



# Rotherham Loneliness Action Plan 2026-2030

*Our Vision: Rotherham residents of all ages and backgrounds feel connected to others and the community around them*



# History of Rotherham Loneliness Action Plans

The first Rotherham Loneliness Action Plan was implemented in 2020 following a workshop event with key stakeholders in 2019. This followed on from the national strategy “A Connected Society” which was published in 2018 - [DDCMS Loneliness Strategy](#).

## Rotherham Loneliness Action Plan 2020-2022 - [Final Loneliness Action Plan.pdf](#)

Completed actions during this plan includes:

- Started rollout of Making Every Contact Count training
- Assisted Link Workers in understanding their local communities and the assets available which support good social connections
- Inclusion of loneliness as a theme in Be Well at Work Scheme
- Promotion of GISMO to people who live and work in Rotherham

## Rotherham Loneliness Action Plan 2023-2025 - [Loneliness Action Plan update.pdf](#)

Completed actions during this plan include:

- Increased community hub capacity including Warm Welcome sites
- ‘Spot the Signs’ campaigns used to raise awareness of the safeguarding risks linked to loneliness
- Updated Loneliness JSNA section including personal quotes
- Conducted several focus groups across the borough about loneliness and mental health
- Inclusion of loneliness questions in Tenant Health Check
- Expansion of Loneliness MECC training throughout library venues
- Evaluation from COVID funded projects for the over 55s
- Holding Difficult Conversations training was delivered to frontline partners 6th Oct 22 to help them tackle the drivers of hate

# Governance of Loneliness Action Plan

The implementation of the Rotherham Loneliness Action Plan 2026 – 2030, will be overseen by the Better Mental Health for All Group. These meetings are chaired by Public Health and have representation from Health and Wellbeing partners. The multi-agency group meets bimonthly and is tasked to implement this plan and the Better Mental Health for All Action Plan. Progress against this action plan will be reported to the Mental Health (MH) and Learning Disability (LD) Transformation Group, a subgroup of the Rotherham Place Plan Board. Annual updates will be given to the Rotherham Health and Wellbeing Board.

The Partners represented on the Better Mental Health for All Group include:

- Adult Health and Care Network
- Age UK Rotherham
- Children, Young People and Families Consortium
- Crossroads
- Healthwatch Rotherham
- NHS South Yorkshire
- RDaSH (mental health provider)
- Rotherham NHS Foundation Hospital Trust
- RMBC - Adult Care, Housing and Public Health (including Neighbourhoods)
- RMBC - Children and Young People's Services
- RMBC - Communications
- RMBC - Culture, Sport and Tourism Service, Regeneration and Environment
- Rotherham Federation
- Rotherham United Community Trust (RUCT)
- South Yorkshire Police
- Voluntary Action Rotherham

# Why is Loneliness a Public Health Issue?



## Mental Health Impacts

Increased risk of Dementia and cognitive decline  
Links to poor mental health and suicide



## Physical Health Impacts

Increased risk of CVD and Stroke  
Increased risk-taking behaviour (drinking/smoking/gambling)

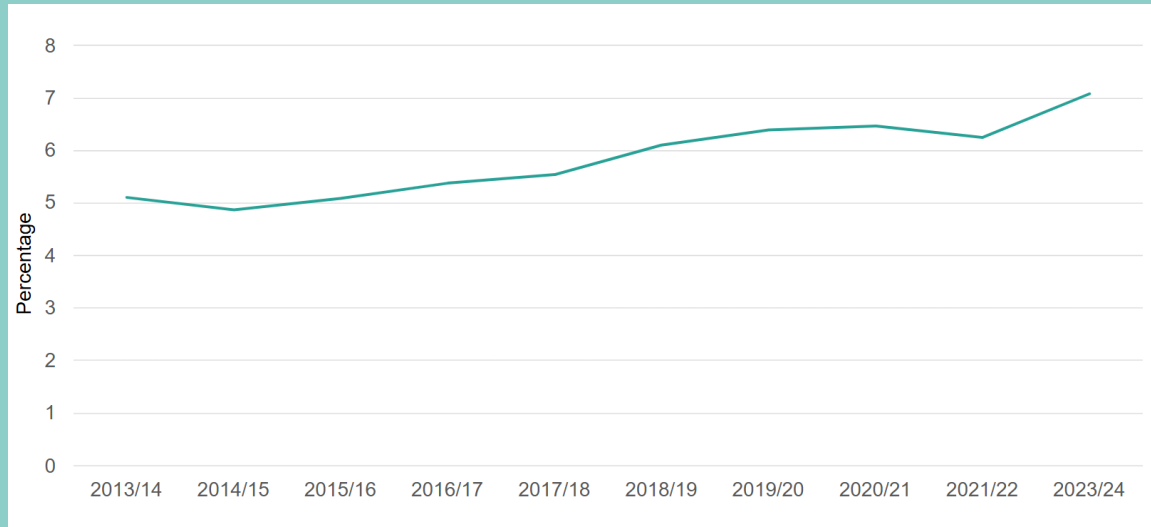


## Community Impacts

Safeguarding risks to vulnerable people (e.g. cuckooing/scams)  
Absenteeism and presenteeism



