and responsibilities of adult life, and can promote their moral, social, mental and physical development. Effective teaching will support young people to cultivate positive characteristics including resilience, self-worth, self-respect, honesty, integrity, courage, kindness, and trustworthiness. Effective teaching will support prevention of harms by helping young people understand and identify when things are not right.

2. The duties on schools in this area are set out in legislation.[1] The Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019, made under sections 34 and 35 of the Children and Social Work Act 2017, make relationships education compulsory for all pupils receiving primary education and relationships and sex education (RSE) compulsory for all pupils receiving secondary education.[2] They also make health education compulsory in all schools except independent schools. Personal, social, health and economic education (PSHE) continues to be compulsory in independent schools. Parents[3] have the right to request that their child be withdrawn from some or all of sex education delivered as part of statutory RSE.

3. The subjects are part of the basic school curriculum, which allows schools flexibility in developing their planned programme, integrated within a broad and balanced curriculum. Key aspects of RSHE are in scope for Ofsted inspection, for example, through inspectors' consideration of pupils' personal development, behaviour and welfare, and spiritual, moral, social and cultural development.

What is the status of this guidance?

4. This is statutory guidance from the Department for Education issued under Section 80A of the Education Act 2002 and section 403 of the Education Act 1996 – further details are in Annex A.

[1] Maintained schools and academies are required to provide a curriculum which is broad and balanced in accordance with Section 78 of the Education Act 2002. Part I of the Schedule to the Education (Independent School Standards) Regulations 2014 requires independent schools other than academies to make provision for PSHE (paragraph 2(2)(d)), and to prepare pupils for the opportunities, responsibilities and experiences of life in British society (paragraph 2(2)(i). Part 2 of the Schedule requires independent schools (including academies) to meet the standard relating to the Spiritual, Moral, Social and Cultural development of pupils.

[2] For ease of reference, this guidance refers to primary schools and secondary schools, but the statutory requirements refer to pupils receiving primary/secondary education.

[3] The word "parents" is used henceforth to mean both parents and carers.

5. Schools[4] must have regard to the guidance, and where they depart from those parts of the guidance which state that they should (or should not) do something they will need to have good reasons for doing so.

About this guidance

6. This document contains information on what schools **should** do and sets out the legal duties with which schools **must** comply when teaching relationships education, relationships and sex education (RSE) and health education.

7. Unless otherwise specified, 'school' means all schools, whether maintained, non-maintained or independent schools, including academies and free schools, non-maintained special schools, maintained special schools and alternative provision, including pupil referral units.

8. This guidance updates the Relationships Education, Relationships and Sex Education (RSE) and Health Education statutory guidance 2019. This guidance will be kept under review.

Who this guidance is for

9. This statutory guidance applies to all schools, and is therefore aimed at:

- governing bodies of maintained schools (including schools with a sixth form) and non-maintained special schools (including residential special schools)
- trustees of academies and free schools
- Multi Academy Trust central staff team
- proprietors of independent schools (including academies and free schools)
- providers of alternative provision, including AP Academies and AP Free Schools
- management committees of pupil referral units (PRUs)
- teachers, other school staff and school nurses
- head teachers, principals and senior leadership teams
- dioceses and other religious bodies, and
- for reference, relevant local authority staff.

10. Pupil referral units (PRUs), alternative provision (AP) academies and free schools, and independent schools that provide AP, are required to make provision for relationships education, RSE and health education in the same way as mainstream schools; and they must have regard to this guidance in delivering their programme. In teaching these subjects in PRUs, AP academies and free schools, and independent[5] AP schools, specific

[4] Guidance on health education does not apply to independent schools, which must meet the Independent School Standards as set out in the Education (Independent School Standards) Regulations 2014. However, they may find the sections on health education helpful. It does, however, apply to academies and free schools.

[5] Independent schools do not have to have regard to the guidance on health education, although they may find it helpful in planning.

thought should be given to the particular needs and vulnerabilities of the pupils and what adjustments might be needed.

11. The statutory requirements do not apply to sixth form colleges, 16-19 academies or Further Education (FE) colleges,[6] although we would encourage them to support students by offering these subjects. These settings may find the principles helpful, especially in supporting pupils in the transition to FE.

Developing a policy

12. All schools must have an up-to-date written policy for relationships education or, where they teach sex education, for RSE. Schools must proactively engage and consult parents when they develop and review their policy, ensuring parents understand that effective RSHE is important for promoting and protecting the wellbeing of all children (see the section on openness with parents on page 33). Listening and responding to the views of pupils and parents helps to ensure that RSHE meets pupils' needs and that topics are taught at the right time to support children to build positive relationships and avoid harms before they occur. Schools must provide a copy of their policy free of charge to anyone who asks for one and publish the policy on the school website.[7] Schools may need to include new content in RSHE to respond to emerging needs or issues in the school but should be careful to inform parents of any shifts away from the policy and continue to share relevant materials on request.

13. While schools are not required to publish a policy for health education, it would be good practice for schools to set out some of the details about how health education will be taught.

14. The RSE policy should:

- Set out the subject content, how and when it will be taught, and who is responsible for teaching it, including any external providers the school will use.
- Differentiate between relationships and sex education (where sex education is taught), so that parents have clear information. Relationships education doesn't involve explaining the detail of different forms of sexual activity, but can cover sensitive topics such as sexual violence in order to keep children safe.
- Include information about a parent's right to request that their child is withdrawn from sex education.
- Explain how content will be made accessible to all pupils, including those with special educational needs or disabilities (SEND).

[6] Further education and sixth form colleges that provide full time education for 14-16-year olds are required to follow Department for Education guidance which covers a number of areas including the curriculum. From September 2020, these included the subjects of relationships and sex education and health education, and such providers need to follow this guidance.

[7] If a school does not have a website, they should ensure that the policy is available by other means.

- Describe how the subject is monitored and evaluated.
- Set out how parents can view curriculum materials.
- Explain how teachers will answer questions about topics in sex education that the school does not cover (in primary) or that relates to sex education from which the child has been withdrawn.
- Explain how the policy has been produced, who approves the policy, and how and when it will be reviewed.

Guiding principles for relationships, sex and health education

15. Schools should develop a curriculum with the following key principles in mind:

a. **Engagement with pupils.** An inclusive and well-sequenced RSHE curriculum should be informed by meaningful engagement with pupils to ensure that the curriculum is relevant and engaging.
b. **Engagement and transparency with parents.** Schools should engage with parents on the content of RSHE and be transparent with parents about all materials used in RSHE. All materials should be available to parents, as described in the section on openness with parents on page 33. Parents have a right to request that their children are withdrawn from sex education (pupils can opt back in from three terms before they turn 16) and schools should ensure parents are aware of sex education content within lessons in advance.
c. **Positivity.** Schools should focus on building positive attitudes and skills, promoting healthy norms about relationships, including sexual relationships where relevant, and about health, including mental health. Schools should avoid language which might normalise harmful behaviour among young people – for example gendered language which might normalise male violence or stigmatise boys.
d. **Careful sequencing.** Schools should cover all statutory topics, recognising that young people can start developing healthy behaviour and relationship skills as soon as they start school. Schools should sequence teaching so that pupils are supported and equipped with the knowledge to navigate different experiences in a positive way before they occur, and to prevent harms.
e. **Relevant and responsive.** Schools should develop the curriculum to be relevant, age and stage appropriate and accessible to pupils in their area, where appropriate working with local partners and other bodies to understand specific local issues and ensure needs are met.
f. **Skilled delivery of participative education.** The curriculum should be delivered by school staff or, where schools choose to use them, external providers who have the knowledge, skills and confidence to create a safe and supportive environment and to facilitate participative and interactive education which aims to support and not to alarm pupils. Staff should be trained in safeguarding and offering support, recognising the increased possibility of disclosures.
g. **Whole school approach.** The curriculum is best delivered as part of a whole school approach to wellbeing and positive relationships, supported by other school policies, including behaviour and safeguarding policies.

Parents' right to request withdrawal from sex education

16. Parents have the right to request that their child be withdrawn from some or all of sex education delivered as part of statutory RSE.

17. Before granting any request for withdrawal of a child from sex education, it is good practice for the head teacher to discuss the request with parents, and the child if appropriate, to understand the request and to clarify the nature and purpose of the curriculum. This is likely to include discussing the benefits of sex education, and any detrimental effects of withdrawal, including social and emotional impacts on the child, and the likelihood that the child will hear their peers' version of what was said in class, which may not be accurate. Schools will want to document this process to ensure a record is kept.

18. Where primary schools provide sex education, head teachers must automatically grant a request to withdraw a pupil from it, other than content that is taught as part of the science curriculum. In secondary, head teachers can refuse a request in exceptional circumstances, for example because of safeguarding concerns or a pupil's specific vulnerability.

19. From three terms before the pupil turns 16, a pupil can choose to opt back into sex education even if their parent has requested withdrawal. For example, if a pupil turns 16 during the autumn term, the pupil can opt back into sex education at any time after the start of the previous autumn term. Schools should ensure that pupils know they have this option.

20. If a pupil is withdrawn from sex education, it is the school's responsibility to ensure that the pupil receives appropriate, purposeful education during the period of withdrawal.

21. Parents do not have the right to withdraw their pupils from relationships and health education, nor can they be withdrawn from topics taught as part of the science curriculum, including science topics related to puberty or sexual reproduction.

22. Everyone has relationships with others, and most pupils will develop sexual relationships at some point in their lives. Relationships education should equip pupils with the knowledge and skills they need to act with kindness and respect in all their relationships as they grow into adulthood, to enjoy their relationships, and to keep themselves and others safe.

23. Relationships education will focus on how to form and sustain positive relationships but will also help children identify risks and harms. Relationships education may therefore include topics related to preventing sexual abuse, for example, or avoiding sharing inappropriate material online. This can be done without describing the detail of any sexual

activity involved. Similarly, good safeguarding practice requires young people to understand the correct terms for different parts of the body and to be able to confidently use these terms. This can be provided as part of health education in primary, without describing any detail of sexual activity.

Curriculum Content

Relationships education (Primary)

24. The focus for primary relationships education should be on teaching the skills and knowledge that form the building blocks of all positive relationships, supporting children from the start of their education to grow into kind, caring adults who have respect for others and know how to keep themselves and others safe.

25. Building children's understanding and skills at primary is essential for preparing them for more complex content at secondary. For example, in primary, children will learn skills for managing difficult feelings in their friendships, like disappointment or anger. This prepares them to reflect on how to behave with kindness in more complex or challenging relationships at secondary.

26. Schools should be sensitive to pupils' circumstances, recognising that families of many forms provide a nurturing environment for children, and can include single parent families, same-sex parents, families headed by grandparents, young carers, kinship carers, adoptive parents and foster parents/carers. Teaching should illustrate a wide range of family structures in a positive way, and care should be taken to ensure that children are not stigmatised based on their home circumstances.

27. Primary relationships education should be anchored in an understanding of positive relationships, but should also equip children to keep themselves and others safe, and to recognise and report risks and abuse, including online. This can be delivered by focusing on boundaries, privacy, and children's rights over their own bodies and personal information. Pupils should be able to recognise emotional, physical and sexual abuse. Even very young children can be equipped to understand what counts as abusive behaviour and to trust their instincts about behaviour that doesn't feel right. In addition, pupils should understand about bullying, and that this can include the use of derogatory terms relating to sex, race, disability or sexual orientation.

28. Pupils should know how to report concerns and seek advice. While teaching children how to stay safe, including online, teachers should be clear that being a victim of abuse is never the fault of the child.

29. Primary children should be introduced to protective and preventative content in a way that does not cause unreasonable alarm and does not appear to normalise risky behaviours or activities. For example, in late primary, schools may decide to discuss the

pressure to share naked images if this is affecting pupils in the school. There may also be cases, such as when they know that pupils have seen pornography, in which schools may feel the need to discuss online sexual content. Teaching should be age appropriate and respectful of all children, including those who may have no familiarity with the topics under discussion. Schools should also inform parents of any deviation from their published RSE policy in advance and share any relevant materials with them on request.

Relationships education: content to be covered by the end of primary

Families and people who care for me

Curriculum content:

1. That families are important for children growing up safe and happy because they can provide love, security and stability.
2. The characteristics of safe and happy family life, such as commitment to each other, including in times of difficulty, protection and care for children and other family members, the importance of spending time together and sharing each other's lives.
3. That the families of other children, either in school or in the wider world, sometimes look different from their family, but that they should respect those differences and know that other children's families are also characterised by love and care.
4. That stable, caring relationships are at the heart of safe and happy families and are important for children's security as they grow up.
5. That marriage and civil partnerships represent a formal and legally recognised commitment of two people to each other which is intended to be lifelong.
6. How to recognise if family relationships are making them feel unhappy or unsafe, and how to seek help or advice from others if needed.

Caring friendships

Curriculum content:

1. How important friendships are in making us feel happy and secure, and how people choose and make friends.
2. That healthy friendships are positive and welcoming towards others, and do not make others feel lonely or excluded. Pupils should learn skills for developing caring, kind friendships.
3. That not every child will have the friends they would like at all times, that most people feel lonely sometimes, and that there is no shame in feeling lonely or talking about it.
4. The characteristics of friendships that lead to happiness and security, including mutual respect, honesty, trustworthiness, loyalty, kindness, generosity, trust, sharing interests and experiences, and support with problems and difficulties.
5. That most friendships have ups and downs, and that these can often be worked through so that the friendship is repaired or even strengthened.
6. How to manage conflict, and that resorting to violence is never right.
7. How to recognise when a friendship is making them feel unhappy or uncomfortable, and how to get support when needed.

Respectful, kind relationships

Curriculum content:

1. How to pay attention to the needs and preferences of others, including in families and friendships. Pupils should be encouraged to discuss how we balance the needs and wishes of different people in relationships and why this can be complicated.
2. The importance of setting and respecting healthy boundaries in relationships with friends, family, peers and adults.
3. How to communicate effectively and manage conflict with kindness and respect; how to be assertive and express needs and boundaries; how to manage feelings, including disappointment and frustration.
4. Pupils should have opportunities to discuss the difference between being assertive and being controlling, and conversely the difference between being kind to other people and neglecting your own needs.
5. That they can expect to be treated with respect by others, and the importance of respecting others, including those who are different (for example, physically, in character, personality or backgrounds), or make different choices, or have different preferences or beliefs.
6. Practical steps they can take and skills they can develop in a range of different contexts to improve or support their relationships.
7. The conventions of courtesy and manners.
8. The importance of self-respect and how this links to their own happiness. Pupils should have opportunities to think about how they foster their own self-esteem and build a strong sense of their own identity, including through developing skills and interests.
9. The different types of bullying (including online bullying), the impact of bullying, responsibilities of bystanders (primarily reporting bullying to an adult), and how to get help.
10. What a stereotype is, how stereotypes can be unfair, negative, destructive or lead to bullying and how to challenge a stereotype.
11. How to seek help when needed, including when they are concerned about violence, harm, or when they are unsure who to trust.

Online safety and awareness

Curriculum content:

1. That people should be respectful in online interactions, and that the same principles apply to online relationships as to face-to-face relationships, including where people are anonymous. For example, the importance of avoiding putting pressure on others to share information and images online, and strategies for resisting peer pressure.
2. How to critically evaluate their online relationships and sources of information, including awareness of the risks associated with people they have never met. For example, that people sometimes behave differently online, including pretending to be someone else, or pretending to be a child, and that this can lead to dangerous situations. How to recognise harmful content or harmful contact, and how to report this.
3. That there is a minimum age for joining social media sites (currently 13), which protects children from inappropriate content or unsafe contact with older social media users, who may be strangers, including other children and adults.
4. The importance of exercising caution about sharing any information about themselves online. Understanding the importance of privacy and location settings to protect information online.
5. Online risks, including that any material provided online might be circulated, and that once a picture or words has been circulated there is no way of deleting it everywhere and no control over where it ends up.
6. That the internet contains a lot of content that can be inappropriate and upsetting for children, and where to go for advice and support when they feel worried or concerned about something they have seen or engaged with online.

Being Safe

Curriculum content:

1. What sorts of boundaries are appropriate in friendships with peers and others (including online). This can include learning about boundaries in play and in negotiations about space, toys, books, resources etc.
2. The concept of privacy and its implications for both children and adults; including that it is not always right to keep secrets if they relate to being safe.
3. That each person’s body belongs to them, and the differences between appropriate and inappropriate or unsafe contact, including physical contact.
4. How to respond safely and appropriately to adults they may encounter (in all contexts, including online), including those they do and do not know.
5. How to recognise when a relationship is harmful or dangerous, including skills for recognising who to trust and who not to trust.
6. How to report abuse, concerns about something seen online or experienced in real life, or feelings of being unsafe or feeling bad about any adult and the vocabulary and confidence needed to do so.
7. How to ask for advice or help for themselves or others, and to keep trying until they are heard. Where to get advice e.g. family, school and/or other sources.

Sex Education (Primary)

30. Sex education is not compulsory in primary schools, but we recommend that primaries teach sex education in years 5 and/or 6, in line with content about conception and birth, which forms part of the national curriculum for science. The national curriculum for science includes subject content in related areas, such as the main external body parts, the human body as it grows from birth to old age (including puberty) and reproduction in some plants and animals. Schools may also cover human reproduction in the science curriculum, but where they do so, this should be in line with the factual description of conception in the science curriculum.

31. Primary schools should consult parents about the content of anything that will be taught within sex education. This process should include offering parents support in talking to their children about sex education and how to link this with what is being taught in school as well as advice about parents' right to request withdrawal from sex education.

Relationships and Sex Education (RSE): Secondary

32. RSE in secondary should provide a clear progression from primary relationships education. RSE should provide young people with the information they need to develop healthy, safe and nurturing relationships of all kinds. This should include the knowledge they need in later life to keep themselves and others safe, and how to avoid sexually transmitted infections and unplanned pregnancies.

33. Effective RSE focuses on respect for oneself and others and does not encourage or normalise early sexual experimentation. By supporting confidence and self-esteem, RSE will enable young people to make their own choices about whether or when to develop safe, fulfilling and healthy sexual relationships, once they reach the age of consent, and to resist pressure to have sex.

34. Effective teaching will be participative and interactive and will give pupils opportunities to develop skills and to discuss and critically evaluate complex relationship scenarios.

35. RSE in secondary will cover a range of topics, including topics related to abusive behaviour. While teaching children how to stay safe, including online, teachers should be clear that being a victim of abuse is never the fault of the child or young person. Different forms of abuse should be addressed sensitively and clearly at appropriate ages. For pupils who are experiencing or have experienced unhealthy or unsafe relationships, including at home, schools have an important role as a place of consistency and safety where pupils can find support.

36. When teaching sensitive topics, teachers can use approaches such as distancing techniques, setting ground rules with the class to help manage sensitive discussion, and using question boxes to allow pupils to raise issues anonymously.

Secondary relationships and sex education curriculum content

Schools should continue to develop knowledge of topics specified for primary as required <u>and in addition</u> cover the following content by the end of secondary:

Families

Curriculum content:

1. That there are different types of committed, stable relationships.
2. How these relationships might contribute to wellbeing, and their importance for bringing up children.
3. Why marriage or civil partnership is an important relationship choice for many couples. The legal status of marriage and civil partnership, including that they carry legal rights, benefits and protections that are not available to couples who are cohabiting or who have, for example, undergone a non-legally binding religious ceremony.
4. That 'common-law marriage' is a myth and cohabitants do not obtain marriage-like status or rights from living together or by having children.
5. That forced marriage and marrying before the age of 18 are illegal.[8]
6. How families and relationships change over time, including through birth, death, separation and new relationships.
7. The roles and responsibilities of parents with respect to raising children, including the characteristics of successful parenting and the importance of the early years of a child's life for brain development.
8. How to judge when a relationship is unsafe and where to seek help when needed, including when pupils are concerned about violence, harm, or when they are unsure who to trust.

[8] Age of Marriage Act 2023

Respectful relationships

Curriculum content:

1. The characteristics of positive relationships of all kinds, online and offline, including romantic relationships. For example, pupils should understand the role of consent, trust, mutual respect, honesty, kindness, loyalty, shared interests and outlooks, generosity, boundaries, tolerance, privacy, and the management of conflict, reconciliation and ending relationships.
2. How to evaluate their impact on other people and treat others with kindness and respect, including in public spaces and including strangers. Pupils should understand the legal rights and responsibilities regarding equality, and that everyone is unique and equal.
3. The importance of self-esteem, independence and having a positive relationship with oneself, and how these characteristics support healthy relationships with others. This includes developing one's own interests, hobbies, friendship groups, and skills. Pupils should understand what it means to be treated with respect by others.
4. What tolerance requires, including the importance of tolerance of other people's beliefs.
5. The practical steps pupils can take and skills they can develop to support respectful and kind relationships. This includes skills for communicating respectfully within relationships and with strangers, including in situations of conflict.
6. The different types of bullying (including online bullying), the impact of bullying, the responsibilities of bystanders to report bullying and how and where to get help.
7. Skills for ending relationships or friendships with kindness and managing the difficult feelings that endings might bring, including disappointment, hurt or frustration.
8. The role of consent, including in romantic and sexual relationships. Pupils should understand that ethical behaviour goes beyond consent and involves kindness, care, attention to the needs and vulnerabilities of the other person, as well as an awareness of power dynamics. Pupils should understand that just because someone says yes to doing something, that doesn't automatically make it ethically ok.
9. How stereotypes, in particular stereotypes based on sex, gender reassignment, race, religion, sexual orientation or disability, can cause damage (e.g. how they might normalise non-consensual behaviour or encourage prejudice). Pupils should be equipped to recognise misogyny and other forms of prejudice.
10. How inequalities of power can impact behaviour within relationships, including sexual relationships. For example, how people who are disempowered can feel they are not entitled to be treated with respect by others or how those who enjoy an unequal amount of power might, with or without realising it, impose their preferences on others.
11. How pornography can negatively influence sexual attitudes and behaviours, including by normalising harmful sexual behaviours and by disempowering some people, especially women, to feel a sense of autonomy over their own body and providing some people with a sense of sexual entitlement to the bodies of others.
12. Pupils should have an opportunity to discuss how some sub-cultures might influence our understanding of sexual ethics, including the sexual norms endorsed by so-called "involuntary celibates" (incels) or online influencers.

Online safety and awareness

Curriculum content:

1. Rights, responsibilities and opportunities online, including that the same expectations of behaviour apply in all contexts, including online.
2. Online risks, including the importance of being cautious about sharing personal information online and of using privacy and location settings appropriately to protect information online. Pupils should also understand the difference between public and private online spaces and related safety issues.
3. The characteristics of social media, including that some social media accounts are fake, and / or may post things which aren't real / have been created with AI. That social media users may say things in more extreme ways than they might in face-to-face situations, and that some users present highly exaggerated or idealised profiles of themselves online.
4. Not to provide material to others that they would not want to be distributed further and not to pass on personal material which is sent to them. Pupils should understand that any material provided online might be circulated, and that once this has happened there is no way of controlling where it ends up. Pupils should understand the serious risks of sending material to others, including the law concerning the sharing of images.
5. That keeping or forwarding indecent or sexual images of someone under 18 is a crime, even if the photo is of themselves or of someone who has consented, and even if the image was created by the child and/or using AI generated imagery. Pupils should understand the potentially serious consequences of acquiring or generating indecent or sexual images of someone under 18, including the potential for criminal charges and severe penalties including imprisonment. Pupils should know how to seek support and should understand that they will not be in trouble for asking for help, either at school or with the police, if an image of themselves has been shared. Pupils should also understand that sharing indecent images of people over 18 without consent is a crime.
6. What to do and how to report when they are concerned about material that has been circulated, including personal information, images or videos, and how to manage issues online.[9]
7. About the prevalence of deepfakes including videos and photos, how deepfakes can be used maliciously as well as for entertainment, the harms that can be caused by deepfakes and how to identify them.
8. That the internet contains inappropriate and upsetting content, some of which is illegal, including unacceptable content that encourages misogyny, violence or use of weapons. Pupils should be taught where to go for advice and support about something they have seen online. Pupils should understand that online content can present a distorted picture of the world and normalise or glamorise behaviours which are unhealthy and wrong.
9. That social media can lead to escalations in conflicts, how to avoid these escalations and where to go for help and advice.
10. How to identify when technology and social media is used as part of bullying, harassment, stalking, coercive and controlling behaviour, and other forms of abusive and/or illegal behaviour and how to seek support about concerns.

[9] For example, see Report Remove

11. That pornography, and other online content, often presents a distorted picture of people and their sexual behaviours and can negatively affect how people behave towards sexual partners. This can affect pupils who see pornographic content accidentally as well as those who see it deliberately. Pornography can also portray misogynistic behaviours and attitudes which can negatively influence those who see it.
12. How information and data is generated, collected, shared and used online.
13. That websites may share personal data about their users, and information collected on their internet use, for commercial purposes (e.g. to enable targeted advertising).
14. That criminals can operate online scams, for example using fake websites or emails to extort money or valuable personal information. This information can be used to the detriment of the person or wider society. About risks of sextortion, how to identify online scams relating to sex, and how to seek support if they have been scammed or involved in sextortion.
15. That AI chatbots are an example of how AI is rapidly developing, and that these can pose risks by creating fake intimacy or offering harmful advice. It is important to be able to critically think about new types of technology as they appear online and how they might pose a risk.

Being Safe

Curriculum content:

1. How to recognise, respect and communicate consent and boundaries in relationships, including in early romantic relationships (in all contexts, including online) and early sexual relationships that might involve kissing or touching. That kindness and care for others requires more than just consent.
2. That there are a range of strategies for identifying, resisting and understanding pressure in relationships from peers or others, including sexual pressure, and how to avoid putting pressure on others.
3. How to determine whether other children, adults or sources of information are trustworthy, how to judge when a relationship is unsafe (and recognise this in the relationships of others); how to seek help or advice, including reporting concerns about others, if needed.
4. How to increase their personal safety in public spaces, including when socialising with friends, family, the wider community or strangers. Pupils should learn ways of seeking help when needed and how to report harmful behaviour. Pupils should understand that there are strategies they can use to increase their safety, and that this does not mean they will be blamed if they are victims of harmful behaviour. Pupils might reflect on the importance of trusting their instincts when something doesn't feel right, and should understand that in some situations a person might appear trustworthy but have harmful intentions.
5. What constitutes sexual harassment or sexual violence, and that such behaviour is unacceptable, emphasising that it is never the fault of the person experiencing it.
6. That sexual harassment includes unsolicited sexual language / attention / touching, taking and/or sharing intimate or sexual images without consent, public sexual harassment, pressuring other people to do sexual things, and upskirting.
7. The concepts and laws relating to sexual violence, including rape and sexual assault.
8. The concepts and laws relating to harmful sexual behaviour, which includes all types of sexual harassment and sexual violence among young people but also includes other forms of concerning behaviour like using age-inappropriate sexual language.
9. The concepts and laws relating to domestic abuse, including controlling or coercive behaviour, emotional, sexual, economic or physical abuse, and violent or threatening behaviour.[10]
10. That fixated, obsessive, unwanted and repeated behaviours can be criminal, and where to get help if needed.
11. The concepts and laws relating to harms which are exploitative, including sexual exploitation, criminal exploitation and abuse, grooming, and financial exploitation.
12. The concepts and laws relating to forced marriage.
13. The physical and emotional damage which can be caused by female genital mutilation (FGM), virginity testing and hymenoplasty, where to find support, and the law around these areas. This should include that it is a criminal offence for anyone to perform or

[10] The Domestic Abuse Act 2021 recognised children who see, hear, or experience the effects of abuse, and are related to either the victim of the abusive behaviour, or the perpetrator, as victims of domestic abuse in their own right (part 1 section 3). The Domestic Abuse Act 2021 statutory guidance is designed to support statutory and non-statutory bodies working with victims of domestic abuse, including children.

assist in the performance of FGM, virginity testing or hymenoplasty, in the UK or abroad, or to fail to protect a person under 16 for whom they are responsible.

14. That strangulation and suffocation are criminal offences, and that strangulation (applying pressure to the neck) is an offence, regardless of whether it causes injury. That any activity that involves applying force or pressure to someone's neck or covering someone's mouth and nose is dangerous and can lead to serious injury or death.
15. That pornography presents some activities as normal which many people do not and will never engage in, some of which can be emotionally and/or physically harmful.
16. How to seek support for their own worrying or abusive behaviour or for worrying or abusive behaviour they have experienced from others, including information on where to report abuse, and where to seek medical attention when required, for example after an assault.

Intimate and sexual relationships, including sexual health

Curriculum content:

1. That sex, for people who feel ready and are over the age of consent, can and should be enjoyable and positive.
2. The law about the age of consent, that they have a choice about whether to have sex, that many young people wait until they are older, and that people of all ages can enjoy intimate and romantic relationships without sex.
3. Sexual consent and their capacity to give, withhold or remove consent at any time, even if initially given, as well as the considerations that people might take into account prior to sexual activity, e.g. the law, faith and family values. That kindness and care for others require more than just consent.
4. That all aspects of health can be affected by choices they make in sex and relationships, positively or negatively, e.g. physical, emotional, mental, sexual and reproductive health and wellbeing.
5. That some sexual behaviours can be harmful.
6. The facts about the full range of contraceptive choices, efficacy and options available, including male and female condoms, and signposting towards medically accurate online information about sexual and reproductive health to support contraceptive decision-making.
7. That there are choices in relation to pregnancy. Pupils should be given medically and legally accurate and impartial information on all options, including keeping the baby, adoption, abortion and where to get further help.
8. How the different sexually transmitted infections (STIs), including HIV, are transmitted. How risk can be reduced through safer sex (including through condom use). The use and availability of the HIV prevention drugs Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP) and how and where to access them. The importance of, and facts about, regular testing and the role of stigma
9. The prevalence of STIs, the short and long term impact they can have on those who contract them and key facts about treatment.
10. How the use of alcohol and drugs can lead people to take risks in their sexual behaviour.
11. How and where to seek support for concerns around sexual relationships including sexual violence or harms.
12. How to counter misinformation, including signposting towards medically accurate information and further advice, and where to access confidential sexual and reproductive health advice and treatment.

Health and wellbeing

37. The aim of teaching about health and wellbeing is to enable pupils to make good decisions about their own health and wellbeing, to understand the links between physical and mental health, to recognise when things are not right in their own health or the health of others and to seek support when needed. Schools should support pupils to develop strategies for self-regulation, perseverance and determination, even in the face of setbacks.

38. Effective teaching should aim to reduce stigma attached to health issues, in particular relating to mental health, and discourage the pejorative use of language related to ill health. Schools should promote openness, so that pupils can check their understanding and seek any necessary help and advice.

39. Curriculum content related to puberty and menstruation should be complemented by sensitive arrangements to help girls prepare for and manage menstruation, including with requests for period products. Schools should use appropriate language such as period pads and menstrual products instead of sanitary items or feminine hygiene products. The Department for Education's Period Products Scheme is available for state-funded primary schools, secondary schools, and colleges in England.

Health and wellbeing: Primary

40. Health education in primary starts with the benefits and importance of physical activity, good nutrition and sufficient sleep, and supports pupils to develop emotional awareness. Schools should emphasise the relationships between physical health and mental wellbeing, and the benefits of physical activity and time spent outdoors. As in all of RSHE, care should be taken to avoid exposing pupils to concepts which are not appropriate for them. Schools should continue to build on the primary health and wellbeing curriculum content in secondary.

Primary health and wellbeing: content to be covered by the end of primary

General wellbeing

Curriculum content:

1. The benefits of physical activity, time outdoors, and helping others for health, wellbeing and happiness. Simple self-care techniques, including the importance of rest, time spent with friends and family, as well as hobbies, interests and community participation.
2. The importance of promoting general wellbeing and physical health.
3. The range and scale of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) that they might experience in different situations. Pupils should understand that worrying and feeling down are normal, affect everyone at different times, and are not in themselves a sign of a mental health condition.
4. How to recognise feelings and use varied vocabulary to talk about their own and others' feelings.
5. How to judge whether what they are feeling and how they are behaving is appropriate and proportionate.
6. That isolation and loneliness can affect children, and the benefits of seeking support.
7. That bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing and how to seek help for themselves or others.
8. That change and loss, including bereavement, can provoke a range of feelings, that grief is a natural response to bereavement, and that everyone grieves differently.
9. Where and how to seek support (including recognising the triggers for seeking support), including who in school they should speak to if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online).
10. That it is common to experience mental health problems, and early support can help.

