NHS Highland
na Gàidhealtachd

Young People's Sexual Health Needs Assessment for Highland and Argyll & Bute's Remote and Rural Communities.

Phase 2 – Summary for Stakeholders.

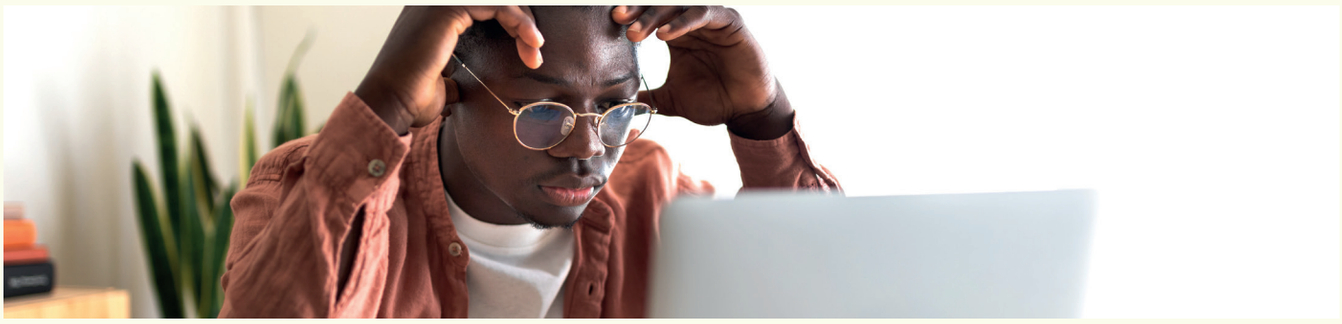
Overview

Phase 2 of the needs assessment builds on Phase 1 by directly engaging young people (n=277) and gathering insights through five third-sector engagement projects.

It provides a detailed understanding of the barriers, behaviours, and preferences shaping how young people aged 13 to 25 interact with sexual health services across NHS Highland and Argyll & Bute's remote and rural communities.

Key Findings

1. Access to services remains unequal



Young people in Argyll & Bute were significantly less likely to access services (14%) compared to North Highland (43%).

Common barriers included:

- Not knowing where to go
- Concerns about confidentiality
- Travel distance and limited appointment availability

The absence of a dedicated sexual health clinic in Argyll & Bute continues to impact uptake.

2. Digital access is high, but use depends on availability

Most young people have private digital access (over 90%), but usage varies widely by area.

Digital engagement is:

- Low in Argyll & Bute (≈10%)
- Higher in North Highland (≈40%)

Confidential online support is strongly preferred, particularly in small communities.

3. Sexual health education is inconsistent

Many young people reported:

- Irregular or absent RSHP provision
- Overly risk focused content
- Lack of inclusive and practical information

Key topics requested:

- Contraception and STIs
- Consent and relationships
- LGBTQ+ topics
- Pleasure
- Online safety

4. Confidentiality and “safe spaces” are major concerns

Fewer than half of respondents felt they had a safe place to discuss sexual health.

Fear of being recognised in small communities was a consistent barrier.

Young people emphasised the need for:

- Discreet services
- Non judgemental staff
- Youth friendly environments

5. Low awareness of services and reliance on informal sources

Many young people rely on:

- Google, social media, influencers, and AI tools

Young people have a low awareness of:

- Local services
- Free condoms
- Testing options

6. Implications for Service Planning

Across both areas, findings reinforce the priorities identified in Phase 1 and highlight the need for:

- Geographically responsive models that address rural access barriers
- Expansion of digital pathways (e.g. Live Chat, postal services)
- Improved visibility and signposting of existing services
- Consistent, high-quality RSHP education
- Development of confidential, youth-friendly access routes

Key Recommendations

Argyll & Bute

Develop or introduce dedicated sexual health clinic provision

Expand digital services (Live Chat and postal services)

Improve service awareness and outreach

Strengthen RSHP education delivery

North Highland

Enhance awareness and uptake of existing services

Strengthen confidentiality and youth-friendly access

Expand digital and postal options

Across NHS Highland

Improve digital inclusion and equity

Increase visibility of services in schools and communities

Develop safe, confidential environments

Embed monitoring and evaluation

Next Steps

Phase 3 will engage staff and practitioners to identify system-level enablers, workforce needs, and practical solutions to deliver the changes identified.

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