# National Data



7% of people report feeling lonely 'often' or 'always'

↑ Increases to 9% for those aged 16-29

↑ Rises to 10% reporting chronic loneliness in Yorkshire

**Chronic loneliness** is the persistent feeling of being alone and disconnected from others over an extended period, even when surrounded by people

## Key cohorts of concern

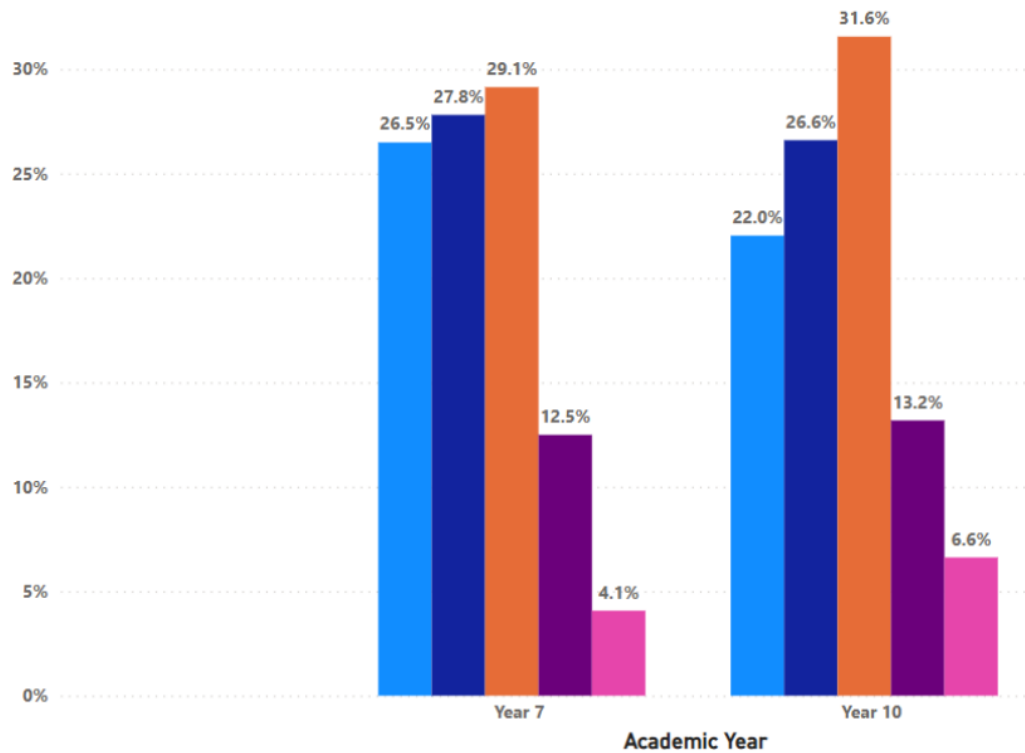
- **13% in disabled adults**  
(4% in non-disabled)
- **12% in unemployed adults**  
(5% in employed)
- **17% in council properties**  
(5% in owner occupied)  
(9% in private rented)
- **23% in single parents**  
(5% with 2 adults and child/ren)  
(12% single adults)  
(7% with 2 adults and no children)

# Local Data

## School Lifestyle Survey

16.6% of Y7s and 19.8% of Y10s reporting chronic loneliness

● No, never ● Rarely ● Sometimes ● Most of the time ● Always



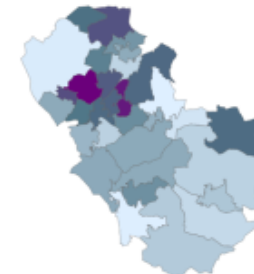
## RMBC Data



Long term unemployment ranges from 1% to 14%



People over 65 who live alone ranges from 24% to 40%



Social renting as high as 46% in some MSOAs

# What is Loneliness?

Loneliness has different meanings to different people. A general definition of loneliness is: “a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.” Perlman, D. and Peplau, 1981, cited in HM (2018), ‘A connected society: a strategy for tackling loneliness’. However, people often have different definitions of loneliness depending on their own experiences. To understand this on a local level, focus groups were carried out across the borough including veterans, carers, adults with neurodiverse conditions and a variety of adults who supported these groups.

Rotherham Residents in the focus groups were asked “What is Loneliness?” Here are some responses:

I felt like I could talk to no-one because I couldn't describe what was happening

I think it's not knowing where you can go to get that support and help

In a sense you feel trapped

It's something you can't control. It's not like flicking a switch

It's as if you are on the outside of the world looking in

You just sit there and think 'what the heck' 'why bother'

I think it comes in waves

Loneliness is when people don't really understand people and why they are alone

# What are the effects of Loneliness?

During focus groups, Rotherham residents were asked was “What are the effects of Loneliness?”  
Here are some responses:

People can start skipping meals

I didn't used to come into work most days

Whilst someone is lonely, they might be good physically but mentally and emotionally they will be terrible

I used to make myself really ill, I used to make myself sick

Drink, drugs, gambling. There are so many things you can get addicted to doing. Some people turn to that

Personal hygiene goes downhill

I'm always having nightmares

It can also affect peoples' decisions as well and people can make impulsive decisions

I never left the house and was suicidal

This really highlights the breadth of the situation caused by loneliness in Rotherham and the full range of effects attributable to loneliness. It also shows how reducing loneliness can reduce pressure on other services in Rotherham including mental health services and substance misuse services. It was ensured that any references to substance use or suicide were followed up with by checking in on the individuals who mentioned this and signposting to appropriate services.