Wellbeing online

Curriculum content:

1. That for almost everyone the internet is an integral part of life. Pupils should be supported to think about positive and negative aspects of the internet.
2. Pupils should be supported to discuss how online relationships can complement and support meaningful in-person relationships, but also how they might be in tension, and the reasons why online relationships are unlikely to be a good substitute for high quality in-person relationships, looking at the pros and cons of different ways of using online connection.
3. The benefits of limiting time spent online, the risks of excessive time spent on electronic devices and the impact of positive and negative content online on their own and others' mental and physical wellbeing.
4. How to consider the impact of their online behaviour on others, and how to recognise and display respectful behaviour online.
5. Why social media, some apps, computer games and online gaming, including gambling sites, are age restricted.
6. The risks relating to online gaming, video game monetisation, scams, fraud and other financial harms, and that gaming can become addictive.
7. How to take a critical approach to what they see and read online and make responsible decisions about which content, including content on social media and apps, is appropriate for them.
8. That abuse, bullying and harassment can take place online and that this can impact wellbeing. How to seek support from trusted adults.
9. How to understand the information they find online, including from search engines, and know how information is selected and targeted.
10. That they have rights in relation to sharing personal data, privacy and consent.
11. Where and how to report concerns and get support with issues online.

Physical health and fitness

Curriculum content:

1. The characteristics and mental and physical benefits of an active lifestyle.
2. The importance of building regular physical activity into daily and weekly routines and how to achieve this; for example, walking or cycling to school, a daily active mile or other forms of regular, moderate and/or vigorous physical activity.
3. The risks associated with an inactive lifestyle, including obesity.
4. How and when to seek support including which adults to speak to in school if they are worried about their health.

Healthy eating

Curriculum content:

1. What constitutes a healthy diet (including understanding calories and other nutritional content).
2. Understanding the importance of a healthy relationship with food.
3. The principles of planning and preparing a range of healthy meals.
4. The characteristics of a poor diet and risks associated with unhealthy eating (including, for example, obesity and tooth decay) and other behaviours (e.g. the impact of alcohol on diet or health).

Drugs, alcohol, tobacco and vaping

Curriculum content:

1. The facts about legal and illegal harmful substances and associated risks, including smoking, vaping, alcohol use and drug-taking. This should include the risks of nicotine addiction, which are also caused by other nicotine products such as nicotine pouches.

Health protection and prevention

Curriculum content:

1. How to recognise early signs of physical illness, such as weight loss, or unexplained changes to the body.
2. About safe and unsafe exposure to the sun, and how to reduce the risk of sun damage, including skin cancer.
3. The importance of sufficient good quality sleep for health, the amount of sleep recommended for their age, and practical steps for improving sleep, such as not using screens in the bedroom. The impact of poor sleep on weight, mood and ability to learn.
4. About dental health and the benefits of good oral hygiene, including brushing teeth twice a day with fluoride toothpaste, cleaning between teeth, and regular check-ups at the dentist.
5. About personal hygiene and germs including bacteria, viruses, how they are spread and treated, and the importance of handwashing.
6. The facts and scientific evidence relating to vaccination and immunisation. The introduction of topics relating to vaccination and immunisation should be aligned with when vaccinations are offered to pupils.

Personal safety

Curriculum content:

1. About hazards (including fire risks) that may cause harm, injury or risk and ways to reduce risks.
2. How to recognise risk and keep safe around roads, railways, including level crossings, and water, including the water safety code.

Basic first aid

Curriculum content:

1. How to make a clear and efficient call to emergency services if necessary, including the importance of reporting incidents rather than filming them.
2. Concepts of basic first aid, for example dealing with common injuries and ailments, including head injuries.

Developing bodies

Curriculum content:

1. About growth and other ways the body can change and develop, particularly during adolescence. This topic should include the human lifecycle, and puberty should be discussed as a stage in this process.
2. The correct names of body parts, including the penis, vulva, vagina, testicles, scrotum, nipples. Pupils should understand that all of these parts of the body are private and have skills to understand and express their own boundaries around these body parts.
3. The facts about the menstrual cycle, including physical and emotional changes, whilst the average age of the onset of menstruation is twelve, periods can start at eight, so covering this topic before girls' periods start will help them understand what to expect and avoid distress.

Health and wellbeing: Secondary

41. Teaching in secondary should build on primary content, supporting pupils to understand their changing bodies and their feelings, how to protect their own health and wellbeing, and when a physical or mental health issue requires attention.

42. Secondary schools may also choose to teach about issues which are not listed in the secondary curriculum content. This includes topics such as eating disorders and self-harm. These topics can be taught about in secondary schools in a safe and sensitive way but are specialised areas and schools should use qualified support or advice, ensure that they are using reliable high-quality teaching material, and signpost to external support as needed. Schools may consider accessing support from the NHS or local specialist services who may be able to provide advice and CPD for teachers. It is important that schools ensure that teachers are properly equipped to lead discussions about these topics, including what to do if a pupil makes a disclosure.

43. Secondary schools should also consider how to safely address suicide prevention. Many aspects of suicide prevention are addressed through the mental wellbeing curriculum. Starting in primary school, the curriculum includes recognising and talking about emotions, looking after one's own and others' wellbeing, being worried about friendships, other relationships, and judging whether feelings or behaviour require support. Teachers should discuss isolation, loneliness and bullying, and how to cope when things go wrong in life. It is also important to ensure pupils understand how to seek help from a trusted adult, including when they are concerned about another person.

44. Schools should consult mental health professionals and put in place high quality, evidence-based staff training before addressing suicide directly with secondary aged pupils, to ensure that staff have the knowledge and skills to do this safely. It is important that teachers use language and content that is accurate, straightforward and appropriate

to the level of understanding of the class. They should take particular care not to discuss instructions or methods of self-harm or suicide and avoid using emotive language, videos or images as there is a risk this could signpost pupils towards dangerous ideas and online content of which they may not previously have been aware.

45. Secondary schools should consider carefully when it is suitable to deliver suicide prevention content, taking into account the age, maturity, and personal experiences of pupils as well as the views of parents and the confidence and skills of teachers, recognising that pupils' emotional and cognitive maturity to understand this material increases across the early secondary years.

46. It is also important that schools take a similar approach to addressing eating disorders, ensuring that staff have the knowledge and skills to do this safely. Teachers should take care to avoid language with romanticises eating disorders and avoid discussing instructions, methods or ideas of restriction, bingeing or purging.

47. If teachers have concerns about a specific pupil in relation to eating disorders, self-harm or suicidal ideation or attempts, or a pupil discloses information, they must follow safeguarding procedures.

Secondary health and wellbeing curriculum content

Schools should continue to develop knowledge of topics specified for primary as required and in addition cover the following content by the end of secondary:

Mental wellbeing

Curriculum content:

1. How to talk about their emotions accurately and sensitively, using appropriate vocabulary.
2. The benefits and importance of physical activity, sleep, time outdoors, community participation and volunteering or acts of kindness for mental wellbeing and happiness.
3. That happiness is linked to being connected to others. Pupils should be supported to understand what makes them feel happy and what makes them feel unhappy, while recognising that loneliness can be for most people an inevitable part of life at times and is not something of which to be ashamed.
4. That worrying and feeling down are normal, can affect everyone at different times and are not in themselves a sign of a mental health condition, and that managing those feelings can be helped by seeing them as normal.
5. Characteristics of common types of mental ill health (e.g. anxiety and depression), including carefully-presented factual information about the prevalence and characteristics of more serious mental health conditions. This should not be discussed in a way that encourages normal feelings to be labelled as mental health conditions.
6. How to critically evaluate which activities will contribute to their overall wellbeing.
7. Understanding how to overcome anxiety or other barriers to participating in fun, enjoyable or rewarding activities – that it's possible to overcome those barriers using coping strategies, and that finding the courage to participate in activities which initially feel challenging may decrease anxiety over time rather than increasing it.
8. That gambling can lead to serious mental health harms, including anxiety, depression, and suicide, and that some gambling products are more likely to cause these harms than others.
9. That the co-occurrence of alcohol/drug use and poor mental health is common and that the relationship is bi-directional: mental health problems can increase the risk of alcohol/drug use, and alcohol/drug use can trigger mental health problems or exacerbate existing ones. That stopping smoking can improve people's mental health and decrease anxiety.

Wellbeing online

Curriculum content:

1. About the benefits of limiting time spent online, the risks of excessive time spent on electronic devices and the impact of positive and negative content online on their own and others' mental and physical wellbeing.
2. The similarities and differences between the online world and the physical world, including: the impact of unhealthy or obsessive comparison with others online (including through setting unrealistic expectations for body image); how people may curate a specific image of their life online; the impact that an over-reliance on online relationships, including relationships formed through social media, can have.
3. How to identify harmful behaviours online (including bullying, abuse or harassment) and how to report, or find support, if they have been affected by those behaviours.
4. The risks related to online gambling and gambling-like content within gaming, including the accumulation of debt.
5. How advertising and information is targeted at them and how to be a discerning consumer of information online, understanding the prevalence of misinformation and disinformation online, including conspiracy theories.
6. The risks of illegal behaviours online, including drug and knife supply or the sale or purchasing of illicit drugs online.
7. The serious risks of viewing online content that promotes self-harm, suicide or violence, including how to safely report this material and how to access support after viewing it.

Physical health and fitness

Curriculum content:

1. The characteristics of a healthy lifestyle, including physical activity and maintaining a healthy weight, including the links between an inactive lifestyle and ill-health, including cardiovascular ill-health.
2. Factual information about the prevalence and characteristics of more serious health conditions.
3. That physical activity can promote wellbeing and combat stress.
4. The science relating to blood, organ and stem cell donation.

Healthy eating

Curriculum content:

1. How to maintain healthy eating and the links between a poor diet and health risks, including tooth decay, unhealthy weight gain, and cardiovascular disease.
2. The risks of unhealthy weight gain, including increased risks of cancer, type 2 diabetes and cardiovascular disease.
3. The impacts of alcohol on diet and unhealthy weight gain.

Drugs, alcohol, tobacco and vaping

Curriculum content:

1. The facts about which drugs are illegal, the risks of taking illegal drugs, including the increased risk of potent synthetic drugs being added to illegal drugs, the risks of illicit vapes containing drugs, illicit drugs and counterfeit medicines, and the potential health harms, including the link to poor mental health.
2. The law relating to the supply and possession of illegal substances.
3. The physical and psychological risks associated with alcohol consumption. What constitutes low risk alcohol consumption in adulthood, and the legal age of sale for alcohol in England. Understanding how to increase personal safety while drinking alcohol, including how to decrease the risks of having a drink spiked or of poisoning from potentially fatal substances such as methanol.
4. The physical and psychological consequences of problem-use of alcohol, including alcohol dependency.
5. The dangers of the misuse of prescribed and over-the-counter medicines.
6. The facts about the multiple serious harms from smoking tobacco (particularly the link to lung cancer and cardiovascular disease), the benefits of quitting and how to access support to do so.
7. The facts about vaping, including the harms posed to young people, and the role that vapes can play in helping adult smokers to quit.

Health protection and prevention, and understanding the healthcare system

Curriculum content:

1. Personal hygiene, germs and how they are spread, including bacteria and viruses, treatment and prevention of infection, and about antibiotics.
2. Dental health and the benefits of good oral hygiene, including brushing teeth twice a day with fluoride toothpaste and cleaning between teeth, reducing consumption of sugar-containing food and drinks, and regular check-ups at the dentist.
3. How and when to self-care for minor ailments, and the role of pharmacists as knowledgeable healthcare professionals.
4. The importance of taking responsibility for their own health, and the benefits of regular self-examination and screening.
5. The facts and scientific evidence relating to vaccination, immunisation and antimicrobial resistance. The introduction of topics relating to vaccination and immunisation should be aligned with when vaccinations are offered to pupils.
6. The importance of sufficient good-quality sleep for good health, the importance of screen-free time before bed and removing phones from the bedroom, and how a lack of sleep can affect weight, mood and ability to learn.
7. The importance of healthy behaviours before and during pregnancy, including the importance of pre-conception health, including taking folic acid. The importance of pelvic floor health. Information on miscarriage and pregnancy loss, and how to access care and support.
8. How to navigate their local healthcare system: what a GP is; when to use A&E / minor injuries; accessing sexual health and family planning clinics; the role of local pharmacies; and how to seek help via local third sector partners which may have specialist services.
9. The concept of Gillick competence. That the legal age of medical consent is 16. That before this, a child's parents will have responsibility for consenting to medical treatment on their behalf unless they are Gillick competent to take this decision for themselves. Pupils should understand the circumstances in which someone over 16 may not be deemed to have capacity to make decisions about medical treatment.

Personal safety

Curriculum content:

1. How to identify risk and manage personal safety in increasingly independent situations, including around roads, railways – including level crossings - and water (including the water safety code), and in unfamiliar social or work settings (for example the first time a young person goes on holiday without their parents).
2. How to recognise and manage peer influence in relation to risk-taking behaviour and personal safety, including peer influence online and on social media.
3. How to develop key social and emotional skills that will increase pupils' safety from involvement in conflict and violence. These include skills to support self-awareness, self-management, social awareness, relationship skills and responsible decision making, as well as skills to recognise and manage peer pressure.
4. Understanding which trusted adults they can talk to if pupils are worried about violence and/or knife crime.
5. The law as it relates to knives and violence. Content and examples should relate to the local context and avoid using fear as an educational tool. Children should be taught that carrying weapons is uncommon, and should not be scared into the perception that many young people are carrying knives (which can lead to the misconception that they need to carry a knife too).
6. The risks and signs that they may be at risk of grooming or exploitation, and how to seek help where there is a concern**.**

Basic first aid

Curriculum content:

1. Basic treatment for common injuries and ailments.
2. Life-saving skills, including how to administer CPR.[11]
3. The purpose of defibrillators, when one might be needed and who can use them.

Developing bodies

Curriculum content:

1. The main changes which take place in males and females, and the implications for emotional and physical health.
2. The facts about puberty, the changing adolescent body, including brain development.
3. About menstrual and gynaecological health, including: what is an average period; period problems such as premenstrual syndrome; heavy menstrual bleeding; endometriosis; and polycystic ovary syndrome (PCOS). When to seek help from healthcare professionals.
4. The facts about reproductive health, including fertility and menopause, and the potential impact of lifestyle on fertility for men and women.

[11] Cardiopulmonary Resuscitation is usually best taught after 12 years old.

Related guidance

48. The guidance should be read in conjunction with:

- National curriculum in England: citizenship, religious education, computing, science and physical education programmes of study
- Keeping children safe in education (statutory guidance)
- Early years foundation stage (EYFS) statutory framework - GOV.UK The safeguarding and welfare requirements in section 3 cover children from 0-5 and therefore schools must follow this for children in reception year
- Working Together to Safeguard Children (statutory guidance on multi-agency working to help, protect and promote the welfare of children)
- Behaviour in schools (advice for schools, including advice for appropriate behaviour between pupils)
- Technical guidance for schools in England | EHRC
- SEND code of practice: 0 to 25 years (statutory guidance)
- Alternative Provision (statutory guidance)
- Mental Health and Behaviour in Schools (advice for schools)
- Promoting Children and Young People's Emotional Health and Wellbeing (guidance for schools and colleges)
- Domestic Abuse Statutory Guidance
- Preventing and Tackling Bullying
- Teaching Online Safety in Schools
- The Equality and Human Rights Commission Advice and Guidance (provides advice on avoiding discrimination in a variety of educational contexts)
- Promoting Fundamental British Values as part of SMSC in schools (guidance for maintained schools on promoting basic important British values as part of pupils' spiritual, moral, social and cultural (SMSC))
- SMSC requirements for independent schools (guidance for independent schools on how they should support pupils' spiritual, moral, social and cultural development)
- Guidance for schools on colleges on gender questioning children (currently in draft, to be finalised after consultation)

Developing a curriculum, choosing resources and working with external agencies

49. Schools have significant freedom to implement this guidance in the context of a broad and balanced curriculum.

50. A school's curriculum should be in line with the needs of pupils. Effective, high-quality teaching will break down core knowledge and skills into manageable and well-sequenced units, including opportunities for pupils to practise skills so that they will be confident to use them in real-life situations. The curriculum should build knowledge and skills sequentially, with regular feedback provided on pupil progress. Lessons should

ensure that all pupils are challenged, and assessments should identify where pupils need extra support or intervention.

51. The lead teacher will need to work closely with colleagues in related curriculum areas to ensure the subjects complement and do not duplicate content covered in national curriculum[12] subjects such as citizenship, science, computing and PE. The lead teacher will want to look for opportunities across other curriculum subjects to reinforce concepts introduced in RSHE, for example discussing misogyny in the context of history or using examples in literature to discuss positive and less positive examples of relationships.

52. Working with external organisations can enhance delivery of these subjects, bringing in specialist knowledge and different ways of engaging with young people, but schools always remain responsible for the content and the way in which children are taught. Schools should check that external resources are accurate, age and stage appropriate and unbiased. Schools should be particularly cautious about using resources from organisations that have a broader interest in promoting harmful products (e.g. cigarettes and alcohol) or that have a strong partisan view on a contested topic. Schools are responsible for checking the credentials of any visitor or visiting organisation. Schools should ask to see materials and a lesson plan in advance, and should seek the views of parents, making sure that all materials can be viewed by parents (see the section on openness with parents below).

53. Examples of resources funded by the Government to complement classroom teaching are listed in Annex B. It is ultimately the school's responsibility to ensure resources and teaching materials are appropriate for the age and maturity of pupils, are accessible for all pupils, including those with SEND, fit with their planned programme and policy, and are sensitive to pupils' needs.

54. It is important to agree how confidentiality will work in any lesson, and that any visitor understands how safeguarding reports should be dealt with in line with school policy. Further information for teachers in handling potential safeguarding or child protection reports is on page 34.

Openness with parents about RSHE materials

55. Schools should take steps to pro-actively engage parents and make sure they are aware of what is being taught in RSHE. These steps might include inviting parents into school to discuss the curriculum content and the importance of RSHE for wellbeing and safety, inviting them to discuss any concerns, and supporting parents in managing conversations with their children about RSHE topics. Schools must consult parents when developing and reviewing their RSE policies, in accordance with the section on developing a policy, above.

[12] The national curriculum does not apply to academies or independent schools.

56. Schools should show parents a representative sample of the resources that they plan to use, enabling parents to continue conversations started in class, and should ensure that parents are able to view all curriculum materials used to teach RSHE on request. Parents are not able to veto curriculum content, but schools must consult with parents when developing their RSHE policy and it is right that they are able to see what their children are being taught, especially in relation to sensitive topics, and schools should respond positively to requests from parents to see material.

57. There is a public interest in parents being given the opportunity to see materials used in RSHE teaching if they would like to. When contracting with external providers, schools should not agree to any contractual restrictions on showing parents any content that the school will use. Schools should communicate to providers that they are legally obliged to have regard to this statutory guidance, including the expectation that all content can be shared with parents.

58. Where contractual clauses exist that seek to prevent schools sharing any material at all with parents, they are void and unenforceable. This is because they contradict the clear public policy interest of ensuring that parents are aware of what their children are being taught in sex and relationships education.

59. Where copyright law applies, schools must comply with it when sharing resources with parents. It is best practice to share materials via a “parent portal” or, if this is not possible, through a presentation. When schools make documents available to parents, they should acknowledge the provider’s authorship. They should include a statement, that parents agree to as a condition of access, that the content should not be copied or shared further except as authorised under copyright law. Where relevant and possible, IT systems should also be in place to prevent downloading.

60. Where parents are unable to view materials via a “parent portal”, or cannot attend a presentation, schools can provide copies of materials to parents to take home, providing parents agree to a similar statement that they will not copy the content or share it further except as authorised under copyright law. For the avoidance of doubt – copyright law affects the way in which materials are shared, but should never be used as a reason to refuse to share them.

Governors and Trustees

61. As well as fulfilling their legal obligations, governing boards and proprietors of academy trusts should also make sure that:

- all pupils make progress in achieving the expected educational outcomes
- teaching is accessible to all pupils with SEND
- curriculum content and teaching materials are aligned with this statutory guidance

- clear information is provided for parents on the subject content, teaching materials and external providers, and on the right to request that their child is withdrawn from sex education

Foundation governors of maintained schools and trustees of academy trusts that include schools with a designated religious character will also have wider responsibilities in relation to maintaining and developing the religious ethos of their faith schools

Teaching about the law

62. There will be a range of opinions regarding some topics within RSE. The starting principle should be that applicable law should be taught in a factual way so that pupils are clear about their rights and responsibilities as citizens.

63. Pupils should be made aware of the relevant legal provisions when relevant topics are being taught, including for example those relating to:

- marriage, including forced marriage and civil partnerships
- consent, including the age of consent
- domestic abuse, stalking, rape, sexual offences, female genital mutilation (FGM), 'virginity testing' and hymenoplasty
- sexual abuse, harassment and exploitation, including public sexual harassment and harmful sexual behaviour
- the Online Safety Act
- online behaviours including image and information sharing (including sexual imagery, youth-produced sexual imagery, nudes, etc, and including AI-generated sexual imagery and deepfakes). Pupils should understand the law about online sexual harassment and online sexual abuse including grooming and sextortion
- pornography
- abortion
- protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation)
- alcohol, smoking, vaping and nicotine products and illicit drug use
- gambling
- carrying knives and weapons
- extremism/radicalisation
- grooming or exploiting children into criminal activity, which can include gang involvement and county lines drug running
- hate crime
- the age of criminal responsibility

- medical consent, Gillick competence and parental responsibility

Equality

64. Schools are required to comply with relevant requirements of the Equality Act 2010, including the Public sector equality duty (PSED) (s.149), when teaching RSHE. [13] Further guidance is available for schools in The Equality Act 2010 and Schools advice.

65. Schools must ensure topics in RSHE are taught in a way which does not discriminate against pupils or amount to harassment.

66. Pupils should understand the importance of equality and respect and learn about the law relating to the protected characteristics by the end of their secondary education. The protected characteristics are age, disability, gender reassignment, sexual orientation, marriage or civil partnership, pregnancy and maternity, race, religion or belief, and sex.

Lesbian, Gay, Bisexual and Transgender content

67. As above, pupils should understand the importance of equality and respect throughout their education. They should learn about all protected characteristics, including sexual orientation and gender reassignment, by the end of their secondary education.

68. We strongly encourage primary schools to teach about healthy loving relationships, and to include same-sex parents along with other family arrangements when discussing families. At secondary school, there should be an equal opportunity to explore the features of stable and healthy same-sex relationships, and secondary schools should ensure that this content is integrated into RSHE programmes of study rather than delivered as a standalone unit or lesson. Schools should ensure that they cover all the facts about sexual health, including STIs, in a way that is relevant for all pupils, including those who are lesbian, gay, bisexual and/or gender questioning.

69. Pupils should also be taught the facts and the law about biological sex and gender reassignment. This should recognise that people have legal rights by virtue of their biological sex which are different from the rights of those of the opposite sex with the protected characteristic of gender reassignment. Pupils should also be taught to recognise that people with the protected characteristic of gender reassignment, as with the other protected characteristics, have protection from discrimination and should be treated with respect and dignity.

70. In teaching this, schools should be mindful that beyond the facts and the law about biological sex and gender reassignment there is significant debate, and they should be careful not to endorse any particular view or teach it as fact. For example, they should not

[13] Equality Act provisions in relation to schools are in Part 6, Chapter 1. Independent schools that are not academies are not subject to the PSED.

teach as fact that all people have a gender identity. Schools should avoid language and activities which repeat or enforce gender stereotypes. Schools should be mindful to avoid any suggestion that social transition is a simple solution to feelings of distress or discomfort.

71. Schools should encourage young people to consider how to express their views while remaining respectful of the opinions of others. Schools should be clear that bullying or disrespectful language or behaviour is never appropriate.

72. Where schools decide to use external resources, they should avoid materials that use cartoons or diagrams that oversimplify this topic, that could be interpreted as being aimed at younger children, or that perpetuate stereotypes or encourage pupils to question their gender. Schools should consult parents on the content of external resources on this topic in advance and make all materials available to them on request as set out in the section on openness with parents.

Religion and belief, including teaching in schools with a religious character

73. RSHE should be sensitive to the religious background of pupils, and schools must ensure they comply with the relevant provisions of the Equality Act 2010, under which religion or belief are amongst the protected characteristics.

74. All schools may teach about faith perspectives on these topics. In particular, schools with a religious character may teach their distinctive faith perspective on relationships, and balanced debate may take place about issues that are contentious. For example, the school may wish to reflect on faith teachings about certain topics as well as how their faith institutions may support people in matters of relationships and sex. Schools should be clear when they are delivering content that reflects religious belief.

Pupils with special educational needs and disabilities (SEND)

75. Teaching should be developed to ensure these subjects are accessible for pupils with SEND and prepare pupils for adulthood,[14] as set out in the SEND code of practice: 0 to 25 years. This applies to both mainstream and special schools.

76. Schools should be aware that pupils with SEND may be more vulnerable than their peers to harmful sexual behaviour, sexual abuse, exploitation and violence, bullying and

[14] “Preparing for adulthood” outcomes are set out at section 7.38 of the SEND code of practice: 0 to 25 years.

other issues. RSHE can be particularly important for these pupils, particularly those with social, emotional and mental health needs or learning disabilities.

Addressing sexual harassment and sexual violence

77. Relationships education has an important role in supporting young people to develop the skills they need to build healthy relationships and grow into kind and respectful adults. From early primary, schools can support young children to develop skills for positive relationships, including skills for navigating boundaries with kindness and respect. Schools can support young children to behave with respect and to understand and identify prejudice. Preventing sexual violence and abusive behaviour starts from this support for children in primary.

78. Supporting young people to develop the skills they need to build healthy relationships should be part of a whole school approach and underpin schools' policies, including behaviour and safeguarding, to ensure that an ethos of kindness and respect is evident throughout the school.

79. Pupils should understand that anyone can be a victim of sexual violence, regardless of sex, sexual orientation, gender reassignment or any other protected characteristic, and that the victim is never to blame. It is important to acknowledge that most sexual violence is committed against women and girls, and it often has a gendered component – for example, manifesting an inequality of power between men and women. However, anyone can be affected by sexual violence and teachers should avoid language which stigmatises boys or suggests that boys or men are always perpetrators or that girls or women are always victims.

80. Both within and beyond the classroom, staff should be conscious of everyday sexism, misogyny, homophobia and stereotypes, and should take action to build a culture where prejudice is identified and tackled. Staff have an important role in modelling positive behaviour and avoiding language that might perpetuate harmful stereotypes. Pupils should understand the importance of challenging harmful beliefs and attitudes and should understand the links between sexism and misogyny and violence against women and girls. Where misogynistic ideas are expressed at school, staff should challenge the ideas, rather than the person expressing them.

81. Pupils should have opportunities to develop positive conceptions of masculinity and femininity, including how to identify and learn from positive male role models. It is important for pupils to understand that most boys and young men are respectful to girls and young women and each other. Pupils may be exposed to online content which normalises harmful or violent sexual behaviours, which might include sexist and misogynistic influencers who normalise sexual harassment and abuse. Young people may be more vulnerable to this content when they have low self-esteem, are being bullied, or have other challenges in their lives. Teachers should encourage pupils to consider how this content may be harmful to both men and women, while avoiding stigmatising or

perpetuating harmful stereotypes about boys, and avoiding directly signposting to specific content and content producers.

82. It is important for pupils to understand that ethical behaviour in friendships and other relationships goes beyond respecting boundaries and consent, and that strong relationships of all types involve kindness and care. RSE lessons should be clear that all sexual activity should involve kindness, care, attention to the needs and vulnerabilities of the other person and an awareness of the power dynamics that can exist within relationships.

83. RSE lessons should ensure that both boys and girls have opportunities to practise respectful communication and understand experiences which are different from their own, including menstruation and menopause. However, in some cases, such as when a school identifies a specific need, the school may consider that separating classes by sex is the best way to create a safe space for discussion of a particular topic. This should be done in a way that avoids stigmatising boys or making girls feel like they will inevitably be victims of abusive behaviour or that it is their responsibility to protect themselves.

Safeguarding

84. Discussions about sensitive topics in RSHE can lead to increased safeguarding reports. All staff should know what to do if they have concerns that a pupil is being neglected or abused, including those who have seen, heard or experienced the effects of domestic abuse.[15] The Department publishes statutory safeguarding guidance *Keeping children safe in education* (KCSIE); this guidance provides a strong safeguarding framework and is clear on the actions a school or college should take if there are any concerns about a child or young person's wellbeing and/or safety. Staff should also be aware of mandatory reporting duties, including relating to FGM, and that virginity testing and hymenoplasty became illegal in 2022. The Government is also introducing a new law which will create a legal requirement for anyone in regulated activity relating to children in England, including teachers, to report if they are made aware a child is being sexually abused. Where lessons are delivered by external agencies, schools must agree in advance of the session how a safeguarding concern would be dealt with by the external visitor.

85. If staff have any concerns about a child's welfare, they should act on them immediately. Part 1 of KCSIE sets out the process staff should follow when they have concerns about a child. Staff should handle personal information with due care and know how to manage the requirement to maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the Designated Safeguarding Lead (or deputy). Staff should never promise a child that they will not tell

[15] Resources to help teachers and school staff identify the signs and indicators of child sexual abuse can be found here – Centre of expertise on child sexual abuse

anyone about a report of abuse, as this may ultimately not be in the best interests of the child. It is equally important that children understand how confidentiality will be handled in a lesson and what might happen if they choose to make a report, about themselves or a peer. Pupils should also understand where they can report any concerns and seek help, including to external services if they do not feel comfortable talking to school staff.

86. If staff have a concern about a risk of pupils experiencing or perpetrating harms, they should follow their own organisation's child protection policy and speak to the designated safeguarding lead (or a deputy). The designated safeguarding lead should have knowledge of trusted, high-quality local support that could be engaged, links to the police and other agencies and awareness of local issues which it may be appropriate to address in lessons.

Managing difficult questions

87. Pupils may ask questions about topics which go beyond any sex education covered by the school or relate to sex education from which they have been withdrawn. The school's policy should explain how teachers will handle such questions, with an emphasis on supporting the child. This may include asking a pupil to speak to their parents or a trusted adult, signposting to support services where needed, and recognising that children whose questions go unanswered might instead turn to inappropriate sources of information, including online. Teachers may require support and training in handling questions that are better not dealt with in the classroom.

Annex A Regulations

Relationships education, Relationships and Sex Education, and Health education

The Relationships education, Relationships and Sex Education, and Health education (England) Regulations 2019 are made under sections 34 and 35 of the Children and Social Work Act 2017 and provide that pupils receiving primary education must be taught relationships education; pupils receiving secondary education must be taught RSE; and that all primary and secondary pupils must be taught health education. The subjects of relationships education and RSE must be taught in all maintained schools, academies and independent schools. This includes pupil referral units, maintained special schools, special academies, and non-maintained special schools. All schools, except independent schools, must make provision for health education.

To give effect to the duty in section 34 of the 2017 Act and the power in section 35 of that Act, the Relationships education, Relationships and Sex Education and Health education (England) Regulations 2019 amend existing provisions in the Education Act 1996 and the Education Act 2002 and insert new provisions into the Education (Pupil Referral Units) (Application of Enactments) (England) Regulations 2007, the Education (Independent School Standards) Regulations 2014 and the Non-Maintained Special Schools (England) Regulations 2015. The provisions include a requirement for the Secretary of State to publish guidance on relationships education, RSE, and health education; require schools to have regard to that guidance; require schools to make a statement of policy on their provision of relationships education and RSE; and set out the circumstances in which a pupil is to be withdrawn from RSE.

The regulations and guidance in relation to health education do not apply to independent schools – they will continue to make provision for the health education element of PSHE under the Education (Independent School Standards) Regulations 2014.

Annex B Government resources

Curriculum resources

The Department for Education page brings together all existing information available to schools on the teaching of the RSHE curriculum. This includes parent guides and guidance in engaging parents on Relationships education. Schools will also want to refer to Keeping children safe in education (statutory guidance).

- Schools may also wish to see a series of DfE sexual harassment webinars covering domestic abuse, pornography and sexual exploitation.
- Non-statutory framework for Citizenship KS 1 and 2 (Non-statutory programme of study). Schools may wish to draw on the statutory Citizenship programme of study for KS 3 and 4 in their planning.
- Oak National Academy, the independent provider of freely available online curriculum and lesson resources, are developing curriculum materials to make sure every school can access high-quality, compliant resources which will build on what is already available for schools.
- Example of a model RSHE curriculum produced in 2019 by the Catholic Education Service in conjunction with the Department for Education. https://www.catholiceducation.org.uk/resources/relationship-and-sex-education

Wider resources

These subjects support many cross-government strategies of which schools will want to be aware. Whilst we have not referenced all strategies or supporting documents, we have included some of the key areas below.

- The Working together to safeguarding children statutory guidance on multi-agency working to help, protect and promote the welfare of children.
- The Domestic Abuse Act 2021 statutory guidance which is intended to increase awareness and inform the response to domestic abuse, also conveying standards and promotes best practice.
- Statutory guidance on FGM, including the mandatory reporting duty which applies to teachers, health and social care professionals, and statutory guidance on forced marriage.
- The report Teaching Relationships Education to Prevent Sexual Abuse is a rapid evidence assessment of the academic and grey literature on teaching relationships education to prevent sexual abuse.

