



Scotland's National Summit on Young People's Sexual Health & Wellbeing

A ROADMAP FOR ACTION

2026



**FIREFLY
INNOVATION**

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FOREWORD

It is so important that we allow young people to have spaces where they are free and comfortable to discuss topics like sexual health. These discussions and summits are vital, not only to educate young people and allow them to have their voices heard, but to normalise talking about it.

Back when I first got my period, I didn't understand what was going on with me. All I was told was that once I grow up, I'll be bleeding once a month. That it was a part of being a woman. Only when I had finally made myself involved and surrounded myself with sex positive people was when I started understanding why this was happening, and why it affects me the way it does.

It is vital that tools and resources are accessible to young people ensuring that they are aware where to turn to and are not afraid that they will be dismissed or turned away. Through this report, one specific highlight for me is the need for education. Topics of sexual health, periods and relationships can almost feel taboo. In school, there is either a lack of sex education, or it is severely lacking in the way it's being handled and only creates further confusion and misinformation. The education system should implement the right tools to ensure that young people who are growing up, have the right information and are able to utilise it.

I hope that this report opens people's eyes to the reality that young people want to know these topics. That they want to be educated. They want to have the right tools. Topics of sexual health and relationships are important to us all, because it allows us to take care of ourselves in all aspects of our health and allows us to navigate the ways each of our bodies grows and adapts as we continue to age and our bodies continue to change.

Wiktoria, The Young Women's Movement, Scotland



EXECUTIVE SUMMARY

The National Summit on Young People's Sexual Health and Wellbeing in Scotland was held on 23 February 2026 at the Advanced Research Centre, University of Glasgow. The summit brought together 61 participants from across Scotland and other parts of the UK, representing NHS Boards, Scottish Government, local authorities, education, the third sector, youth organisations, academic institutions, Police Scotland and specialist services.

The summit was the culmination of a wider programme of engagement designed to better understand the sexual health and wellbeing needs of young people in Scotland and identify practical opportunities for system-wide action. The programme combined engagement with young people, a national evidence-based webinar and a national summit bringing together professional and policy perspectives.

Young people's voices were central to the process. In advance of the summit, insights were gathered through engagement with schools, youth and community organisations, a facilitated focus group in December 2025 and written postcards and reflections. These insights helped shape the summit agenda and ensured that discussions were grounded in the experiences and priorities identified by young people.

The programme highlighted that Scotland has many strong foundations already in place. These include nationally recognised Relationships, Sexual Health and Parenthood (RSHP) resources, committed practitioners, accessible sexual health services, examples of innovative local practice and strong partnership working across sectors.

However, both young people and summit participants identified significant challenges affecting the consistency, accessibility and impact of current provision. These included variation in RSHP delivery, inequalities in access to services, fragmented digital information and support, workforce confidence and capacity, the increasing influence of online harms and misinformation, and a need for stronger coordination across the system.

Across the discussions, there was broad agreement that improving young people's sexual health and wellbeing will require action across education, health, government, community organisations and the third sector rather than through individual services or initiatives alone. Opportunities identified included strengthening RSHP delivery and workforce capability, improving access to trusted information and services, supporting greater digital literacy, responding to online harms and unhealthy relationship norms, and strengthening national coordination, accountability and shared learning.

The recommendations set out in this report reflect the convergence of three sources of insight: the lived experiences and priorities shared by young people, current research and evidence presented through the national webinar, and the expertise of professionals participating in the summit. Together, they provide a practical roadmap for strengthening young people's sexual health and wellbeing through coordinated, evidence-informed and youth-centred action. The recommendations will be considered by the Scottish Government as part of the development of the next iteration of the Sexual Health and Blood Borne Virus Action Plan, due to be published in 2027.

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are so far
behind.”

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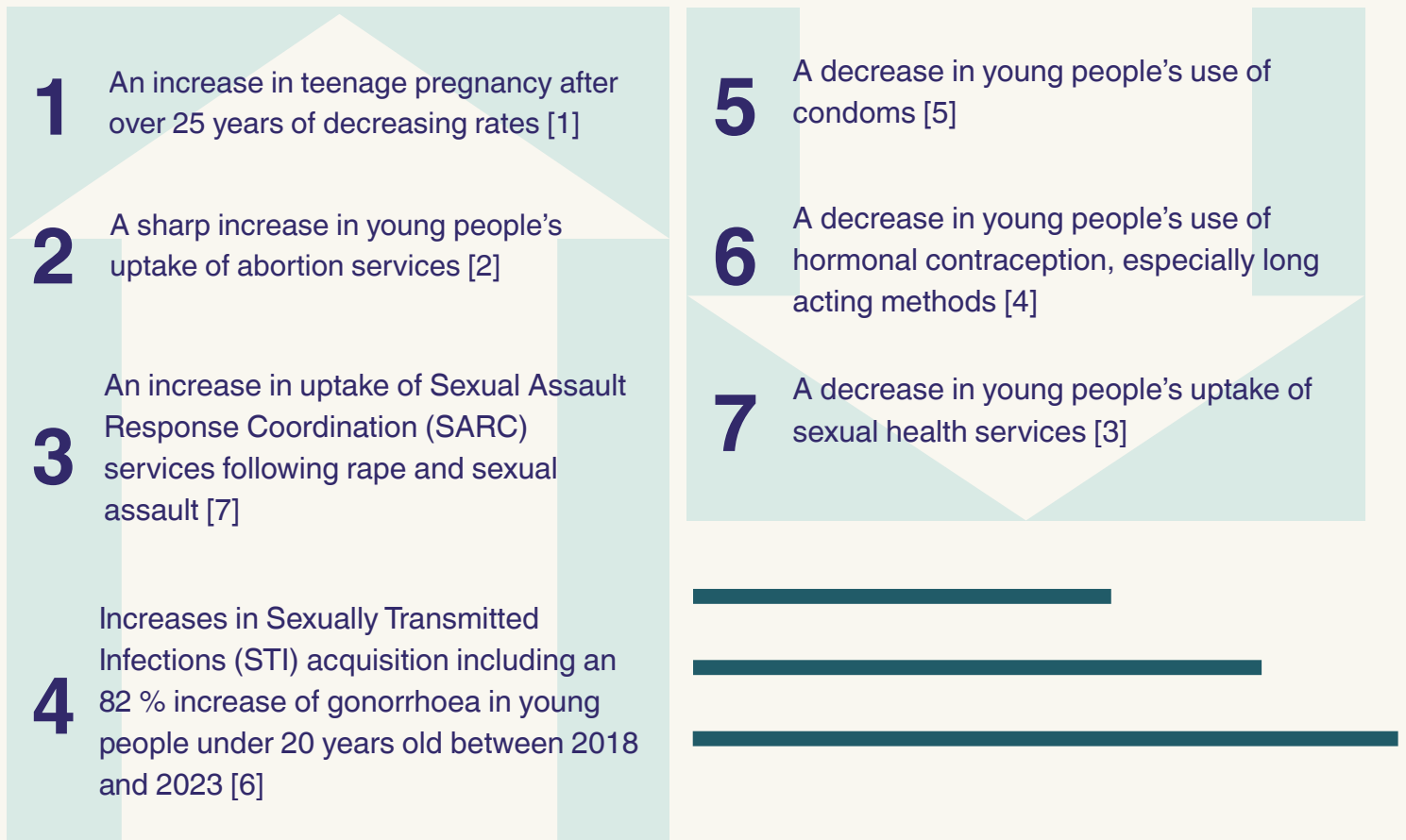
A Road Map for Action

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CONTEXT

Young people in Scotland are growing up in a rapidly changing social and digital environment. Changes in intimate relationships, online harms, pervasive inequalities and increasing complexity in accessing services are shaping young people's experiences of sexual health and wellbeing, while their needs and expectations continue to evolve. The aftermath of the COVID 19 pandemic has exacerbated much of this context. These evolving needs require refreshed multi-agency responses. Examples of changes in young people's sexual health and wellbeing outcomes include:



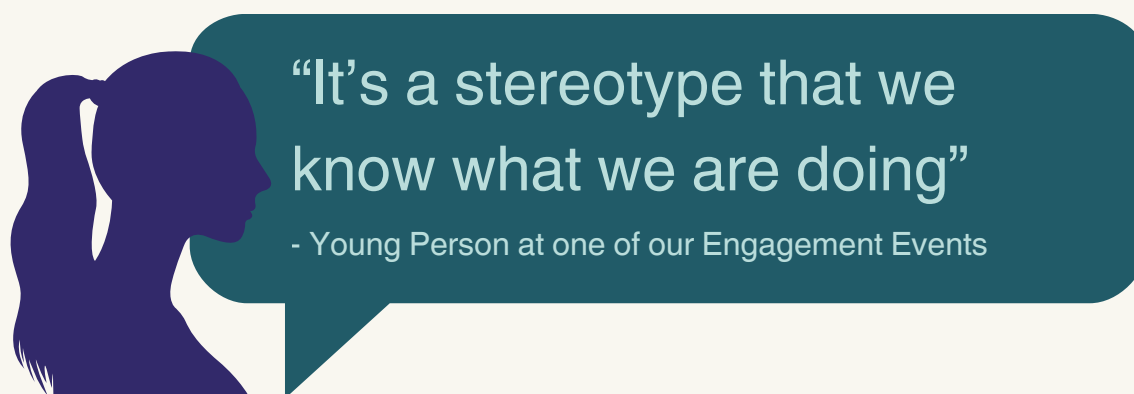
These outcomes take place within a changing social and cultural context. There are reports of the increasing normalisation of aggressive acts in young people's sexual relationships including non-fatal strangulation[8]

Prior to the enactment of the Online Safety Act (2023) in the summer of 2025, Children and young people had unrestricted exposure and access to pornography, whether sought out or not, much of it violent and abusive in content. Children and young people's exposure ranged from 10% of 9 year olds, to 27% of 11 year olds and up to 50% of 13 year olds.[9]

Through their daily online activity children and young people are at heightened risks of sexual harassment, sexual extortion, intimate image abusive, grooming and technology assisted child sexual abuse. The rapid introduction of AI poses even greater risks of harm in these adverse activities.[10]

Young people and especially girls and young women almost universally experience sexual harassment and increasing misogynistic behaviour in peer groups, schools and further and higher education settings as well as in their online experiences. Boys and young men are increasingly exposed to content and influencers which promote misogynistic ideas and behaviours. Young people experience ongoing barriers to communicating and enacting their rights around sexual consent.