# What are the causes of Loneliness?

Loneliness can be caused by a variety of factors and can happen to anyone throughout their life course. The key themes of causes discussed at the focus groups were:

- Bereavement
- Disability and ill health
- Bullying and discrimination
- Financial and life pressures
- Safety

The image below demonstrates all of the ways in which loneliness can be triggered across the life course:



Things like bullying make people go into a shell

Pressure is what fuels depression and mental instability

I'm a full-time carer, that's why I come here, just for a bit of a break because it's a lot harder than people think

We got moved to temporary accommodation and we felt socially isolated

A lot of people, as they get older, they feel vulnerable

# Loneliness Stakeholder Workshop

A workshop was held on 4<sup>th</sup> November 2025 to discuss the renewal of the Loneliness Action Plan. Two key questions were posed to stakeholders, 'What is working well?' and 'What are we concerned about?' There was then a discussion about what the action plan should include. The responses are all shown on the following pages.

## What is working well?

### Great Voluntary Sector

- Maximisation of funding
- Lots of skills and knowledge
- Strong grassroots network
- Good will and commitment of volunteers

### Trusted Support Services

- Co-production with service users
- Money Matter resources
- RotherHive and Gismo
- Lots of trust in the voluntary sector

### Benefits of Groups

- Friendship development
- Community Cohesion
- Huge savings for NHS
- Personalised wrap around support
- Inclusive open-door approaches

### Great Partnership Working

- Champions for addressing health inequalities
- Collaboration of grant funded projects
- Multi-agency working across different issues
- Engagement from

partners

## Action Plan Cross-Cutting Themes

### **Maintain** current activities and support

Training, funding, promotion, celebration, support

### **Expand** the support available

Recruitment, removing barriers, exploring opportunities

### **Include** everyone

Inclusive language, accessibility, removal of stigma

### **Connect** services and communities

Volunteering, partnership working, neighbourhood model

## Key Areas of Concern

- Long term funding
- Social Awareness of loneliness as a health issue
- Structural issues (transport, housing etc..)
- Level of responsibility given to volunteers
- High levels of loneliness in specific groups and deprived areas
- Cultural sensitivity
- Groups and partners being missed
- Continual rising of expectations
- Successful projects being defunded
- Lack of understanding and acknowledgement of

# Action Plan Aims

**Aim 1: Make loneliness everyone's responsibility**



## Actions to be completed

- Champion Five Ways to Wellbeing across all initiatives to promote positive mental health and social engagement
- Deliver Making Every Contact Count (MECC) Training to frontline staff
- Deliver 'train the trainer' MECC
- Continue to work closely with RMBC teams including Neighbourhoods, Commissioning and Culture, Sport and Tourism
- Champion the Be Well at Work Scheme and share best practice to tackle loneliness and isolation within businesses to create a healthier workforce



# Action Plan Aims

## Aim 2: Connecting people to each other and their community



### Actions to be completed

- Maintain and promote GISMO as a key signposting resource
- Promote the VAR e-bulletin
- Recruitment and ongoing support for volunteers
- Use comms messaging to promote wellbeing support such as RotherHive and Say Yes campaigns
- Make use of existing networks, partnerships and newsletters to regularly promote new opportunities for people to make meaningful connections
- Promote resident led activities and community hubs
- Promote library services and the support and groups they offer
- Promote organisation which support people to get digitally connected (e.g. Age UK, CARD, RotherFed, libraries)



# Action Plan Monitoring and Wider Discussions

Organisations across the statutory, private, and voluntary sectors, along with communities and individuals, all have an important role in delivering this action plan and achieving its outcomes. To realise our vision, all stakeholders in Rotherham must take action in order to maximise the response. Collaboration is essential to ensure the successful implementation of the plan.

This action plan will contribute to the delivery of the Rotherham Health and Wellbeing Strategy, which prioritises prevention, addresses the wider determinants of health, and tackles health inequalities. The Better Mental Health for All Group will report progress annually to the Rotherham Health and Wellbeing Board.

## Wider Themes

During both focus groups and stakeholder discussions, several topics were mentioned as barriers to reducing loneliness which need to be advocated for by the Better Mental Health for All group.

These main barriers were:

- Digital inclusion
- Transport issues

## Key Monitoring Metrics

- School lifestyle survey data – Shows loneliness rates among local children
- Public Health Outcomes Framework data: Adult Social Care - Shows percentage of adult carer who receive enough social connection
- Community Life Survey – Shows national and demographic data on loneliness rates
- Loneliness Guide and Measures results – Shows affects of locally funded projects to reduce loneliness