- Centre of expertise on child sexual abuse. Advice, research and resources to help professionals identify, respond and support children and young people who have experienced sexual abuse.

- Crimestoppers Fearless. Definitions, advice on how to spot the signs, and guidance to support young people affected by sexual harms, including child sexual abuse and harmful sexual behaviour.

- The Virginity testing and hymenoplasty: multi-agency guidance offers advice for chief executives, directors, senior managers, frontline professionals within agencies and anyone else who may come in to contact with women and girls affected by virginity testing and hymenoplasty. It encourages agencies to cooperate and work together to protect and support those at risk of, or who have undergone, these procedures.

- The Child Exploitation and Online Protection (CEOP) Education programme, part of the National Crime Agency, which aims to protect children and young people from the threat of online child sexual abuse. Their offer for professionals includes training, guidance and free educational resources that are aligned to the RSHE curriculum.

- The National Crime Agency in partnership with the PSHE association have developed lesson plans that explore the risks involved in committing cybercrime and help students to recognise and avoid the techniques used to manipulate young people online: National Crime Agency: Exploring Cybercrime (pshe-association.org.uk).

- Report Remove is a service designed for young people in the UK, under 18, to confidentially report and remove sexual images or videos of themselves from the internet. This initiative, a collaboration between Childline and the Internet Watch Foundation (IWF), offers a secure and anonymous way for minors to take control of their online presence and safety.

- The Youth Endowment Fund (YEF, the 'what works' centre for preventing violence) Education Practice Guidance outlines evidence-based recommendations on how to help prevent children's involvement in violence. Education guidance | Youth Endowment Fund The YEF also produce an online toolkit that fund and evaluate interventions. The toolkit currently summarises 32 different approaches to violence prevention, highlighting impact on violent crime, evidence quality and cost. The YEF's Toolkit outlines 12 approaches to preventing violence among school-age children within Education and Children's Services Youth Endowment Fund Toolkit.

- The Children's Commissioner Digital 5 A Day provides a simple framework that reflects the concerns of parents as well as children's behaviours and needs.

- Better Health (NHS) have produced a website for teachers which covers a broad range of health and relationships issues in a format which is accessible for young people, targeted at primary and secondary age pupils. This includes Every Mind Matters resources for lessons which are accredited by the NHS: *School Zone | Campaigns | Campaign Resource Centre*. *Additionally, 'Talk to Frank' provides*

tailored, youth centred information about nicotine/vaping, alongside other substances. Home Office guidance and resources for teachers and school staff on responding to and preventing abuse in a school setting, as well as resources for teaching about sexual harassment and sexual abuse, including preventing violence against women and girls: Guidance and resources for teachers and school staff | ENOUGH

- Shore Space. An anonymous and confidential chat service and website for children and young people who are worried about their own or others' sexual thoughts, feelings or actions.

- The Drug Education suite of drug and alcohol education lesson materials incorporates the latest evidence, information and statistics, along with additional content on vaping, synthetic drugs and more.
- The National Centre For Smoking Cessation and Training (NCSCT) provides resources and practice guidance for healthcare professionals and teachers to support children and young people quit tobacco and/or vaping.
- The Teenage Pregnancy prevention framework provides evidence based guidance for local authorities, including the important role of RSE and links to local sexual health services. Additionally, the Fingertips tool offers a large public health data collection where information on teenage pregnancies can be found. The Department of Health and Social Care's Framework for Sexual Health Improvement in England supports the prevention of early, unplanned pregnancy.

- Reproductive health - a public health issue (PHE. 2018) A consensus statement, data and women's experiences, covering reproductive health through the life course, from menstruation to menopause. (PHE. 2018)

- Period product scheme for schools and colleges - GOV.UK

- Physical activity guidelines (Guidance from the Chief Medical Office) on how much physical activity people should be doing, along with supporting documents.

- The Eatwell Guide is a policy tool used to define government recommendations on eating healthily and achieving a balanced diet.

- The Children's health: migrant health guide contains advice and guidance on the health needs of migrant patients for healthcare practitioners.

- The Children's Oral Health elearning programme provides information and advice about children's oral health. It is aimed at parents, expectant mothers, early years healthcare workers, teachers, nurses, GPs and the public.

- The Commissioning and delivering supervised toothbrushing schemes in early years and school settings - GOV.UK guidance and toolkit has been updated to support commissioners and providers of local supervised toothbrushing schemes to ensure activities are evidence-informed, safe and have clear accountability and reporting arrangements to demonstrate impact.

- The Yellow Card Scheme – self-care and the importance of reporting suspected side effects to medicines. A fully tested and evidence-based guide for pupils and teachers on the potential risks of medicines and healthcare products, including side effects, problems with medical devices, blood products, e-cigarettes, and vapes, and what to do about them.

- NHS Blood and Transplant curriculum resources on blood, organ and stem cell donation: Educational resources - NHS Blood and Transplant

- Briefing for primary schools on the Flu vaccination programme in schools - GOV.UK

- Briefing for secondary schools on the Adolescent vaccination programme in secondary schools for 2024 to 2025 - GOV.UK

- The UKHSA e-bug resources cover a broader health education programme that includes vaccination and developed materials from early years to Key stage 3. These can be found here: e-bug home

- The Government response to the consultation on the structure, distribution and governance of the statutory levy on gambling operators - GOV.UK

- The Gambling Levy Regulations 2025 – GOV.UK

- Educational resources to help young people stay safe around the railways can be found here: Safety education - Network Rail

Data to understand the health and wellbeing needs of the local school-age population

- The Office for Health Improvement and Disparities (OHID) through its Fingertips tool offers a large public health data collection. Data is organised into themed profiles including a child and maternal health profile. The indicators included in the profile allow areas to see how they perform against the national average and against other local areas. These tools, accompanied by local health intelligence, can be used by schools to identify and respond to the particular health and wellbeing needs of their local school-age population.

Department for Education

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Department for Education

Relationships Education, Relationships and Sex Education (RSE) and Health Education

Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, and teachers

July 2025

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Introduction

1. Children and young people need knowledge and skills that will enable them to make informed and ethical decisions about their wellbeing, health and relationships. High quality, evidence-based teaching of relationships, sex and health education (RSHE) can help prepare pupils for the opportunities and responsibilities of adult life, and can promote their moral, social, mental and physical development. Effective teaching will support young people to cultivate positive characteristics including resilience, self-worth, self-respect, honesty, integrity, courage, kindness, and trustworthiness. Effective teaching will support prevention of harms by helping young people understand and identify when things are not right.

2. The duties on schools in this area are set out in legislation.[1] The Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019, made under sections 34 and 35 of the Children and Social Work Act 2017, make relationships education compulsory for all pupils receiving primary education and relationships and sex education (RSE) compulsory for all pupils receiving secondary education.[2] They also make health education compulsory in all schools except independent schools. Personal, social, health and economic education (PSHE) continues to be compulsory in independent schools. Parents[3] have the right to request that their child be withdrawn from some or all of sex education delivered as part of statutory RSE.

3. The subjects are part of the basic school curriculum, which allows schools flexibility in developing their planned programme, integrated within a broad and balanced curriculum. Key aspects of RSHE are in scope for Ofsted inspection, for example, through inspectors' consideration of pupils' personal development, behaviour and welfare, and spiritual, moral, social and cultural development.

What is the status of this guidance?

4. This is statutory guidance from the Department for Education issued under Section 80A of the Education Act 2002 and section 403 of the Education Act 1996 – further details are in Annex A.

[1] Maintained schools and academies are required to provide a curriculum which is broad and balanced in accordance with Section 78 of the Education Act 2002. Part I of the Schedule to the Education (Independent School Standards) Regulations 2014 requires independent schools other than academies to make provision for PSHE (paragraph 2(2)(d)), and to prepare pupils for the opportunities, responsibilities and experiences of life in British society (paragraph 2(2)(i). Part 2 of the Schedule requires independent schools (including academies) to meet the standard relating to the Spiritual, Moral, Social and Cultural development of pupils.

[2] For ease of reference, this guidance refers to primary schools and secondary schools, but the statutory requirements refer to pupils receiving primary/secondary education.

[3] The word "parents" is used henceforth to mean both parents and carers.

5. Schools[4] must have regard to the guidance, and where they depart from those parts of the guidance which state that they should (or should not) do something they will need to have good reasons for doing so.

About this guidance

6. This document contains information on what schools **should** do and sets out the legal duties with which schools **must** comply when teaching relationships education, relationships and sex education (RSE) and health education.

7. Unless otherwise specified, 'school' means all schools, whether maintained, non-maintained or independent schools, including academies and free schools, non-maintained special schools, maintained special schools and alternative provision, including pupil referral units.

8. This guidance updates the Relationships Education, Relationships and Sex Education (RSE) and Health Education statutory guidance 2019. This guidance will be kept under review.

Who this guidance is for

9. This statutory guidance applies to all schools, and is therefore aimed at:

- governing bodies of maintained schools (including schools with a sixth form) and non-maintained special schools (including residential special schools)
- trustees of academies and free schools
- Multi Academy Trust central staff team
- proprietors of independent schools (including academies and free schools)
- providers of alternative provision, including AP Academies and AP Free Schools
- management committees of pupil referral units (PRUs)
- teachers, other school staff and school nurses
- head teachers, principals and senior leadership teams
- dioceses and other religious bodies, and
- for reference, relevant local authority staff.

10. Pupil referral units (PRUs), alternative provision (AP) academies and free schools, and independent schools that provide AP, are required to make provision for relationships education, RSE and health education in the same way as mainstream schools; and they must have regard to this guidance in delivering their programme. In teaching these subjects in PRUs, AP academies and free schools, and independent[5] AP schools, specific

[4] Guidance on health education does not apply to independent schools, which must meet the Independent School Standards as set out in the Education (Independent School Standards) Regulations 2014. However, they may find the sections on health education helpful. It does, however, apply to academies and free schools.

[5] Independent schools do not have to have regard to the guidance on health education, although they may find it helpful in planning.

thought should be given to the particular needs and vulnerabilities of the pupils and what adjustments might be needed.

11. The statutory requirements do not apply to sixth form colleges, 16-19 academies or Further Education (FE) colleges,[6] although we would encourage them to support students by offering these subjects. These settings may find the principles helpful, especially in supporting pupils in the transition to FE.

Developing a policy

12. All schools must have an up-to-date written policy for relationships education or, where they teach sex education, for RSE. Schools must proactively engage and consult parents when they develop and review their policy, ensuring parents understand that effective RSHE is important for promoting and protecting the wellbeing of all children (see the section on openness with parents on page 33). Listening and responding to the views of pupils and parents helps to ensure that RSHE meets pupils' needs and that topics are taught at the right time to support children to build positive relationships and avoid harms before they occur. Schools must provide a copy of their policy free of charge to anyone who asks for one and publish the policy on the school website.[7] Schools may need to include new content in RSHE to respond to emerging needs or issues in the school but should be careful to inform parents of any shifts away from the policy and continue to share relevant materials on request.

13. While schools are not required to publish a policy for health education, it would be good practice for schools to set out some of the details about how health education will be taught.

14. The RSE policy should:

- Set out the subject content, how and when it will be taught, and who is responsible for teaching it, including any external providers the school will use.
- Differentiate between relationships and sex education (where sex education is taught), so that parents have clear information. Relationships education doesn't involve explaining the detail of different forms of sexual activity, but can cover sensitive topics such as sexual violence in order to keep children safe.
- Include information about a parent's right to request that their child is withdrawn from sex education.
- Explain how content will be made accessible to all pupils, including those with special educational needs or disabilities (SEND).

[6] Further education and sixth form colleges that provide full time education for 14-16-year olds are required to follow Department for Education guidance which covers a number of areas including the curriculum. From September 2020, these included the subjects of relationships and sex education and health education, and such providers need to follow this guidance.

[7] If a school does not have a website, they should ensure that the policy is available by other means.

- Describe how the subject is monitored and evaluated.
- Set out how parents can view curriculum materials.
- Explain how teachers will answer questions about topics in sex education that the school does not cover (in primary) or that relates to sex education from which the child has been withdrawn.
- Explain how the policy has been produced, who approves the policy, and how and when it will be reviewed.

Guiding principles for relationships, sex and health education

15. Schools should develop a curriculum with the following key principles in mind:

a. **Engagement with pupils.** An inclusive and well-sequenced RSHE curriculum should be informed by meaningful engagement with pupils to ensure that the curriculum is relevant and engaging.
b. **Engagement and transparency with parents.** Schools should engage with parents on the content of RSHE and be transparent with parents about all materials used in RSHE. All materials should be available to parents, as described in the section on openness with parents on page 33. Parents have a right to request that their children are withdrawn from sex education (pupils can opt back in from three terms before they turn 16) and schools should ensure parents are aware of sex education content within lessons in advance.
c. **Positivity.** Schools should focus on building positive attitudes and skills, promoting healthy norms about relationships, including sexual relationships where relevant, and about health, including mental health. Schools should avoid language which might normalise harmful behaviour among young people – for example gendered language which might normalise male violence or stigmatise boys.
d. **Careful sequencing.** Schools should cover all statutory topics, recognising that young people can start developing healthy behaviour and relationship skills as soon as they start school. Schools should sequence teaching so that pupils are supported and equipped with the knowledge to navigate different experiences in a positive way before they occur, and to prevent harms.
e. **Relevant and responsive.** Schools should develop the curriculum to be relevant, age and stage appropriate and accessible to pupils in their area, where appropriate working with local partners and other bodies to understand specific local issues and ensure needs are met.
f. **Skilled delivery of participative education.** The curriculum should be delivered by school staff or, where schools choose to use them, external providers who have the knowledge, skills and confidence to create a safe and supportive environment and to facilitate participative and interactive education which aims to support and not to alarm pupils. Staff should be trained in safeguarding and offering support, recognising the increased possibility of disclosures.
g. **Whole school approach.** The curriculum is best delivered as part of a whole school approach to wellbeing and positive relationships, supported by other school policies, including behaviour and safeguarding policies.

Parents' right to request withdrawal from sex education

16. Parents have the right to request that their child be withdrawn from some or all of sex education delivered as part of statutory RSE.

17. Before granting any request for withdrawal of a child from sex education, it is good practice for the head teacher to discuss the request with parents, and the child if appropriate, to understand the request and to clarify the nature and purpose of the curriculum. This is likely to include discussing the benefits of sex education, and any detrimental effects of withdrawal, including social and emotional impacts on the child, and the likelihood that the child will hear their peers' version of what was said in class, which may not be accurate. Schools will want to document this process to ensure a record is kept.

18. Where primary schools provide sex education, head teachers must automatically grant a request to withdraw a pupil from it, other than content that is taught as part of the science curriculum. In secondary, head teachers can refuse a request in exceptional circumstances, for example because of safeguarding concerns or a pupil's specific vulnerability.

19. From three terms before the pupil turns 16, a pupil can choose to opt back into sex education even if their parent has requested withdrawal. For example, if a pupil turns 16 during the autumn term, the pupil can opt back into sex education at any time after the start of the previous autumn term. Schools should ensure that pupils know they have this option.

20. If a pupil is withdrawn from sex education, it is the school's responsibility to ensure that the pupil receives appropriate, purposeful education during the period of withdrawal.

21. Parents do not have the right to withdraw their pupils from relationships and health education, nor can they be withdrawn from topics taught as part of the science curriculum, including science topics related to puberty or sexual reproduction.

22. Everyone has relationships with others, and most pupils will develop sexual relationships at some point in their lives. Relationships education should equip pupils with the knowledge and skills they need to act with kindness and respect in all their relationships as they grow into adulthood, to enjoy their relationships, and to keep themselves and others safe.

23. Relationships education will focus on how to form and sustain positive relationships but will also help children identify risks and harms. Relationships education may therefore include topics related to preventing sexual abuse, for example, or avoiding sharing inappropriate material online. This can be done without describing the detail of any sexual

activity involved. Similarly, good safeguarding practice requires young people to understand the correct terms for different parts of the body and to be able to confidently use these terms. This can be provided as part of health education in primary, without describing any detail of sexual activity.

Curriculum Content

Relationships education (Primary)

24. The focus for primary relationships education should be on teaching the skills and knowledge that form the building blocks of all positive relationships, supporting children from the start of their education to grow into kind, caring adults who have respect for others and know how to keep themselves and others safe.

25. Building children's understanding and skills at primary is essential for preparing them for more complex content at secondary. For example, in primary, children will learn skills for managing difficult feelings in their friendships, like disappointment or anger. This prepares them to reflect on how to behave with kindness in more complex or challenging relationships at secondary.

26. Schools should be sensitive to pupils' circumstances, recognising that families of many forms provide a nurturing environment for children, and can include single parent families, same-sex parents, families headed by grandparents, young carers, kinship carers, adoptive parents and foster parents/carers. Teaching should illustrate a wide range of family structures in a positive way, and care should be taken to ensure that children are not stigmatised based on their home circumstances.

27. Primary relationships education should be anchored in an understanding of positive relationships, but should also equip children to keep themselves and others safe, and to recognise and report risks and abuse, including online. This can be delivered by focusing on boundaries, privacy, and children's rights over their own bodies and personal information. Pupils should be able to recognise emotional, physical and sexual abuse. Even very young children can be equipped to understand what counts as abusive behaviour and to trust their instincts about behaviour that doesn't feel right. In addition, pupils should understand about bullying, and that this can include the use of derogatory terms relating to sex, race, disability or sexual orientation.

28. Pupils should know how to report concerns and seek advice. While teaching children how to stay safe, including online, teachers should be clear that being a victim of abuse is never the fault of the child.

29. Primary children should be introduced to protective and preventative content in a way that does not cause unreasonable alarm and does not appear to normalise risky behaviours or activities. For example, in late primary, schools may decide to discuss the

pressure to share naked images if this is affecting pupils in the school. There may also be cases, such as when they know that pupils have seen pornography, in which schools may feel the need to discuss online sexual content. Teaching should be age appropriate and respectful of all children, including those who may have no familiarity with the topics under discussion. Schools should also inform parents of any deviation from their published RSE policy in advance and share any relevant materials with them on request.

Relationships education: content to be covered by the end of primary

Families and people who care for me

Curriculum content:

1. That families are important for children growing up safe and happy because they can provide love, security and stability.
2. The characteristics of safe and happy family life, such as commitment to each other, including in times of difficulty, protection and care for children and other family members, the importance of spending time together and sharing each other's lives.
3. That the families of other children, either in school or in the wider world, sometimes look different from their family, but that they should respect those differences and know that other children's families are also characterised by love and care.
4. That stable, caring relationships are at the heart of safe and happy families and are important for children's security as they grow up.
5. That marriage and civil partnerships represent a formal and legally recognised commitment of two people to each other which is intended to be lifelong.
6. How to recognise if family relationships are making them feel unhappy or unsafe, and how to seek help or advice from others if needed.

Caring friendships

Curriculum content:

1. How important friendships are in making us feel happy and secure, and how people choose and make friends.
2. That healthy friendships are positive and welcoming towards others, and do not make others feel lonely or excluded. Pupils should learn skills for developing caring, kind friendships.
3. That not every child will have the friends they would like at all times, that most people feel lonely sometimes, and that there is no shame in feeling lonely or talking about it.
4. The characteristics of friendships that lead to happiness and security, including mutual respect, honesty, trustworthiness, loyalty, kindness, generosity, trust, sharing interests and experiences, and support with problems and difficulties.
5. That most friendships have ups and downs, and that these can often be worked through so that the friendship is repaired or even strengthened.
6. How to manage conflict, and that resorting to violence is never right.
7. How to recognise when a friendship is making them feel unhappy or uncomfortable, and how to get support when needed.

Respectful, kind relationships

Curriculum content:

1. How to pay attention to the needs and preferences of others, including in families and friendships. Pupils should be encouraged to discuss how we balance the needs and wishes of different people in relationships and why this can be complicated.
2. The importance of setting and respecting healthy boundaries in relationships with friends, family, peers and adults.
3. How to communicate effectively and manage conflict with kindness and respect; how to be assertive and express needs and boundaries; how to manage feelings, including disappointment and frustration.
4. Pupils should have opportunities to discuss the difference between being assertive and being controlling, and conversely the difference between being kind to other people and neglecting your own needs.
5. That they can expect to be treated with respect by others, and the importance of respecting others, including those who are different (for example, physically, in character, personality or backgrounds), or make different choices, or have different preferences or beliefs.
6. Practical steps they can take and skills they can develop in a range of different contexts to improve or support their relationships.
7. The conventions of courtesy and manners.
8. The importance of self-respect and how this links to their own happiness. Pupils should have opportunities to think about how they foster their own self-esteem and build a strong sense of their own identity, including through developing skills and interests.
9. The different types of bullying (including online bullying), the impact of bullying, responsibilities of bystanders (primarily reporting bullying to an adult), and how to get help.
10. What a stereotype is, how stereotypes can be unfair, negative, destructive or lead to bullying and how to challenge a stereotype.
11. How to seek help when needed, including when they are concerned about violence, harm, or when they are unsure who to trust.

Online safety and awareness

Curriculum content:

1. That people should be respectful in online interactions, and that the same principles apply to online relationships as to face-to-face relationships, including where people are anonymous. For example, the importance of avoiding putting pressure on others to share information and images online, and strategies for resisting peer pressure.
2. How to critically evaluate their online relationships and sources of information, including awareness of the risks associated with people they have never met. For example, that people sometimes behave differently online, including pretending to be someone else, or pretending to be a child, and that this can lead to dangerous situations. How to recognise harmful content or harmful contact, and how to report this.
3. That there is a minimum age for joining social media sites (currently 13), which protects children from inappropriate content or unsafe contact with older social media users, who may be strangers, including other children and adults.
4. The importance of exercising caution about sharing any information about themselves online. Understanding the importance of privacy and location settings to protect information online.
5. Online risks, including that any material provided online might be circulated, and that once a picture or words has been circulated there is no way of deleting it everywhere and no control over where it ends up.
6. That the internet contains a lot of content that can be inappropriate and upsetting for children, and where to go for advice and support when they feel worried or concerned about something they have seen or engaged with online.

Being Safe

Curriculum content:

1. What sorts of boundaries are appropriate in friendships with peers and others (including online). This can include learning about boundaries in play and in negotiations about space, toys, books, resources etc.
2. The concept of privacy and its implications for both children and adults; including that it is not always right to keep secrets if they relate to being safe.
3. That each person’s body belongs to them, and the differences between appropriate and inappropriate or unsafe contact, including physical contact.
4. How to respond safely and appropriately to adults they may encounter (in all contexts, including online), including those they do and do not know.
5. How to recognise when a relationship is harmful or dangerous, including skills for recognising who to trust and who not to trust.
6. How to report abuse, concerns about something seen online or experienced in real life, or feelings of being unsafe or feeling bad about any adult and the vocabulary and confidence needed to do so.
7. How to ask for advice or help for themselves or others, and to keep trying until they are heard. Where to get advice e.g. family, school and/or other sources.

Sex Education (Primary)

30. Sex education is not compulsory in primary schools, but we recommend that primaries teach sex education in years 5 and/or 6, in line with content about conception and birth, which forms part of the national curriculum for science. The national curriculum for science includes subject content in related areas, such as the main external body parts, the human body as it grows from birth to old age (including puberty) and reproduction in some plants and animals. Schools may also cover human reproduction in the science curriculum, but where they do so, this should be in line with the factual description of conception in the science curriculum.

31. Primary schools should consult parents about the content of anything that will be taught within sex education. This process should include offering parents support in talking to their children about sex education and how to link this with what is being taught in school as well as advice about parents' right to request withdrawal from sex education.

Relationships and Sex Education (RSE): Secondary

32. RSE in secondary should provide a clear progression from primary relationships education. RSE should provide young people with the information they need to develop healthy, safe and nurturing relationships of all kinds. This should include the knowledge they need in later life to keep themselves and others safe, and how to avoid sexually transmitted infections and unplanned pregnancies.

33. Effective RSE focuses on respect for oneself and others and does not encourage or normalise early sexual experimentation. By supporting confidence and self-esteem, RSE will enable young people to make their own choices about whether or when to develop safe, fulfilling and healthy sexual relationships, once they reach the age of consent, and to resist pressure to have sex.

34. Effective teaching will be participative and interactive and will give pupils opportunities to develop skills and to discuss and critically evaluate complex relationship scenarios.

35. RSE in secondary will cover a range of topics, including topics related to abusive behaviour. While teaching children how to stay safe, including online, teachers should be clear that being a victim of abuse is never the fault of the child or young person. Different forms of abuse should be addressed sensitively and clearly at appropriate ages. For pupils who are experiencing or have experienced unhealthy or unsafe relationships, including at home, schools have an important role as a place of consistency and safety where pupils can find support.

36. When teaching sensitive topics, teachers can use approaches such as distancing techniques, setting ground rules with the class to help manage sensitive discussion, and using question boxes to allow pupils to raise issues anonymously.

Secondary relationships and sex education curriculum content

Schools should continue to develop knowledge of topics specified for primary as required <u>and in addition</u> cover the following content by the end of secondary:

Families

Curriculum content:

1. That there are different types of committed, stable relationships.
2. How these relationships might contribute to wellbeing, and their importance for bringing up children.
3. Why marriage or civil partnership is an important relationship choice for many couples. The legal status of marriage and civil partnership, including that they carry legal rights, benefits and protections that are not available to couples who are cohabiting or who have, for example, undergone a non-legally binding religious ceremony.
4. That 'common-law marriage' is a myth and cohabitants do not obtain marriage-like status or rights from living together or by having children.
5. That forced marriage and marrying before the age of 18 are illegal.[8]
6. How families and relationships change over time, including through birth, death, separation and new relationships.
7. The roles and responsibilities of parents with respect to raising children, including the characteristics of successful parenting and the importance of the early years of a child's life for brain development.
8. How to judge when a relationship is unsafe and where to seek help when needed, including when pupils are concerned about violence, harm, or when they are unsure who to trust.

[8] Age of Marriage Act 2023

Respectful relationships

Curriculum content:

1. The characteristics of positive relationships of all kinds, online and offline, including romantic relationships. For example, pupils should understand the role of consent, trust, mutual respect, honesty, kindness, loyalty, shared interests and outlooks, generosity, boundaries, tolerance, privacy, and the management of conflict, reconciliation and ending relationships.
2. How to evaluate their impact on other people and treat others with kindness and respect, including in public spaces and including strangers. Pupils should understand the legal rights and responsibilities regarding equality, and that everyone is unique and equal.
3. The importance of self-esteem, independence and having a positive relationship with oneself, and how these characteristics support healthy relationships with others. This includes developing one's own interests, hobbies, friendship groups, and skills. Pupils should understand what it means to be treated with respect by others.
4. What tolerance requires, including the importance of tolerance of other people's beliefs.
5. The practical steps pupils can take and skills they can develop to support respectful and kind relationships. This includes skills for communicating respectfully within relationships and with strangers, including in situations of conflict.
6. The different types of bullying (including online bullying), the impact of bullying, the responsibilities of bystanders to report bullying and how and where to get help.
7. Skills for ending relationships or friendships with kindness and managing the difficult feelings that endings might bring, including disappointment, hurt or frustration.
8. The role of consent, including in romantic and sexual relationships. Pupils should understand that ethical behaviour goes beyond consent and involves kindness, care, attention to the needs and vulnerabilities of the other person, as well as an awareness of power dynamics. Pupils should understand that just because someone says yes to doing something, that doesn't automatically make it ethically ok.
9. How stereotypes, in particular stereotypes based on sex, gender reassignment, race, religion, sexual orientation or disability, can cause damage (e.g. how they might normalise non-consensual behaviour or encourage prejudice). Pupils should be equipped to recognise misogyny and other forms of prejudice.
10. How inequalities of power can impact behaviour within relationships, including sexual relationships. For example, how people who are disempowered can feel they are not entitled to be treated with respect by others or how those who enjoy an unequal amount of power might, with or without realising it, impose their preferences on others.
11. How pornography can negatively influence sexual attitudes and behaviours, including by normalising harmful sexual behaviours and by disempowering some people, especially women, to feel a sense of autonomy over their own body and providing some people with a sense of sexual entitlement to the bodies of others.
12. Pupils should have an opportunity to discuss how some sub-cultures might influence our understanding of sexual ethics, including the sexual norms endorsed by so-called "involuntary celibates" (incels) or online influencers.

Online safety and awareness

Curriculum content:

1. Rights, responsibilities and opportunities online, including that the same expectations of behaviour apply in all contexts, including online.
2. Online risks, including the importance of being cautious about sharing personal information online and of using privacy and location settings appropriately to protect information online. Pupils should also understand the difference between public and private online spaces and related safety issues.
3. The characteristics of social media, including that some social media accounts are fake, and / or may post things which aren't real / have been created with AI. That social media users may say things in more extreme ways than they might in face-to-face situations, and that some users present highly exaggerated or idealised profiles of themselves online.
4. Not to provide material to others that they would not want to be distributed further and not to pass on personal material which is sent to them. Pupils should understand that any material provided online might be circulated, and that once this has happened there is no way of controlling where it ends up. Pupils should understand the serious risks of sending material to others, including the law concerning the sharing of images.
5. That keeping or forwarding indecent or sexual images of someone under 18 is a crime, even if the photo is of themselves or of someone who has consented, and even if the image was created by the child and/or using AI generated imagery. Pupils should understand the potentially serious consequences of acquiring or generating indecent or sexual images of someone under 18, including the potential for criminal charges and severe penalties including imprisonment. Pupils should know how to seek support and should understand that they will not be in trouble for asking for help, either at school or with the police, if an image of themselves has been shared. Pupils should also understand that sharing indecent images of people over 18 without consent is a crime.
6. What to do and how to report when they are concerned about material that has been circulated, including personal information, images or videos, and how to manage issues online.[9]
7. About the prevalence of deepfakes including videos and photos, how deepfakes can be used maliciously as well as for entertainment, the harms that can be caused by deepfakes and how to identify them.
8. That the internet contains inappropriate and upsetting content, some of which is illegal, including unacceptable content that encourages misogyny, violence or use of weapons. Pupils should be taught where to go for advice and support about something they have seen online. Pupils should understand that online content can present a distorted picture of the world and normalise or glamorise behaviours which are unhealthy and wrong.
9. That social media can lead to escalations in conflicts, how to avoid these escalations and where to go for help and advice.
10. How to identify when technology and social media is used as part of bullying, harassment, stalking, coercive and controlling behaviour, and other forms of abusive and/or illegal behaviour and how to seek support about concerns.

[9] For example, see Report Remove

11. That pornography, and other online content, often presents a distorted picture of people and their sexual behaviours and can negatively affect how people behave towards sexual partners. This can affect pupils who see pornographic content accidentally as well as those who see it deliberately. Pornography can also portray misogynistic behaviours and attitudes which can negatively influence those who see it.
12. How information and data is generated, collected, shared and used online.
13. That websites may share personal data about their users, and information collected on their internet use, for commercial purposes (e.g. to enable targeted advertising).
14. That criminals can operate online scams, for example using fake websites or emails to extort money or valuable personal information. This information can be used to the detriment of the person or wider society. About risks of sextortion, how to identify online scams relating to sex, and how to seek support if they have been scammed or involved in sextortion.
15. That AI chatbots are an example of how AI is rapidly developing, and that these can pose risks by creating fake intimacy or offering harmful advice. It is important to be able to critically think about new types of technology as they appear online and how they might pose a risk.