Set against this are significant shifts in local, national and international cultural landscapes including coordinated attempts to pushback on sexual and reproductive health rights by ultra conservative interests, and on women's rights more broadly through the cultivation of online influencing sometimes referred to as the "manosphere". This is occurring at a time when the important adults in children and young people's lives including parents, carers and staff that work with young people in a range of settings, can often be unaware of the reality of what young people experience.



Adults can be unsure of how, when and what to say in discussing relationships and sexual health with them. This uncertainty and lack of confidence risks being further negatively affected by online campaigns of disinformation designed to stoke such concerns generated by campaigning groups.

Without a step change in the collective response to children and young people the indicators of need seem likely to deteriorate further.

In Scotland, as this report describes, there are examples of good work taking place across social and public health policy and service areas. However, this activity can be fragmented and lack a joined-up, coherent approach that reflects young people's sexual health and wellbeing holistically.

Young people's lives and the issues affecting them are changing rapidly, yet responses to emerging challenges are often slow. In a context of limited resources, the absence of a clear, collective picture of the interconnected issues shaping young people's sexual health and wellbeing means these issues are frequently not prioritised to the extent they should be.

The Summit and the programme of work leading up to it, was organised in recognition that a wide range of national stakeholders and organisations play a crucial role in shaping children and young people's sexual health and wellbeing.

Many are already contributing positive aspects of practice. The Summit was intended as a critical starting point to bring these stakeholders together, share the most comprehensive data and evidence available, and build a shared understanding of the interconnected factors influencing young people's sexual health and relationships.

The aim was to support organisations to reflect on how they can contribute to change, identify opportunities for collaboration to make best use of limited resources, and generate ideas to address clear gaps in practice across Scotland. Central to this work is the recognition that young people themselves must be actively involved in these conversations.

Scotland has significant strengths on which to build. High-quality national RSHP resources, committed professionals, strong partnerships and examples of innovative practice provide solid foundations. However, young people's experiences remain unacceptably inconsistent. Access to education, trusted information and sexual health services can vary depending on geography, how education and support are delivered, and the capacity of local health, education and third sector organisations to respond.

Against this backdrop, the programme sought to look beyond individual services or interventions and identify practical, system-wide opportunities to strengthen support for young people through collaboration across health, education, government, academia, youth organisations and the third sector.

A National Collaborative Approach



Scotland's National Summit on Young People's Sexual Health and Wellbeing formed part of a wider collaborative programme involving the Scottish Government, University of Glasgow, NHS colleagues, NSPCC Scotland and The Young Women's Movement, facilitated by Firefly Innovation. The initiative was guided by a steering group bringing together expertise from research, public health, education, policy and the third sector. The summit was funded by the Scottish Government.

Rather than being a standalone event, the summit represented the culmination of a 10-month programme of engagement and evidence gathering. The programme had three interconnected stages:



Together, these activities enabled insights from young people to be considered alongside current research and the experiences of professionals working across the system. This combined evidence base informed the discussions at the summit and the recommendations presented later in this report.

ENGAGEMENT APPROACH

Stage 1: Listening to Young People

Young people were placed at the centre of the process from the outset. Over several months, the steering group worked with schools, youth and community organisations across Scotland to explore young people's experiences and priorities around sexual health and wellbeing.

Organisations contributing to this engagement included The Young Women's Movement, LGBT Youth Scotland, Barnardo's Works West of Scotland, the Scottish Island Schools Network, Graeme High School and Inverclyde Academy.

A facilitated focus group was also held at The Melting Pot in Edinburgh on 5 December 2025, bringing together young people from a mix of organisations to explore emerging themes in greater depth and sense-check insights from the wider engagement.

Written reflections provided an additional opportunity for young people to communicate directly with summit participants.

What young people told us

The engagement identified a broad set of interconnected themes:

- real and honest education;
- periods and reproductive health;
- inclusion and representation;
- access and confidentiality;
- trust and stigma;
- online life and safety; and
- mental health and wellbeing.

These themes emerged from open engagement with young people. Some, including periods and wider reproductive health, extend beyond narrower definitions of sexual health but were clearly regarded by young people as part of their wider sexual health and wellbeing.



More detailed discussion highlighted several **recurring priorities**.

Education

Young people identified inconsistency in PSE and RSHP delivery and wanted clearer, more honest education that reflected the realities of relationships and sexual health. They highlighted gaps in discussions around consent, including the influence of alcohol and substances, and expressed an interest in greater involvement from health professionals, younger contributors and peer educators.

Periods and reproductive health

Participants highlighted stigma around periods and access to period products, alongside the need for better education for all young people and greater awareness of conditions including endometriosis and PCOS.

Inclusion and representation

Young people felt that education can focus too narrowly on reproduction and does not always represent the diversity of relationships and experiences. LGBTQ+ representation, trauma-informed approaches, neurodiversity and intersectionality were identified as important areas for greater consideration.

Access and confidentiality

Concerns were raised about the availability of safe and confidential spaces to discuss sexual health, particularly within school settings. Young people wanted greater control over how they access support and clearer understanding of confidentiality and care pathways.

Trust, stigma and safe spaces

Young people described a need for trusted, impartial places to seek advice without fear of stigma. Understanding what will happen when accessing a clinic or other service was seen as particularly important.

Online life and safety

Young people felt that prohibition-based approaches to online safety were insufficient. They wanted earlier and more factual education about digital footprints, AI and deepfakes, pornography, online relationships and the influence of social media on expectations and behaviour.

Mental health and wellbeing

Mental health provision was perceived as more visible and easier to discuss than sexual health support. Young people highlighted opportunities to learn from preventative and peer-led approaches already used within mental health and violence prevention.

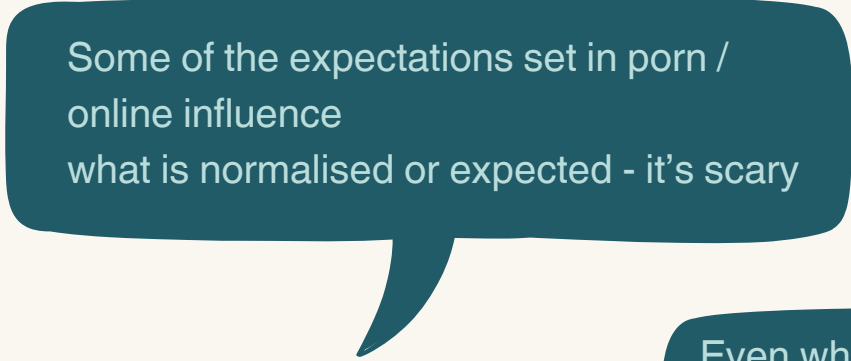
Further gaps identified included the experiences of neurodiverse young people, trans and non-binary young people, disabled young people, those experiencing poverty and financial barriers, and the influence of cultural and class differences. Participants also highlighted the importance of hearing from younger age groups, rural and island communities, teachers and community workers, and more young men.

Young people suggested opportunities including peer-led approaches, clearer signposting and awareness campaigns, greater use of community settings and stronger links between services and community organisations.

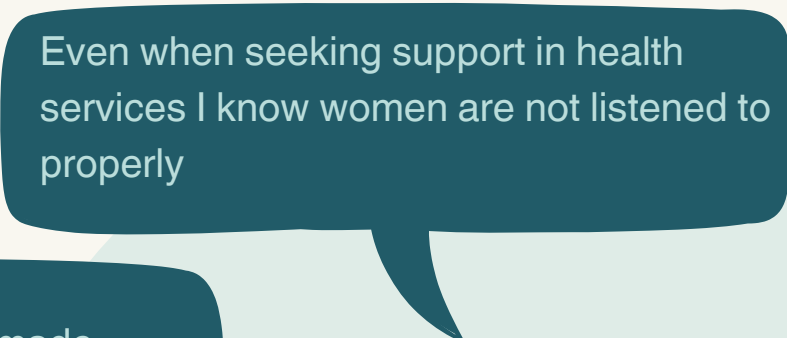
Some of their direct messages to the summit included



I learnt more about how plants reproduce than humans



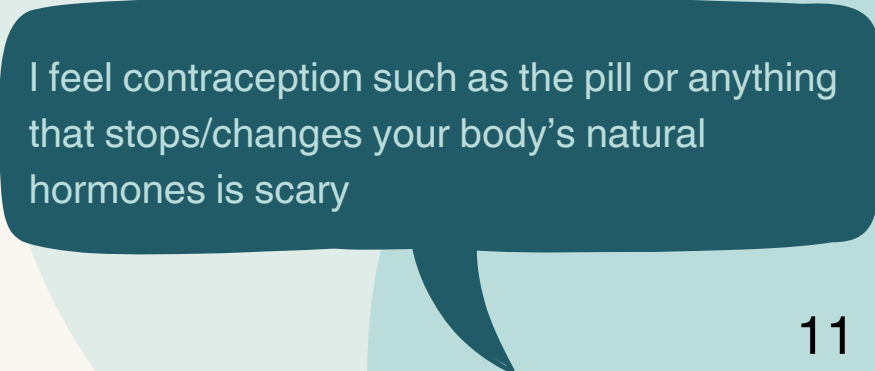
Some of the expectations set in porn / online influence
what is normalised or expected - it's scary



Even when seeking support in health services I know women are not listened to properly



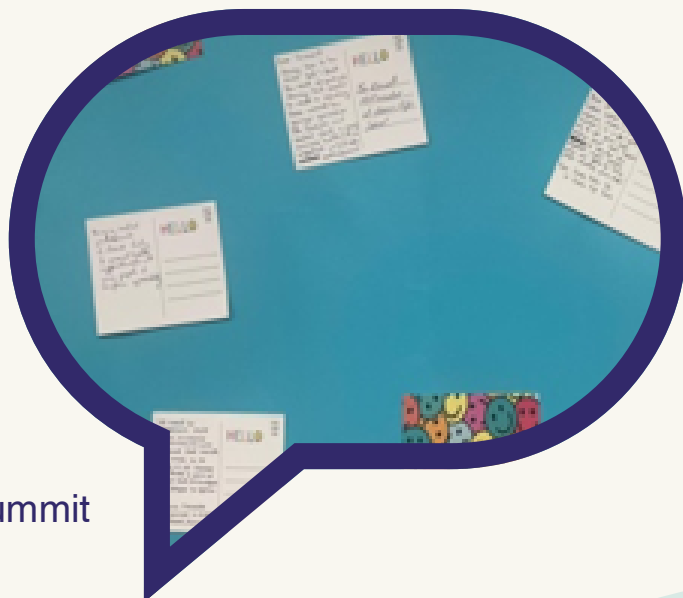
I didn't even send anything— they made fake ones [images] and said they'd ruin my life



I feel contraception such as the pill or anything that stops/changes your body's natural hormones is scary

These insights were presented directly to participants and helped shape the topics explored at the summit. Young people were not in attendance on the day, but their experiences, priorities and requests formed a central part of the evidence provided to participants. A full account of young people's views and recommendations is included as Appendix 3.

