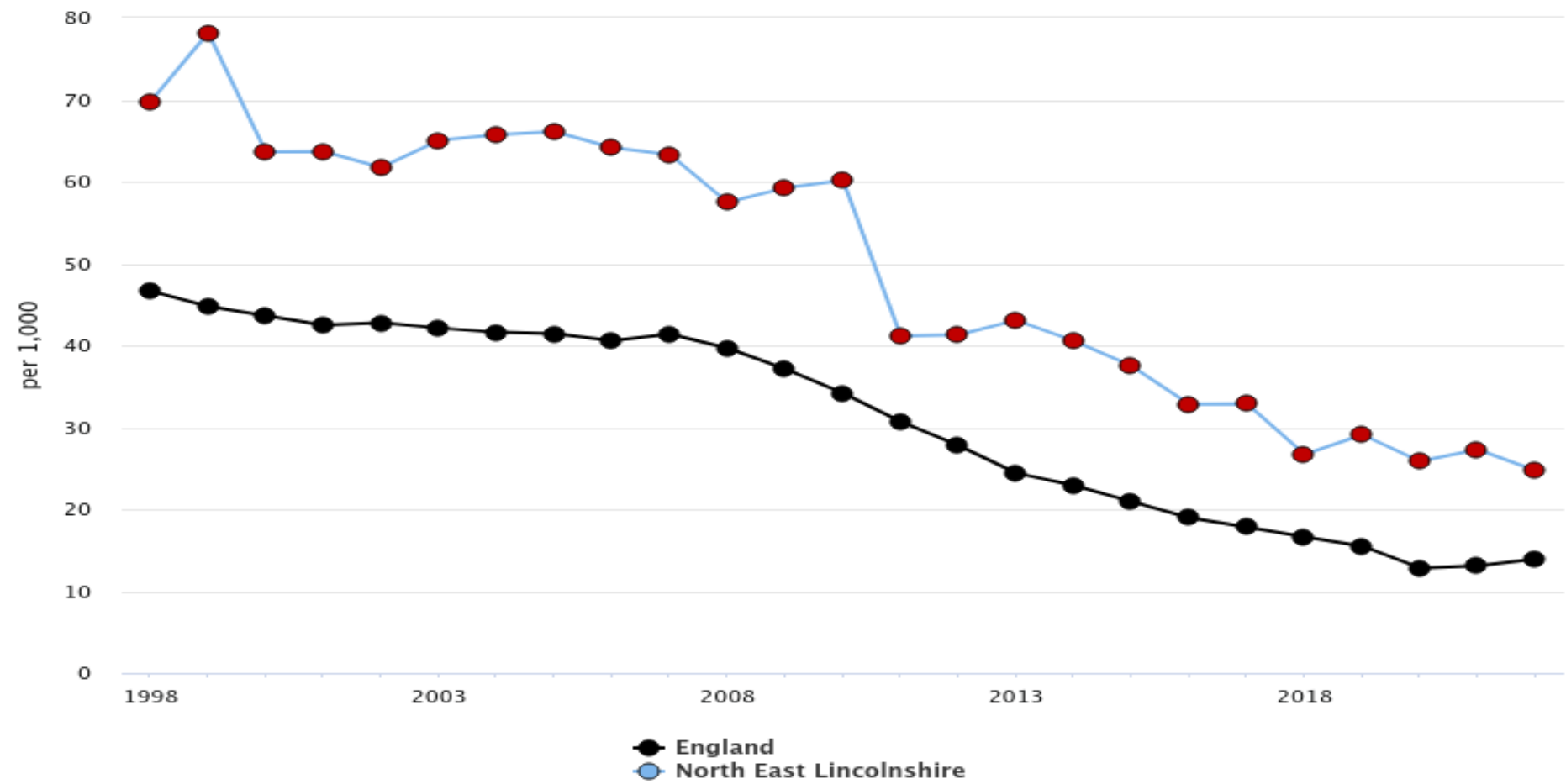# Teenage Pregnancy (Conception) in NEL

A current Position statement

Public Health – January 2026

NELC Teen Conception Trend, 1998 - 2025

Under 18s conception rate for North East Lincolnshire

Teenage Pregnancy in NEL – Overview of Key Issues

- Teenage pregnancy in North East Lincolnshire remains comparatively high, ranking the second highest among our regional neighbours and fourth highest nationally.
- Since the late 90s, teenage pregnancy has been in decline, however NEL has seen a slower rate of change than the national average, at 61% reduction since 1998 compared to the England average of a reduction of 72%.
- Rates have been relatively static over the last 5 years, locally and nationally.
- While our local numbers are higher than our neighbours, in real terms the numbers of teenagers presenting to midwifery is a very small proportion of the overall caseload. In 2024/25 an average of 3.5 teenagers per month presented for their first booking appointment, with a third of those choosing not to continue with the pregnancy.
- This presents challenges in terms of investment and specialisms relating to teenage pregnancy. On the clinical side, the entire cohort is less than the capacity of a single midwife's caseload. Creating any kind of antenatal classes or peer support groups comes up against the practical barrier of not having enough demand to justify the investment.
- While teenagers are of course welcome to access the universal parenting offer through services such as Family Hubs, their feedback is that they do not feel comfortable accessing groups with older parents, and our access rates in that age group are low.

Teenage Pregnancy Prevention Framework

Individual risk factors associated with young women experiencing pregnancy before 18

Free school meals eligibility: a poverty indicator.

Persistent school absence by year 9 (aged 14).

Slower than expected academic progress: between ages 11-14 [1].

First sex before 16: associated with higher levels of regret and no contraceptive use [2].

Looked after children and care leavers: approximately 3 times rate of motherhood<18 [3].

Experience of sexual abuse and exploitation [4].