Being Safe

Curriculum content:

1. How to recognise, respect and communicate consent and boundaries in relationships, including in early romantic relationships (in all contexts, including online) and early sexual relationships that might involve kissing or touching. That kindness and care for others requires more than just consent.
2. That there are a range of strategies for identifying, resisting and understanding pressure in relationships from peers or others, including sexual pressure, and how to avoid putting pressure on others.
3. How to determine whether other children, adults or sources of information are trustworthy, how to judge when a relationship is unsafe (and recognise this in the relationships of others); how to seek help or advice, including reporting concerns about others, if needed.
4. How to increase their personal safety in public spaces, including when socialising with friends, family, the wider community or strangers. Pupils should learn ways of seeking help when needed and how to report harmful behaviour. Pupils should understand that there are strategies they can use to increase their safety, and that this does not mean they will be blamed if they are victims of harmful behaviour. Pupils might reflect on the importance of trusting their instincts when something doesn't feel right, and should understand that in some situations a person might appear trustworthy but have harmful intentions.
5. What constitutes sexual harassment or sexual violence, and that such behaviour is unacceptable, emphasising that it is never the fault of the person experiencing it.
6. That sexual harassment includes unsolicited sexual language / attention / touching, taking and/or sharing intimate or sexual images without consent, public sexual harassment, pressuring other people to do sexual things, and upskirting.
7. The concepts and laws relating to sexual violence, including rape and sexual assault.
8. The concepts and laws relating to harmful sexual behaviour, which includes all types of sexual harassment and sexual violence among young people but also includes other forms of concerning behaviour like using age-inappropriate sexual language.
9. The concepts and laws relating to domestic abuse, including controlling or coercive behaviour, emotional, sexual, economic or physical abuse, and violent or threatening behaviour.[10]
10. That fixated, obsessive, unwanted and repeated behaviours can be criminal, and where to get help if needed.
11. The concepts and laws relating to harms which are exploitative, including sexual exploitation, criminal exploitation and abuse, grooming, and financial exploitation.
12. The concepts and laws relating to forced marriage.
13. The physical and emotional damage which can be caused by female genital mutilation (FGM), virginity testing and hymenoplasty, where to find support, and the law around these areas. This should include that it is a criminal offence for anyone to perform or

[10] The Domestic Abuse Act 2021 recognised children who see, hear, or experience the effects of abuse, and are related to either the victim of the abusive behaviour, or the perpetrator, as victims of domestic abuse in their own right (part 1 section 3). The Domestic Abuse Act 2021 statutory guidance is designed to support statutory and non-statutory bodies working with victims of domestic abuse, including children.

assist in the performance of FGM, virginity testing or hymenoplasty, in the UK or abroad, or to fail to protect a person under 16 for whom they are responsible.

14. That strangulation and suffocation are criminal offences, and that strangulation (applying pressure to the neck) is an offence, regardless of whether it causes injury. That any activity that involves applying force or pressure to someone's neck or covering someone's mouth and nose is dangerous and can lead to serious injury or death.
15. That pornography presents some activities as normal which many people do not and will never engage in, some of which can be emotionally and/or physically harmful.
16. How to seek support for their own worrying or abusive behaviour or for worrying or abusive behaviour they have experienced from others, including information on where to report abuse, and where to seek medical attention when required, for example after an assault.

Intimate and sexual relationships, including sexual health

Curriculum content:

1. That sex, for people who feel ready and are over the age of consent, can and should be enjoyable and positive.
2. The law about the age of consent, that they have a choice about whether to have sex, that many young people wait until they are older, and that people of all ages can enjoy intimate and romantic relationships without sex.
3. Sexual consent and their capacity to give, withhold or remove consent at any time, even if initially given, as well as the considerations that people might take into account prior to sexual activity, e.g. the law, faith and family values. That kindness and care for others require more than just consent.
4. That all aspects of health can be affected by choices they make in sex and relationships, positively or negatively, e.g. physical, emotional, mental, sexual and reproductive health and wellbeing.
5. That some sexual behaviours can be harmful.
6. The facts about the full range of contraceptive choices, efficacy and options available, including male and female condoms, and signposting towards medically accurate online information about sexual and reproductive health to support contraceptive decision-making.
7. That there are choices in relation to pregnancy. Pupils should be given medically and legally accurate and impartial information on all options, including keeping the baby, adoption, abortion and where to get further help.
8. How the different sexually transmitted infections (STIs), including HIV, are transmitted. How risk can be reduced through safer sex (including through condom use). The use and availability of the HIV prevention drugs Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP) and how and where to access them. The importance of, and facts about, regular testing and the role of stigma
9. The prevalence of STIs, the short and long term impact they can have on those who contract them and key facts about treatment.
10. How the use of alcohol and drugs can lead people to take risks in their sexual behaviour.
11. How and where to seek support for concerns around sexual relationships including sexual violence or harms.
12. How to counter misinformation, including signposting towards medically accurate information and further advice, and where to access confidential sexual and reproductive health advice and treatment.

Health and wellbeing

37. The aim of teaching about health and wellbeing is to enable pupils to make good decisions about their own health and wellbeing, to understand the links between physical and mental health, to recognise when things are not right in their own health or the health of others and to seek support when needed. Schools should support pupils to develop strategies for self-regulation, perseverance and determination, even in the face of setbacks.

38. Effective teaching should aim to reduce stigma attached to health issues, in particular relating to mental health, and discourage the pejorative use of language related to ill health. Schools should promote openness, so that pupils can check their understanding and seek any necessary help and advice.

39. Curriculum content related to puberty and menstruation should be complemented by sensitive arrangements to help girls prepare for and manage menstruation, including with requests for period products. Schools should use appropriate language such as period pads and menstrual products instead of sanitary items or feminine hygiene products. The Department for Education's Period Products Scheme is available for state-funded primary schools, secondary schools, and colleges in England.

Health and wellbeing: Primary

40. Health education in primary starts with the benefits and importance of physical activity, good nutrition and sufficient sleep, and supports pupils to develop emotional awareness. Schools should emphasise the relationships between physical health and mental wellbeing, and the benefits of physical activity and time spent outdoors. As in all of RSHE, care should be taken to avoid exposing pupils to concepts which are not appropriate for them. Schools should continue to build on the primary health and wellbeing curriculum content in secondary.

Primary health and wellbeing: content to be covered by the end of primary

General wellbeing

Curriculum content:

1. The benefits of physical activity, time outdoors, and helping others for health, wellbeing and happiness. Simple self-care techniques, including the importance of rest, time spent with friends and family, as well as hobbies, interests and community participation.
2. The importance of promoting general wellbeing and physical health.
3. The range and scale of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) that they might experience in different situations. Pupils should understand that worrying and feeling down are normal, affect everyone at different times, and are not in themselves a sign of a mental health condition.
4. How to recognise feelings and use varied vocabulary to talk about their own and others' feelings.
5. How to judge whether what they are feeling and how they are behaving is appropriate and proportionate.
6. That isolation and loneliness can affect children, and the benefits of seeking support.
7. That bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing and how to seek help for themselves or others.
8. That change and loss, including bereavement, can provoke a range of feelings, that grief is a natural response to bereavement, and that everyone grieves differently.
9. Where and how to seek support (including recognising the triggers for seeking support), including who in school they should speak to if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online).
10. That it is common to experience mental health problems, and early support can help.

Wellbeing online

Curriculum content:

1. That for almost everyone the internet is an integral part of life. Pupils should be supported to think about positive and negative aspects of the internet.
2. Pupils should be supported to discuss how online relationships can complement and support meaningful in-person relationships, but also how they might be in tension, and the reasons why online relationships are unlikely to be a good substitute for high quality in-person relationships, looking at the pros and cons of different ways of using online connection.
3. The benefits of limiting time spent online, the risks of excessive time spent on electronic devices and the impact of positive and negative content online on their own and others' mental and physical wellbeing.
4. How to consider the impact of their online behaviour on others, and how to recognise and display respectful behaviour online.
5. Why social media, some apps, computer games and online gaming, including gambling sites, are age restricted.
6. The risks relating to online gaming, video game monetisation, scams, fraud and other financial harms, and that gaming can become addictive.
7. How to take a critical approach to what they see and read online and make responsible decisions about which content, including content on social media and apps, is appropriate for them.
8. That abuse, bullying and harassment can take place online and that this can impact wellbeing. How to seek support from trusted adults.
9. How to understand the information they find online, including from search engines, and know how information is selected and targeted.
10. That they have rights in relation to sharing personal data, privacy and consent.
11. Where and how to report concerns and get support with issues online.

Physical health and fitness

Curriculum content:

1. The characteristics and mental and physical benefits of an active lifestyle.
2. The importance of building regular physical activity into daily and weekly routines and how to achieve this; for example, walking or cycling to school, a daily active mile or other forms of regular, moderate and/or vigorous physical activity.
3. The risks associated with an inactive lifestyle, including obesity.
4. How and when to seek support including which adults to speak to in school if they are worried about their health.

Healthy eating

Curriculum content:

1. What constitutes a healthy diet (including understanding calories and other nutritional content).
2. Understanding the importance of a healthy relationship with food.
3. The principles of planning and preparing a range of healthy meals.
4. The characteristics of a poor diet and risks associated with unhealthy eating (including, for example, obesity and tooth decay) and other behaviours (e.g. the impact of alcohol on diet or health).

Drugs, alcohol, tobacco and vaping

Curriculum content:

1. The facts about legal and illegal harmful substances and associated risks, including smoking, vaping, alcohol use and drug-taking. This should include the risks of nicotine addiction, which are also caused by other nicotine products such as nicotine pouches.

Health protection and prevention

Curriculum content:

1. How to recognise early signs of physical illness, such as weight loss, or unexplained changes to the body.
2. About safe and unsafe exposure to the sun, and how to reduce the risk of sun damage, including skin cancer.
3. The importance of sufficient good quality sleep for health, the amount of sleep recommended for their age, and practical steps for improving sleep, such as not using screens in the bedroom. The impact of poor sleep on weight, mood and ability to learn.
4. About dental health and the benefits of good oral hygiene, including brushing teeth twice a day with fluoride toothpaste, cleaning between teeth, and regular check-ups at the dentist.
5. About personal hygiene and germs including bacteria, viruses, how they are spread and treated, and the importance of handwashing.
6. The facts and scientific evidence relating to vaccination and immunisation. The introduction of topics relating to vaccination and immunisation should be aligned with when vaccinations are offered to pupils.

Personal safety

Curriculum content:

1. About hazards (including fire risks) that may cause harm, injury or risk and ways to reduce risks.
2. How to recognise risk and keep safe around roads, railways, including level crossings, and water, including the water safety code.

Basic first aid

Curriculum content:

1. How to make a clear and efficient call to emergency services if necessary, including the importance of reporting incidents rather than filming them.
2. Concepts of basic first aid, for example dealing with common injuries and ailments, including head injuries.

Developing bodies

Curriculum content:

1. About growth and other ways the body can change and develop, particularly during adolescence. This topic should include the human lifecycle, and puberty should be discussed as a stage in this process.
2. The correct names of body parts, including the penis, vulva, vagina, testicles, scrotum, nipples. Pupils should understand that all of these parts of the body are private and have skills to understand and express their own boundaries around these body parts.
3. The facts about the menstrual cycle, including physical and emotional changes, whilst the average age of the onset of menstruation is twelve, periods can start at eight, so covering this topic before girls' periods start will help them understand what to expect and avoid distress.

Health and wellbeing: Secondary

41. Teaching in secondary should build on primary content, supporting pupils to understand their changing bodies and their feelings, how to protect their own health and wellbeing, and when a physical or mental health issue requires attention.

42. Secondary schools may also choose to teach about issues which are not listed in the secondary curriculum content. This includes topics such as eating disorders and self-harm. These topics can be taught about in secondary schools in a safe and sensitive way but are specialised areas and schools should use qualified support or advice, ensure that they are using reliable high-quality teaching material, and signpost to external support as needed. Schools may consider accessing support from the NHS or local specialist services who may be able to provide advice and CPD for teachers. It is important that schools ensure that teachers are properly equipped to lead discussions about these topics, including what to do if a pupil makes a disclosure.

43. Secondary schools should also consider how to safely address suicide prevention. Many aspects of suicide prevention are addressed through the mental wellbeing curriculum. Starting in primary school, the curriculum includes recognising and talking about emotions, looking after one's own and others' wellbeing, being worried about friendships, other relationships, and judging whether feelings or behaviour require support. Teachers should discuss isolation, loneliness and bullying, and how to cope when things go wrong in life. It is also important to ensure pupils understand how to seek help from a trusted adult, including when they are concerned about another person.

44. Schools should consult mental health professionals and put in place high quality, evidence-based staff training before addressing suicide directly with secondary aged pupils, to ensure that staff have the knowledge and skills to do this safely. It is important that teachers use language and content that is accurate, straightforward and appropriate

to the level of understanding of the class. They should take particular care not to discuss instructions or methods of self-harm or suicide and avoid using emotive language, videos or images as there is a risk this could signpost pupils towards dangerous ideas and online content of which they may not previously have been aware.

45. Secondary schools should consider carefully when it is suitable to deliver suicide prevention content, taking into account the age, maturity, and personal experiences of pupils as well as the views of parents and the confidence and skills of teachers, recognising that pupils' emotional and cognitive maturity to understand this material increases across the early secondary years.

46. It is also important that schools take a similar approach to addressing eating disorders, ensuring that staff have the knowledge and skills to do this safely. Teachers should take care to avoid language with romanticises eating disorders and avoid discussing instructions, methods or ideas of restriction, bingeing or purging.

47. If teachers have concerns about a specific pupil in relation to eating disorders, self-harm or suicidal ideation or attempts, or a pupil discloses information, they must follow safeguarding procedures.

Secondary health and wellbeing curriculum content

Schools should continue to develop knowledge of topics specified for primary as required and in addition cover the following content by the end of secondary:

Mental wellbeing

Curriculum content:

1. How to talk about their emotions accurately and sensitively, using appropriate vocabulary.
2. The benefits and importance of physical activity, sleep, time outdoors, community participation and volunteering or acts of kindness for mental wellbeing and happiness.
3. That happiness is linked to being connected to others. Pupils should be supported to understand what makes them feel happy and what makes them feel unhappy, while recognising that loneliness can be for most people an inevitable part of life at times and is not something of which to be ashamed.
4. That worrying and feeling down are normal, can affect everyone at different times and are not in themselves a sign of a mental health condition, and that managing those feelings can be helped by seeing them as normal.
5. Characteristics of common types of mental ill health (e.g. anxiety and depression), including carefully-presented factual information about the prevalence and characteristics of more serious mental health conditions. This should not be discussed in a way that encourages normal feelings to be labelled as mental health conditions.
6. How to critically evaluate which activities will contribute to their overall wellbeing.
7. Understanding how to overcome anxiety or other barriers to participating in fun, enjoyable or rewarding activities – that it's possible to overcome those barriers using coping strategies, and that finding the courage to participate in activities which initially feel challenging may decrease anxiety over time rather than increasing it.
8. That gambling can lead to serious mental health harms, including anxiety, depression, and suicide, and that some gambling products are more likely to cause these harms than others.
9. That the co-occurrence of alcohol/drug use and poor mental health is common and that the relationship is bi-directional: mental health problems can increase the risk of alcohol/drug use, and alcohol/drug use can trigger mental health problems or exacerbate existing ones. That stopping smoking can improve people's mental health and decrease anxiety.

Wellbeing online

Curriculum content:

1. About the benefits of limiting time spent online, the risks of excessive time spent on electronic devices and the impact of positive and negative content online on their own and others' mental and physical wellbeing.
2. The similarities and differences between the online world and the physical world, including: the impact of unhealthy or obsessive comparison with others online (including through setting unrealistic expectations for body image); how people may curate a specific image of their life online; the impact that an over-reliance on online relationships, including relationships formed through social media, can have.
3. How to identify harmful behaviours online (including bullying, abuse or harassment) and how to report, or find support, if they have been affected by those behaviours.
4. The risks related to online gambling and gambling-like content within gaming, including the accumulation of debt.
5. How advertising and information is targeted at them and how to be a discerning consumer of information online, understanding the prevalence of misinformation and disinformation online, including conspiracy theories.
6. The risks of illegal behaviours online, including drug and knife supply or the sale or purchasing of illicit drugs online.
7. The serious risks of viewing online content that promotes self-harm, suicide or violence, including how to safely report this material and how to access support after viewing it.

Physical health and fitness

Curriculum content:

1. The characteristics of a healthy lifestyle, including physical activity and maintaining a healthy weight, including the links between an inactive lifestyle and ill-health, including cardiovascular ill-health.
2. Factual information about the prevalence and characteristics of more serious health conditions.
3. That physical activity can promote wellbeing and combat stress.
4. The science relating to blood, organ and stem cell donation.

Healthy eating

Curriculum content:

1. How to maintain healthy eating and the links between a poor diet and health risks, including tooth decay, unhealthy weight gain, and cardiovascular disease.
2. The risks of unhealthy weight gain, including increased risks of cancer, type 2 diabetes and cardiovascular disease.
3. The impacts of alcohol on diet and unhealthy weight gain.

Drugs, alcohol, tobacco and vaping

Curriculum content:

1. The facts about which drugs are illegal, the risks of taking illegal drugs, including the increased risk of potent synthetic drugs being added to illegal drugs, the risks of illicit vapes containing drugs, illicit drugs and counterfeit medicines, and the potential health harms, including the link to poor mental health.
2. The law relating to the supply and possession of illegal substances.
3. The physical and psychological risks associated with alcohol consumption. What constitutes low risk alcohol consumption in adulthood, and the legal age of sale for alcohol in England. Understanding how to increase personal safety while drinking alcohol, including how to decrease the risks of having a drink spiked or of poisoning from potentially fatal substances such as methanol.
4. The physical and psychological consequences of problem-use of alcohol, including alcohol dependency.
5. The dangers of the misuse of prescribed and over-the-counter medicines.
6. The facts about the multiple serious harms from smoking tobacco (particularly the link to lung cancer and cardiovascular disease), the benefits of quitting and how to access support to do so.
7. The facts about vaping, including the harms posed to young people, and the role that vapes can play in helping adult smokers to quit.

Health protection and prevention, and understanding the healthcare system

Curriculum content:

1. Personal hygiene, germs and how they are spread, including bacteria and viruses, treatment and prevention of infection, and about antibiotics.
2. Dental health and the benefits of good oral hygiene, including brushing teeth twice a day with fluoride toothpaste and cleaning between teeth, reducing consumption of sugar-containing food and drinks, and regular check-ups at the dentist.
3. How and when to self-care for minor ailments, and the role of pharmacists as knowledgeable healthcare professionals.
4. The importance of taking responsibility for their own health, and the benefits of regular self-examination and screening.
5. The facts and scientific evidence relating to vaccination, immunisation and antimicrobial resistance. The introduction of topics relating to vaccination and immunisation should be aligned with when vaccinations are offered to pupils.
6. The importance of sufficient good-quality sleep for good health, the importance of screen-free time before bed and removing phones from the bedroom, and how a lack of sleep can affect weight, mood and ability to learn.
7. The importance of healthy behaviours before and during pregnancy, including the importance of pre-conception health, including taking folic acid. The importance of pelvic floor health. Information on miscarriage and pregnancy loss, and how to access care and support.
8. How to navigate their local healthcare system: what a GP is; when to use A&E / minor injuries; accessing sexual health and family planning clinics; the role of local pharmacies; and how to seek help via local third sector partners which may have specialist services.
9. The concept of Gillick competence. That the legal age of medical consent is 16. That before this, a child's parents will have responsibility for consenting to medical treatment on their behalf unless they are Gillick competent to take this decision for themselves. Pupils should understand the circumstances in which someone over 16 may not be deemed to have capacity to make decisions about medical treatment.

Personal safety

Curriculum content:

1. How to identify risk and manage personal safety in increasingly independent situations, including around roads, railways – including level crossings - and water (including the water safety code), and in unfamiliar social or work settings (for example the first time a young person goes on holiday without their parents).
2. How to recognise and manage peer influence in relation to risk-taking behaviour and personal safety, including peer influence online and on social media.
3. How to develop key social and emotional skills that will increase pupils' safety from involvement in conflict and violence. These include skills to support self-awareness, self-management, social awareness, relationship skills and responsible decision making, as well as skills to recognise and manage peer pressure.
4. Understanding which trusted adults they can talk to if pupils are worried about violence and/or knife crime.
5. The law as it relates to knives and violence. Content and examples should relate to the local context and avoid using fear as an educational tool. Children should be taught that carrying weapons is uncommon, and should not be scared into the perception that many young people are carrying knives (which can lead to the misconception that they need to carry a knife too).
6. The risks and signs that they may be at risk of grooming or exploitation, and how to seek help where there is a concern**.**

Basic first aid

Curriculum content:

1. Basic treatment for common injuries and ailments.
2. Life-saving skills, including how to administer CPR.[11]
3. The purpose of defibrillators, when one might be needed and who can use them.

Developing bodies

Curriculum content:

1. The main changes which take place in males and females, and the implications for emotional and physical health.
2. The facts about puberty, the changing adolescent body, including brain development.
3. About menstrual and gynaecological health, including: what is an average period; period problems such as premenstrual syndrome; heavy menstrual bleeding; endometriosis; and polycystic ovary syndrome (PCOS). When to seek help from healthcare professionals.
4. The facts about reproductive health, including fertility and menopause, and the potential impact of lifestyle on fertility for men and women.

[11] Cardiopulmonary Resuscitation is usually best taught after 12 years old.

Related guidance

48. The guidance should be read in conjunction with:

- National curriculum in England: citizenship, religious education, computing, science and physical education programmes of study
- Keeping children safe in education (statutory guidance)
- Early years foundation stage (EYFS) statutory framework - GOV.UK The safeguarding and welfare requirements in section 3 cover children from 0-5 and therefore schools must follow this for children in reception year
- Working Together to Safeguard Children (statutory guidance on multi-agency working to help, protect and promote the welfare of children)
- Behaviour in schools (advice for schools, including advice for appropriate behaviour between pupils)
- Technical guidance for schools in England | EHRC
- SEND code of practice: 0 to 25 years (statutory guidance)
- Alternative Provision (statutory guidance)
- Mental Health and Behaviour in Schools (advice for schools)
- Promoting Children and Young People's Emotional Health and Wellbeing (guidance for schools and colleges)
- Domestic Abuse Statutory Guidance
- Preventing and Tackling Bullying
- Teaching Online Safety in Schools
- The Equality and Human Rights Commission Advice and Guidance (provides advice on avoiding discrimination in a variety of educational contexts)
- Promoting Fundamental British Values as part of SMSC in schools (guidance for maintained schools on promoting basic important British values as part of pupils' spiritual, moral, social and cultural (SMSC))
- SMSC requirements for independent schools (guidance for independent schools on how they should support pupils' spiritual, moral, social and cultural development)
- Guidance for schools on colleges on gender questioning children (currently in draft, to be finalised after consultation)

Developing a curriculum, choosing resources and working with external agencies

49. Schools have significant freedom to implement this guidance in the context of a broad and balanced curriculum.

50. A school's curriculum should be in line with the needs of pupils. Effective, high-quality teaching will break down core knowledge and skills into manageable and well-sequenced units, including opportunities for pupils to practise skills so that they will be confident to use them in real-life situations. The curriculum should build knowledge and skills sequentially, with regular feedback provided on pupil progress. Lessons should

ensure that all pupils are challenged, and assessments should identify where pupils need extra support or intervention.

51. The lead teacher will need to work closely with colleagues in related curriculum areas to ensure the subjects complement and do not duplicate content covered in national curriculum[12] subjects such as citizenship, science, computing and PE. The lead teacher will want to look for opportunities across other curriculum subjects to reinforce concepts introduced in RSHE, for example discussing misogyny in the context of history or using examples in literature to discuss positive and less positive examples of relationships.

52. Working with external organisations can enhance delivery of these subjects, bringing in specialist knowledge and different ways of engaging with young people, but schools always remain responsible for the content and the way in which children are taught. Schools should check that external resources are accurate, age and stage appropriate and unbiased. Schools should be particularly cautious about using resources from organisations that have a broader interest in promoting harmful products (e.g. cigarettes and alcohol) or that have a strong partisan view on a contested topic. Schools are responsible for checking the credentials of any visitor or visiting organisation. Schools should ask to see materials and a lesson plan in advance, and should seek the views of parents, making sure that all materials can be viewed by parents (see the section on openness with parents below).

53. Examples of resources funded by the Government to complement classroom teaching are listed in Annex B. It is ultimately the school's responsibility to ensure resources and teaching materials are appropriate for the age and maturity of pupils, are accessible for all pupils, including those with SEND, fit with their planned programme and policy, and are sensitive to pupils' needs.

54. It is important to agree how confidentiality will work in any lesson, and that any visitor understands how safeguarding reports should be dealt with in line with school policy. Further information for teachers in handling potential safeguarding or child protection reports is on page 34.

Openness with parents about RSHE materials

55. Schools should take steps to pro-actively engage parents and make sure they are aware of what is being taught in RSHE. These steps might include inviting parents into school to discuss the curriculum content and the importance of RSHE for wellbeing and safety, inviting them to discuss any concerns, and supporting parents in managing conversations with their children about RSHE topics. Schools must consult parents when developing and reviewing their RSE policies, in accordance with the section on developing a policy, above.

[12] The national curriculum does not apply to academies or independent schools.

56. Schools should show parents a representative sample of the resources that they plan to use, enabling parents to continue conversations started in class, and should ensure that parents are able to view all curriculum materials used to teach RSHE on request. Parents are not able to veto curriculum content, but schools must consult with parents when developing their RSHE policy and it is right that they are able to see what their children are being taught, especially in relation to sensitive topics, and schools should respond positively to requests from parents to see material.

57. There is a public interest in parents being given the opportunity to see materials used in RSHE teaching if they would like to. When contracting with external providers, schools should not agree to any contractual restrictions on showing parents any content that the school will use. Schools should communicate to providers that they are legally obliged to have regard to this statutory guidance, including the expectation that all content can be shared with parents.

58. Where contractual clauses exist that seek to prevent schools sharing any material at all with parents, they are void and unenforceable. This is because they contradict the clear public policy interest of ensuring that parents are aware of what their children are being taught in sex and relationships education.

59. Where copyright law applies, schools must comply with it when sharing resources with parents. It is best practice to share materials via a “parent portal” or, if this is not possible, through a presentation. When schools make documents available to parents, they should acknowledge the provider’s authorship. They should include a statement, that parents agree to as a condition of access, that the content should not be copied or shared further except as authorised under copyright law. Where relevant and possible, IT systems should also be in place to prevent downloading.

60. Where parents are unable to view materials via a “parent portal”, or cannot attend a presentation, schools can provide copies of materials to parents to take home, providing parents agree to a similar statement that they will not copy the content or share it further except as authorised under copyright law. For the avoidance of doubt – copyright law affects the way in which materials are shared, but should never be used as a reason to refuse to share them.

Governors and Trustees

61. As well as fulfilling their legal obligations, governing boards and proprietors of academy trusts should also make sure that:

- all pupils make progress in achieving the expected educational outcomes
- teaching is accessible to all pupils with SEND
- curriculum content and teaching materials are aligned with this statutory guidance

- clear information is provided for parents on the subject content, teaching materials and external providers, and on the right to request that their child is withdrawn from sex education

Foundation governors of maintained schools and trustees of academy trusts that include schools with a designated religious character will also have wider responsibilities in relation to maintaining and developing the religious ethos of their faith schools

Teaching about the law

62. There will be a range of opinions regarding some topics within RSE. The starting principle should be that applicable law should be taught in a factual way so that pupils are clear about their rights and responsibilities as citizens.

63. Pupils should be made aware of the relevant legal provisions when relevant topics are being taught, including for example those relating to:

- marriage, including forced marriage and civil partnerships
- consent, including the age of consent
- domestic abuse, stalking, rape, sexual offences, female genital mutilation (FGM), 'virginity testing' and hymenoplasty
- sexual abuse, harassment and exploitation, including public sexual harassment and harmful sexual behaviour
- the Online Safety Act
- online behaviours including image and information sharing (including sexual imagery, youth-produced sexual imagery, nudes, etc, and including AI-generated sexual imagery and deepfakes). Pupils should understand the law about online sexual harassment and online sexual abuse including grooming and sextortion
- pornography
- abortion
- protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation)
- alcohol, smoking, vaping and nicotine products and illicit drug use
- gambling
- carrying knives and weapons
- extremism/radicalisation
- grooming or exploiting children into criminal activity, which can include gang involvement and county lines drug running
- hate crime
- the age of criminal responsibility

- medical consent, Gillick competence and parental responsibility

Equality

64. Schools are required to comply with relevant requirements of the Equality Act 2010, including the Public sector equality duty (PSED) (s.149), when teaching RSHE. [13]

65. Schools must ensure topics in RSHE are taught in a way which does not discriminate against pupils or amount to harassment.

66. Pupils should understand the importance of equality and respect and learn about the law relating to the protected characteristics by the end of their secondary education. The protected characteristics are age, disability, gender reassignment, sexual orientation, marriage or civil partnership, pregnancy and maternity, race, religion or belief, and sex.

Lesbian, Gay, Bisexual and Transgender content

67. As above, pupils should understand the importance of equality and respect throughout their education. They should learn about all protected characteristics, including sexual orientation and gender reassignment, by the end of their secondary education.

68. We strongly encourage primary schools to teach about healthy loving relationships, and to include same-sex parents along with other family arrangements when discussing families. At secondary school, there should be an equal opportunity to explore the features of stable and healthy same-sex relationships, and secondary schools should ensure that this content is integrated into RSHE programmes of study rather than delivered as a standalone unit or lesson. Schools should ensure that they cover all the facts about sexual health, including STIs, in a way that is relevant for all pupils, including those who are lesbian, gay, bisexual and/or gender questioning.

69. Pupils should also be taught the facts and the law about biological sex and gender reassignment. This should recognise that people have legal rights by virtue of their biological sex which are different from the rights of those of the opposite sex with the protected characteristic of gender reassignment. Pupils should also be taught to recognise that people with the protected characteristic of gender reassignment, as with the other protected characteristics, have protection from discrimination and should be treated with respect and dignity.

70. In teaching this, schools should be mindful that beyond the facts and the law about biological sex and gender reassignment there is significant debate, and they should be careful not to endorse any particular view or teach it as fact. For example, they should not teach as fact that all people have a gender identity. Schools should avoid language and

[13] Equality Act provisions in relation to schools are in Part 6, Chapter 1. Independent schools that are not academies are not subject to the PSED.

activities which repeat or enforce gender stereotypes. Schools should be mindful to avoid any suggestion that social transition is a simple solution to feelings of distress or discomfort.

71. Schools should encourage young people to consider how to express their views while remaining respectful of the opinions of others. Schools should be clear that bullying or disrespectful language or behaviour is never appropriate.

72. Where schools decide to use external resources, they should avoid materials that use cartoons or diagrams that oversimplify this topic, that could be interpreted as being aimed at younger children, or that perpetuate stereotypes or encourage pupils to question their gender. Schools should consult parents on the content of external resources on this topic in advance and make all materials available to them on request as set out in the section on openness with parents.

Religion and belief, including teaching in schools with a religious character

73. RSHE should be sensitive to the religious background of pupils, and schools must ensure they comply with the relevant provisions of the Equality Act 2010, under which religion or belief are amongst the protected characteristics.

74. All schools may teach about faith perspectives on these topics. In particular, schools with a religious character may teach their distinctive faith perspective on relationships, and balanced debate may take place about issues that are contentious. For example, the school may wish to reflect on faith teachings about certain topics as well as how their faith institutions may support people in matters of relationships and sex. Schools should be clear when they are delivering content that reflects religious belief.

Pupils with special educational needs and disabilities (SEND)

75. Teaching should be developed to ensure these subjects are accessible for pupils with SEND and prepare pupils for adulthood,[14] as set out in the SEND code of practice: 0 to 25 years. This applies to both mainstream and special schools.

76. Schools should be aware that pupils with SEND may be more vulnerable than their peers to harmful sexual behaviour, sexual abuse, exploitation and violence, bullying and other issues. RSHE can be particularly important for these pupils, particularly those with social, emotional and mental health needs or learning disabilities.

[14] “Preparing for adulthood” outcomes are set out at section 7.38 of the SEND code of practice: 0 to 25 years.

Addressing sexual harassment and sexual violence

77. Relationships education has an important role in supporting young people to develop the skills they need to build healthy relationships and grow into kind and respectful adults. From early primary, schools can support young children to develop skills for positive relationships, including skills for navigating boundaries with kindness and respect. Schools can support young children to behave with respect and to understand and identify prejudice. Preventing sexual violence and abusive behaviour starts from this support for children in primary.

78. Supporting young people to develop the skills they need to build healthy relationships should be part of a whole school approach and underpin schools' policies, including behaviour and safeguarding, to ensure that an ethos of kindness and respect is evident throughout the school.

79. Pupils should understand that anyone can be a victim of sexual violence, regardless of sex, sexual orientation, gender reassignment or any other protected characteristic, and that the victim is never to blame. It is important to acknowledge that most sexual violence is committed against women and girls, and it often has a gendered component – for example, manifesting an inequality of power between men and women. However, anyone can be affected by sexual violence and teachers should avoid language which stigmatises boys or suggests that boys or men are always perpetrators or that girls or women are always victims.

80. Both within and beyond the classroom, staff should be conscious of everyday sexism, misogyny, homophobia and stereotypes, and should take action to build a culture where prejudice is identified and tackled. Staff have an important role in modelling positive behaviour and avoiding language that might perpetuate harmful stereotypes. Pupils should understand the importance of challenging harmful beliefs and attitudes and should understand the links between sexism and misogyny and violence against women and girls. Where misogynistic ideas are expressed at school, staff should challenge the ideas, rather than the person expressing them.