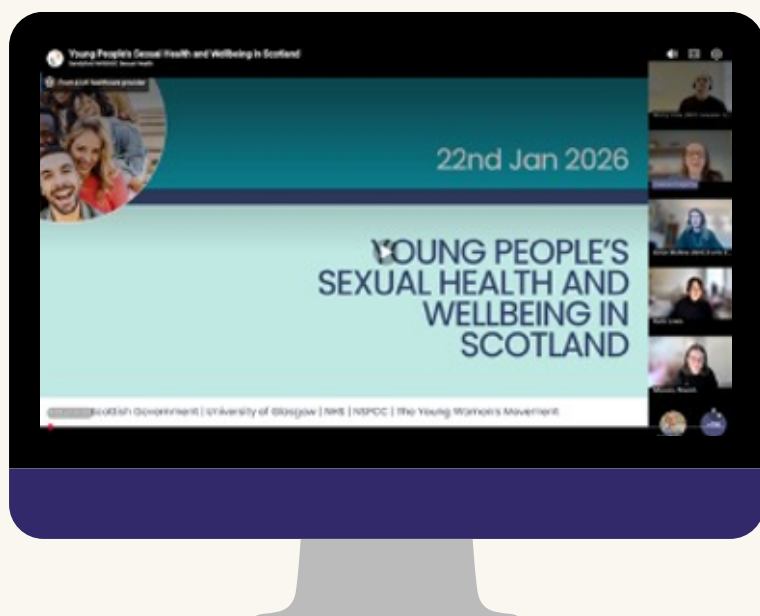
Postcards from young people to the Summit



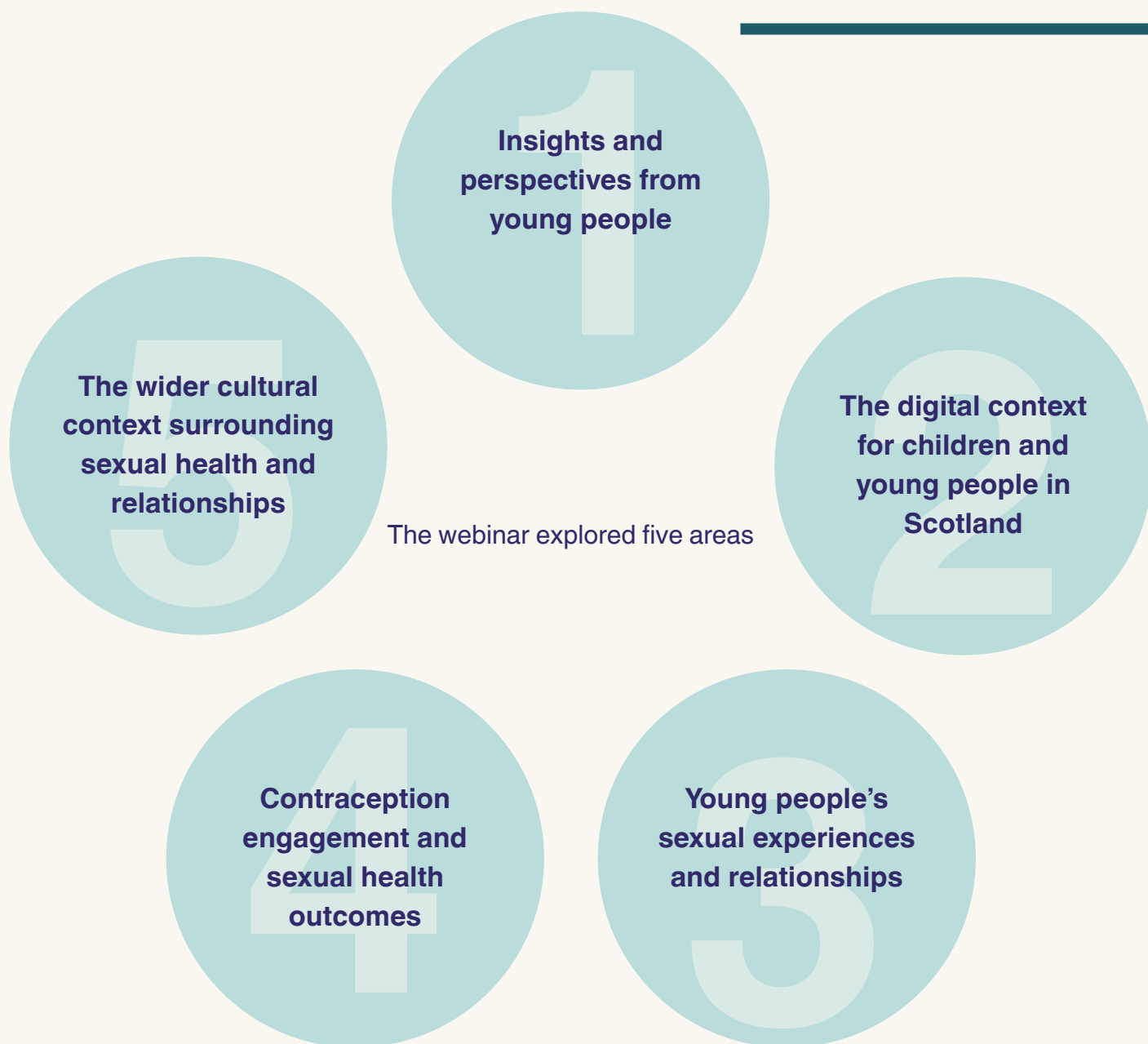
The steering group wish to thank all the young people who participated in groups and the teaching staff and youth workers who supported the engagement.

Stage 2: Building the evidence base

A national webinar held on the 22nd of January 2026 provided the research-led evidence base for the programme and enabled summit participants to arrive with a shared understanding of key issues and emerging trends



The 60-minute webinar was open both to summit participants and to a wider audience of professionals interested in young people's sexual health and wellbeing. There were 195 attendees on the day



Evidence presented through the webinar highlighted the increasingly complex social and digital environments young people are navigating, alongside challenges relating to consent, communication, sexual wellbeing, misinformation, online exploitation and harmful digital content.

Interactive polling enabled attendees to share their own perspectives on current priorities and challenges. This provided insight from professionals working across different sectors and parts of Scotland and helped connect the research evidence with what participants were seeing in practice.

The priorities emerging from the webinar, together with those identified through engagement with young people, were used to shape the thematic deep-dive discussions held at the summit.

A recording of the webinar was subsequently shared through the Sandyford NHSGGC Sexual Health channel and has 200+ views[11] at the time of report publication.

Stage 3: From Evidence to Action - Shaping the Future

The National Summit on Young People's Sexual Health and Wellbeing was held on the 23rd of February 2026 at the Advanced Research Centre, University of Glasgow.

It brought together 61 participants representing NHS Boards, Scottish Government, local authorities, education, universities, Police Scotland, youth organisations, third sector organisations and specialist sexual health services from Scotland and elsewhere in the UK. A full list of organisations represented is provided in Appendix 1.



The objective of the summit was to begin a collective conversation about how Scotland can close the gap between what young people need to support their sexual health and wellbeing and what is currently available.

The day opened with a ministerial address from Jenni Minto MSP, Minister for Public Health and Women's Health, which provided the strategic context for the discussions. Participants then heard a recap of insights from the young people's engagement programme and an input from Professor Kirstin Mitchell, University of Glasgow, on research relating to sexual wellbeing. Facilitated discussions formed the core of the summit. Morning sessions explored strengths within Scotland's existing system, the challenges affecting young people's sexual health and wellbeing and participants' aspirations for the future. During the afternoon, delegates worked in thematic groups to examine priority issues in greater depth and identify potential areas for action.

The findings and recommendations in the remainder of this report emerged from this combined process of youth engagement, evidence gathering and facilitated cross-sector discussion.

THE SUMMIT MORNING

Participants worked through the following tasks

1. Identify strengths of the current system
2. Identify any challenges or barriers
3. Identify opportunities and describe what success would look like

The discussions surfaced narratives showing the complexity and interrelated nature of the issues at hand.

The themes described below are directly taken from participants on the day. The main areas of promising practice include established education frameworks, accessible services, strong partnership working and growing youth engagement. However, these also have layers of challenge that affect the consistency, accessibility and impact of services for young people; the challenges. These discussion points are described below alongside areas where stakeholders believe further coordination, investment and innovation could help strengthen sexual health education, service delivery and engagement with young people across Scotland; the vision.

The themes are:

1. Relationships and Sexual Health Education
2. Youth Voices and Youth Led Engagement
3. Accessibility, Awareness and Use of Services
4. Digital Spaces and Healthy Relationships
5. Collaborative working
6. Policy and Research Environment

Relationships and Sexual Health Education

Strengths

Participants noted that Scotland has a well-established framework for Relationships, Sexual Health and Parenthood (RSHP) education as part of Curriculum For Excellence, supported by high-quality national resources. Resources such as, Rape Crisis Scotland's 'ESAS whole-school programme', the national RSHP.scot platform and the LGBT Inclusive Education resources developed by TIE were cited as valuable tools that make lesson planning easier and ensure consistent messaging.

There are examples of effective peer education and prevention work within schools, including Mentors in Violence Prevention (MVP) delivery by senior pupils in Scottish based schools and broader programmes addressing gender-based violence. Stakeholders also noted availability and strong uptake of teacher training and investment in school sessions across some Scottish regions.

Challenges

However, experiences vary locally: while some teachers and schools deliver RSHP extremely well, others struggled relying on specialist staff or external partners. Inconsistent delivery of RSHP was one of the most consistent challenge themes. Stakeholders repeatedly described a postcode lottery in which the quality, frequency and scope of teaching vary significantly between schools. Delivery is often dependent on individual headteachers, school priorities or teacher confidence rather than a consistent national approach. Participants called for clearer expectations around RSHP delivery and greater prioritisation of Personal and Social Education within the curriculum.

There was also recognition that existing RSHP resources require ongoing updating to reflect the experiences and needs of young people as these needs change, alongside many opportunities for more engaging and interactive formats for learning.

The Vision

Participants emphasised that schools offer a unique opportunity to reach large numbers of young people ("a captive audience"), and that parents generally support the provision of accurate education and information.

There is a need for consistent, high-quality Relationships, Sexual Health and Parenthood (RSHP) education across all schools. Participants emphasised that young people should receive the same standard of education regardless of geography or school leadership.