81. Pupils should have opportunities to develop positive conceptions of masculinity and femininity, including how to identify and learn from positive male role models. It is important for pupils to understand that most boys and young men are respectful to girls and young women and each other. Pupils may be exposed to online content which normalises harmful or violent sexual behaviours, which might include sexist and misogynistic influencers who normalise sexual harassment and abuse. Young people may be more vulnerable to this content when they have low self-esteem, are being bullied, or have other challenges in their lives. Teachers should encourage pupils to consider how this content may be harmful to both men and women, while avoiding stigmatising or perpetuating harmful stereotypes about boys, and avoiding directly signposting to specific content and content producers.

82. It is important for pupils to understand that ethical behaviour in friendships and other relationships goes beyond respecting boundaries and consent, and that strong relationships of all types involve kindness and care. RSE lessons should be clear that all sexual activity should involve kindness, care, attention to the needs and vulnerabilities of the other person and an awareness of the power dynamics that can exist within relationships.

83. RSE lessons should ensure that both boys and girls have opportunities to practise respectful communication and understand experiences which are different from their own, including menstruation and menopause. However, in some cases, such as when a school identifies a specific need, the school may consider that separating classes by sex is the best way to create a safe space for discussion of a particular topic. This should be done in a way that avoids stigmatising boys or making girls feel like they will inevitably be victims of abusive behaviour or that it is their responsibility to protect themselves.

Safeguarding

84. Discussions about sensitive topics in RSHE can lead to increased safeguarding reports. All staff should know what to do if they have concerns that a pupil is being neglected or abused, including those who have seen, heard or experienced the effects of domestic abuse.[15] The Department publishes statutory safeguarding guidance *Keeping children safe in education* (KCSIE); this guidance provides a strong safeguarding framework and is clear on the actions a school or college should take if there are any concerns about a child or young person's wellbeing and/or safety. Staff should also be aware of mandatory reporting duties, including relating to FGM, and that virginity testing and hymenoplasty became illegal in 2022. The Government is also introducing a new law which will create a legal requirement for anyone in regulated activity relating to children in England, including teachers, to report if they are made aware a child is being sexually abused. Where lessons are delivered by external agencies, schools must agree in advance of the session how a safeguarding concern would be dealt with by the external visitor.

85. If staff have any concerns about a child's welfare, they should act on them immediately. Part 1 of KCSIE sets out the process staff should follow when they have concerns about a child. Staff should handle personal information with due care and know how to manage the requirement to maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the Designated Safeguarding Lead (or deputy). Staff should never promise a child that they will not tell anyone about a report of abuse, as this may ultimately not be in the best interests of the child. It is equally important that children understand how confidentiality will be handled in

[15] Resources to help teachers and school staff identify the signs and indicators of child sexual abuse can be found here – Centre of expertise on child sexual abuse

a lesson and what might happen if they choose to make a report, about themselves or a peer. Pupils should also understand where they can report any concerns and seek help, including to external services if they do not feel comfortable talking to school staff.

86. If staff have a concern about a risk of pupils experiencing or perpetrating harms, they should follow their own organisation's child protection policy and speak to the designated safeguarding lead (or a deputy). The designated safeguarding lead should have knowledge of trusted, high-quality local support that could be engaged, links to the police and other agencies and awareness of local issues which it may be appropriate to address in lessons.

Managing difficult questions

87. Pupils may ask questions about topics which go beyond any sex education covered by the school or relate to sex education from which they have been withdrawn. The school's policy should explain how teachers will handle such questions, with an emphasis on supporting the child. This may include asking a pupil to speak to their parents or a trusted adult, signposting to support services where needed, and recognising that children whose questions go unanswered might instead turn to inappropriate sources of information, including online. Teachers may require support and training in handling questions that are better not dealt with in the classroom.

Annex A Regulations

Relationships education, Relationships and Sex Education, and Health education

The Relationships education, Relationships and Sex Education, and Health education (England) Regulations 2019 are made under sections 34 and 35 of the Children and Social Work Act 2017 and provide that pupils receiving primary education must be taught relationships education; pupils receiving secondary education must be taught RSE; and that all primary and secondary pupils must be taught health education. The subjects of relationships education and RSE must be taught in all maintained schools, academies and independent schools. This includes pupil referral units, maintained special schools, special academies, and non-maintained special schools. All schools, except independent schools, must make provision for health education.

To give effect to the duty in section 34 of the 2017 Act and the power in section 35 of that Act, the Relationships education, Relationships and Sex Education and Health education (England) Regulations 2019 amend existing provisions in the Education Act 1996 and the Education Act 2002 and insert new provisions into the Education (Pupil Referral Units) (Application of Enactments) (England) Regulations 2007, the Education (Independent School Standards) Regulations 2014 and the Non-Maintained Special Schools (England) Regulations 2015. The provisions include a requirement for the Secretary of State to publish guidance on relationships education, RSE, and health education; require schools to have regard to that guidance; require schools to make a statement of policy on their provision of relationships education and RSE; and set out the circumstances in which a pupil is to be withdrawn from RSE.

The regulations and guidance in relation to health education do not apply to independent schools – they will continue to make provision for the health education element of PSHE under the Education (Independent School Standards) Regulations 2014.

Annex B Government resources

Curriculum resources

The Department for Education page brings together all existing information available to schools on the teaching of the RSHE curriculum. This includes parent guides and guidance in engaging parents on Relationships education. Schools will also want to refer to Keeping children safe in education (statutory guidance).

- Schools may also wish to see a series of DfE sexual harassment webinars covering domestic abuse, pornography and sexual exploitation.
- Non-statutory framework for Citizenship KS 1 and 2 (Non-statutory programme of study). Schools may wish to draw on the statutory Citizenship programme of study for KS 3 and 4 in their planning.
- Oak National Academy, the independent provider of freely available online curriculum and lesson resources, are developing curriculum materials to make sure every school can access high-quality, compliant resources which will build on what is already available for schools.
- Example of a model RSHE curriculum produced in 2019 by the Catholic Education Service in conjunction with the Department for Education: the primary RSE Model Curriculum and secondary RSE Model Curriculum

Wider resources

These subjects support many cross-government strategies of which schools will want to be aware. Whilst we have not referenced all strategies or supporting documents, we have included some of the key areas below.

- The Working together to safeguarding children statutory guidance on multi-agency working to help, protect and promote the welfare of children.
- The Domestic Abuse Act 2021 statutory guidance which is intended to increase awareness and inform the response to domestic abuse, also conveying standards and promotes best practice.
- Statutory guidance on FGM, including the mandatory reporting duty which applies to teachers, health and social care professionals, and statutory guidance on forced marriage.
- The report Teaching Relationships Education to Prevent Sexual Abuse is a rapid evidence assessment of the academic and grey literature on teaching relationships education to prevent sexual abuse.

- Centre of expertise on child sexual abuse. Advice, research and resources to help professionals identify, respond and support children and young people who have experienced sexual abuse.

- Crimestoppers Fearless. Definitions, advice on how to spot the signs, and guidance to support young people affected by sexual harms, including child sexual abuse and harmful sexual behaviour.

- The Virginity testing and hymenoplasty: multi-agency guidance offers advice for chief executives, directors, senior managers, frontline professionals within agencies and anyone else who may come in to contact with women and girls affected by virginity testing and hymenoplasty. It encourages agencies to cooperate and work together to protect and support those at risk of, or who have undergone, these procedures.

- The Child Exploitation and Online Protection (CEOP) Education programme, part of the National Crime Agency, which aims to protect children and young people from the threat of online child sexual abuse. Their offer for professionals includes training, guidance and free educational resources that are aligned to the RSHE curriculum.

- The National Crime Agency in partnership with the PSHE association have developed lesson plans that explore the risks involved in committing cybercrime and help students to recognise and avoid the techniques used to manipulate young people online: National Crime Agency: Exploring Cybercrime (pshe-association.org.uk).

- Report Remove is a service designed for young people in the UK, under 18, to confidentially report and remove sexual images or videos of themselves from the internet. This initiative, a collaboration between Childline and the Internet Watch Foundation (IWF), offers a secure and anonymous way for minors to take control of their online presence and safety.

- The Youth Endowment Fund (YEF, the 'what works' centre for preventing violence) Education Practice Guidance outlines evidence-based recommendations on how to help prevent children's involvement in violence. Education guidance | Youth Endowment Fund The YEF also produce an online toolkit that fund and evaluate interventions. The toolkit currently summarises 32 different approaches to violence prevention, highlighting impact on violent crime, evidence quality and cost. The YEF's Toolkit outlines 12 approaches to preventing violence among school-age children within Education and Children's Services Youth Endowment Fund Toolkit.

- The Children's Commissioner Digital 5 A Day provides a simple framework that reflects the concerns of parents as well as children's behaviours and needs.

- Better Health (NHS) have produced a website for teachers which covers a broad range of health and relationships issues in a format which is accessible for young people, targeted at primary and secondary age pupils. This includes Every Mind Matters resources for lessons which are accredited by the NHS: *School Zone | Campaigns | Campaign Resource Centre*. *Additionally, 'Talk to Frank' provides*

tailored, youth centred information about nicotine/vaping, alongside other substances. Home Office guidance and resources for teachers and school staff on responding to and preventing abuse in a school setting, as well as resources for teaching about sexual harassment and sexual abuse, including preventing violence against women and girls: Guidance and resources for teachers and school staff | ENOUGH

- Shore Space. An anonymous and confidential chat service and website for children and young people who are worried about their own or others' sexual thoughts, feelings or actions.

- The Drug Education suite of drug and alcohol education lesson materials incorporates the latest evidence, information and statistics, along with additional content on vaping, synthetic drugs and more.
- The National Centre For Smoking Cessation and Training (NCSCT) provides resources and practice guidance for healthcare professionals and teachers to support children and young people quit tobacco and/or vaping.
- The Teenage Pregnancy prevention framework provides evidence based guidance for local authorities, including the important role of RSE and links to local sexual health services. Additionally, the Fingertips tool offers a large public health data collection where information on teenage pregnancies can be found. The Department of Health and Social Care's Framework for Sexual Health Improvement in England supports the prevention of early, unplanned pregnancy.

- Reproductive health - a public health issue (PHE. 2018) A consensus statement, data and women's experiences, covering reproductive health through the life course, from menstruation to menopause. (PHE. 2018)

- Period product scheme for schools and colleges - GOV.UK

- Physical activity guidelines (Guidance from the Chief Medical Office) on how much physical activity people should be doing, along with supporting documents.

- The Eatwell Guide is a policy tool used to define government recommendations on eating healthily and achieving a balanced diet.

- The Children's health: migrant health guide contains advice and guidance on the health needs of migrant patients for healthcare practitioners.

- The Children's Oral Health elearning programme provides information and advice about children's oral health. It is aimed at parents, expectant mothers, early years healthcare workers, teachers, nurses, GPs and the public.

- The Commissioning and delivering supervised toothbrushing schemes in early years and school settings - GOV.UK guidance and toolkit has been updated to support commissioners and providers of local supervised toothbrushing schemes to ensure activities are evidence-informed, safe and have clear accountability and reporting arrangements to demonstrate impact.

- The Yellow Card Scheme – self-care and the importance of reporting suspected side effects to medicines. A fully tested and evidence-based guide for pupils and teachers on the potential risks of medicines and healthcare products, including side effects, problems with medical devices, blood products, e-cigarettes, and vapes, and what to do about them.

- NHS Blood and Transplant curriculum resources on blood, organ and stem cell donation: Educational resources - NHS Blood and Transplant

- Briefing for primary schools on the Flu vaccination programme in schools - GOV.UK

- Briefing for secondary schools on the Adolescent vaccination programme in secondary schools for 2024 to 2025 - GOV.UK

- The UKHSA e-bug resources cover a broader health education programme that includes vaccination and developed materials from early years to Key stage 3. These can be found here: e-bug home

- The Government response to the consultation on the structure, distribution and governance of the statutory levy on gambling operators - GOV.UK

- The Gambling Levy Regulations 2025 – GOV.UK

- Educational resources to help young people stay safe around the railways can be found here: Safety education - Network Rail

Data to understand the health and wellbeing needs of the local school-age population

- The Office for Health Improvement and Disparities (OHID) through its Fingertips tool offers a large public health data collection. Data is organised into themed profiles including a child and maternal health profile. The indicators included in the profile allow areas to see how they perform against the national average and against other local areas. These tools, accompanied by local health intelligence, can be used by schools to identify and respond to the particular health and wellbeing needs of their local school-age population.

Department for Education

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PROGRAMME OF STUDY FOR PSHE EDUCATION

KEY STAGES 1–5



PSHE Association

The national body for Personal, Social, Health and Economic (PSHE) education

The PSHE Association is the national body for personal, social, health and economic (PSHE) education — the school curriculum subject that supports pupils to be healthy, safe and prepared for modern life. PSHE education incorporates health education, relationships education/RSE and economic wellbeing and careers.

A charity and membership organisation, the Association works to improve PSHE education standards by supporting a national community of teachers and schools with resources, training and advice.

Find out more and become a member at www.pshe-association.org.uk

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INTRODUCTION

Personal, Social, Health and Economic (PSHE) education is a school subject through which pupils develop the knowledge, skills and attributes they need to manage their lives, now and in the future. It helps children and young people to stay healthy and safe, while preparing them to make the most of life and work. When taught well, PSHE education also helps pupils to achieve their academic potential.

Most of PSHE education becomes statutory for all schools from September 2020 under the Children and Social Work Act 2017. This includes Relationships Education at key stages 1 and 2, Relationships and Sex Education (RSE) at key stages 3 and 4, and Health Education in both primary and secondary phases.

The Department for Education published Statutory Guidance for Relationships Education, Relationships and Sex Education (RSE) and Health Education in June 2019. This sets out what schools *must* cover from September 2020 (though not all they *should* cover as part of broader PSHE education).

This updated edition of the PSHE Association Programme of Study for PSHE education will support schools to provide a comprehensive programme that integrates, but is not limited to, this statutory content. A broader PSHE programme should also cover economic wellbeing, careers and enterprise education, as well as education for personal safety, including assessing and managing risk.

This Programme of Study sets out learning opportunities for key stage 1 to 5, based on three core themes:

CORE THEME 1: HEALTH AND WELLBEING

CORE THEME 2: RELATIONSHIPS

CORE THEME 3: LIVING IN THE WIDER WORLD

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COVERING THE STATUTORY CONTENT

The statutory guidance is comprehensively covered by learning opportunities across all three core themes. Even though much of 'Living in the wider world' is not included in statutory requirements, the theme as a whole remains vitally important for pupils' personal development and economic wellbeing, as well as in supporting schools to meet the Gatsby Benchmarks for careers education as part of the DfE Careers Strategy.

The final section of the Programme of Study sets out the content grids from the Statutory Guidance for Relationships Education, RSE and Health Education, mapped to the Programme of Study, clearly identifying the Programme of Study learning opportunities that address each bullet point from the statutory guidance.

We are committed to raising the standard of PSHE education nationally, so this Programme of Study is freely available to all. In order to access our new Programme Builders, which break down learning by year group into half-term blocks, and a wide range of additional support and professional development opportunities, we encourage all schools to become members of the PSHE Association.

USING THE PROGRAMME OF STUDY

The Programme of Study sets out learning opportunities for each key stage, in each core theme, organised under subheadings. These learning opportunities should be used flexibly to plan your programme according to pupils' development, readiness and needs, and taking into account prior learning, experience and understanding.

Learning from one area may be related and relevant to others. Whilst this framework distinguishes three separate core themes, there will be extensive overlap, so when planning schemes of work, schools may draw from more than one theme. For example, Relationships and Sex Education (RSE) falls within both 'Health and Wellbeing' and 'Relationships', as sexual health should always be considered as an element of health education but also taught within the context of healthy relationships. Similarly, whilst they are specifically addressed where appropriate, assessing and managing risk and managing life online are integrated throughout all three core themes.

PSHE education addresses both pupils' current experiences and preparation for their future. The Programme of Study therefore provides a spiral curriculum to develop knowledge, skills and attributes, where prior learning is revisited, reinforced and extended year on year. This is grounded in the established evidence base for effective practice in PSHE education. More on this and other relevant research can be found in the evidence and research section of the PSHE Association website.

The Programme of Study identifies a broad range of important issues, but it is essential to prioritise quality over quantity (so that PSHE lessons are not simply a series of one-off, disconnected sessions) whilst ensuring that your programme reflects the universal needs of all children and young people, as

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well as the specific needs of the pupils in your school or community. When planning and ordering topic areas for your pupils, it is therefore important to start with identifying their needs. Examples of useful data sources include Public Health England Child and Maternal Health (CHIMAT) data sets, your local authority's joint strategic needs assessment (JSNA) and your own knowledge of your pupils' needs. It is important that pupils recognise their PSHE education as relevant and applicable across many important areas of their lives.

Unlike many other subjects, much of the specific knowledge taught in PSHE education changes regularly, for example as a result of legal changes, medical or technological advances. It is therefore important to ensure that all information used to develop pupils' knowledge on any aspect of PSHE education is up to date, accurate, unbiased and balanced.

A NOTE ABOUT THE LEARNING OPPORTUNITIES

Many of the learning opportunities, particularly in key stages 3 and 4, refer to 'managing' or 'responding to' challenging situations. By these terms we mean a variety of strategies which, depending on the context, might include: being able to identify risks or warning signs; resisting internal or external pressures; making informed decisions; exit strategies for unsafe situations; and knowing whom, how and when to ask for help, including reporting concerns. The terms 'managing' and 'responding to' in learning opportunities, should not be interpreted as suggesting that children and young people are responsible for the risks they encounter. Therefore, whilst teachers should endeavour to equip pupils with the knowledge and skills to help keep themselves and others safe, language and activities should never imply that blame or responsibility rests with anyone who has experienced, or is at risk of experiencing, harm.

PSHE ASSOCIATION PROGRAMME BUILDERS



We have also published Programme Builders to accompany this Programme of Study, to support you in planning schemes of work tailored to your pupils. The Programme Builders provide five model programmes (two for primary, two for secondary and one for middle/prep schools), each comprising:

- **a long-term plan** for the year across all year groups
- **separate grids** for each year group, setting out learning objectives for each half-term
- **links to resources** (both PSHE Association resources and resources carrying the Association's Quality Mark) that support each module

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PSHE ASSOCIATION PLANNING FRAMEWORK FOR PUPILS WITH SEND

Also see our updated edition of the Planning Framework for pupils with SEND to accompany the PSHE Association Programme of Study for PSHE education, to support those of you working with SEND pupils in both special and mainstream settings.

The Planning Framework is organised into six sections:

- Self-Awareness
- Self-care, Support and Safety
- Managing Feelings
- Changing and Growing
- Healthy Lifestyles
- The World I live in

and is fully aligned with the Statutory Guidance for Relationships Education, Relationships and Sex Education (RSE) and Health Education from the Department for Education (DfE).

ASSESSMENT

There are many reasons why it is important that learning in PSHE education is assessed, including:

- Pupils need opportunities to reflect on their learning and its implications for their lives.
- Teachers need to know that learning has taken place, be able to demonstrate progress and identify future learning needs.
- Assessment increases pupils' motivation and improves learning, as their raised awareness of their progress illustrates the value of this learning.
- Assessment allows the leadership team, parents, governors and school inspectors to see PSHE education's impact on pupils and whole school outcomes, such as Ofsted judgements on personal development, safeguarding, spiritual, moral, social and cultural (SMSC) development and the promotion of fundamental British values. Without assessment, all a school can do is describe its PSHE provision, not show its impact.
- The DfE also states in the statutory guidance for Relationships, Sex and Health education that "schools should have the same high expectations of the quality of pupils' work in these subjects as for other curriculum areas" — therefore assessment for and of learning should be central to any PSHE education provision.

***For further guidance on assessment for, and of, learning in PSHE, see the PSHE Association's guides to assessment in PSHE education.**

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KEY STAGE 1-2

During key stages 1 and 2, PSHE education offers both explicit and implicit learning opportunities and experiences which reflect pupils' increasing independence and physical and social awareness, as they move through the primary phase. It builds on the skills that pupils started to acquire during the Early Years Foundation stage (EYFS) to develop effective relationships, assume greater personal responsibility and manage personal safety, including online. PSHE education helps pupils to manage the physical and emotional changes at puberty, introduces them to a wider world and enables them to make an active contribution to their communities.

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CORE THEME 1: HEALTH AND WELLBEING

KS1 Learning opportunities in Health and Wellbeing	**KS2** Learning opportunities in Health and Wellbeing
Pupils learn…	*Pupils learn…*
Healthy lifestyles (physical wellbeing)	
H1. about what keeping healthy means; different ways to keep healthy	**H1.** how to make informed decisions about health
H2. about foods that support good health and the risks of eating too much sugar	**H2.** about the elements of a balanced, healthy lifestyle
H3. about how physical activity helps us to stay healthy; and ways to be physically active everyday	**H3.** about choices that support a healthy lifestyle, and recognise what might influence these
H4. about why sleep is important and different ways to rest and relax	**H4.** how to recognise that habits can have both positive and negative effects on a healthy lifestyle
H5. simple hygiene routines that can stop germs from spreading	**H5.** about what good physical health means; how to recognise early signs of physical illness
H6. that medicines (including vaccinations and immunisations and those that support allergic reactions) can help people to stay healthy	**H6.** about what constitutes a healthy diet; how to plan healthy meals; benefits to health and wellbeing of eating nutritionally rich foods; risks associated with not eating a healthy diet including obesity and tooth decay.
H7. about dental care and visiting the dentist; how to brush teeth correctly; food and drink that support dental health	**H7.** how regular (daily/weekly) exercise benefits mental and physical health (e.g. walking or cycling to school, daily active mile); recognise opportunities to be physically active and some of the risks associated with an inactive lifestyle
H8. how to keep safe in the sun and protect skin from sun damage	**H8.** about how sleep contributes to a healthy lifestyle; routines that support good quality sleep; the effects of lack of sleep on the body, feelings, behaviour and ability to learn
H9. about different ways to learn and play; recognising the importance of knowing when to take a break from time online or TV	**H9.** that bacteria and viruses can affect health; how everyday hygiene routines can limit the spread of infection; the wider importance of personal hygiene and how to maintain it
H10. about the people who help us to stay physically healthy	**H10.** how medicines, when used responsibly, contribute to health; that some diseases can be prevented by vaccinations and immunisations; how allergies can be managed

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H11. how to maintain good oral hygiene (including correct brushing and flossing); why regular visits to the dentist are essential; the impact of lifestyle choices on dental care (e.g. sugar consumption/acidic drinks such as fruit juices, smoothies and fruit teas; the effects of smoking)

H12. about the benefits of sun exposure and risks of overexposure; how to keep safe from sun damage and sun/heat stroke and reduce the risk of skin cancer

H13. about the benefits of the internet; the importance of balancing time online with other activities; strategies for managing time online

H14. how and when to seek support, including which adults to speak to in and outside school, if they are worried about their health

Mental health

H11. about different feelings that humans can experience

H12. how to recognise and name different feelings

H13. how feelings can affect people's bodies and how they behave

H14. how to recognise what others might be feeling

H15. to recognise that not everyone feels the same at the same time, or feels the same about the same things

H16. about ways of sharing feelings; a range of words to describe feelings

H17. about things that help people feel good (e.g. playing outside, doing things they enjoy, spending time with family, getting enough sleep)

H18. different things they can do to manage big feelings, to help calm themselves down and/or change their mood when they don't feel good

H19. to recognise when they need help with feelings; that it is important to ask for help with feelings; and how to ask for it

H20. about change and loss (including death); to identify feelings associated with this; to recognise what helps people to feel better

H15. that mental health, just like physical health, is part of daily life; the importance of taking care of mental health

H16. about strategies and behaviours that support mental health — including how good quality sleep, physical exercise/time outdoors, being involved in community groups, doing things for others, clubs, and activities, hobbies and spending time with family and friends can support mental health and wellbeing

H17. to recognise that feelings can change over time and range in intensity

H18. about everyday things that affect feelings and the importance of expressing feelings

H19. a varied vocabulary to use when talking about feelings; about how to express feelings in different ways;

H20. strategies to respond to feelings, including intense or conflicting feelings; how to manage and respond to feelings appropriately and proportionately in different situations

H21. to recognise warning signs about mental health and wellbeing and how to seek support for themselves and others

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	H22. to recognise that anyone can experience mental ill health; that most difficulties can be resolved with help and support; and that it is important to discuss feelings with a trusted adult **H23.** about change and loss, including death, and how these can affect feelings; ways of expressing and managing grief and bereavement **H24.** problem-solving strategies for dealing with emotions, challenges and change, including the transition to new schools
Ourselves, growing and changing	
H21. to recognise what makes them special **H22.** to recognise the ways in which we are all unique **H23.** to identify what they are good at, what they like and dislike **H24.** how to manage when finding things difficult **H25.** to name the main parts of the body including external genitalia (e.g. vulva, vagina, penis, testicles) **H26.** about growing and changing from young to old and how people's needs change **H27.** about preparing to move to a new class/year group	**H25.** about personal identity; what contributes to who we are (e.g. ethnicity, family, gender, faith, culture, hobbies, likes/dislikes) **H26.** that for some people gender identity does not correspond with their biological sex **H27.** to recognise their individuality and personal qualities **H28.** to identify personal strengths, skills, achievements and interests and how these contribute to a sense of self-worth **H29.** about how to manage setbacks/perceived failures, including how to re-frame unhelpful thinking **H30.** to identify the external genitalia and internal reproductive organs in males and females and how the process of puberty relates to human reproduction **H31.** about the physical and emotional changes that happen when approaching and during puberty (including menstruation, key facts about the menstrual cycle and menstrual wellbeing, erections and wet dreams) **H32.** about how hygiene routines change during the time of puberty, the importance of keeping clean and how to maintain personal hygiene

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	H33. about the processes of reproduction and birth as part of the human life cycle; how babies are conceived and born (and that there are ways to prevent a baby being made); how babies need to be cared for[1]
	H34. about where to get more information, help and advice about growing and changing, especially about puberty
	H35. about the new opportunities and responsibilities that increasing independence may bring
	H36. strategies to manage transitions between classes and key stages
Keeping safe	
H28. about rules and age restrictions that keep us safe	**H37.** reasons for following and complying with regulations and restrictions (including age restrictions); how they promote personal safety and wellbeing with reference to social media, television programmes, films, games and online gaming
H29. to recognise risk in simple everyday situations and what action to take to minimise harm	**H38.** how to predict, assess and manage risk in different situations
H30. about how to keep safe at home (including around electrical appliances) and fire safety (e.g. not playing with matches and lighters)	**H39.** about hazards (including fire risks) that may cause harm, injury or risk in the home and what they can do to reduce risks and keep safe
H31. that household products (including medicines) can be harmful if not used correctly	**H40.** about the importance of taking medicines correctly and using household products safely, (e.g. following instructions carefully)
H32. ways to keep safe in familiar and unfamiliar environments (e.g. beach, shopping centre, park, swimming pool, on the street) and how to cross the road safely	**H41.** strategies for keeping safe in the local environment or unfamiliar places (rail, water, road) and firework safety; safe use of digital devices when out and about
H33. about the people whose job it is to help keep us safe	**H42.** about the importance of keeping personal information private; strategies for keeping safe online, including how to manage requests for personal information or images of themselves and others; what to do if frightened or worried by something seen or read online and how to report concerns, inappropriate content and contact
H34. basic rules to keep safe online, including what is meant by personal information and what should be kept private; the importance of telling a trusted adult if they come across something that scares them	**H43.** about what is meant by first aid; basic techniques for dealing with common injuries[2]
H35. about what to do if there is an accident and someone is hurt	
H36. how to get help in an emergency (how to dial 999 and what to say)	

[1] Pupils are often aware that sexual intercourse does not always result in a baby and they may already be aware of or have heard about some common methods of contraception (e.g. condoms, the contraceptive pill or avoiding sexual intercourse). A basic understanding of contraception can be taught at primary level. This may include basic information about common forms of contraception (for example, condoms and the contraceptive pill) and how these can prevent a baby being made. Schools will need to decide whether this is appropriate for their community and cohorts and consider how to approach this as part of Sex Education.

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	H44. how to respond and react in an emergency situation; how to identify situations that may require the emergency services; know how to contact them and what to say **H45.** that female genital mutilation (FGM) is against British law, what to do and whom to tell if they think they or someone they know might be at risk[3]
Drugs, alcohol and tobacco	
H37. about things that people can put into their body or on their skin; how these can affect how people feel	**H46.** about the risks and effects of legal drugs common to everyday life (e.g. cigarettes, e-cigarettes/vaping, alcohol and medicines) and their impact on health; recognise that drug use can become a habit which can be difficult to break **H47.** to recognise that there are laws surrounding the use of legal drugs and that some drugs are illegal to own, use and give to others **H48.** about why people choose to use or not use drugs (including nicotine, alcohol and medicines); **H49.** about the mixed messages in the media about drugs, including alcohol and smoking/vaping **H50.** about the organisations that can support people concerning alcohol, tobacco and nicotine or other drug use; people they can talk to if they have concerns

[2] Common injuries might include bruises, scalds, burns, bleeds (cuts or nose bleeds). Schools might also choose to teach about how to manage asthma attacks, allergic reactions, a person who is choking or unresponsive. For head injuries, pupils should be taught to seek adult help immediately but not to attempt to move the person.

[3] Teaching about FGM could be included in units on health, keeping safe, safe relationships, privacy, body parts (including external genitalia).