Achieving this would require stronger national expectations, improved training for teachers and potentially the involvement of specialist educators. Models where health professionals support teacher training, such as train the trainer approaches, were highlighted as promising routes to improving confidence and consistency.

Youth Voices and Youth Led Engagement

Strengths

Participants repeatedly highlighted the importance of authentic engagement with young people and ensuring their voices shape services and education. Many initiatives in Scotland now actively incorporate youth input, including youth-led sessions where programmes are designed around young peoples expressed needs, views and suggestions.

Participants reported increasing recognition that young people trust NHS services and are willing to share their experiences when engaged in a meaningful way.

Across services and education, there is a perception of a clear shift towards listening to young people and integrating their perspectives into policy and programme design, ensuring their voices are respected and represented.

Challenges

However, some feedback suggested that young people do not always feel represented in services, RSHP education or sexual health messaging. Stakeholders highlighted the need to recognise intersectionality and ensure that services represent the diversity of young people's identities and experiences. This includes improving engagement with young men, ensuring inclusive support for LGBTQ+ young people, and developing mechanisms for young people to provide feedback on services and policy.

The Vision

Young people should be actively involved in designing the resources, services and education intended for them. Success would mean young people feeling informed, confident and empowered to make decisions about their sexual health and relationships.

Accessibility, Awareness and Use of Services

Strengths

Stakeholders identified examples of accessible sexual health services for young people across Scotland, including school-based GP and nurse clinics, youth drop-in services, and specialist clinics designed specifically for young people.

Dedicated young people's clinics with youth-friendly appointment times such as Friday afternoons and early evenings were seen as positive. Drop-in services and integrated youth services were described as well attended and valued, particularly where sexual health support is delivered alongside broader youth support.

Some services offer holistic assessments that identify wider unmet needs and enable collaboration between sexual health, gynaecology, and public health teams. Participants also highlighted specialist resources for young people with severe or complex needs, and the potential role of school nurses in supporting sexual health discussions within schools.

There was a recognition of the wide availability of prevention and reproductive health services in Scotland, including free condoms, contraception access initiatives, and STI testing. Initiatives such as the C-Card/Free Condoms schemes, postal self-sampling for STI testing, and free menstrual products in schools were seen as positive examples of reducing stigma and improving access. Early intervention programmes such as HPV vaccination were also recognised as key preventative measures. In reproductive healthcare, policy developments such as early medical abortion at home and abortion buffer zones (Safe Access Zones) were noted as improving safe access to services.

Challenges

However, stakeholders highlighted persistent inequalities in access to sexual health services across Scotland. Rural and island communities were frequently cited as facing particularly limited access to face-to-face clinics, while young people with disabilities, asylum seekers, refugees and care experienced individuals may experience additional barriers. Participants described access to LGBTQ+ specific sexual wellbeing support as inconsistent nationally.

In addition, participants repeatedly highlighted a gap between the availability of services and young people's awareness of them. Many young people reportedly do not know where or how to access sexual health support. Public health messaging was described by some as overly formal or outdated for youth audiences. There was also concern about the spread of misinformation online, including narratives around contraception and hormone use, highlighting the need for accurate and accessible information.

Finally, a declining trust in healthcare systems and services emerged as a concern. Some participants noted that while there is general trust in the NHS, young people appear less likely to access services following the Covid pandemic and may not feel confident approaching healthcare providers.

There were significant workforce challenges noted that impact on young people's access. Across education, health and youth services there was a strong sense that practitioners require greater support to deliver sexual health education confidently. Teachers, NHS staff and youth workers highlighted the need for accessible training and CPD opportunities, though many noted that capacity constraints make it difficult to attend even free training due to lack of release time.

Limited workforce capacity and the impact of resource constraint across sexual health services was also a recurrent theme. Participants described increasing pressures on staff time and funding, with particular concern about short term funding cycles affecting third sector organisations delivering valuable services. Early intervention work was also described as increasingly difficult to fund due to long time horizons for impact.

Stakeholders emphasised the importance of sustaining effective initiatives and scaling successful approaches across Scotland where possible.

The Vision

Stakeholders described a future where all young people can access contraception, testing and sexual health advice easily, regardless of where they live. They emphasised the need for clear, youth friendly language and more visible promotion of services, including in everyday spaces such as schools, public transport and social media.

Building trust through accessible services, transparent communication and youth friendly engagement approaches was seen as essential to improving uptake. Digital models of communication were cited as a potential solution to more centralised and consistent approaches, but acknowledged the need to address barriers to online services for under 16s.

Increasing access could be achieved by expanding the reach of services such as postal testing kits and 'grab bag' testing, alongside exploring hub and spoke models to improve remote access while maintaining clinical expertise. Ideas such as a "sexual health information pack provided to all teenagers", like Scotland's Baby Box, were suggested as ways to provide practical information and resources at key points in young people's lives.

There was interest in developing more "bridging roles" where practitioners work across schools, youth services and clinical settings to strengthen knowledge and support young people consistently.

Finally, stakeholders highlighted the need for sustained investment and political prioritisation. Achieving this vision would require protected funding, increased workforce capacity and stronger cross policy collaboration. Participants emphasised that sexual health and wellbeing should be recognised as a national priority and supported by long term investment, research and data.

Digital Spaces and Healthy Relationships

Strengths

Digital platforms are playing an increasingly important role in supporting young people's access to information and services. Participants highlighted examples of strong engagement with online chat services and anonymous support platforms, this helps overcome stigma and barriers to support.

Examples cited included the Cool2Talk service in Tayside and the NSPCC Childline service, live chat functions offered by sexual health services, and the anonymous support platform Shore Space. Online educational resources such as Brook, Fumble, and SHAYR (Sexual Health Ayrshire) were also recognised as trusted sources of information.

Private and third sector stakeholders and support services are increasingly using social media platforms, including Instagram and Snapchat, to promote services, share information and engage young people. Ongoing work is also underway to improve online contraception information and counter misinformation, including content developed by clinicians and digital influencers.

Participants highlighted initiatives that focus on healthy relationships, recognising red flags, and addressing coercive control. Resources such as those developed by 'I Am Me Scotland', alongside programmes addressing incel culture and misogynistic behaviour through initiatives like 'Many Good Men', were cited as important prevention tools.

National collaboration is also happening through the Violence Against Women and Girls online working group and multi-agency efforts led by Police Scotland to tackle online child sexual abuse and exploitation.

Education on digital literacy and online safety is also expanding through programmes such as Cyber Safe Scotland, reflecting increased awareness of the role digital environments play in shaping young people's relationships and sexual health.

Challenges

There was widespread recognition that sexual health services must engage more effectively in the online spaces where young people already seek information. Participants highlighted the importance of credible digital engagement on platforms such as TikTok and other social media channels, while acknowledging ethical and governance challenges for organisations such as the NHS using these platforms. It was also noted that much of the good quality existing information is difficult for young people to find, often buried within outdated websites or static PDFs. Finally, there was strong recognition of the growing need to address gender-based violence, misogyny and online harms affecting young people.

The Vision

Digital engagement featured prominently in discussions about future success. Participants stressed that services must engage young people in the spaces where they already seek information, including social media platforms, expanding online chat functions and developing accessible national digital resources that are regularly updated and co-designed with young people to maintain relevance.

Collaborative working

Strengths

A major strength identified was the extent of partnership working across sectors. Collaboration between health services, education, public health, social work, and third-sector organisations is enabling a more coordinated approach to improving young people's sexual health and wellbeing.

Examples include partnership working between sexual health and public health teams on needs assessments, and multi-agency structures such as the online child sexual exploitation group led by Police Scotland.

Participants emphasised that Scotland's relatively small national system creates opportunities for effective sharing of learning across NHS boards. Cross-board visits, professional networks and collaborative events were seen as valuable opportunities to share good practice.

Challenges

However, there was a strong perception that services remain fragmented and often operate in silos. Participants called for greater coordination and mapping of existing initiatives to reduce duplication and make better use of limited resources. Initiatives for professional networking such as SSHPS (Scottish Sexual Health Promotion Specialists) were highlighted as useful forums that could place greater emphasis on sharing good practice and learning across health boards.

The Vision

Participants highlighted the value of bringing together schools, NHS services and third sector organisations through shared platforms, mapped services and regular learning events. Existing resources such as the SHINE data reports were identified as useful tools that could be made more widely available to support local planning and evidence-based decision making.

Policy and Research Environment

Strengths

Stakeholders noted that Scotland benefits from strong policy frameworks, research capacity and increasing strategic alignment. National strategies such as Equally Safe and ongoing Scottish Government focus on sexual health, women's health and prevention provide a supportive policy context.

Challenges

Participants described a growing recognition across sectors that current approaches are not fully meeting young people's needs, alongside a collective commitment to improvement. Strong academic interest and investment in research, combined with increasing use of data and evidence, are helping build a clearer understanding of young people's outcomes and the changes required. Several comments also indicated that people were not aware of national strategic approaches to addressing child sexual abuse and exploitation.

The Vision

Participants emphasised that policies should be developed with input from young people and practitioners, and that stronger accountability mechanisms may be needed to ensure consistent implementation across Scotland. Some participants also referenced the need for political courage to address sensitive or contested issues within sexual health policy, with a clear national leadership in driving improvements in sexual health and wellbeing for young people.

Summary

Overall, there is a sense that the structures, resources and expertise exist, and that the current challenge is to strengthen coordination, consistency and implementation across systems.

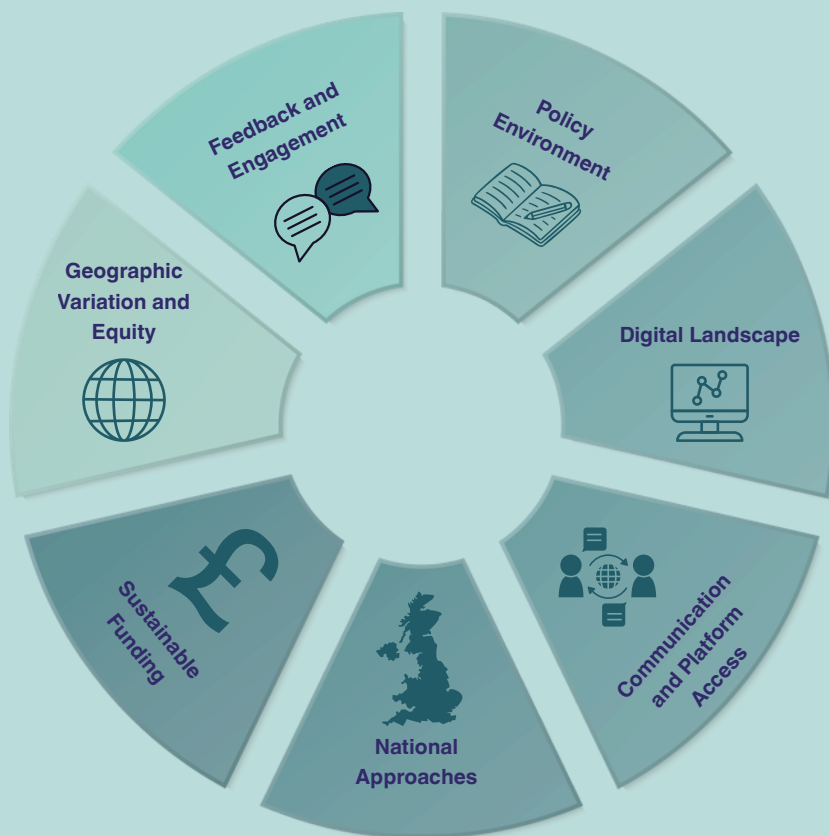
Participants described a system with many positive assets already in place, including strong national resources, committed practitioners and a collaborative policy environment.

The shared challenge is to build on these strengths by improving accountability, consistency, coordination and responsiveness so that all young people across Scotland can benefit equally from high-quality sexual health education, support and services.

Addressing issues such as workforce capacity, digital engagement, service inequalities and national coordination will be key to ensuring that sexual health and wellbeing services remain responsive to the evolving needs of young people across Scotland.

Participant Insights

Emerging Discussions and Cross-Cutting Themes



Policy Environment and Accountability

Several participants noted that sexual and reproductive health (SRH) policy and practice do not operate in isolation but are shaped by wider geopolitical dynamics and political priorities. These influences can affect funding decisions, public discourse and policy direction. In this context, some stakeholders emphasised the importance of clear accountability across health services, local government and education systems to ensure responsibility for improving outcomes for young people is shared and coordinated.



The Changing Digital Landscape

The rapidly evolving digital environment was identified as presenting new challenges for those working in sexual health and wellbeing. Participants highlighted the growing influence of technology policy, platform regulation and algorithms on the information young people encounter online. There was recognition that professionals often have limited insight into how algorithms shape the content young people see and can vary widely by location, making it difficult to understand the wider online environment influencing attitudes, knowledge and behaviour.



Digital Communication and Platform Access

Related to this, stakeholders noted that restrictions within organisational policies can sometimes create barriers to communicating effectively with young people. For example, some NHS health promotion teams are currently unable to use the same digital platforms where young people spend time, limiting the reach of trusted information or common terminology used by young people around sexual health may be flagged as dangerous or spam in communications software. Participants emphasised the importance of exploring ways to enable credible organisations to engage safely and effectively within these digital spaces.

Opportunities for National Digital Approaches



A number of participants suggested there may be opportunities to develop more coordinated national digital approaches. Ideas raised included the creation of a Scotland wide online sexual health information and support platform that is trusted, relevant and accessible to young people. Others proposed exploring innovative approaches such as artificial intelligence enabled information tools or expanding social listening approaches to better understand emerging trends in young people's online experiences. Participants also highlighted challenges such as the shadow banning of sexual health terminology on some platforms, which can restrict the visibility of reliable information.

Sustainable Funding and Investment



There is a need for sustained investment and stable funding. Participants highlighted the importance of continued funding to maintain existing services, keep resources current and support the digital infrastructure required for modern service delivery. This includes investment in IT systems, digital expertise and partnerships that enable effective online communication and support. Some participants also noted that innovation does not always require entirely new initiatives and may involve reinstating effective services or programmes that have previously been reduced or discontinued due to funding constraints.

Geographic Variation and Equity



Participants also highlighted the importance of recognising geographic variation and inequalities in access to services. Rural communities may require different models of service delivery, such as satellite clinics or alternative outreach approaches to ensure equitable access. At the same time, stakeholders emphasised the need to recognise the diverse needs of different communities and minority groups when designing services and information.

Feedback, Learning and Ongoing Engagement



Finally, several comments focused on the importance of strengthening feedback loops and learning systems. Participants suggested creating ongoing mechanisms for gathering insights from young people and ensuring they receive feedback on how their experiences influence service development and practice. More broadly, stakeholders emphasised the importance of maintaining honest, open and respectful dialogue with young people while ensuring services and information remain flexible enough to meet a wide range of needs.

Taken together, these emerging discussions highlight several structural and enabling factors that may shape the future development of sexual health and wellbeing services for young people. Addressing issues such as digital engagement, policy coordination, funding stability and learning systems may help strengthen the foundations needed for sustained progress across Scotland.

THE SUMMIT AFTERNOON

Deep Dive thematic group discussions

During the afternoon sessions, participants worked in thematic groups to explore key issues affecting young people's sexual health and wellbeing.

Groups were provided with briefing documents highlighting young people's feedback on the topic, a range of quotes and supporting evidence on each theme. This evidence was drawn from the content shared in the pre-summit webinar.



SYSTEM LEADERSHIP, COORDINATION AND ACCOUNTABILITY

"It feels like there is nothing where I live, going to my local doctors feels a bit extreme just to get support or information, plus I see lots in the news about waiting lists and shortages, it's not a priority"

"Once we share this info, it feels like we lose control over what's next."

"Make it Better."

"I see some services out there, but they don't feel like they are for me"

It sometimes feels you are pigeonholed and categorised by services.

"There are some apps I've seen but it all feels a bit disjointed – it is easier to go to social media"

"Adults – you just are so far behind."

AGENCY, CONSENT AND POWER IN RELATIONSHIPS

"We never went over consent at my school."

"It's got to the point where you just see it as part of sex, really, but it shouldn't be."

Young Person describing non fatal strangulation in sex

"I'm aware of lots of campaigns and discussions on this - it feels like it's something being discussed more."

"The consent we got taught in school was like that tea video – it's very yes/no, black/white, whilst it's not like that in real life."

"Some of the expectations set in porn / online influence what is normalised or expected - it's scary."

"Discussions on consent sometimes avoid drugs / alcohol as a factor. It's easy in theory but messier in real life."

DIGITAL CONTEXT, AI AND ONLINE INFLUENCES

"I feel like it definitely is a friend... it talks back to me like it's my best friend."

Young person on AI

"A social media ban is not feasible - we'd just find a workaround."

"AI is always available. It never gets bored with you."

"It makes me feel like I'm never doing enough... everyone looks perfect all the time."

"It's the first place I go to for information on sex stuff. Obviously I know it won't all be accurate but it's better than google."

Young person on social media usage

"a process of exploring ideas... going down rabbit holes."

Young person describing online sexual learning on social media

Some visuals showing quotes from the engagement sessions with young people shared at the summit can be seen above

See Shift Secure Framework

Each group was given a framework, SEE, SHIFT, SECURE to guide discussion.

SEE

focused on identifying the key challenges and current realities from the perspective of young people and practitioners.

SHIFT

explored what needs to change across policy, practice, partnerships and culture to improve outcomes.

SECURE

considered what is needed to enable delivery, including the roles of organisations, leadership, funding, systems and collaboration.

Each group explored these elements in depth and developed a set of proposed responses. Participants were invited to identify key ideas emerging from these discussions that could be taken forward. It is important to note that these ideas represent early-stage thinking, intended to initiate further dialogue and shape future direction, rather than fully developed or finalised proposals.

RSHP

See

As noted in the morning sessions, participants highlighted significant inconsistency and gaps in the delivery of RSHP education across Scotland, with provision often dependent on individual schools or teachers rather than a consistent national approach.

Denominational schools were identified as having gaps in delivery echoing the experiences of young people in the engagement for the summit.

There was also recognition of a growing disconnect between teachers' lived experience of RSHP delivery and the realities facing young people today, particularly in relation to the digital environment.

Participants acknowledged variation in the confidence levels of teachers and that access to training on the sexual wellbeing context experienced by children and young people and on RSHP delivery was only minimally touched on during initial teacher training. Post qualification practice based CPD to support RSHP delivery is available in some areas of Scotland but again with gaps and uptake of training relies on the ability to release staff to attend when capacity is limited. Participants emphasised that while third sector organisations can provide valuable support, there are concerns about external organisations delivering isolated sessions without sufficient understanding of local context or continuity of provision. It was acknowledged that after S3 or S4 there is almost no delivery of RSHP.

Shift

Participants emphasised that improvements would require systematic investment in workforce capacity and training. There was acknowledgement that Scottish Government had previously (in 2007) made one off funds available to local authorities to strengthen training support and delivery of RSHP for teachers and that this had significantly strengthened partnership working between education departments and health boards and catalysed significant improvements in delivery of RSHP. While initial teacher education includes some elements relevant for delivery of RSHP, practitioners require ongoing professional development to stay up to date with evolving issues affecting young people. Ideas discussed included:

- Setting a firmer expectation of delivery of RSHP for all pupils in every school
- Mapping delivery of RSHP across schools in Scotland building on the findings of the PSE review
- Strengthening core training requirements for teachers during initial qualification
- Providing time and support for staff to attend training and updates
- Ensuring health professionals support teacher development
- Developing nationally accessible digital resources specifically aimed at young people who are not provided RSHP in school

There was also support to give health and wellbeing greater priority within the curriculum reform and to ensure that RSHP is delivered consistently rather than based on individual teacher preference. Participants also discussed the potential implications of making RSHP a mandatory subject as has been recently adopted in several countries including England and France.

There was discussion about the role that youth work providers could have in delivering RSHP groupwork to senior phase pupils.

Secure

Participants emphasised that successful implementation would require strong national leadership and system-wide commitment. This includes engagement from Scottish Government, Education Scotland, the General Teaching Council, ADES and wider school leadership.

Ensuring teachers have sufficient time, resources and support to deliver RSHP effectively was seen as essential and securing funding for this purpose would enable this.

Digital Sexual Content, Online Abuse and Harm

See

Participants described a rapidly changing digital environment where misinformation, misogyny and harmful sexual content are increasingly normalised online. Algorithms and platform dynamics were identified as amplifying harmful narratives. Participants noted that current policy responses such as the Online Safety Act are not yet effectively addressing many harms affecting young people, particularly those that fall outside legal definitions. There was also concern about limited mechanisms for reporting harms, particularly for younger users.

Shift

Participants emphasised the need for a public health approach to online harm, focusing on prevention, education and early intervention.

Key areas for change included:

- Early media literacy education
- Stronger justice responses to harmful behaviour
- Building staff confidence to address digital harms
- Societal responses to misogyny and harmful online cultures

Examples such as Finland's national media literacy education model were highlighted as promising approaches.