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CORE THEME 2: RELATIONSHIPS

KS1 Learning opportunities in Relationships *Pupils learn…*	**KS2** Learning opportunities in Relationships *Pupils learn…*
Families and close positive relationships	
R1. about the roles different people (e.g. acquaintances, friends and relatives) play in our lives	**R1.** to recognise that there are different types of relationships (e.g. friendships, family relationships, romantic relationships, online relationships)
R2. to identify the people who love and care for them and what they do to help them feel cared for	**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 different types of families including those that may be different to their own	**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. to identify common features of family life	**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 it is important to tell someone (such as their teacher) if something about their family makes them unhappy or worried	**R5.** that people who love and care for each other can be in a committed relationship (e.g. marriage), living together, but may also live apart
	R6. that a feature of positive family life is caring relationships; about the different ways in which people care for one another
	R7. to recognise and respect that there are different types of family structure (including single parents, same-sex parents, step-parents, blended families, foster parents); that families of all types can give family members love, security and stability
	R8. to recognise other shared characteristics of healthy family life, including commitment, care, spending time together; being there for each other in times of difficulty
	R9. how to recognise if family relationships are making them feel unhappy or unsafe, and how to seek help or advice

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Friendships

R6. about how people make friends and what makes a good friendship

R7. about how to recognise when they or someone else feels lonely and what to do

R8. simple strategies to resolve arguments between friends positively

R9. how to ask for help if a friendship is making them feel unhappy

R10. about the importance of friendships; strategies for building positive friendships; how positive friendships support wellbeing

R11. what constitutes a positive healthy friendship (e.g. mutual respect, trust, truthfulness, loyalty, kindness, generosity, sharing interests and experiences, support with problems and difficulties); that the same principles apply to online friendships as to face-to-face relationships

R12. to recognise what it means to 'know someone online' and how this differs from knowing someone face-to-face; risks of communicating online with others not known face-to-face

R13. the importance of seeking support if feeling lonely or excluded

R14. that healthy friendships make people feel included; recognise when others may feel lonely or excluded; strategies for how to include them

R15. strategies for recognising and managing peer influence and a desire for peer approval in friendships; to recognise the effect of online actions on others

R16. how friendships can change over time, about making new friends and the benefits of having different types of friends

R17. that friendships have ups and downs; strategies to resolve disputes and reconcile differences positively and safely

R18. to recognise if a friendship (online or offline) is making them feel unsafe or uncomfortable; how to manage this and ask for support if necessary

Managing hurtful behaviour and bullying

R10. that bodies and feelings can be hurt by words and actions; that people can say hurtful things online

R11. about how people may feel if they experience hurtful behaviour or bullying

R12. that hurtful behaviour (offline and online) including teasing, name-calling, bullying and deliberately excluding others is not acceptable; how to report bullying; the importance of telling a trusted adult

R19. about the impact of bullying, including offline and online, and the consequences of hurtful behaviour

R20. strategies to respond to hurtful behaviour experienced or witnessed, offline and online (including teasing, name-calling, bullying, trolling, harassment or the deliberate excluding of others); how to report concerns and get support

R21. about discrimination: what it means and how to challenge it

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Safe relationships

R13. to recognise that some things are private and the importance of respecting privacy; that parts of their body covered by underwear are private

R14. that sometimes people may behave differently online, including by pretending to be someone they are not

R15. how to respond safely to adults they don't know

R16. about how to respond if physical contact makes them feel uncomfortable or unsafe

R17. about knowing there are situations when they should ask for permission and also when their permission should be sought

R18. about the importance of not keeping adults' secrets (only happy surprises that others will find out about eventually)

R19. basic techniques for resisting pressure to do something they don't want to do and which may make them unsafe

R20. what to do if they feel unsafe or worried for themselves or others; who to ask for help and vocabulary to use when asking for help; importance of keeping trying until they are heard

R22. about privacy and personal boundaries; what is appropriate in friendships and wider relationships (including online);

R23. about why someone may behave differently online, including pretending to be someone they are not; strategies for recognising risks, harmful content and contact; how to report concerns

R24. how to respond safely and appropriately to adults they may encounter (in all contexts including online) whom they do not know

R25. recognise different types of physical contact; what is acceptable and unacceptable; strategies to respond to unwanted physical contact

R26. about seeking and giving permission (consent) in different situations

R27. about keeping something confidential or secret, when this should (e.g. a birthday surprise that others will find out about) or should not be agreed to, and when it is right to break a confidence or share a secret

R28. how to recognise pressure from others to do something unsafe or that makes them feel uncomfortable and strategies for managing this

R29. where to get advice and report concerns if worried about their own or someone else's personal safety (including online)

Respecting self and others

R21. about what is kind and unkind behaviour, and how this can affect others

R22. about how to treat themselves and others with respect; how to be polite and courteous

R23. to recognise the ways in which they are the same and different to others

R24. how to listen to other people and play and work cooperatively

R25. how to talk about and share their opinions on things that matter to them

R30. that personal behaviour can affect other people; to recognise and model respectful behaviour online

R31. to recognise the importance of self-respect and how this can affect their thoughts and feelings about themselves; that everyone, including them, should expect to be treated politely and with respect by others (including when online and/or anonymous) in school and in wider society; strategies to improve or support courteous, respectful relationships

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	R32. about respecting the differences and similarities between people and recognising what they have in common with others e.g. physically, in personality or background **R33.** to listen and respond respectfully to a wide range of people, including those whose traditions, beliefs and lifestyle are different to their own **R34.** how to discuss and debate topical issues, respect other people's point of view and constructively challenge those they disagree with

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CORE THEME 3: LIVING IN THE WIDER WORLD

KS1 Learning opportunities in Living in the Wider World *Pupils learn…*	**KS2** Learning opportunities in Living in the Wider World *Pupils learn…*
Shared responsibilities	
L1. about what rules are, why they are needed, and why different rules are needed for different situations **L2.** how people and other living things have different needs; about the responsibilities of caring for them **L3.** about things they can do to help look after their environment	**L1.** to recognise reasons for rules and laws; consequences of not adhering to rules and laws **L2.** to recognise there are human rights, that are there to protect everyone **L3.** about the relationship between rights and responsibilities **L4.** the importance of having compassion towards others; shared responsibilities we all have for caring for other people and living things; how to show care and concern for others **L5.** ways of carrying out shared responsibilities for protecting the environment in school and at home; how everyday choices can affect the environment (e.g. reducing, reusing, recycling; food choices)
Communities	
L4. about the different groups they belong to **L5.** about the different roles and responsibilities people have in their community **L6.** to recognise the ways they are the same as, and different to, other people	**L6.** about the different groups that make up their community; what living in a community means **L7.** to value the different contributions that people and groups make to the community **L8.** about diversity: what it means; the benefits of living in a diverse community; about valuing diversity within communities **L9.** about stereotypes; how they can negatively influence behaviours and attitudes towards others; strategies for challenging stereotypes **L10.** about prejudice; how to recognise behaviours/actions which discriminate against others; ways of responding to it if witnessed or experienced

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Media literacy & digital resilience	
L7. about how the internet and digital devices can be used safely to find things out and to communicate with others **L8.** about the role of the internet in everyday life **L9.** that not all information seen online is true	**L11.** recognise ways in which the internet and social media can be used both positively and negatively **L12.** how to assess the reliability of sources of information online; and how to make safe, reliable choices from search results **L13.** about some of the different ways information and data is shared and used online, including for commercial purposes **L14.** about how information on the internet is ranked, selected and targeted at specific individuals and groups; that connected devices can share information **L15.** recognise things appropriate to share and things that should not be shared on social media; rules surrounding distribution of images **L16.** about how text and images in the media and on social media can be manipulated or invented; strategies to evaluate the reliability of sources and identify misinformation
Economic wellbeing: Money	
L10. what money is; forms that money comes in; that money comes from different sources **L11.** that people make different choices about how to save and spend money **L12.** about the difference between needs and wants; that sometimes people may not always be able to have the things they want **L13.** that money needs to be looked after; different ways of doing this	**L17.** about the different ways to pay for things and the choices people have about this **L18.** to recognise that people have different attitudes towards saving and spending money; what influences people's decisions; what makes something 'good value for money' **L19.** that people's spending decisions can affect others and the environment (e.g. Fair trade, buying single-use plastics, or giving to charity) **L20.** to recognise that people make spending decisions based on priorities, needs and wants **L21.** different ways to keep track of money **L22.** about risks associated with money (e.g. money can be won, lost or stolen) and ways of keeping money safe

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	L23. about the risks involved in gambling; different ways money can be won or lost through gambling-related activities and their impact on health, wellbeing and future aspirations **L24.** to identify the ways that money can impact on people's feelings and emotions
Economic wellbeing: Aspirations, work and career	
L14. that everyone has different strengths **L15.** that jobs help people to earn money to pay for things **L16.** different jobs that people they know or people who work in the community do **L17.** about some of the strengths and interests someone might need to do different jobs	**L25.** to recognise positive things about themselves and their achievements; set goals to help achieve personal outcomes **L26.** that there is a broad range of different jobs/careers that people can have; that people often have more than one career/type of job during their life **L27.** about stereotypes in the workplace and that a person's career aspirations should not be limited by them **L28.** about what might influence people's decisions about a job or career (e.g. personal interests and values, family connections to certain trades or businesses, strengths and qualities, ways in which stereotypical assumptions can deter people from aspiring to certain jobs) **L29.** that some jobs are paid more than others and money is one factor which may influence a person's job or career choice; that people may choose to do voluntary work which is unpaid **L30.** about some of the skills that will help them in their future careers e.g. teamwork, communication and negotiation **L31.** to identify the kind of job that they might like to do when they are older **L32.** to recognise a variety of routes into careers (e.g. college, apprenticeship, university)

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KEY STAGE 3-4

At **key stage 3**, students build on the knowledge and understanding, skills, attributes and values they have acquired and developed during the primary phase. PSHE education acknowledges and addresses the changes that young people experience, beginning with transition to secondary school, the challenges of adolescence and their increasing independence. It teaches the knowledge and skills which will equip them for the opportunities and challenges of life. Students learn to manage diverse relationships, their online lives, and the increasing influence of peers and the media.

At **key stage 4**, students deepen knowledge and understanding, extend and rehearse skills, and further explore attitudes, values and attributes acquired during key stage 3. PSHE education reflects the fact that students are moving towards an independent role in adult life, taking on greater responsibility for themselves and others.

*Relationships and Sex Education (RSE) falls within both 'Health and Wellbeing' and 'Relationships', as sexual health should always be considered as an element of health education but also taught within the context of healthy relationships.

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CORE THEME 1: HEALTH AND WELLBEING

KS3 Learning opportunities in Health and Wellbeing *Students learn…*	**KS4** Learning opportunities in Health and Wellbeing *Students learn…*
Self-concept	
H1. how we are all unique; that recognising and demonstrating personal strengths build self-confidence, self-esteem and good health and wellbeing **H2.** to understand what can affect wellbeing and resilience (e.g. life changes, relationships, achievements and employment) **H3.** the impact that media and social media can have on how people think about themselves and express themselves, including regarding body image, physical and mental health **H4.** simple strategies to help build resilience to negative opinions, judgements and comments **H5.** to recognise and manage internal and external influences on decisions which affect health and wellbeing	**H1.** to accurately assess their areas of strength and development, and where appropriate, act upon feedback **H2.** how self-confidence self-esteem, and mental health are affected positively and negatively by internal and external influences and ways of managing this **H3.** how different media portray idealised and artificial body shapes; how this influences body satisfaction and body image and how to critically appraise what they see and manage feelings about this **H4.** strategies to develop assertiveness and build resilience to peer and other influences that affect both how they think about themselves and their health and wellbeing
Mental health and emotional wellbeing	
H6. how to identify and articulate a range of emotions accurately and sensitively, using appropriate vocabulary **H7.** the characteristics of mental and emotional health and strategies for managing these **H8.** the link between language and mental health stigma and develop strategies to challenge stigma and misconceptions associated with help-seeking and mental health concerns **H9.** strategies to understand and build resilience, as well as how to respond to disappointments and setbacks **H10.** a range of healthy coping strategies and ways to promote wellbeing and boost mood, including physical activity, participation and the value of positive relationships in providing support	**H5.** the characteristics of mental and emotional health; to develop empathy and understanding about how daily actions can affect people's mental health **H6.** about change and its impact on mental health and wellbeing and to recognise the need for emotional support during life changes and/or difficult experiences **H7.** a broad range of strategies – cognitive and practical – for promoting their own emotional wellbeing, for avoiding negative thinking and for ways of managing mental health concerns **H8.** to recognise warning signs of common mental and emotional health concerns (including stress, anxiety and depression), what might trigger them and what help or treatment is available

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H11. the causes and triggers for unhealthy coping strategies, such as self-harm and eating disorders, and the need to seek help for themselves or others as soon as possible *[NB It is important to avoid teaching methods and resources that provide instruction on ways of self-harming, restricting food/inducing vomiting, hiding behaviour from others etc., or that might provide inspiration for pupils who are more vulnerable (e.g. personal accounts of weight change).]* **H12.** how to recognise when they or others need help with their mental health and wellbeing; sources of help and support and strategies for accessing what they need	**H9.** the importance of and ways to pre-empt common triggers and respond to warning signs of unhealthy coping strategies, such as self-harm and eating disorders in themselves and others *[NB It is important to avoid teaching methods and resources that provide instruction on ways of self-harming, restricting food/inducing vomiting, hiding behaviour from others etc., or that might provide inspiration for pupils who are more vulnerable (e.g. personal accounts of weight change).]* **H10.** how to recognise when they or others need help with their mental health and wellbeing; to explore and analyse ethical issues when peers need help; strategies and skills to provide basic support and identify and access the most appropriate sources of help
Healthy lifestyles	Health-related decisions
H13. the importance of, and strategies for, maintaining a balance between school, work, leisure, exercise, and online activities **H14.** the benefits of physical activity and exercise for physical and mental health and wellbeing **H15.** the importance of sleep and strategies to maintain good quality sleep **H16.** to recognise and manage what influences their choices about physical activity **H17.** the role of a balanced diet as part of a healthy lifestyle and the impact of unhealthy food choices **H18.** what might influence decisions about eating a balanced diet and strategies to manage eating choices **H19.** the importance of taking increased responsibility for their own physical health including dental check-ups, sun safety and self-examination (especially testicular self-examination in late KS3); the purpose of vaccinations offered during adolescence for individuals and society.	**H11.** to make informed lifestyle choices regarding sleep, diet and exercise **H12.** the benefits of having a balanced approach to spending time online **H13.** to identify, evaluate and independently access reliable sources of information, advice and support for all aspects of physical and mental health **H14.** about the health services available to people; strategies to become a confident user of the NHS and other health services; to overcome potential concerns or barriers to seeking help **H15.** the purpose of blood, organ and stem cell donation for individuals and society[1] **H16.** how to take increased personal responsibility for maintaining and monitoring health including cancer prevention, screening and self-examination **H17.** to assess and manage risks associated with cosmetic and aesthetic procedures, including tattooing, piercings and the use of sunbeds **H18.** the ways in which industries and advertising can influence health and harmful behaviours

1 Liaise with the science department regarding the teaching of the science of blood, organ and stem cell donation

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H20. strategies for maintaining personal hygiene, including oral health, and prevention of infection **H21.** how to access health services when appropriate **H22.** the risks and facts associated with female genital mutilation (FGM), its status as a criminal act and strategies to safely access support for themselves or others who may be at risk, or who have already been subject to FGM	
Drugs, alcohol and tobacco	
H23. the positive and negative uses of drugs in society including the safe use of prescribed and over the counter medicines; responsible use of antibiotics **H24.** to evaluate misconceptions, social norms and cultural values relating to drug, alcohol and tobacco use	**H19.** the consequences of substance use and misuse for the mental and physical health and wellbeing of individuals and their families, and the wider consequences for communities **H20.** wider risks of illegal substance use for individuals, including for personal safety, career, relationships and future lifestyle
H25. strategies to manage a range of influences on drug, alcohol and tobacco use, including peers **H26.** information about alcohol, nicotine and other legal and illegal substances, including the short-term and long-term health risks associated with their use **H27.** the personal and social risks and consequences of substance use and misuse including occasional use **H28.** the law relating to the supply, use and misuse of legal and illegal substances **H29.** about the concepts of dependence and addiction including awareness of help to overcome addictions	**H21.** to identify, manage and seek help for unhealthy behaviours, habits and addictions including smoking cessation
Managing risk and personal safety	
H30. how to identify risk and manage personal safety in increasingly independent situations, including online **H31.** ways of assessing and reducing risk in relation to health, wellbeing and personal safety	**H22.** ways to identify risk and manage personal safety in new social settings, workplaces, and environments, including online **H23.** strategies for identifying risky and emergency situations, including online; ways to manage these and get appropriate help, including where there may be legal consequences (e.g. drugs and alcohol, violent crime and gangs)

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H32. the risks associated with gambling and recognise that chance-based transactions can carry similar risks; strategies for managing peer and other influences relating to gambling **H33.** how to get help in an emergency and perform basic first aid, including cardio-pulmonary resuscitation (CPR) and the use of defibrillators	**H24.** to increase confidence in performing emergency first aid and life-saving skills, including cardio-pulmonary resuscitation (CPR) and the use of defibrillators **H25.** to understand and build resilience to thinking errors associated with gambling (e.g. 'gambler's fallacy') the range of gambling-related harms , and how to access support for themselves or others
Puberty and sexual health	Sexual health and fertility
H34. strategies to manage the physical and mental changes that are a typical part of growing up, including puberty and menstrual wellbeing **H35.** about the purpose, importance and different forms of contraception; how and where to access contraception and advice (see also Relationships) **H36.** that certain infections can be spread through sexual activity and that barrier contraceptives offer some protection against certain sexually transmitted infections (STIs)	**H26.** the different types of intimacy — including online — and their potential emotional and physical consequences (both positive and negative) **H27.** about specific STIs, their treatment and how to reduce the risk of transmission **H28.** how to respond if someone has, or may have, an STI (including ways to access sexual health services) **H29.** to overcome barriers, (including embarrassment and misconceptions) about sexual health and the use of sexual health services **H30.** about healthy pregnancy and how lifestyle choices affect a developing foetus **H31.** that fertility can vary in all people, changes over time (including menopause) and can be affected by STIs and other lifestyle factors **H32.** about the possibility of miscarriage and support available to people who are not able to conceive or maintain a pregnancy **H33.** about choices and support available in the event of an unplanned pregnancy, and how to access appropriate help and advice

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CORE THEME 2: RELATIONSHIPS

KS3 Learning opportunities in Relationships and Sex Education *Students learn…*	KS4 Learning opportunities in Relationships and Sex Education *Students learn…*
Positive relationships	
R1. about different types of relationships, including those within families, friendships, romantic or intimate relationships and the factors that can affect them	**R1.** the characteristics and benefits of strong, positive relationships, including mutual support, trust, respect and equality
R2. indicators of positive, healthy relationships and unhealthy relationships, including online	**R2.** the role of pleasure in intimate relationships, including orgasms
R3. about the similarities, differences and diversity among people of different race, culture, ability, sex, gender identity, age and sexual orientation	**R3.** to respond appropriately to indicators of unhealthy relationships, including seeking help where necessary
R4. the difference between biological sex, gender identity and sexual orientation	**R4.** the importance of stable, committed relationships, including the rights and protections provided within legally recognised marriages and civil partnerships and the legal status of other long-term relationships
R5. to recognise that sexual attraction and sexuality are diverse	**R5.** the legal rights, responsibilities and protections provided by the Equality Act 2010
R6. that marriage is a legal, social and emotional commitment that should be entered into freely, and never forced upon someone through threat or coercion	**R6.** about diversity in romantic and sexual attraction and developing sexuality, including sources of support and reassurance and how to access them
R7. how the media portrays relationships and the potential impact of this on people's expectations of relationships	**R7.** strategies to access reliable, accurate and appropriate advice and support with relationships, and to assist others to access it when needed
R8. that the portrayal of sex in the media and social media (including pornography) can affect people's expectations of relationships and sex	**R8.** to understand the potential impact of the portrayal of sex in pornography and other media, including on sexual attitudes, expectations and behaviours
Relationship values	
R9. to clarify and develop personal values in friendships, love and sexual relationships	**R9.** to recognise, clarify and if necessary challenge their own values and understand how their values influence their decisions, goals and behaviours
R10. the importance of trust in relationships and the behaviours that can undermine or build trust	**R10.** to understand a variety of faith and cultural practices and beliefs concerning relationships and sexual activity; to respect the role these might play in relationship values
R11. to evaluate expectations about gender roles, behaviour and intimacy within romantic relationships	

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R12. that everyone has the choice to delay sex, or to enjoy intimacy without sex	
Forming and maintaining respectful relationships	
R13. how to safely and responsibly form, maintain and manage positive relationships, including online	**R11.** strategies to manage the strong emotions associated with the different stages of relationships
R14. the qualities and behaviours they should expect and exhibit in a wide variety of positive relationships (including in school and wider society, family and friendships, including online)	**R12.** to safely and responsibly manage changes in personal relationships including the ending of relationships
R15. to further develop and rehearse the skills of team working	
R16. to further develop the skills of active listening, clear communication, negotiation and compromise	**R13.** ways to manage grief about changing relationships including the impact of separation, divorce and bereavement; sources of support and how to access them
R17. strategies to identify and reduce risk from people online that they do not already know; when and how to access help	
R18. to manage the strong feelings that relationships can cause (including sexual attraction)	**R14.** the opportunities and potential risks of establishing and conducting relationships online, and strategies to manage the risks
R19. to develop conflict management skills and strategies to reconcile after disagreements	
R20. to manage the influence of drugs and alcohol on decision-making within relationships and social situations	**R15.** the legal and ethical responsibilities people have in relation to online aspects of relationships
R21. how to manage the breakdown of a relationship (including its digital legacy), loss and change in relationships	**R16.** to recognise unwanted attention (such as harassment and stalking including online), ways to respond and how to seek help
R22. the effects of change, including loss, separation, divorce and bereavement; strategies for managing these and accessing support	
R23. the services available to support healthy relationships and manage unhealthy relationships, and how to access them	**R17.** ways to access information and support for relationships including those experiencing difficulties
Consent	
R24. that consent is freely given; that being pressurised, manipulated or coerced to agree to something is not giving consent, and how to seek help in such circumstances	**R18.** about the concept of consent in maturing relationships

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R25. about the law relating to sexual consent

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

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

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R38. to recognise bullying, and its impact, in all its forms; the skills and strategies to manage being targeted or witnessing others being bullied

R39. the impact of stereotyping, prejudice and discrimination on individuals and relationships

R40. about the unacceptability of prejudice-based language and behaviour, offline and online, including sexism, homophobia, biphobia, transphobia, racism, ableism and faith-based prejudice

R41. the need to promote inclusion and challenge discrimination, and how to do so safely, including online

R29. the law relating to abuse in relationships, including coercive control and online harassment

R30. to recognise when a relationship is abusive and strategies to manage this

R31. the skills and strategies to respond to exploitation, bullying, harassment and control in relationships

R32. about the challenges associated with getting help in domestic abuse situations of all kinds; the importance of doing so; sources of appropriate advice and support, and how to access them

R33. The law relating to 'honour'-based violence and forced marriage; the consequences for individuals and wider society and ways to access support

R34. strategies to challenge all forms of prejudice and discrimination

Social influences

R42. to recognise peer influence and to develop strategies for managing it, including online

R43. the role peers can play in supporting one another to resist pressure and influence, challenge harmful social norms and access appropriate support

R44. that the need for peer approval can generate feelings of pressure and lead to increased risk-taking; strategies to manage this

R45. about the factors that contribute to young people joining gangs; the social, legal and physical consequences of gang behaviours

R46. strategies to manage pressure to join a gang, exit strategies and how to access appropriate support

R47. motivations, misconceptions and consequences of carrying weapons and strategies for managing pressure to carry a weapon

R35. to evaluate ways in which their behaviours may influence their peers, positively and negatively, including online, and in situations involving weapons or gangs

R36. skills to support younger peers when in positions of influence

R37. to recognise situations where they are being adversely influenced, or are at risk, due to being part of a particular group or gang; strategies to access appropriate help

R38. factors which contribute to young people becoming involved in serious organised crime, including cybercrime

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CORE THEME 3: LIVING IN THE WIDER WORLD

KS3 Learning opportunities in Living in the Wider World *Students learn…*	**KS4** Learning opportunities in Living in the Wider World *Students learn…*
Learning skills	
L1. study, organisational, research and presentation skills	**L1.** to evaluate and further develop their study and employability skills
L2. to review their strengths, interests, skills, qualities and values and how to develop them	**L2.** to evaluate their own personal strengths and areas for development and use this to inform goal setting
L3. to set realistic yet ambitious targets and goals	
L4. the skills and attributes that employers value	
L5. the skills and qualities required to engage in enterprise	**L3.** how their strengths, interests, skills and qualities are changing and how these relate to future career choices and employability
L6. the importance and benefits of being a lifelong learner	
Choices and pathways	
L7. about the options available to them at the end of key stage 3, sources of information, advice and support, and the skills to manage this decision-making process	**L4.** about the range of opportunities available to them for career progression, including in education, training and employment
L8. about routes into work, training and other vocational and academic opportunities, and progression routes	**L5.** about the need to challenge stereotypes about particular career pathways, maintain high aspirations for their future and embrace new opportunities
L9. the benefits of setting ambitious goals and being open to opportunities in all aspects of life	
L10. to recognise and challenge stereotypes and family or cultural expectations that may limit aspirations	**L6.** about the information, advice and guidance available to them on next steps and careers; how to access appropriate support and opportunities
Work and career	
L11. different types and patterns of work, including employment, self-employment and voluntary work; that everyone has a different pathway through life, education and work	**L7.** about the labour market, local, national and international employment opportunities
L12. about different work roles and career pathways, including clarifying their own early aspirations	**L8.** about employment sectors and types, and changing patterns of employment

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	L9. to research, secure and take full advantage of any opportunities for work experience that are available **L10.** to develop their career identity, including values in relation to work, and how to maximise their chances when applying for education or employment opportunities **L11.** the benefits and challenges of cultivating career opportunities online **L12.** strategies to manage their online presence and its impact on career opportunities
Employment rights and responsibilities	
L13. about young people's employment rights and responsibilities **L14.** to manage emotions in relation to future employment	**L13.** the skills and attributes to manage rights and responsibilities at work including health and safety procedures **L14.** about confidentiality in the workplace, when it should be kept and when it might need to be broken **L15.** about the unacceptability and illegality of discrimination and harassment in the workplace, and how to challenge it
Financial choices	
L15. to assess and manage risk in relation to financial decisions that young people might make **L16.** about values and attitudes relating to finance, including debt **L17.** to manage emotions in relation to money **L18.** to evaluate social and moral dilemmas about the use of money, including the influence of advertising and peers on financial decisions **L19.** to recognise financial exploitation in different contexts e.g. drug and money mules, online scams	**L16.** how to effectively budget, including the benefits of saving **L17.** how to effectively make financial decisions, including recognising the opportunities and challenges involved in taking financial risks **L18.** to recognise and manage the range of influences on their financial decisions **L19.** to access appropriate support for financial decision-making and for concerns relating to money, gambling, and consumer rights **L20.** the skills to challenge or seek support for financial exploitation in different contexts including online **L21.** to evaluate the financial advantages, disadvantages and risks of different models of contractual terms, including self-employment full-time, part-time and zero-hours contracts

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L20. that features of the internet can amplify risks and opportunities, e.g. speed and scale of information sharing, blurred public and private boundaries and a perception of anonymity

L21. to establish personal values and clear boundaries around aspects of life that they want to remain private; strategies to safely manage personal information and images online, including on social media

L22. the benefits and positive use of social media, including how it can offer opportunities to engage with a wide variety of views on different issues

L23. to recognise the importance of seeking a variety of perspectives on issues and ways of assessing the evidence which supports those views

L24. to understand how the way people present themselves online can have positive and negative impacts on them

L25. to make informed decisions about whether different media and digital content are appropriate to view and develop the skills to act on them

L26. that on any issue there will be a range of viewpoints; to recognise the potential influence of extreme views on people's attitudes and behaviours

L27. to respond appropriately when things go wrong online, including confidently accessing support, reporting to authorities and platforms

L22. that there are positive and safe ways to create and share content online and the opportunities this offers

L23. strategies for protecting and enhancing their personal and professional reputation online

L24. that social media may disproportionately feature exaggerated or inaccurate information about situations, or extreme viewpoints; to recognise why and how this may influence opinions and perceptions of people and events

L25. how personal data is generated, collected and shared, including by individuals, and the consequences of this

L26. how data may be used with the aim of influencing decisions, including targeted advertising and other forms of personalisation online; strategies to manage this

L27. strategies to critically assess bias, reliability and accuracy in digital content

L28. to assess the causes and personal consequences of extremism and intolerance in all their forms

L29. to recognise the shared responsibility to challenge extreme viewpoints that incite violence or hate and ways to respond to anything that causes anxiety or concern

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KEY STAGE 5

By the end of key stage 5, many young people will leave home for the first time and live independently, possibly in distant locations. There is a balance throughout this Programme of Study between preparing students to manage their current lives and laying the foundations for managing future experiences. As students progress through the key stages, this balance shifts towards teaching related to young people's current experiences. It is essential to provide a comprehensive PSHE education programme in key stage 5; this ensures students continue to learn about issues with real-life relevance to them, at a crucial transition point in their lives.

The learning opportunities at key stage 5 assume that students have already covered those in key stage 4. However, students entering key stage 5 from different feeder schools may bring a range of experience and understanding, so it may be appropriate to also draw on learning opportunities in key stage 4 when planning your curriculum. It is important to revisit and reinforce earlier learning through learning that 'connects' it to contexts that are relevant to this age group, such as the workplace.

This key stage represents the last opportunity to ensure that students have the knowledge and understanding, skills, strategies and attributes they need for independent living and the next stage in their education or career.

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KS5 Learning opportunities in Health and Wellbeing

Students learn…

Self-concept

H1. skills and strategies to confidently manage transitional life phases

H2. to recognise how idealised images of bodies and pressure to conform, can adversely affect body image and self-esteem; strategies to manage this pressure

H3. to understand the issues and considerations relating to body enhancement or alteration, including long-term consequences

Mental health and emotional wellbeing

H4. to recognise signs of change in mental health and wellbeing and demonstrate a range of strategies for building and maintaining positive mental health, including managing stress and anxiety

H5. to recognise common mental health issues such as anxiety, depression, eating disorders, self-harm and compulsive behaviours *[NB It is important to avoid teaching methods and resources that provide instruction on ways of self-harming, restricting food/inducing vomiting, hiding behaviour from others etc., or that might provide inspiration for students who are more vulnerable (e.g. personal accounts of weight change).]*

H6. to recognise when they, or others, need support with their mental health and effective strategies to address difficulties and promote wellbeing

H7. to analyse and evaluate support available to manage common mental health issues, and how to access the most appropriate support

Healthy lifestyles

H8. to take responsibility for monitoring personal health and wellbeing, including sun safety, breast awareness and self-examination, testicular self-examination and cervical screening

H9. to consistently access reliable sources of information and evaluate media messages about health; and how to make informed decisions about health, including vaccination/immunisation'

H10. how to register with and access health services in new locations

H11. to recognise illnesses that particularly affect young adults, such as meningitis and 'freshers' flu'

H12. how to maintain a healthy diet, especially on a budget

H13. how to maintain work-life balance, including understanding the importance of continuing with regular exercise and sleep, and balancing time online

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Managing risk and personal safety

H14. to assess and manage risk and personal safety in a wide range of contexts, including online; about support in place to safeguard them in these contexts and how to access it

H15. to manage personal safety in relation to travel, such as cycle safety, young driver safety, passenger safety, using licensed taxis and getting home safely

H16. to travel safely around the UK and abroad; understand legal rights and responsibilities when travelling abroad, including passport, visa and insurance requirements

H17. to perform first aid and evaluate when to summon emergency services, irrespective of any potential legal implications, for example, when the situation involves alcohol, drugs, gangs or violent crime

Sexual health

H18. to develop a nuanced understanding of how to select appropriate contraception in different contexts and relationships

H19. how to reduce the risk of contracting or passing on a sexually transmitted infection (STI)

H20. how to take responsibility for their sexual health and know where, and how, to access local and national advice, diagnosis and treatment

Drugs, Alcohol and Tobacco

H21. to manage alcohol and drug use in relation to immediate and long-term health

H22. to understand how alcohol and drug use can affect decision making and personal safety, including looking out for friends, safe travel and drink-spiking

H23. the impact of alcohol and drug use on road safety, work-place safety, reputation and career

H24. the risks of being a passenger with an intoxicated driver and ways to manage this

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CORE THEME 2: RELATIONSHIPS

KS5 Learning opportunities in Relationships and Sex Education

Students learn…

Relationship values

R1. how to articulate their relationship values and to apply them in different types of relationships

R2. to recognise and challenge prejudice and discrimination and understand rights and responsibilities with regard to inclusion

R3. to recognise, respect and, if appropriate, challenge the ways different faith or cultural views influence relationships

Forming and maintaining respectful relationships

R4. to manage mature friendships, including making friends in new places

R5. to manage personal safety in new relationships, including online activity or when meeting someone for the first time whom they met online

R6. to develop and maintain healthy, pleasurable relationships and explore different levels of emotional intimacy

R7. to evaluate different degrees of emotional intimacy in relationships, the role of pleasure, how they understand the difference between 'love' and 'lust'

R8. to use constructive dialogue to support relationships and negotiate difficulties

R9. to manage the ending of relationships safely and respectfully, including online

R10. to recognise the opportunities to build meaningful relationships in the workplace and the boundaries around professional relationships

Consent

R11. to understand the moral and legal responsibilities that someone seeking consent has, and the importance of respecting and protecting people's right to give, not give, or withdraw their consent (in all contexts, including online)

R12. to understand the emotional, physical, social and legal consequences of failing to respect others' right not to give or to withdraw consent

R13. how to recognise, and seek help in the case of, sexual abuse, exploitation, assault or rape, and the process for reporting to appropriate authorities

Contraception and parenthood

R14. to understand the implications of unintended pregnancy and young parenthood; to recognise the advantages of delaying conception, whilst acknowledging the changes in fertility with age

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R15. to negotiate, and if necessary be able to assert, the use of contraception with a sexual partner

R16. how to effectively use different contraceptives, including how and where to access them

R17. to evaluate the most appropriate methods of contraception in different circumstances (including emergency contraception)

R18. to access the pathways available in the event of an unintended pregnancy and understand the importance of getting advice and support quickly

Bullying, abuse and discrimination

R19. to recognise and manage negative influence, manipulation and persuasion in a variety of contexts, including online

R20. to recognise and manage different forms of abuse, sources of support and exit strategies for unhealthy relationships

R21. to recognise forced marriage and 'honour' based violence; to get help for themselves or others they believe to be at immediate or future risk

R22. to understand their rights in relation to harassment (including online) and stalking, how to respond and how to access support

R23. strategies to recognise, de-escalate and exit aggressive social situations

R24. to evaluate the dangers and consequences of being involved in gangs, serious organised crime or carrying a weapon

R25. ways to celebrate cultural diversity, promote inclusion and safely challenge prejudice and discrimination

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CORE THEME 3: LIVING IN THE WIDER WORLD

KS5 Learning opportunities in Living in the Wider World

Students learn…

Choices and pathways

L1. to be enterprising in life and work

L2. to set realistic yet ambitious career and life goals which are matched to personal values, interests, strengths and skills

L3. to evaluate the 'next step' options available, such as higher education, further training or apprenticeships, and gap year opportunities

L4. the implications of the global market for their future choices in education and employment

Work and career

L5. how to identify and evidence their strengths and skills when applying and interviewing for future roles and opportunities

L6. how to produce a concise and compelling curriculum vitae and prepare effectively for interviews

L7. how to recognise career possibilities in a global economy

Employment rights and responsibilities

L8. their rights and responsibilities as students in casual, part-time jobs, including in the 'gig economy'

L9. the importance of professional conduct and how it can be demonstrated in different workplaces including following health and safety protocols

L10. to understand and appreciate the importance of workplace confidentiality and security including cyber-security and data protection

L11. to recognise bullying and harassment in the workplace in all its forms and ways to seek or provide support to resolve the situation

L12. the role of trade unions and professional organisations; when and how to constructively challenge workplace behaviours

Financial choices

L13. how to plan expenditure and budget for changes in circumstances (e.g. when moving out or going to university)

L14. to understand and manage salary deductions including taxation, national insurance and pensions

L15. to evaluate savings options

L16. to exercise consumer rights, including resolving disputes and accessing appropriate support

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L17. to manage financial contracts including, mobile phone services and renting items and accommodation; how to identify appropriate advice

L18. to evaluate the potential gains and risks of different debt arrangements and repayment implications

L19. to evaluate the risks in different financial ventures including illegal schemes e.g. illegal money transfers

Media literacy and digital resilience

L20. to set and maintain clear boundaries around personal privacy and to manage online safety in all its forms, including seeking help when appropriate

L21. to effectively challenge online content that adversely affects their personal or professional reputation

L22. to build and maintain a positive professional online presence, using a range of technologies

L23. how social media can expand, limit or distort perspectives and recognise how content they create and share may contribute to, or challenge this

L24. to be a critical consumer of online information in all its forms, including recognising bias, propaganda and manipulation

L25. when and how to report or access help for themselves or others in relation to extremism and radicalisation

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HOW DO THE PROGRAMME OF STUDY LEARNING OPPORTUNITIES RELATE TO THE STATUTORY GUIDANCE?