Secure

Participants highlighted the need for government level support and stronger evidence gathering to understand emerging harms and evaluate interventions.

There was also discussion around ensuring that responses are rights based and co-designed with young people and trusted adults.

System Leadership

See

Participants highlighted the need for stronger system leadership and coordination across sexual health and wellbeing. Discussions pointed to a set of persistent, interconnected challenges within the current system.

Taboos continue to limit open conversations, creating barriers for young people seeking support. Inequalities remain, particularly for minority groups who face reduced access to inclusive services. Engagement with young men is inconsistent, highlighting the need for more targeted approaches. Services are also often fragmented and operate in silos, making the system harder to navigate and reducing overall impact. Participants also noted tensions between different professional roles, such as teachers and health professionals, in delivering sexual health education.

Shift

Discussion focused on strengthening national coordination and professional development. Suggested actions included:

- Developing knowledge frameworks for practitioners
- Improving professional networks and sharing learning
- Integrating sexual health indicators into school evaluation frameworks

Participants also emphasised the importance of strategic communications and consistent messaging.

Secure

Engaging a broad and diverse range of stakeholders in shaping and delivering effective approaches was deemed important. This includes young people, parents, schools, the NHS, local authorities and third sector organisations, all of whom have a role to play in creating a more joined up and responsive system. There was also a clear recognition that stronger data and evidence, particularly in relation to gaps in provision, would support more informed decision making and help target efforts where they are most needed.

STIs, Testing and Early Care

See

Participants highlighted that although a range of sexual health services exist, many young people remain unclear about how and where to access testing and support. Young people often want to understand what to expect before attending services, including issues such as confidentiality, clinic environments and processes.

Services are delivered through multiple channels including sexual health clinics, primary care, pharmacies and community services. While this creates several access points, it can also make the system difficult to navigate. It was also noted that information about services online is not always easy for young people to find or understand.

Shift

Participants emphasised the need for clearer communication and youth friendly service navigation, improving information about services, including how they work and what young people can expect. Meeting young people in places they already use, including digital platforms and community spaces, was also highlighted. Participants noted the importance of testing new communication approaches and using data to better understand where gaps in awareness and access exist. This included focussing on advertising and sign posting through social media, which can be much more targeted than traditional methods.

Secure

Participants consistently highlighted that improving access to sexual health and wellbeing services depends on stronger, more joined-up working between health services, education and community organisations. Practitioners including school nurses and youth workers were seen as critical intermediaries, supporting young people to better understand available services and navigate access pathways.

A clear priority was identified around strengthening education and health collaboration. Participants proposed the introduction of a named clinician or service contact at local level to support teachers delivering Relationships, Sexual Health and Parenthood education. This role would provide up-to-date guidance on signposting and act as a source of reassurance in an evolving and often complex landscape. It was acknowledged that delivering this content can feel daunting for teachers, particularly given the pace of change. To address this, participants recommended the development of recurring update sessions led by clinicians, with potential input from third sector organisations, to ensure consistency and confidence in delivery. This approach was seen as a way to respond directly to inconsistencies highlighted by young people during pre-event engagement.

In parallel, there was strong support for the development of a national online chat function for young people. Participants noted that such a service could reduce inequities in access, streamline provision and minimise duplication across health board areas. The model would be collaboratively delivered, drawing on expertise from across regions, and was supported in principle by representatives from NHS Ayrshire and Arran, NHS Tayside and NHS Lothian, with agreement to explore a trial. Delivery would require central funding and dedicated IT infrastructure. Young Scot was suggested as a potential host for the platform, subject to further discussion and feasibility assessment. YoungScot maybe an appropriate place to host such a chat function but this would also require agreement and a feasibility study.

Contraception, Choice and Access

See

Participants identified a number of challenges relating to; contraception access, contraceptive information sources and decisional conflict.

Access to services is variable depending on geography, awareness and service capacity. There are inequalities in access to contraceptive services. Concerns around confidentiality and stigma, particularly in smaller communities, were also noted as barriers to young people accessing services. Contraceptive information sources can be inaccessible for young people, targeted for broader audiences feeling less useful for young people. Education on contraception in schools is variable. There has been a reduction in cross sector working and a change in how school nursing is delivered. There was recognition that young people are using social media as an information source. There was concern around misinformation and the impact this was having on young people's views of hormonal contraception.

Decisional conflict is increasing between young people and clinicians. There was a general understanding that contraception currently doesn't meet everyone's needs. Young people are engaging less with contraception, with a decline in condom use and hormonal methods. A particular tension between providers and young people was that of fertility awareness methods.

Participants highlighted growing challenges around contraception access, misinformation and declining engagement with services.

Shift

Participants emphasised the need for; leadership and systems changes, more accessible and youth friendly contraception services, clear reliable information, and bringing abortion discussion into contraceptive consultations.

There was a recognition not to reinvent the wheel, a "Once for Scotland" approach. Access could be increased with flexible service models such as drop-in clinics, extended hours and services located in places young people already visit was also discussed.

There was also strong support for co-designing services with young people, ensuring that language, communication and service design reflect their needs and experiences and could help normalise conversations about this topic, integrating it with broader wellbeing services, recognising this would help build trust.

Secure

Participants highlighted the importance of national coordination and long-term investment to ensure consistent access to contraception services across Scotland.

Collaboration between government, health boards and practitioners will be required to support accessible services, improve digital information and ensure services meet the needs of different groups of young people, this includes exploring new approaches in managing fertility such as contragestion, new ways of sharing information, such as social media and centring approaches around young people.

Agency, Consent and Power in Relationships

See

Participants highlighted how existing education and support often falls short in responding to young people's lived realities of agency, power and consent within relationships. Young people want practical, realistic guidance on forming, negotiating and ending friendships and relationships, navigating conflict, and managing rejection. Addressing these issues adequately in schools is complex, and teachers often lack time, confidence, and support to do so. While consent is sometimes addressed in RSHP education, broader discussions about agency, equality and relational power are less consistently covered. Moreover, standalone lessons on consent can be undermined by wider school cultures in which young people experience low autonomy, and in which responses to misogyny and sexual harassment are insufficient. Opposition from a small minority of parents to such learning in schools was seen as a further hurdle for schools to overcome. Participants particularly highlighted challenges engaging boys and young men in conversations about relationships and gender equality.

Youth work and third-sector organisations were seen by some as better placed to foster relational learning, especially for young men, young victim-survivors of violence, young people living in rural areas, and those with additional support needs

Shift

There was strong support for working to expand responsibility for young people's sexual health and wellbeing beyond health and education, and for more intentional linking of sexual health and wellbeing with mental health and wellbeing agendas. Participants suggested that a nationally led conversation on agency within young people's relationships could help align messaging, scale good practice and reinforce shared responsibility across education, health, violence prevention and youth sectors.

With regards schools, participants discussed the value of whole-school approaches that embed discussion of agency, power and consent within everyday school culture and practice, rather than treating them as standalone lessons. A joined-up framework that connects sexual wellbeing with other curriculum areas, underpinned by sustained investment in building teachers' confidence in this area was viewed as central to progress. Capturing evidence of what young people feel works well in RSHP was also identified as a way to deepen understanding of effective practice.

Participants emphasised the need to shift beyond isolated or short-term initiatives towards sustained, system-level change that meaningfully centres young people's needs. Greater consultation and co-design of resources with young people, alongside stronger feedback loops that communicate how their inputs inform decisions, were seen as essential to ensuring relevance, trust and impact. Achieving this requires long-term, consistent core funding across regions, supported by structures that enable collaboration and shared accountability across sectors and organisations.

Secure

Participants emphasised the importance of uniting around a clear and shared story of change for young people's relationships in Scotland. Explicit alignment with wider national strategies on child sexual exploitation, gender-based violence, mental health, wellbeing and digital health information was seen as critical to strengthening coherence, legitimacy and shared purpose. Against a funding landscape that often positions organisations in competition with one another, participants reflected on how to build greater strength and unity around young people's sexual health and wellbeing in Scotland. Shifting the organising frame from "sexual health" to a broader emphasis on "relationships, agency and wellbeing" was seen as a key enabler of collaboration. This reframing could open up a wider community of practice - bringing together professionals working in mental health, violence prevention, equalities, disability and community development, alongside sexual health practitioners - and help move beyond topic-specific silos and discrete service delivery towards a shared endeavour to strengthen the conditions that support healthy relationships and sexual wellbeing.

Digital Context, AI and Online Influences

See

Participants highlighted the growing influence of the digital environment on young people's understanding of relationships and sexuality. Online platforms can expose young people to harmful narratives, misinformation and unrealistic expectations especially around areas such as first-time sex and consent.

The increasingly extreme and often violent nature of pornography online has contributed to cultural shifts in young people's expectations around 'normal' sexual scripts and activity.

Parents and professionals often have limited awareness of the digital content young people encounter and consume. Participants also highlighted gaps in digital literacy among adults, which can make it difficult to support young people navigating these environments.

Shift

Participants emphasised the need to integrate digital relationships and online behaviours into RSHP education. Topics such as intimate image sharing, online consent and algorithm driven content were highlighted as areas that require greater attention. It is essential that all young people are guaranteed a minimum standard of RSHP Education, appropriate to their age and stage of development. This includes children with ASN and those in Catholic schools.

Improved education and support for parents was also identified as important, helping them understand digital environments and engage in informed conversations with young people. An up-to-date, evidence-based, comprehensive online safety strategy is required in Scotland. This should be informed by further research into what content about relationships and sexuality young people in Scotland are accessing online.

Secure

Participants emphasised the need for shared responsibility across schools, parents, health services and youth organisations when responding to digital influences.

Young people themselves should also be involved in shaping education and resources relating to digital relationships and online behaviours.

Sexual Harassment and Misogyny

See

Participants highlighted concerns about the normalisation of misogynistic attitudes and behaviours, particularly within online environments. Exposure to harmful content and narratives can influence attitudes among young men and boys.

Teachers and practitioners reported low confidence in addressing these issues in schools, particularly where discussions are sensitive or complex.

Shift

Participants emphasised the importance of long-term funding and strong partnerships to support prevention initiatives. Peer learning initiatives such as Mentors in Violence Prevention (MVP) were cited as examples of where this has previously worked.

Using social media and peer influence positively, including youth led content and peer education approaches, was highlighted as a key opportunity.

Secure

Participants highlighted the importance of national coordination and long-term investment to ensure consistent access to contraception services across Scotland.

Collaboration between government, health boards and practitioners will be required to support accessible services, improve digital information and ensure services meet the needs of different groups of young people, this includes exploring new approaches in managing fertility such as contragestion, new ways of sharing information, such as social media and centring approaches around young people.

NEXT STEPS

As a closing element of the summit, attendees were invited to write postcards to young people. These postcards were intended as a response to the postcards and insights sent to the summit by young people

The intention is that young people will receive these postcards alongside the wider outputs from the summit to check that the ideas and insights reflect their lived experiences and to validate suggested recommendations. This exchange is intended to support an ongoing dialogue between young people and those responsible for shaping policy, services and education. Some example quotes from these are shared below

Together we can make sure every young person is confident and supported to make informed decisions'

We are listening and will try hard to get this back to the future we want you to claim all your rights to a happy healthy life with positive sexual well-being

I pledge to continue to strive towards holistic confidential and judgement free young people services

Dear young people thank you for all you have contributed it's really important that any work we do is led by you and what you need and want I really hope we can deliver on this for you

I hope that in future Scotland can be a place where it's totally normal to raise the topic of sex and that we can talk about the good stuff as well as the risks that all Scottish young people will have someone supportive to talk to

Your voices were central to these discussions keep advocating for you to be meaningfully involved in the creation of any solutions

We Are Listening

42 postcards were submitted and will be shared with young people alongside this report and other relevant outputs from the summit

Participant Feedback from the Summit

Feedback from participants following the summit highlighted strong engagement with the discussions and a shared commitment to improving young people's sexual health and wellbeing across Scotland. Participants reflected positively on the opportunity to bring together professionals from health, education, government, academia and the third sector to share insights and identify priorities for action.

Several key themes emerged from the feedback which help to shape the next phase of work following the summit.



Maintaining Momentum and System Coordination

Participants frequently emphasised the importance of maintaining the momentum created during the summit. Many responses reflected that there is already significant expertise, commitment and innovation across Scotland, but that work often takes place across multiple organisations and systems. This can sometimes result in fragmentation, duplication or missed opportunities for collaboration.

The summit helped highlight the value of bringing these perspectives together and reinforced the importance of continued coordination between national policy, local delivery and community-based organisations. Participants also noted that Scotland's relatively small and connected professional networks provide a strong foundation for shared learning and collective progress.

Strengthening Professional Networks and Shared Learning

Participants consistently highlighted the benefit of connecting with colleagues from different sectors and regions. The summit provided an opportunity to share experiences, reflect on emerging challenges and identify areas of common concern.

Many respondents emphasised the importance of continuing these conversations beyond the summit itself. Participants highlighted the value of creating spaces where practitioners can share learning about what is working well, reflect on challenges and exchange ideas for improvement. Building stronger connections between research, policy and practice was also identified as important in supporting evidence-informed approaches with the webinar being cited as a particularly helpful and accessible way of 'getting up to speed' on emerging themes and issues.

Continuing to Centre Young People's Voices

A strong theme throughout the feedback was the importance of continuing to centre young people's experiences within future work. Participants emphasised that meaningful engagement with young people should remain a central principle when shaping services, education and policy.

Several responses highlighted the importance of maintaining an ongoing dialogue with young people to ensure that services and information remain relevant to their lives and experiences. This includes creating opportunities for young people to contribute their perspectives and ensuring that their feedback influences future decisions and service design.

Participants also noted that the postcards received and completed during the summit represent an important contribution to this dialogue. These reflections provide valuable insight into how participants are thinking about the future of sexual health and wellbeing for young people and highlight a shared commitment to continued collaboration and improvement.

Communication and Transparency

Participants expressed interest in receiving updates on how the insights from the summit will be used moving forward. Clear communication about outcomes and next steps was seen as important in maintaining engagement and ensuring that the contributions made during the event continue to inform future work.

Sustained Leadership and Investment

Finally, participants highlighted that many of the priorities discussed during the summit will require sustained leadership, coordination and investment to deliver meaningful change. While there was strong agreement on the importance of improving young people's sexual health and wellbeing, participants recognised that progress would depend on continued collaboration across organisations and sectors.

Ensuring that sexual health and wellbeing remain a priority across policy and practice will be an important part of translating the ideas generated during the summit into long term improvements.

Conclusion

The summit highlighted both the strengths of Scotland's current approach to supporting young people's sexual health and wellbeing and the challenges that remain.

Participants consistently emphasised that Scotland already benefits from strong foundations, including committed practitioners, high quality educational resources, accessible services and a collaborative policy environment. At the same time, discussions highlighted the need to address inconsistencies in delivery, strengthen digital engagement, improve coordination across systems and ensure services remain responsive to the evolving realities young people face.

A central theme throughout the summit was the importance of continuing to centre young people's voices. Ensuring that young people's lived experiences shape education, services and policy will remain essential to achieving meaningful and sustainable progress. The insights and recommendations captured in this report reflect a strong shared commitment across sectors to improving outcomes for young people. Continued collaboration, leadership and investment will be key to translating the ideas generated during the summit into practical action across Scotland.

A ROADMAP FOR ACTION

The Roadmap for Action was developed by the Steering Group following reflection on the findings and feedback gathered across the three stages of engagement. It is particularly informed by the insights and priorities emerging from the National Summit, bringing together the strongest themes from across the engagement process into a focused set of recommendations for future action.

1. Strengthen RSHP through consistent national standards, teacher development and accountability

All parties engaged agreed that every young person should have access to consistently high quality, evidence based RSHP regardless of where they live or attend school. Discussion focused less on creating additional teaching materials and more on improving teacher confidence, strengthening accountability and embedding RSHP within professional development.

Short term priorities

- Strengthen inspection and self-evaluation of RSHP.
- Increase investment in teacher training to grow teacher confidence.
- Support and encourage NHS and education partnerships.
- Expand professional learning opportunities.

Long term priorities

- Embed RSHP within initial teacher education.
- Develop national accreditation and competency standards.
- Create greater national consistency and accountability.

2. Create a single trusted online space for young people's sexual health information

Young people described the current online landscape as fragmented, confusing and difficult to navigate. Many are turning to social media, where misinformation is common. Rather than multiple disconnected websites or short-term initiatives, they wanted a trusted, engaging and clearly branded digital 'one stop shop' that feels accessible, up to date and designed for young people.

Discussions suggested building on existing platforms, raising their visibility and signposting between resources such as NHS Inform rather than creating an entirely new service immediately. The ambition should be a phased approach that gradually adds functionality. It was felt to be important that any resource in this space is built for sustainability, codesigned with young people and has committed long term resource to ensure usefulness and longevity.

Short term priorities

- Increased promotion of NHS Inform sexual health hub and existing resources.
- Improve local service signposting.
- Coordinate communications across partners.

Long term priorities

- Develop a national online 'one stop shop' for young people's sexual health.
- Introduce functionalities such as live chat, appointment booking, online ordering, addressing mis/disinformation and personalised signposting.
- Create a sustainable, recognisable national brand designed by and for young people.

3. Improve accessibility, visibility and responsiveness of young people's sexual health services

Young people wanted services that are easy to find, timely and free from stigma.

Barriers were particularly evident for rural and island communities and where services relied heavily on GP access. Summit Participants discussed examples of good practice, including community-based models and initiatives such as 'The Corner' in Dundee, greater visibility of school nurses and services located where young people already spend time.

There was also support for strengthening workforce confidence so all NHS staff working with young people can provide appropriate support and signposting.

Short term priorities

- Increase promotion and awareness of existing sexual health services.
- Share examples of good practice across Scotland.
- Redefine the potential role of school nurses in sexual health.
- Develop competency frameworks on young people's sexual wellbeing for NHS staff working with young people.

Long term priorities

- Expand community-based models of sexual health support.
- Introduce wider access to condoms by post and online testing.
- Build workforce capability across NHS, community services and young people's organisations .

4. Improve digital literacy and education on online harms

Young people identified online harms, misinformation and unhealthy online content as major influences on relationships and sexual wellbeing. Summit participants emphasised that education should go beyond online safety to include critical thinking, digital literacy and recognising misinformation. Further discussion recognised the opportunity presented by the Scottish Government's work on online harms being undertaken in the first 100 days of the new administration and the importance of aligning future actions with this programme.

Short term priorities

- Strengthen education on digital literacy and online harms.
- Improve guidance and signposting for young people and parents.
- Build critical thinking into education programmes.
- Align these recommendations with current Scottish Government work on online harm.

Long term priorities

- Embed online literacy across education.
- Develop cross sector approaches linking education, health and digital policy.
- Continue to review emerging online risks and adapt guidance accordingly.

5. Take a public health approach to agency, consent and power in young people's relationships

Young people voiced growing concerns about harmful online content, coercive behaviours and unhealthy relationship norms. Discussions at both the webinar and summit explored the available evidence alongside the experiences of young people and professionals working in this area. There was strong support for shifting the focus from responding to harm towards preventing it through education, public awareness and wider cultural change. Given the scale and complexity of the challenge, participants agreed that a public health approach, bringing together education, health, justice and wider partners, offers the greatest opportunity to achieve sustained, population level impact.

Short term priorities

- Update Scottish government Consent and Healthy Relationships guidance.
- Develop a coordinated public awareness campaign. Link activity with Equally Safe.
- Improve partnership messaging across sectors.

Long term priorities

- Deliver sustained national campaigns promoting healthy relationships.
- Support wider cultural change around consent and respectful relationships.
- Strengthen and review the use of legislative and justice responses.
- Regularly review emerging evidence and guidance.

6. Strengthen national system leadership, accountability and measurement

Participants agreed that improving young people's sexual health and wellbeing requires coordinated national leadership rather than isolated initiatives. A whole system approach was recommended, with clear governance, accountability, monitoring and long-term commitment.

Discussion also highlighted the need for shared indicators, regular evidence reviews, workforce development and a national knowledge network to support continuous improvement.

Short term priorities

- Establish national governance arrangements for young people's sexual health and wellbeing.
- Develop a shared implementation and monitoring framework.
- Agree common indicators and outcome measures.
- Create a national knowledge network.
- Begin regular evidence briefings across sectors.

Long term priorities

- Introduce a national outcomes framework.
- Develop a workforce knowledge and skills framework with ongoing CPD.
- Embed monitoring and evaluation into national planning.
- Maintain cross government leadership and accountability.
- Use data and evidence to drive continuous improvement.