The learning opportunities in the Programme of Study cover all of the content outlined in the Department for Education's statutory Relationships, Sex and Health Education guidance, and go beyond this to integrate the statutory content within a complete and comprehensive PSHE education programme. The grids below set out where each aspect of the statutory guidance is covered by Programme of Study learning opportunities in key stages 1-4.



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	By the end of primary school: Pupils should know:	KS1	KS2
Families and people who care for me	• *that families are important for children growing up because they can give love, security and stability.*	R2	R6
	• *the characteristics of healthy family life, commitment to each other, including in times of difficulty, protection and care for children and other family members, the importance of spending time together and sharing each other's lives.*	R1, R4	R8
	• *that others' families, either in school or in the wider world, sometimes look different from their family, but that they should respect those differences and know that other children's families are also characterised by love and care.*	H22, R3	R2, R7
	• *that stable, caring relationships, which may be of different types, are at the heart of happy families, and are important for children's security as they grow up.*	R3	R1, R6, R7
	• *that marriage represents a formal and legally recognised commitment of two people to each other which is intended to be lifelong.*	R4	R3, R5
	• *how to recognise if family relationships are making them feel unhappy or unsafe, and how to seek help or advice from others if needed.*	R5	R4, R9
Caring friendships	• *how important friendships are in making us feel happy and secure, and how people choose and make friends.*	R6	R10
	• *the characteristics of friendships, including mutual respect, truthfulness, trustworthiness, loyalty, kindness, generosity, trust, sharing interests and experiences and support with problems and difficulties.*	R6	R11
	• *that healthy friendships are positive and welcoming towards others, and do not make others feel lonely or excluded.*	R7	R13, R14
	• *that most friendships have ups and downs, and that these can often be worked through so that the friendship is repaired or even strengthened, and that resorting to violence is never right.*	R8	R16
	• *how to recognise who to trust and who not to trust, how to judge when a friendship is making them feel unhappy or uncomfortable, managing conflict, how to manage these situations and how to seek help or advice from others, if needed.*	R9	R18

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Respectful relationships	• *the importance of respecting others, even when they are very different from them (for example, physically, in character, personality or backgrounds), or make different choices or have different preferences or beliefs.*	H22, R23, L4, L6	R32, R33, L6
	• *practical steps they can take in a range of different contexts to improve or support respectful relationships.*	R6, R8	R33, R34
	• *the conventions of courtesy and manners.*	R22	R33
	• *the importance of self-respect and how this links to their own happiness.*	H21, H23 R22	R31
	• *that in school and in wider society they can expect to be treated with respect by others, and that in turn they should show due respect to others, including those in positions of authority.*	R22, H22	R31
	• *about different types of bullying (including cyberbullying), the impact of bullying, responsibilities of bystanders (primarily reporting bullying to an adult) and how to get help.*	R10, R11, R12	R19, R20, R28
	• *what a stereotype is, and how stereotypes can be unfair, negative or destructive.*	L4	R21, L7, L8, L9
	• *the importance of permission-seeking and giving in relationships with friends, peers and adults.*	R15, R17	R22, R26
Online relationships	• *that people sometimes behave differently online, including by pretending to be someone they are not.*	R14	R23
	• *that the same principles apply to online relationships as to face-to- face relationships, including the importance of respect for others online including when we are anonymous.*	R12	R24, R30, R31
	• *the rules and principles for keeping safe online, how to recognise risks, harmful content and contact, and how to report them.*	R20	R24, R29
	• *how to critically consider their online friendships and sources of information including awareness of the risks associated with people they have never met.*	R15	R24
	• *how information and data is shared and used online.*	H34	L13, L14

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Being safe	• *what sorts of boundaries are appropriate in friendships with peers and others (including in a digital context)*	R17	R22
	• *about the concept of privacy and the implications of it for both children and adults; including that it is not always right to keep secrets if they relate to being safe.*	R13, R18	R27
	• *that each person's body belongs to them, and the differences between appropriate and inappropriate or unsafe physical, and other, contact.*	R13	H45, R25
	• *how to respond safely and appropriately to adults they may encounter (in all contexts, including online) whom they do not know.*	R14, R15, R19	R24
	• *how to recognise and report feelings of being unsafe or feeling bad about any adult.*	R20	R29
	• *how to ask for advice or help for themselves or others, and to keep trying until they are heard.*	R20	R29
	• *how to report concerns or abuse, and the vocabulary and confidence needed to do so.*	R20	R29, H45
	• *where to get advice e.g. family, school and/or other sources.*	R20	R29

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	By the end of primary school: Pupils should know:	KS1	KS2
Mental wellbeing	• *that mental wellbeing is a normal part of daily life, in the same way as physical health.*	H1	H15
	• *that there is a normal range of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) and scale of emotions that all humans experience in relation to different experiences and situations.*	H11, H12, H13, H14	H17
	• *how to recognise and talk about their emotions, including having a varied vocabulary of words to use when talking about their own and others' feelings.*	H15, H16	H19
	• *how to judge whether what they are feeling and how they are behaving is appropriate and proportionate.*	H18, H19	H20, H21
	• *the benefits of physical exercise, time outdoors, community participation, voluntary and service-based activity on mental wellbeing and happiness.*	H17	H16
	• *simple self-care techniques, including the importance of rest, time spent with friends and family and the benefits of hobbies and interests.*	H18, H20, H24	H16,
	• *isolation and loneliness can affect children and that it is very important for children to discuss their feelings with an adult and seek support.*	H24, H27, R7	H24, R13
	• *that bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing.*	R10, R11	R19
	• *where and how to seek support (including recognising the triggers for seeking support), including whom in school they should speak to if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online).*	H19, R12	H21, R20
	• *it is common for people to experience mental ill health. For many people who do, the problems can be resolved if the right support is made available, especially if accessed early enough.*	H24	H22

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Internet safety and harms	• *that for most people the internet is an integral part of life and has many benefits.*	L7, L8	L11
	• *about the benefits of rationing time spent online, the risks of excessive time spent on electronic devices and the impact of positive and negative content online on their own and others' mental and physical wellbeing.*	H9	H13
	• *how to consider the effect of their online actions on others and know how to recognise and display respectful behaviour online and the importance of keeping personal information private.*	R10, R12	R30, L11, L15
	• *why social media, some computer games and online gaming, for example, are age restricted.*	H28	H37, L23
	• *that the internet can also be a negative place where online abuse, trolling, bullying and harassment can take place, which can have a negative impact on mental health.*	H34	H37, R20, L11,
	• *how to be a discerning consumer of information online including understanding that information, including that from search engines, is ranked, selected and targeted.*	L9	L12, L13, L14, L16
	• *where and how to report concerns and get support with issues online.*	H34	H42
Physical health and fitness	• *the characteristics and mental and physical benefits of an active lifestyle.*	H1	H7
	• *the importance of building regular exercise into daily and weekly routines and how to achieve this; for example walking or cycling to school, a daily active mile or other forms of regular, vigorous exercise.*	H3	H7
	• *the risks associated with an inactive lifestyle (including obesity).*	H3	H4, H7
	• *how and when to seek support including which adults to speak to in school if they are worried about their health.*	H10	H14
Healthy eating	• *what constitutes a healthy diet (including understanding calories and other nutritional content).*	H2, H3	H1, H6
	• *the principles of planning and preparing a range of healthy meals.*	H2	H6
	• *the characteristics of a poor diet and risks associated with unhealthy eating (including, for example, obesity and tooth decay) and other behaviours (e.g. the impact of alcohol on diet or health).*	H2	H2,H3, H6

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Drugs, alcohol and tobacco	• *the facts about legal and illegal harmful substances and associated risks, including smoking, alcohol use and drug-taking.*	H37	H46, H47, H48
Health and prevention	• *how to recognise early signs of physical illness, such as weight loss, or unexplained changes to the body.*		H5
	• *about safe and unsafe exposure to the sun, and how to reduce the risk of sun damage, including skin cancer.*	H8	H12
	• *the importance of sufficient good quality sleep for good health and that a lack of sleep can affect weight, mood and ability to learn.*	H4	H8
	• *about dental health and the benefits of good oral hygiene and dental flossing, including regular check-ups at the dentist.*	H7	H11
	• *about personal hygiene and germs including bacteria, viruses, how they are spread and treated, and the importance of handwashing.*	H5	H9, H40
	• *the facts and science relating to allergies, immunisation and vaccination.*	H6	H10
Basic first aid	• *how to make a clear and efficient call to emergency services if necessary.*	H35, H36	H44
	• *concepts of basic first-aid, for example dealing with common injuries, including head injuries.*	H35, H37	H43
Changing adolescent body	• *key facts about puberty and the changing adolescent body, particularly from age 9 through to age 11, including physical and emotional changes.*	H25, H26	H30, H31, H32, H34
	• *about menstrual wellbeing including the key facts about the menstrual cycle.*		H30 H31

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RELATIONSHIPS EDUCATION (SECONDARY)

	By the end of secondary school: Pupils should know:	KS3	KS4
Families	• *that there are different types of committed, stable relationships.*	R1, R36	R1, R4
	• *how these relationships might contribute to human happiness and their importance for bringing up children.*	H2, R36	R2, R4, R25
	• *what marriage is, including their legal status e.g. that marriage carries legal rights and protections not available to couples who are cohabiting or who have married, for example, in an unregistered religious ceremony.*		R4, R10
	• *why marriage is an important relationship choice for many couples and why it must be freely entered into.*	R6	R4, R10, R33
	• *the characteristics and legal status of other types of long-term relationships.*	R1	R1, R4
	• *the roles and responsibilities of parents with respect to raising of children, including the characteristics of successful parenting.*	R35, R36	R25
	• *how to: determine whether other children, adults or sources of information are trustworthy: judge when a family, friend, intimate or other relationship is unsafe (and to recognise this in others' relationships); and, how to seek help or advice, including reporting concerns about others, if needed.*	R2, R6, R23, R37, R38, R46, L23, L27	R2, R17, R23, L24, L27
Respectful relationships, including friendships	• *the characteristics of positive and healthy friendships (in all contexts, including online) including: trust, respect, honesty, kindness, generosity, boundaries, privacy, consent and the management of conflict, reconciliation and ending relationships. This includes different (non-sexual) types of relationship.*	R2, R10, R13, R14, R16, R19, R21	R1, R12, R13
	• *practical steps they can take in a range of different contexts to improve or support respectful relationships.*	R13, R14, R41, R42	R30, R31, R34, R36
	• *how stereotypes, in particular stereotypes based on sex, gender, race, religion, sexual orientation or disability, can cause damage (e.g. how they might normalise non-consensual behaviour or encourage prejudice).*	R7, R8, R39, R40, L10	L5
	• *that in school and in wider society they can expect to be treated with respect by others, and that in turn they should show due respect to others, including people in positions of authority and due tolerance of other people's beliefs.*	R2, R14	R1, R10, L29

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Continued...	• *about different types of bullying (including cyberbullying), the impact of bullying, responsibilities of bystanders to report bullying and how and where to get help.*	R14, R23, R38, R40	R7, R34
	• *that some types of behaviour within relationships are criminal, including violent behaviour and coercive control.*	R2, R25, R37	R28, R29, R30
	• *what constitutes sexual harassment and sexual violence and why these are always unacceptable.*	R37	R16, R29, L15
	• *the legal rights and responsibilities regarding equality (particularly with reference to the protected characteristics as defined in the Equality Act 2010) and that everyone is unique and equal.*	R40, R41, L10	R5, R6, L15
Online and media	• *their rights, responsibilities and opportunities online, including that the same expectations of behaviour apply in all contexts, including online.*	R13, R14, L20, L22	R15, R16, L11, L12, L22, L23
	• *about online risks, including that any material someone provides to another has the potential to be shared online and the difficulty of removing potentially compromising material placed online.*	H30, R17, R21, R37, L20, L21	H22, R14, R22, L25
	• *not to provide material to others that they would not want shared further and not to share personal material which is sent to them.*	R29, R30, L21	R22, L23, L25
	• *what to do and where to get support to report material or manage issues online.*	R17, R30, R37, L27	R14, R17, L23
	• *the impact of viewing harmful content.*	H3, R7, R8, L25	H3, R8
	• *that specifically sexually explicit material e.g. pornography presents a distorted picture of sexual behaviours, can damage the way people see themselves in relation to others and negatively affect how they behave towards sexual partners.*	R8	R8
	• *that sharing and viewing indecent images of children (including those created by children) is a criminal offence which carries severe penalties including jail.*	R30	R22
	• *how information and data is generated, collected, shared and used online.*	L20, L21	L22, L23, L25, L26
Being safe	• *the concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, forced marriage, honour-based violence and FGM, and how these can affect current and future relationships.*	H22, R6, R24, R25, R27, R37	H23, R16, R18, R19, R28, R29, R30, R31, R32, R33, R37
	• *how people can actively communicate and recognise consent from others, including sexual consent, and how and when consent can be withdrawn (in all contexts, including online).*	R24, R26, R27	R18, R20, R21, R22

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Intimate and sexual relationships, including sexual health	• *how to recognise the characteristics and positive aspects of healthy one-to-one intimate relationships, which include mutual respect, consent, loyalty, trust, shared interests and outlook, sex and friendship.*	R2, R10, R14, R24, R31	R1, R2, R18
	• *that all aspects of health can be affected by choices they make in sex and relationships, positively or negatively, e.g. physical, emotional, mental, sexual and reproductive health and wellbeing.*	H2, H36, R13, R18, R33	H2, H6, H26, H27, R24
	• *the facts about reproductive health, including fertility, and the potential impact of lifestyle on fertility for men and women and menopause.*		H26, H30, H31, H32, R24, R26
	• *that there are a range of strategies for identifying and managing sexual pressure, including understanding peer pressure, resisting pressure and not pressurising others.*	H5, R24, R26, R30, R42	H4, R3, R18, R21, R28
	• *that they have a choice to delay sex or to enjoy intimacy without sex.*	R9, R11, R12, R24, R25, R28, R31	R2, R9, R10, R21
	• *the facts about the full range of contraceptive choices, efficacy and options available.*	H35, H36, R33	H26, H29, R23
	• *the facts around pregnancy including miscarriage.*	R33, R34	H30, H32
	• *that there are choices in relation to pregnancy (with medically and legally accurate, impartial information on all options, including keeping the baby, adoption, abortion and where to get further help).*	R34	H33, R23, R24, R26, R27
	• *how the different sexually transmitted infections (STIs), including HIV/AIDs, are transmitted, how risk can be reduced through safer sex (including through condom use) and the importance of and facts about testing.*	H35, H36, R33	H27, H28, H31, R23
	• *about the prevalence of some STIs, the impact they can have on those who contract them and key facts about treatment.*	H36	H27, H28, H31
	• *how the use of alcohol and drugs can lead to risky sexual behaviour.*	H27	H20, R20
	• *how to get further advice, including how and where to access confidential sexual and reproductive health advice and treatment.*	H35, R23, R34, R37	H14, H28, H29, H32, H33, R7, R17, R24, R32

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HEALTH EDUCATION (SECONDARY)

	By the end of secondary school: Pupils should know:	KS3	KS4
Mental wellbeing	• *how to talk about their emotions accurately and sensitively, using appropriate vocabulary.*	H6, H8	
	• *that happiness is linked to being connected to others.*		R1
	• *how to recognise the early signs of mental wellbeing concerns.*	H11, H12	H6, H8, H10
	• *common types of mental ill health (e.g. anxiety and depression).*	H11	H8, H9
	• *how to critically evaluate when something they do or are involved in has a positive or negative effect on their own or others' mental health.*	H1, H7, H13, H14, H15, L2, L25	H2, H7, H11
	• *the benefits and importance of physical exercise, time outdoors, community participation and voluntary and service-based activities on mental wellbeing and happiness.*	H2, H10, H13, H14, L11	H7, H11
Internet safety and harms	• *the similarities and differences between the online world and the physical world, including: the impact of unhealthy or obsessive comparison with others online (including through setting unrealistic expectations for body image), how people may curate a specific image of their life online, over-reliance on online relationships including social media, the risks related to online gambling including the accumulation of debt, how advertising and information is targeted at them and how to be a discerning consumer of information online.*	H3, H13, H14, H30, H32, L18, L20, L24	H3, H12, H22, H25, L11, L18, L24, L25, L26
	• *how to identify harmful behaviours online (including bullying, abuse or harassment) and how to report, or find support, if they have been affected by those behaviours.*	H30, R13, R14, R17, R23, R30, R37, R38, L27	H23, R3, R7, R14, R15, R16, R17, R22, R29, R30, R31, R34, R38, L20
Physical health and fitness	• *the positive associations between physical activity and promotion of mental wellbeing, including as an approach to combat stress.*	H10, H13, H14	H7, H11
	• *the characteristics and evidence of what constitutes a healthy lifestyle, maintaining a healthy weight, including the links between an inactive lifestyle and ill health, including cancer and cardio- vascular ill-health.*	H13, H14, H15	H11, H16
	• *about the science relating to blood, organ and stem cell donation.*		H15

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Healthy eating	• *how to maintain healthy eating and the links between a poor diet and health risks, including tooth decay and cancer.*	H17, H18	H11
Drugs, alcohol and tobacco	• *the facts about legal and illegal drugs and their associated risks, including the link between drug use, and the associated risks, including the link to serious mental health conditions.*	H23, H26, H27, H28, R20	H19, H20, R20
	• *the law relating to the supply and possession of illegal substances.*	H26, H28	H19
	• *the physical and psychological risks associated with alcohol consumption and what constitutes low risk alcohol consumption in adulthood.*	H24, H26, H27, H29, R20	H19, R20
	• *the physical and psychological consequences of addiction, including alcohol dependency.*	H26, H27, H29, R20	H19, H20, H21
	• *awareness of the dangers of drugs which are prescribed but still present serious health risks.*	H23, H26, H27	H19
	• *the facts about the harms from smoking tobacco (particularly the link to lung cancer), the benefits of quitting and how to access support to do so.*	H26, H27	H19, H21
Health and prevention	• *about personal hygiene, germs including bacteria, viruses, how they are spread, treatment and prevention of infection, and about antibiotics.*	H19, H20	H16
	• *about dental health and the benefits of good oral hygiene and dental flossing, including healthy eating and regular check-ups at the dentist.*	H19, H20	
	• *(late secondary) the benefits of regular self-examination and screening.*	H19	H16
	• *the facts and science relating to immunisation and vaccination.*	H19	H16
	• *the importance of sufficient good quality sleep for good health and how a lack of sleep can affect weight, mood and ability to learn.*	H15	H11

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Basic first aid	• *basic treatment for common injuries.*	H33	H24
	• *life-saving skills, including how to administer CPR.*	H33	H24
	• *the purpose of defibrillators and when one might be needed.*	H33	H24
Changing adolescent body	• *key facts about puberty, the changing adolescent body and menstrual wellbeing.*	H34	
	• *the main changes which take place in males and females, and the implications for emotional and physical health.*	H34, R5, R18	R6

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CURRICULUM

PSHE

The PSHE Way

Our subject has a 'Subject Way' at the heart of it. Our Subject Way is designed to help students become young subject specialists. The Subject Way has two main purposes:

Firstly, to teach students the vital skills they need to achieve their full potential and gain the very best grades they can. Secondly, to teach students how each subject relates to the wider world, incorporating the life skills they will learn.

It is our belief that knowing how what you learn links to the wider world, brings a subject to life and therefore improves overall understanding and engagement.



Curriculum Intent

At Wickersley Partnership Trust, we firmly believe that all students have the right to be healthy, happy and comfortable in all areas of their life. Personal, Social, Health and Economic (PSHE) education is the school subject through which pupils develop the knowledge, skills and attributes they need to manage their lives, now and in the future. It helps children and young people to stay healthy and safe, while preparing them to make the most of life and work.

Topics taught through PSHE at WPT include relationships education, sexual health education, emotional wellbeing, substance misuse, careers, citizenship and anti-bullying. All units of work make clear connections to online safety and aim to empower our students to make their own safe choices, both on

Subject Director

E Bannister

ebannister@wickersleypt.org

RSE Policy Statement (https://cliftonschool.org/wp-content/uploads/2025/RSE-Secondary-Policy-July-2025.pdf)

AWARE Website (https://aware.wickersleypt.org/)

and offline. The key character traits we seek to develop are; communication and debate, accessing support, respect, assertiveness and responsibility. Equality and inclusion are key to successful PSHE, and are apparent in all we do.

We have developed a spiral PSHE curriculum which aims to equip students with the necessary knowledge and skills to allow them to identify risk and evaluate choices regarding health, relationships and future goals. Our curriculum is informed by pupil, staff and parent voice, which allows us to sequence statutory guidance to meet the needs of our young people. Lessons involve deliberate opportunities for students to apply their understanding to scenarios and reflect on their learning.

Our work in timetabled PSHE lessons is also complimented by work in the pastoral curriculum, our wider personal development program and some drop down events.

What we teach in the classroom will help our pupils foster lifelong aspirations, goals and values.

With this in mind, PSHE education isn't just another school subject. It's a chance to give every child and young person an equal opportunity to develop the skills and knowledge they need to thrive now and in the future. This includes helping them to deal with critical issues they face every day such as friendships, emotional wellbeing and change. And giving them a solid foundation for whatever challenging opportunities lie ahead, so they can face a world full of uncertainty with hope.

From making informed decisions about alcohol to succeeding in their first job, PSHE education helps pupils prepare for all the opportunities, challenges, life decisions and responsibilities they'll face. This in turn achieves a 'virtuous circle', whereby pupils with better health and wellbeing can achieve better academically, and enjoy greater success.

INTENTION 1 – The removal of barriers to learning

In PSHE we remove barriers to learning and support students' ability to access the curriculum through the development of literacy, numeracy, oracy skills and vocabulary acquisition. Misconceptions do not go unchallenged and the supportive environment within each and every lesson ensures that students develop their own literacy and vocabulary.

Students are given many opportunities to read a range of news sources and research independently. We aim to develop students' ability to be critical consumers of information, and to apply their knowledge and understanding to written scenarios. Across all year groups, students take part in Money Matters week towards the end of the financial year. This provides opportunities to apply their numeracy skills to topics of economic relevance, such as budgeting, borrowing and interest and the benefits of saving. Within PSHE

PSHE Newsletters

2025-26

Autumn Term 1 (https://sites.google.com/wickersleypt.org/psher autumn25/home)

2024-25

Autumn Term 1 (https://cliftonschool.org/wp-content/uploads/2024/09/PSHE-Newsletter-Autumn-1-2024-25.pdf)

Autumn Term 2 (https://cliftonschool.org/wp-content/uploads/2024/11/PSHE-Newsletter-Autumn-2-2024-25-sml.pdf)

Spring Term 1 (https://cliftonschool.org/wp-content/uploads/2025/02/PSHE-Newsletter-Spring-1-25-1.pdf)

Summer Term (https://cliftonschool.org/wp-content/uploads/2025/05/PSHE-Newsletter-Summer-24-25.pdf)

Curriculum Home (/curriculum/)

lessons students may be required to calculate units of alcohol, or sequence developments in the law chronologically. Deliberate opportunity for students to verbally articulate their understanding features in every PSHE lesson. Students may discuss with a partner, small group or participate in full class debate. Teaching aims to encourage students to extend their verbal communications, expectations in this area are ambitious for all, regardless of written abilities. Students are introduced to key subject specific vocabulary and have regular opportunities to reinforce their understanding. Key terminology is identified in students notes, and referred back to during written and verbal assessment tasks.

INTENTION 2 – Developing skills for learning

PSHE lessons foster a high challenge, low fear environment. Aiming high, communication skills and active participation are built into all topics and students are given opportunities to develop in each and every lesson. PSHE lessons provide students with the skills to learn to manage risks and remain positive and resilient. Engaging activities help students develop new knowledge and skills and also to recall the key concepts of prior learning. The spiralling curriculum supports them to apply this to new knowledge. Students will regularly partake in a variety of assessments and in pre-planned well-being surveys. Through these the curriculum can be developed for students needs and additional support and interventions can be provided.

INTENTION 3 – Fostering personal attributes

PSHE lessons rely on the 'PSHE Way' to lay the ground rules for respectful and mature conduct. PSHE develops emotional intelligence and compassion in our pupils. Lessons build awareness of the experiences of others and the resulting impact on their lives. This adds depth to students' understanding of respect and tolerance, as well as their self efficacy and sense of responsibility.

INTENTION 4 – Enriching student experiences and broadening their horizons

PSHE lessons use resources from leading charities in the area, such as Barnardo's, CEOPS, teenage cancer trust, mind as well as local police and fire services. This ensures our students have access to the best quality information available. We also provide learning opportunities such as practical first aid sessions, mock trial, visits from those working with named charities and encounters with employers.

Find out more

If you would like more information about our curriculum, please contact Mrs Smith, Headteacher using the details on our contact page.

Our Subjects at KS4

CORE SUBJECTS

English / Literature
(/curriculum/english/)

Maths
(/curriculum/maths)

Science
(/curriculum/science)

Religious Education
(/curriculum/religious-education)

EBACC SUBJECTS

History
(/curriculum/history)

Geography
(/curriculum/geography)

Spanish
(/curriculum/spanish)



PSHE Curriculum

Year 7 | **Year 8** | **Year 9** | **Year 10** | **Year 11**

Substance misuse	Healthy and unhealthy friendships, assertiveness, alcohol education, substance misuse. Debates over the criminalisation of drug use and real-life drug stories.

OPTION SUBJECTS

Art, Craft & Design (GCSE)
(/curriculum/art-craft-design)

Art (Fine)
(/curriculum/art-fine)

Business Studies
(/curriculum/business)

Childcare
(/curriculum/childcare)

Computer Science
(/curriculum/computer-science)

Construction
(/curriculum/construction)

Dance (BTEC)
(/curriculum/dance)

Design Technology
(/curriculum/design-technology)

Drama (RSL)
(/curriculum/drama)

Duke of Edinburgh
(/curriculum/dofe)

Engineering
(/curriculum/engineering)

Graphics
(/curriculum/graphics)

Health & Social Care
(/curriculum/health-social-care)

Crime, citizenship and the law	Developing an understanding of being a responsible citizen, crimes and anti-social behaviour and the consequences they have on individuals and society. Including knife crime, county lines and child criminal exploitation.
Relationships and sexual health education	About sexual harassment and harmful sexualised behaviour and coercive relationships. Sex education including consent, contraception, the risks of STIs, and choices in unintended pregnancy. Communication skills.
Mental health and well-being	Attitudes to mental health and the consequences and impact of bullying, equipping young people with the skills to seek help and support others. Understanding the impact of family conflict and grief/bereavement.

~~RSE Curriculum~~

+ Year 7
+ Year 8
− Year 9

Lesson title	Lesson overview

Hospitality & Catering (/curriculum/hospitality-catering)

ICT/Media (/curriculum/ict-media)

Music Performance (RSL) (/curriculum/music-performance)

Music Technology (RSL) (/curriculum/music-technology)

Photography (/curriculum/photography)

PHSE (https://cliftonschool.org/curriculum/pshe/)

Religious Studies (https://cliftonschool.org/curriculum/religious-studies/)

Sport (BTEC) (/curriculum/sport)

Textiles (/curriculum/textiles)

Review of learning from previous years	Confidently identifying the different myths and facts around sex and your bodies. Helping others learn by expressing your views and opinions in class discussions. Positive affirmation and reflections on our personal qualities. Why we need RSE discussion and reflection on previous learning. Value continuum looking at issues around body image social media, age of consent, gender inequality. Team challenge-knowing our bodies and the facts not myths. Focus on misconceptions, laws, sexual body parts. Consolidating learning/opportunity to ask anonymous questions and signpost for support.

Consent	Explain what is meant by freedom and capacity to consent Recognise contexts where someone's freedom or capacity to consent have been reduced or removed, and why this means consent has no longer been given Explain why trying to make someone more vulnerable, or misleading them, is wrong, and can be a very serious offence Explain where, why and how to get advice and support for issues relating to consent. Group work to explore positive and negative relationships. Focus on a case study to explore 'red flags' support needed and how to access it. Was consent given video- students vote and discuss their perceptions before the law and clear guidance is provided. Consent battle- students work in groups to develop confidence on how to say/show 'no'. Highlight laws and our rights/responsibilities. Where to seek help and support.
Contraceptive choices	investigating examples of contraceptives. Sharing with others how they are used effectively. Helping yourself become a safer sex expert. Baseline check in. Students explore options available with teacher guidance and then move in to a marketplace research activity to further knowledge. Videos from SEXWISE to bust myths around contraception and develop learning. Support and information about unintended pregnancy and miscarriages- students will cover key facts, definitions and the laws.

Sexually transmitted infections and sexual health	The key symptoms and risks associated with a variety of different STI's Understanding what HIV is and how it can be transmitted Understand the importance of sexual Health Clinics (GUM) Explain why young people after unprotected sex should always get themselves checked out. Students explore what they know and still need to know. Explore stigma and myths around STIs, protection and treatment. Focus on facts on HPV and ways to remain protected. Marketplace/research task to develop STI flashcards. Sexual health clinics-what they do/how they support. Understanding HIV-focus on stigma/facts/myths/transmission and treatment. Check in/signposting and assess progress

The male condom	Understanding the correct steps for using an external or male condom Being able to describe three obstacles to condom use and explain how they can be overcome. Baseline Assessment-Students match a set of statements about contraception and discuss key points as a class. Contraceptive Methods-Students watch the clip about different contraceptive methods and note key information. Contraception negotiation-Students suggest appropriate responses to common excuses for not using contraception. They then review two versions of a conversation about contraception use Condom Demonstration-Teacher-led demonstration of the correct way to use a male condom (or video clip alternative). Card match Students match cards to ensure understanding of condom demonstration. Condom practical- Students practise using a condom with condom demonstrators. [Allow time to tidy up and wash hands.] Endpoint assessment and signposting-Students answer key questions to gauge understanding. They reflect on their standard response if asked to do something they are uncomfortable with and set a goal. Remind students of support available.

Pornography and the emotional/social impact	Explain in detail the distortions about sex and relationships in pornography. Discuss the consequences this can have on young people's self-esteem and their future relationships. Students explore misconceptions of what is reality Vs what is created for entertainment. Work in groups to look at real world relationships Vs fantasy and fake world. Students will share opinions on the laws, body image, gender roles and stereotypes. Discussions on misconceptions about healthy and safe relationships and self-esteem. Update on the laws and recent facts-students will be signposted and given guidance on how to seek support.
Revenge pornography-personal safety	Identify what to do to prevent revenge porn and what to do if you become a victim Describe the long- and short-term consequences of sharing intimate images with partners or friends Explain, using new terminology in the correct context the legal, short and long-term consequences for perpetrators and victims. Students will explore what they know about the term revenge porn and look at how this can happen to a person. The lesson will explore a case study documentary lesson https://www.bbc.co.uk/iplayer/episode/p096h12v/zara-mcdermott-revenge-porn (https://www.bbc.co.uk/iplayer/episode/p096h12v/zara-mcdermott-revenge-porn) Students will reflect together on the lessons learned, the impact this can have on a victim and perpetrator. Signposting/guidance and support provided.

Bounce Together: Supporting Your Child's Wellbeing

At our school, the wellbeing of our students is at the heart of everything we do. To strengthen the support we offer, we are introducing a wellbeing platform called **Bounce Together**.

Bounce Together allows us to gain a deeper understanding of young people's social and emotional wellbeing, their lifestyles, and any areas where they may benefit from additional support. Over the course of the academic year, **all students will complete a series of wellbeing surveys** through the platform.

The insights gained from these surveys will help us:

- **Develop tailored tutor time sessions** that respond to the needs of each year group.
- **Shape our assemblies** to cover relevant topics that promote positive mental health and personal development.
- **Offer targeted workshops and support opportunities** for students who may need extra help.