Suggested Next Steps

- Share the summit report and key findings with participating organisations and networks
- Continue cross-sector dialogue through future workshops, learning events or working groups
- Build on the insights captured through the summit discussions and participant postcards
- Maintain ongoing engagement with young people to ensure their voices continue to shape services and policy
- Support collaboration across health, education, research and third sector organisations to progress priority areas identified during the summit

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Appendix 1 – List of organisations represented at the summit

Organisation
Scottish Government
University of Glasgow
NHS Lothian
NHS Greater Glasgow and Clyde
Public Health Scotland
NHS Tayside
NHS Lanarkshire
NHS Grampian
NHS Highland
NHS Borders
NHS Ayrshire & Arran
Education Scotland
LGBT Youth Scotland
College of Sexual and Reproductive Healthcare
University of Edinburgh
Community Justice Scotland
CyberSafe Scotland

NHS Forth Valley
Lucy Faithfull Foundation Scotland
Minister for Public Health and Women's Health
NHS Fife
NHS Western Isles
NSPCC Scotland
Police Scotland
Port Glasgow High School
Rape Crisis Scotland
Renfrewshire Council
Respectme (Scotland's Anti-Bullying Service)
Scottish Island Schools Network
Teenage Pregnancy Knowledge Exchange
Terrence Higgins Trust
The Young Women's Movement
Waverley Care
West of Scotland SARC / Archway Glasgow

Appendix 2 – Summit Agenda

09:30 – 10:00 - Arrival, registration and refreshments

Collect your badge, grab a tea or coffee and connect with other participants.

10:00 – 10:10 - Welcome and scene-setting

Opening remarks, purpose of the summit and what we hope to achieve together.

10:10 – 10:25 - Ministerial address

Reflections on the importance of young people's sexual health and wellbeing now.

10:25 – 10:35 - Meet your table

A quick interactive introduction to others at your table to build connections for the day.

10:35 – 11:10 - Setting the context: what we've heard so far

A short overview of engagement to date, including insights and priorities shared by young people.

11:10 – 11:25 - Spotlight input: wellbeing and sexual health

Expert perspective followed by brief discussion.

11:25 – 11:35 - Break

11:35 – 12:30 - Table discussions: making sense of what we know

Small-group conversations exploring what's working, what's challenging and where collaboration could help. You'll capture your key points visually at your table.

12:30 – 13:15 - Lunch and networking

13:15 – 13:20 - Reflections and afternoon briefing

A short check-in on the morning and overview of afternoon themes.

13:20 – 15:00 - Thematic group sessions

Join a facilitated group focused on one key topic area. Together we'll explore barriers, opportunities and practical ideas for progress.

15:00 – 15:15 - Break

15:15 – 15:45 - Sharing back

Groups share their main insights and priorities with everyone.

15:45 – 16:00 - Next steps and collective action

What happens after today and how your contributions will shape future work.

16:00 – 16:30

Close and thanks

Final reflections and information on follow-up and evaluation.

Appendix 3 – Summary of Young People’s Views and Recommendations

In advance of the summit, a series of engagement sessions were held with groups of young people from across Scotland. This included young women, young men, young people from rural and island communities and young LGBT+ people. Many of the groups were facilitated by The Young Women’s Movement or by youth workers with whom the young people had an existing relationship.

This engagement identified key themes that were of importance to young people and these themes were subsequently included in the webinar of evidence and at the summit. The following priorities summarise the main themes young people were keen to address. This is followed by young people’s own recommendations for solutions.

Inadequate, Inconsistent and Unrealistic Sexual Health & Relationships Education

This was the most frequently and consistently raised issue across all groups

Young people repeatedly described school-based education as:

- too focused on basic biology and reproduction
- lacking realism about relationships, sex, consent, pleasure, break-ups, and online contexts
- patchy and inconsistent depending on school, teacher, or faith setting
- often missed entirely after early secondary school

This was the single most dominant issue, raised across rural, urban, faith-based, LGBT+, under-16, and 16–25 groups. Many felt unprepared and forced to “find out themselves” online.

Online Life, Digital Relationships & Safety (Including AI, Pornography, and Deepfakes)

This was raised across nearly all groups

Young people consistently highlighted that:

- online relationships are normal, yet rarely discussed properly
- guidance focuses on prohibition rather than harm reduction
- social media, pornography, and AI shape expectations about sex and relationships
- education is “always behind” current online trends

Concerns included:

- sexting, image sharing, and intimate image abuse
- deepfakes and AI-generated sexual content
- pornography setting unrealistic expectations around bodies, consent and performance
- lack of education on digital footprint and legacy

Access to Confidential, Youth-Friendly Services (Especially in Rural Areas)

Across focus groups, young people described:

- fear of being recognised in clinics or pharmacies
- lack of anonymity in rural and small-town settings
- embarrassment and stigma as major deterrents
- long waiting times for some appointments

Young people wanted:

- confidential, youth-centred options
- online and remote access
- clearer pathways that don't rely on GPs or parents

Inclusion and Representation (LGBTQ+, Neurodiverse Young People)

Young people highlighted that:

- education and services assume heterosexual, monogamous, cisgender relationships
- LGBTQ+ topics are often reduced to debate rather than support
- trans and non-binary young people lack information on fertility, relationships, and post-medical care
- neurodiversity is rarely considered in consent and relationship education

This cut across education, services, and online spaces.

Periods, Menstrual and Reproductive Health

Frequently raised especially by women and girls

Periods were one of the most repeatedly discussed specific topics, including:

- lack of depth beyond basic biology
- stigma and embarrassment in schools
- barriers created when free products are locked away or monitored
- poor awareness of menstrual health conditions (e.g. PCOS, endometriosis)

Young people repeatedly linked education, dignity, and health outcomes.

Trust, Stigma and Lack of Safe Spaces to Talk

Young people described:

- fear of judgement from teachers, parents, clinicians
- stigma around sexual health conversations
- lack of genuinely safe, impartial spaces in schools
- services being reactive rather than preventative

This issue often appeared as a cross-cutting barrier affecting education, access, and wellbeing rather than as a stand-alone topic.

Mental Health & Wellbeing as an Entry Point

Mental health was seen as:

- better understood and less stigmatised
- easier to access within schools
- a potential gateway into sexual health and relationship support

Young people highlighted opportunities to integrate learning, particularly around gender norms, relationships, and early intervention.

Cross-Cutting Issues

These were not the most frequent, but emerged consistently:

- Postcode inequality and inconsistency across Scotland
- Lack of visibility of services and poor signposting
- Poverty and cost as barriers to access
- Desire for young people to co-design services and education
- Need for trauma-informed and youth-led approaches

Solutions Identified by Young People

During the engagement process, young people were asked their ideas for solutions they would want to see put in place to address the themes that they had identified in their discussions. These solutions were considered by the steering group in developing final recommendations from the Summit.

Many of their proposed solutions are very reasonable. Some may already be in place and their inclusion may highlight a lack of awareness among some young people as to their availability.

It is acknowledged that many would require financial investment that may not be achievable and some would be politically challenging to implement. Nevertheless the steering group feels it is important to include the full set of recommendations that young people made.

Their recommendations are organised in the 10 themes below.

1. Access to Confidential and Accessible Services (especially in rural settings)

- Introduce a national “anonymous first contact” digital service. Young people suggested a live chat/text service with nurses available evening & weekends to address embarrassment and act as a conduit into online services and physical service use. Young people specifically did not favour AI tools for this purpose.
- Enable remote sexual health consultations for rural young people. In rural areas young people wanted to be able to access appointments with clinicians outside their local area to improve anonymity
- Expand discreet pick-up points for contraception (particularly condoms) including in vending machines or click-and-collect in schools, community centres and toilets

2. Free and Easy Access to Sexual Health and Period Products

- Extend the free period product model to sexual health products including free condoms, lube and pregnancy tests in all secondary schools, colleges and youth settings
- Introduce postal home-testing and contraception kits (*postal STI testing is already in place in most areas of Scotland however may not be widely known about.*)
- Universal access in non-clinical settings including libraries, sports centres, youth clubs

3.Transform Sexual Health & Relationships Education (RSHP)

- Mandate a minimum RSHP curriculum standard across all schools in Scotland to ensure consistency of delivery and reduce postcode lottery
- Move from one-off sessions to continuous learning (S1–S6)
- Introduce “safe space” model whereby delivery includes a mix of joint and single-gender sessions to enable honest questions
- Create catch-up provision with recorded lessons or online modules for pupils who miss RSHP at school

Specific RSHP Content improvements Requested by Young People

- Healthy relationships (communication, break-ups, online relationships)
- Consent in real-world situations
- Online risks (sexting, image sharing, AI misuse)
- Pleasure, not just reproduction
- Mental health and body image

4. Digital Sexual Health Information Designed for Young People

- **Develop a Scotland-wide youth-friendly platform** optimised for mobile-first, plain English, anonymous, visually engaging and co-designed with young people (co-production)
- This should Include:
 - “What to do if…” decision tools
 - Local service finder
 - ‘Myth-busting’ content to counter misinformation
- Integrate trusted chat functionality moderated and clinically approved to replace unsafe use of generic AI tools

5. Young People friendly Workforce and Service Design

- Develop a national training standard for youth-friendly sexual health care and information provision focussing on non-judgemental communication and confidentiality
- Increase visibility of school nurses potentially through regular drop-ins and protected time in schools
- Recruit younger or youth-specialist practitioners where possible

6. Reduce Stigma and Normalise Conversations about Sexual Health and Wellbeing

- Implement a national anti-stigma campaign co-designed with young people with a Focus on normalising help-seeking and sexual health and wellbeing discussions
- Embed conversations about sexual wellbeing across school life, not just RSHP lessons. This could be done through assemblies, youth work, peer-led sessions
- Develop resources for Parent/carer to support them in having good conversations about sexual health and wellbeing at home

7.Be LGBTQ+ Inclusive and Equalities-Focused

- Mandate LGBTQ+ inclusive RSHP content including trans health, fertility options and diverse relationships
- Remove “debate framing” of LGBTQ+ topics in classrooms and deliver factual, normalised education
- Develop specific guidance on gender care pathways which is accessible and youth-friendly

8. Better Integrate Mental Health and Sexual Health Support

- Embed sexual health support within youth mental health services including joint clinics and shared referral pathways
- Develop resources on relationships and emotional wellbeing including on Break-ups, coercion and online relationships

9. Improve Visibility and Awareness of Services

- National and local awareness campaign promoting “where to go and what’s available”
- Create standardised sexual health branding across Scotland so that services are recognisable regardless of area
- Make sure there is in-school promotion of sexual health services and information sources including posters, assemblies, digital screens

A consistent theme young people voiced was: *“I don’t know any services”*

10. Address Waiting Times and Capacity

- Targeted investment to reduce waiting times for sexual health care by expanding staff or clinic hours
- Use digital triage to prioritise urgent cases
- Increase outreach provision which could include mobile clinics in rural areas