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

If you have any questions about how Bounce Together will be used, or if you would like to know more about how we support student wellbeing, please don't hesitate to get in touch.

Sexual harassment and harmful sexualised behaviour	Understand what sexual harassment and harmful sexualised behaviour is and consider the effects of harassment on everyone in society To practice challenging harassment and consider the role of bystanders in this. Key words and definitions activity-baseline of knowledge in the room. Storyboard to reflect on the issues a young person may be facing in their lives. Explore what is sexual harassment-in schools/work places/online and in society. Is this harassment-value continuum activity. Group discussion-how we handle unwanted sexual attention-support and laws we need to know. Explore through case studies-what these news stories have in common and lessons to be learned for the future. An overview of the 'Me Too' campaign and the developments it has created. A campaign to make a difference- students use their creativity and knowledge to create a display for schools to educate and inform others about reducing harassment and how to report any concerns.

(https://www.facebook.com/Cliftoncommunityschool)

(https://www.instagram.com/cliftoncommunityschool/)

Select Language

Powered by Google Translate (https://translate.google.com)

Useful websites to help you discuss this topic with your child.

https://www.fpa.org.uk/for-parents/ (https://www.fpa.org.uk/for-parents/)

https://www.brook.org.uk/ (https://www.brook.org.uk/)

https://riseabove.org.uk/topic/love-life/ (https://riseabove.org.uk/topic/love-life/)

https://www.childnet.com/parents-and-carers/ (https://www.childnet.com/parents-and-carers/)

https://www.childline.org.uk/info-advice/friends-relationships-sex/ (https://www.childline.org.uk/info-advice/friends-relationships-sex/)

https://www.thinkuknow.co.uk/11_18/ (https://www.thinkuknow.co.uk/11_18/)

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QUICK LINKS

Vacancies (http://recruitment.wickersleypt.org)

Contact Us (/contact-us/)

Wickersley Partnership Trust (/our-school/wickersley-partnership-trust/)

Policies (/our-school/policies/)

Term Dates (/parents/term-dates/)

(/parents/term-dates/)Cookie & Privacy Policy (https://cliftonschool.org/wp-content/uploads/2024/04/WPT-Website-Privacy-and-Cookie-Policy.pdf)

(/parents/term-dates/)Terms & Conditions (https://cliftonschool.org/wp-content/uploads/2024/04/WPT-Website-Terms-and-Conditions.pdf)

(/parents/term-dates/)Zero Tolerance (https://cliftonschool.org/our-school/zero-tolerance/)

(http://www.wickersleypt.org)

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(https://cliftonscho

content/uploads/2021/03/14

Year 7, Life Skills, 2023-24

Half Term 1: 4h Sept - 20st Oct (7 weeks)									
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7		Week 8	Week 9
What is Life Skills? Life Skills and Maltby Academy Key Drivers		Rights and Responsibilities		Child on Child Abuse		Bullying	October Half-Term Holiday	Bullying	Mental and Emotional Health

Half Term 2: 30th Oct - 22nd Dec (8 weeks)									
Week 10	Week 11	Week 12	Week 13	Week 14	Week 15			Week 16	Week 17
Mental and Emotional Health	Managing Puberty & Period Management		Hygiene and Reproduction		Careers	Christmas Holiday		Careers	Bereavement

Half Term 3: 8th Jan - 9th Feb (5 weeks)				Half Term 4: 19th Feb - 29th March (6 weeks)					
Week 18	Week 19	Week 20		Week 21	Week 22	Week 23	Week 24	Week 25	Week 26
Bereavement	Cancer: Myths and Facts		February Half-Term Holiday	Healthy Eating & Oral Hygiene		Looking After My Physical Health		CCE, Gun Crime and Lockdown Procedures	

Easter Holiday	Half Term 5: 15th April - 24th May (6 weeks)						Spring Bank Holiday	Half Term 6
	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32		Week 33
	Smoking, Drugs, and Alcohol		Healthy Relationships & Managing Emotions		Online Relationships and Safety			Sexual Bullying

Half Term 6: 3rd June - 19th July (7 weeks)					
Week 34	Week 35	Week 36	Week 37	Week 38	Week 39
Sexual Bullying	Road and Rail Safety		Safety in the Community and Anti-Social Behaviour		The Big Community Project

Curriculum Intent: In Key Stage 3 Life Skills, students build on their knowledge, understanding, skills, attributes and values they have acquired and developed during the primary phase under the headings Relationships, Health and Wellbeing and Living in the Wider World. The topics this year will focus on mental and physical health and help them deal with the changes they may be going through. It will also consider various different relationships and the behaviours expected within them. Students will learn how to keep themselves and others safe, as well as focus on British Values and the world of work.

Year 8, Life Skills, 2023-24

MALTBY ACADEMY

Half Term 1: 4h Sept - 20st Oct (7 weeks)									
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7		Week 8	Week 9
First Aid		Child on Child Abuse		Bullying		Substance Misuse	October Half-Term Holiday	Substance Misuse	Alcohol and Society

Half Term 2: 30th Oct - 22nd Dec (8 weeks)							Half Term 3	
Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Christmas Holiday	Week 16	Week 17
Alcohol and Society	Peer Pressure, Gangs and County Lines		Crime and Punishment		Health and Fitness		Health and Fitness	Body Image

Half Term 3: 8th Jan - 9th Feb (5 weeks)				Half Term 4: 19th Feb - 29th March (6 weeks)					
Week 18	Week 19	Week 20	February Half-Term Holiday	Week 21	Week 22	Week 23	Week 24	Week 25	Week 26
Body Image	Mental and Emotional Health			Careers		Political Awareness and British Values		Freedom of Speech and Democracy	

Easter Holiday	Half Term 5: 15th April - 24th May (6 weeks)						Spring Bank Holiday	Half Term 6
	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32		Week 33
	Sexting and Online Safety		Grooming and CSE		Gender Identity			Sexuality

Half Term 6: 3rd June - 19th July (7 weeks)					
Week 34	Week 35	Week 36	Week 37	Week 38	Week 39
Sexuality	Respect, Love and Relationships		Safety in the Community and Anti-Social Behaviour		The Big Community Project

Curriculum Intent: The Life Skills curriculum is a spiral curriculum, meaning that students will build on their prior knowledge, values and skills from year 7 and the primary phase. Students will continue to develop across the three key strands: Relationships, Health and Wellbeing and Living in the Wider World. The topics this year will focus on mental and physical health, and help students deal with the changes they may be going through. It will also consider different relationships and the behaviours expected within them. Students will be expected to learn how to keep themselves and others safe, as well as focus on British Values and the world of work.

Year 9, Life Skills, 2023-24

MALTBY ACADEMY

Half Term 1: 4h Sept - 20st Oct (7 weeks)								
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	October Half-Term Holiday	Half Term 2
Managing Stress and Mental Wellbeing		Body Image		Risks of Cosmetic and Aesthetic Procedures		Self Awareness		Week 8: Self Awareness; Week 9: Male Contraception

Half Term 2: 30th Oct - 22nd Dec (8 weeks)							Half Term 3	
Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Christmas Holiday	Week 16	Week 17
Male Contraception	Female Contraception		STIs		Careers (START website) and Investigating Careers		Careers (START website) and Investigating Careers	Employability Skills

Half Term 3: 8th Jan - 9th Feb (5 weeks)				Half Term 4: 19th Feb - 29th March (6 weeks)				
Week 18	Week 19	Week 20	February Half-Term Holiday	Week 21	Week 22	Week 23	Week 24	Week 25	Week 26
Employability Skills	Stereotyping in Careers			Sexual Bullying		Relationships , Honour Based Violence, and Self Respect		Positive Online Relationships	

Easter Holiday	Half Term 5: 15th April - 24th May (6 weeks)						Spring Bank Holiday	Half Term 6
	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32		Week 33
	Substance and Alcohol Abuse		Grooming and CSE		CCE and County Lines			Gender Identity: Respect and Tolerance

Half Term 6: 3rd June - 19th July (7 weeks)						Curriculum Intent:
Week 34	Week 35	Week 36	Week 37	Week 38	Week 39	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: 4h Sept - 20st Oct (7 weeks)									
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7		Week 8	Week 9
Careers		Parenting		Fertility, Pregnancy and Miscarriage		Abortion	October Half-Term Holiday	Abortion	Contraception and STIs

Half Term 2: 30th Oct - 22nd Dec (8 weeks)							Half Term 3	
Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Christmas Holiday	Week 16	Week 17
Contraception and STIs	Roles of Men and Women in Christianity		Roles of Men and Women in Islam		Religion, Contraception, Arranged Marriage & Female Genital Mutilation		Religion, Contraception, Arranged Marriage & Female Genital Mutilation	Religion and Divorce

Half Term 3: 8th Jan - 9th Feb (5 weeks)				Half Term 4: 19th Feb - 29th March (6 weeks)				
Week 18	Week 19	Week 20	Week 21	Week 22	Week 23	Week 24	Week 25	Week 26
Religion and Divorce	Religion and Gender Identity	February Half-Term Holiday	Positive Role Models		Harassment, Stalking and Online Relationships		Financial Choices	

Easter Holiday	Half Term 5: 15th April - 24th May (6 weeks)					Spring Bank Holiday	Half Term 6
	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32	Week 33
	Peer Pressure, Gangs and County Lines		Child Exploitation and CSE		Extremism and Radicalisation		Gender and the Equality Act

Half Term 6: 3rd June - 19th July (7 weeks)					
Week 34	Week 35	Week 36	Week 37	Week 38	Week 39
Gender and the Equality Act	Mental Health in Young Men		Safety in the Community and Anti-Social Behaviour		The Big Community Project

Curriculum Intent:
At Key Stage 4, students will deepen their knowledge and understanding and further explore attitudes, values and attributes acquired during Key Stage 3. The curriculum reflects the fact that students are moving towards an independent role in adult life, taking on greater responsibility for themselves and others. Students will also have the opportunity to study social issues, such as marriage, relationships and contraception, from a religious perspective – in order to further enhance their understanding of issues in the wider world.

Year 11, Life Skills, 2023-24

MALTBY ACADEMY

Half Term 1: 4h Sept - 20st Oct (7 weeks)									
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7		Week 8	Week 9
Preparing for Year 11		Key Drivers in the real world		Financial Choices		Relationships and Consent	October Half-Term Holiday	Relationships and Consent	Sexual Health
Half Term 2: 30th Oct - 22nd Dec (8 weeks)								**Half Term 3**	
Week 10	Week 11	Week 12	Week 13	Week 14	Week 15			Week 16	Week 17
Sexual Health	Careers: employability and the future		Careers: considering Post 16		Careers: interview technique	Christmas Holiday		Careers: interview technique	Online Behaviours
Half Term 3: 8th Jan - 9th Feb (5 weeks)						**Half Term 4: 19th Feb - 29th March (6 weeks)**			
Week 18	Week 19	Week 20		Week 21	Week 22	Week 23	Week 24	Week 25	Week 26
Online Behaviours	Responsible Health Choices		February Half-Term Holiday	Substance Misuse, Smoking and Vaping		Discrimination and Diversity - Protected Characteristics		Mental Health	
Easter Holiday	**Half Term 5: 15th April - 24th May (6 weeks)**							Spring Bank Holiday	**Half Term 6**
	Week 27	Week 28		Week 29	Week 30	Week 31	Week 32		Week 33
	Exam stress and pressures			Exam stress and pressures		GCSE EXAM PERIOD			GCSE EXAM PERIOD
Half Term 6: 3rd June - 19th July (7 weeks)									
Week 34	Week 35	Week 36	Week 37	Week 38	Week 39				
GCSE EXAM PERIOD									

Curriculum Intent:
At Key Stage 4, students will deepen their knowledge and understanding and further explore attitudes, values and attributes acquired during Key Stage 3. The curriculum reflects the fact that students are moving towards an independent role in adult life, taking on greater responsibility for themselves and others. Students will also have the opportunity to study social issues, such as marriage, relationships and contraception, from a religious perspective – in order to further enhance their understanding of issues in the wider world.

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

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

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

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

English (/curriculum-

PSHE

How is PSHE Taught at Saint Pius Catholic High School?

Throughout KS3 and KS4, students study the statutory PSHE content alongside additional content including careers and financial education. Students in Year 7, year 8 and year 10 receive one hour of dedicated PSHE lesson time on their timetable whilst Year 9 and Year 11 students receive PSHE education through cross curricular teaching alongside drop-down days where appropriate. The intent of PSHE at Saint Pius X is to provide students with knowledge that will enable students to pursue their academic and social ambitions successfully.

The teaching of PSHE throughout the school year can be roughly mapped as follows;

Autumn 1 **Autumn 2** **Spring 1** **Spring 2** **Summer 1** **Summer 2**

2/english)

Film Studies (/curriculum-2/film-studies)

Food & Nutrition (/curriculum-2/food-nutrition)

Modern Foreign Languages (/curriculum-2/french)

Geography (/curriculum-2/geography)

History (/curriculum-2/history)

Horticulture (/curriculum-2/horticulture)

Mathematics (/curriculum-2/mathematics)

Music & Performing Arts (/curriculum-2/music)

Human rights and citizenship **Drugs Education** **Relationships and Sex Education** **Careers Education** **Financial Education** **Personal and Emotional Wellbeing**

PSHE is focused around three core themes as recommended by the PSHE Association;

1. Health and well-being- self-concept, mental health and well-being, healthy lifestyles, drugs, alcohol and tobacco, managing risk and personal safety, sexual health
1. Relationships- positive relationships, relationship values, forming and maintaining respectful relationships, consent, parenting, bullying, abuse and discrimination and social influences
1. Living in the wider world- choices and pathways, work and career and financial choices

Please note that other aspects of the PSHE curriculum are covered cross curricular alongside the other subject areas within school.

Teacher in Charge: Miss. E. Harris

Relationships and Sex Education

As part of the statutory curriculum your child will be studying Relationships and Sex Education (RSE). The school will be following the foundation curriculum created by the company Ten Ten whose resources have been created to fulfil the government guidance and support the Catholic ethos of the school.
A detailed overview of the content and example of the resources used are accessible for you on the Parent Portal of Ten Ten's website.

Physical Education (/curriculum-2/physical-education)

PSHE (/curriculum-2/pshce)

Religious Education (/curriculum-2/religious-education)

Science (/curriculum-2/science)

Ten Ten Resources

Username: st-piusx-s63

Password: pope-637

Parent Portal: https://www.tentenresources.co.uk/parent-portal/ (https://www.tentenresources.co.uk/parent-portal/)

Teacher in charge: Mr D McGee (Head of RE)

Saint Pius X Catholic High School (/)

Contact

Head Teacher
Mrs L Bullars

Operations Manager
Mrs S Graham

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

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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

© Care Quality Commission 2025

Overview and Scrutiny Management Board – Work Programme 2025-26

Chair: Councillor Brian Steele **Vice-Chair: Cllr Joshua Bacon**
Governance Manager: Barbel Gale **Link Officer: Phil Horsfield**

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 outcome that we want?

Agree principles for longlisting:
- Can scrutiny add value or influence?
- Is it being looked at elsewhere?
- Is it a priority – 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
Wednesday 7 May 2025	Sharon Kemp / Jo Brown	Council Plan 2025 - 2028 & New Year Ahead Delivery Plan - Pre-decision
	Ian Spicer	Review of the Non-Residential Charging Policy - Pre-decision
	Barbel Gale	Work Programme
	Each Governance Advisor	Work in progress from Select Commissions
	Barbel Gale	Forward Plan of Key Decisions
Wednesday 4 June 2025	Judith Badger / Rob Mahon	Finance Update - June 2025 - Pre-decision
	Sharon Kemp / Jo Brown	Social Value Annual Report - Pre-decision
	Ian Spicer / John Holman	Employment Solutions 2025-26 - Pre-decision
	Barbel Gale	Work Programme
	Each Governance Advisor	Work in progress from Select Commissions
	Barbel Gale	Forward Plan of Key Decisions
Wednesday 2 July 2025	John Edwards / Jo Brown	Council Plan 2022-2025 and Year Ahead Delivery Plan Progress Update 2024-25 - Pre-decision
	Judith Badger	Ethical Procurement Policy - Pre-decision
	Judith Badger / Rob Mahon	Financial Outturn 2024- 25 - Pre-decision
	Judith Badger / Rob Mahon	Treasury Management Outturn 2024-25 - Pre-decision
	Judith Badger / Rob Mahon	May 2025-26 Financial Monitoring Report - Pre-decision
	Barbel Gale	Work Programme
	Each Governance Advisor	Work in progress from Select Commissions
	Barbel Gale	Forward Plan of Key Decisions
Tuesday 9 September 2025	Andrew Bramidge / Simon Moss / Fiona Fletcher	Progress update on the implementation Economic Inactivity Trailblazer programme
	Barbel Gale	Scrutiny Annual Report 2024-2025
	Judith Badger / Rob Mahon	July 2025-26 Financial Monitoring Report - Pre-decision scrutiny
	Andrew Bramidge / Emma Ellis	Community Safety Strategy 2025-2028 - Pre-decision scrutiny
	Judith Badger / Kevin Fisher	Investing in our Community Facilities - Pre-decision scrutiny
	Barbel Gale	Work Programme
	Each Governance Advisor	Work in progress from Select Commissions
	Barbel Gale	Forward Plan of Key Decisions
Wednesday 8 October 2025	Andrew Bramidge	Rotherham Employment & Skills Strategy - Pre-decision scrutiny
	Andrew Bramidge	Selective Licensing Policy - Pre-decision scrutiny - joint with IPSC
	Barbel Gale	Work Programme
	Each Governance Advisor	Work in progress from Select Commissions
	Barbel Gale	Forward Plan of Key Decisions
Wednesday 12 November 2025	Judith Badger & Rob Mahon	Medium Term Financial Strategy Update - Pre-decision scrutiny.
	Craig Cornwall, Lewis Coates & Andrew Bramidge	General Enforcement Policy - Pre-decision scrutiny
	Andrew Bramidge/Sam Barstow	Call-In - Selective Licensing
	Fiona Boden	Complaints Annual Report
	Barbel Gale	Work Programme
	Each Governance Advisor	Work in progress from Select Commissions
	Barbel Gale	Forward Plan of Key Decisions
	Lindsay Wynn & Rob Mahon	2026/27 HRA Business Plan & Rent Setting - Pre-decision scrutiny
	Judith Badger	Inclusion Strategy and Annual Report – Pre-decision scrutiny
	Andrew Bramidge	Library Strategy – Pre-decision scrutiny

Wednesday 10 December 2025	Simeon Leach & Andrew Bramidge	Rotherham Employment & Skills Strategy - Pre-decision scrutiny
	Barbel Gale	Work Programme
	Each Governance Advisor	Work in progress from Select Commissions
	Barbel Gale	Forward Plan of Key Decisions
Tuesday 13 January 2026	John Edwards	Council Plan and Year Ahead Delivery Plan Progress Update - Pre-decision
		Leader Q&A - to be scheduled after Council plan on the agenda.
	Judith Badger & Rob Mahon	November 2025-26 Financial Monitoring Report – Pre-decision scrutiny
	Andrew Bramidge & Andy Duncan	Strategic Community Infrastructure Levy (CIL) Update – Pre-decision scrutiny
	Judith Badger & Rob Mahon	MTFS Presentation
	Barbel Gale	Work Programme
	Barbel Gale	Forward Plan of Key Decisions
Tuesday 3 February 2026	Judith Badger & Fiona Boden	Inclusion Strategy and Annual Report - Pre-decision Scrutiny
	Ian Spicer	Rotherham Baby Packs – Outcomes and Future Commissioning - Pre-decision Scrutiny
	Kerry Grinsill-Clinton	HSC - Access to Contraception Review Report
	Barbel Gale	Work Programme
	Each Governance Advisor	Work in progress from Select Commissions
	Barbel Gale	Forward Plan of Key Decisions
Wednesday 4 February 2026		Question and answer session, Mayor Coppard, South Yorkshire Combined Mayoral Authority.
	Judith Badger & Rob Mahon	Budget and Council Tax Report 2026-27 - Pre-decision Scrutiny
Wednesday 11 March 2026	Sam Barstow	Modern Slavery Transparency Statement - Annual Refresh
	Andrew Bramidge	Climate Emergency Annual Report - Pre-decision Scrutiny
	Barbel Gale	Work Programme
	Each Governance Advisor	Work in progress from Select Commissions
	Barbel Gale	Forward Plan of Key Decisions
Wednesday 8 April 2026	Andrew Bramidge / Simon Moss / Fiona Fletcher	Progress update on the Economic Inactivity Trailblazer programme
	Barbel Gale	Work Programme
	Each Governance Advisor	Work in progress from Select Commissions
	Barbel Gale	Forward Plan of Key Decisions
Substantive Items for Scheduling		
July 2026	Barbel Gale	Leader Q&A - to be scheduled after Council plan on the agenda.
Feb-26	Barbel Gale	Question and answer session, Mayor Coppard, South Yorkshire Combined Mayoral Authority.
Jul-26	John Edwards	Council Plan 2025 - 2028 & New Year Ahead Delivery Plan - Pre-decision
Sep-26	Kevin Fisher & Judith Badger	Investing in our Community Facilities - An update report be provided in 12 months to include the updated condition survey results, where available.
Nov-26	Fiona Fletcher	Progress update on the implementation of the Pathways to Work Economic Inactivity Trailblazer programme
Expected March / April 2026	Joanne Hacking & Mat Dyson	Children's Commissioners Takeover Challenge
Reviews for Scheduling		
In progress	Sam Barstow	A spotlight review - Life-saving equipment and related byelaws
Items to be Considered by Other Means (e.g. off-agenda briefing, workshop etc)		
Autumn 2026	Andrew Bramidge	An update on progress following the implementation of Waste Service Route Optimisation programme be brought back to OSMB within twelve months via an off-agenda briefing.
Autumn 2026	Andrew Bramidge	An update on the progress following the implementation of the Street Safe Team programme be brought back to OSMB within twelve months via an off-agenda briefing.
TBC	Andrew Bramidge	Replacement of refuse vehicles: Off-agenda briefings to be provided to give an update on the procurement of the new refuse vehicles and progress against the target for renewal of the fleet. These briefings should be split to represent the different phases of the programme.
TBC	Andrew Bramidge / Sam Barstow	Public on street bin collections: Off-agenda briefing to be provided regarding the emptying of public bins. This information should include details of how overflowing bins can be reported, how often collections are scheduled for and how those are monitored, what join arrangements are in place with Parish Council's, if any, and a list of the locations of bins under RMBC management, if available.

TBC	Luke Sayers	IT Systems: Workshop to be arranged for members of OSMB to understand what IT systems the Council is using, what the purpose of those systems is, are those systems as up to date as possible, how updates to those systems are managed, how the Council is using artificial intelligence (AI), is the Council using outdated technology, and was the Council spending too much or too little in this area.
TBC	Fiona Fletcher	Pathways to Work Economic Inactivity Trailblazer programme: Agreed that an off-agenda briefing be provided to share the details of the commissioned VCSE organisations and their geographic reach with members of OSMB.
Items for Future Consideration		
Apr-26	TBC	Future Rothercare Model
Cross Commission scrutiny opportunities		
Jan/Feb 2026	Andrew Bramidge	Town Centre Developments (Forge Island, Markets & Library Redevelopments: An initial site visit to be arranged to consider a midterm evaluation of the Market's redevelopment including a briefing detailing information on construction costs, the retention of market traders along with information on the plan for encouraging new businesses. The site visit is to involve Councillor Williams, Councillor Steele, Councillor Bacon, Councillor McKiernan, Councillor Tinsley, Councillor Jones, Councillor Sheppard, Cavinet Members and Officers from R&E. Then to be followed by an off-agenda briefing providing a progress update for these projects, indicating if slippages had occurred, if there was underspend or overspend on any of the schemes and the proposed mitigates, if any.
TBC	Ian Spicer/Sarah Clyde	Energy Efficiency: An off-agenda briefing to be provided to members of OSMB and IPSC to provide information on the energy efficiency retrofits in social housing. This should cover aspects such as the feasibility and prioritisation of upgrades to heating systems and insulation across the borough. It would include details on how these retrofits align with the Council's net-zero goals, what potential funding was available to support this and timescales for implementation.

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Agenda Item 10

Rotherham Metropolitan Borough Council

Health Select Commission (HSC) Chair's Briefing: for Overview and Scrutiny Management Board meeting on 3 February 2025

Items covered since the last meeting:

At the HSC meeting on 22 January 2025 the following items were considered:

1) Rotherham Safeguarding Adults Board (RSAB) Annual Report 2024-2025 and Strategic Plan 2025-2028

Members scrutinised RSAB Annual Report 2024/25 and Strategic Plan 2025–2028, which described performance during the previous year and set out its objectives over the next three years. Members sought assurances that the system was able to respond to increasing safeguarding activity and sustain reduced risk reported over time; that training, workforce capacity and multi-agency arrangements remained effective; that voice, advocacy and engagement with seldom-heard groups was robust; and that learning from reviews, data on abuse and neglect, and forward-looking commitments in the strategic plan translated into measurable improvements, clear accountability and deliverable timescales.

The following recommendations were agreed during the meeting:

That the Health Select Commission:

1. Noted the development of the 2025–2028 Rotherham Safeguarding Adults Board Strategic Plan and the content of the 2024/25 Annual Report.
2. Requested that the RSAB provide annual updates regarding delivery against the strategic plan in order to provide assurances as to its impact in terms of delivering improvements for Rotherham's vulnerable residents to the Commission, alongside its Annual Report.

2) Access To Contraception Review Report

Members reflected on the report prepared by the working group drawn from the Health Select Commissions membership and considered the recommendations and broad ambitions it outlined.

The following recommendations were agreed during the meeting:

That the Health Select Commission:

1. Noted the content of the Access to Contraception Review Report.
2. Supported Option C: Support the recommendations and long-term broad ambitions as described at Paragraph 6 of the review report presented to them.
3. Supported the report being presented to OSMB, and subsequently Cabinet in accordance with the agreed preferred option.

Work programme 2025-26 updates:

- **Workshops/Reviews**

  In progress:

  Following a particularly productive Menopause Workshop, discussions were held with the Chair of the Health Select Commission, Cllr Keenan, the Head of Democratic Services and Governance Manager, Health Select Commission Link Officer and Cabinet Member for Adult Care and Health following which it was agreed that the outcomes from the activity were such that is was reasonable to progress this matter as a spotlight review. As such, a review report is being prepared to present the recommendations made by the working group convened to take forward via the standard scrutiny process.

  Future Activity:

  Members have generated five new topics for consideration as future scrutiny reviews. Details of the suggested topics have been shared with the Governance Manager for consideration in conjunction with the Chair of OSMB.

- **Off Agenda Briefings**

  In January 2026, Members received an off agenda briefing in relation to the AI and digital technologies tested, piloted and being implemented within the Adult Contact Team to improve capacity, efficiency and service user experience in Adult Social Care. This briefing was directly connected to an action that arose from a previous Health Select Committee meeting.

- **Site Visits**

  Two site visits have been arranged in support of forthcoming items on the Health Select Commissions agenda for its 26 March 2026 meeting. Members will visit the SDEC (Same Day Emergency Care) Centre and Non-surgical Oncology Lung Clinic at Rotherham hospital on 24th and 26th February respectively to observe operational activity and speak with staff about their experiences and improvements in patient care since the facilities opened. These site visits are intended to add value to the discussions and consideration of these items at the March Health Select Commission meeting.

Items to be discussed at the next meeting:

At the HSC meeting on 26 March 2026 the following items are due to be considered:

- Cancer Alliance Lung Clinic Update
- SDEC (Same Day Emergency Care) Implementation Update
- Confirmation of Supplementary Public Health Grants for 2026/27 - Cabinet Report (For Information Only)

Rotherham Metropolitan Borough Council

Improving Lives Select Commission Chair's Briefing for the Overview and Scrutiny Management Board meeting on 3 February, 2026

Items covered since the last update meeting:-

- At the Improving Lives meeting on 2nd December, 2025 the following items were considered:-

1. **Fostering Transformation Programme incorporating the Children and Young People's Services Prevention of Future Death Reports** – Members had the opportunity to review the current Fostering Programme in the light of changing sufficiency needs for children and young people in care in Rotherham. Also incorporated was the response of the Council to the tragic death of Marcia Grant, and the formal Prevention of Future Deaths' report following the inquest in July 2025.

2. **The Rotherham Safeguarding Children's Partnership Annual Assurance Report 2024-2025 –** Members received the RSCP report for 2024/25 which provided an update on the key partnership activity during the year, based on the strategic priorities. The impact of the work against these priorities was also demonstrated alongside a summary of any activity by the key partner agencies.

   The report also covered what the partnership had done as a result of the arrangements, including Child Safeguarding Practice Reviews (CSPR), and how effective these arrangements have been in practice.

Work Programme 2025-26 Updates:-

- **Threshold of Need (part of the Looked After Children and Care Leavers Sufficiency Strategy)**
  A dedicated dual workshop session is scheduled for Thursday, 29th January, 2026, which will include a visit to the Rotherham Parent Carers Forum at the Eric Manns Building. The session will focus on reviewing the vision and plans, amplifying the voice of the community and assessing the impact of collaborative work with partners.

- **PAUSE Project**
  A workshop has also been arranged for Monday, 2nd March, 2026 looking at support available for women who have had one or more child removed, following cessation of the PAUSE Project.

- **Children's Capital of Culture Workshop - Impact and Legacy for Children and Young People**
  A workshop has been arranged for Tuesday, 21st April, 2026 looking at Impact and Legacy for Children and Young People.

- **Trauma and Children Missing Education Scrutiny Review**
  Following agreement of the scope plans are progressing as part of this review. A questionnaire is being sent to all secondary schools seeking their experiences of the impact of trauma on children missing education.

Items to be discussed at the next and future meetings:-

10 February 2026

- Ofsted Inspection Outcome
- Educational Attainment Update
- Corporate Parenting Partnership Board Update

17 March 2026

- Community Cohesion Projects Update - Building Bridges Together Project and the Together for Tomorrow Project Updates
- Children Not in Education Update
- Rotherham Standing Advisory Council for Religious Education (SACRE) Annual Report 2024-2025 (for information)

28 April 2026

- Corporate Parenting Partnership Board Annual Report 2024-2025
- Safeguarding Children From Radicalization (Prevent Programme Update and Keeping Children Safe in Education) Update
- Child Exploitation Strategy Update

Rotherham Metropolitan Borough Council

IPSC Chair's Briefing: for OSMB meeting on 3 February 2026

Items covered since the last update meeting:

- At its meeting on Tuesday 16th December 2025, IPSC had opportunity to consider the **Bereavement Services Annual Report**. The Annual Report from Bereavement Services provided a summary of progress across the year on council-retained services and properties, together with a review of the Council's performance management of the contract with Dignity Funerals Limited (Dignity). Representatives from Dignity were also in attendance, which allowed Members the opportunity to scrutinise and ask questions relating to Dignity's Annual Performance Report and Operational Plan. At the time of the meeting, Dignity had yet to confirm the level of its fees for the upcoming year and Members therefore await an update on this, once available.

Work programme 2025-26 updates:

- **School Road Safety Review**
  Work on this review continues and Member attendance and engagement has been high. A number of meetings have now taken place with officers from across the council to consider the following areas - School Engagement & Liaison; Crossing Patrol; and Parking Enforcement.

  The Governance Advisor is due to arrange a further meeting with contacts at SYMCA and after that, Members will consider if there is anything further they wish to look at before the work of pulling together outcomes and potential recommendations begins.

- **ASB Workshop**
  The Anti-Social Behaviour workshop delivered by Housing took place on 4th December 2025. This was a very useful and insightful workshop which allowed Members with the opportunity to ask questions of a number of Officers who work within Housing across the borough.

  Members also took part in a breakout Case Study group session where Members and Officers worked through a number of real-life scenarios together and were able to discuss the particular complexities of each case and valuable lessons learnt. Feedback from the session was that both Members and Officers found it very useful to consider each other's experiences. The presentation from the session is now available to view on the Member Portal.

- **Market/Library Redevelopment Site Visit**
  The site visit to the Market/Library redevelopment is now set to take place on the afternoon of Tuesday 10 February 2026. The Members due to attend are as follows – Cllrs Steele, Bacon, McKiernan, Tinsley, Sheppard and Jones. Cabinet Members Cllrs Williams and Marshall are also due to attend, along with officers from Regeneration & Environment. The Governance Advisor will accompany Members on the visit and the

intention is to report back on the visit via a Briefing Note to be presented at either IPSC/OSMB or, potentially, at both meetings.

Items to be discussed at the next meeting:

At the next meeting of IPSC on 27 January 2026, members will scrutinise the following items:

- Flooding Alleviation Update; and
- Thriving Neighbourhoods Annual Report (postponed from December).