Lesbian or bisexual experience: young lesbian or bisexual women are at increased risk of unplanned pregnancy [5].

Alcohol: associated with under 18 conception and STIs, independent of deprivation [6]. One in 12 young women under 20 accessing drug and alcohol services are either pregnant or a teenage mother [7].

Experience of a previous pregnancy: 12% of births to under 20s are to young women who are already mothers; 10% abortions to under 19s are to young women who have had one or more previous abortions [8].

As with **Adverse Childhood Experience** analysis, young people who have experienced a number of these factors will be at significantly greater risk [9].

Individual risk factors associated with young men experiencing fatherhood

Young fathers are more likely than older fathers and than other young men to [1]:

- have been subjected to violent forms of punishment at home and are twice as likely to have been sexually abused

- have pre-existing serious anxiety, depression and conduct disorder

- have poor health and nutrition

- drink, smoke and misuse other substances [2] : 1:6 young men under 25 accessing drug and alcohol services are young fathers [3]

Translating evidence into a 'whole systems' approach: 10 key factors of effective local strategies [1]

Diagram showing ten surrounding factors around a central "Strategic leadership & accountability":
- Relationships and sex education in schools and colleges
- Youth friendly contraceptive & SH services + condom schemes
- Targeted prevention for young people at risk
- Support for parents to discuss relationships and sexual health
- Training on relationships and sexual health for health and non-health professionals
- Advice and access to contraception in non-health education and youth settings
- Consistent messages & service publicity to young people, parents & practitioners
- Support for pregnant teenagers and young parents – including prevention of subsequent pregnancies
- Strong use of data for commissioning and monitoring of progress

Source: Teenage Pregnancy Prevention Framework, LGA/PHE

Teen Pregnancy Prevention Activity in 2025/26

- 2025/26 has seen strengthening of preventative activity across a number of key areas.
- Access to contraception has been improved with 19 pharmacies (increase from 12 in 2024/25) across the borough now offering access to condoms and hormonal birth control for under 25s. In addition, changes to legislation mean that all pharmacies must now carry and distribute emergency hormonal contraception (the morning after pill)
- A campaign website has been created for the Northern Lincolnshire area called 'Check me Out' that shows the user all their nearest points of access, as well as the option to receive condoms via mail.
- In addition, the Check me Out branding has been used for awareness campaigns on social media, physical posters and leaflets and at events attended by young people.
- The campaign has also introduced lesson guides and resources that can be used alongside online videos, promoting sexual health advice and creating awareness of the branding.
- New guidance has been published by government for PSHE in schools, which reinforces the need to deliver high quality sex education. However, this guidance also adds a number of new statutory topics in PSHE, which may lead to time pressures for schools.
- School nurses now run sexual health drop-ins in every local secondary school
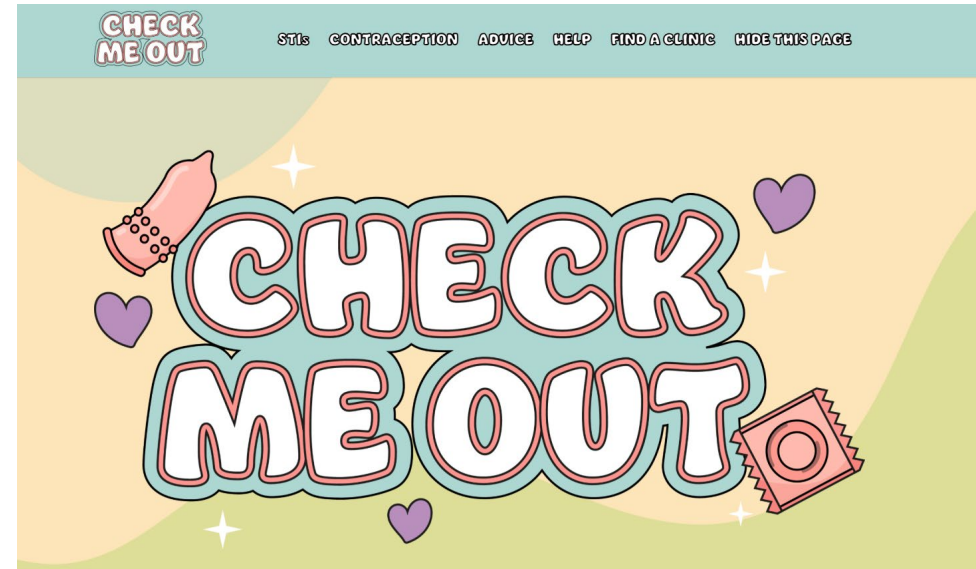
Branded animations featuring sexual health messaging have been viewed over 200,000 times on social media sinch launching in Sept 2025, with over 700 clicks through to the Check Me Out website as a result.

Northern Lincolnshire Teen Pregnancy Strategy Overview 2025/28				
To reduce the number of teenage pregnancies, and associated risks, and to support teenage parents and their children.				

Strategic context: [PDF icon] NEL-TP-Update-2023-04.pdf	[Teenage Pregnancy Prevention Framework (publishing.service.gov.uk)](#)	[Overview | Contraceptive services for under 25s | Guidance | NICE](#)	[Overview | Sexually transmitted infections: condom distribution schemes | Guidance | NICE](#)	['You're Welcome': establishing youth-friendly health and care services - GOV.UK (www.gov.uk)](#)	[Recommendations | Sexually transmitted infections: condom distribution schemes | Guidance | NICE](#)	[https://www.gov.uk/government/publications/teenage-mothers-and-young-fathers-support-framework](#)	[Your parents' support framework (publishing.service.gov.uk)](#)

Our overarching priorities	**1. Improving Access to Contraception and Advice** Improve knowledge of and access to contraception for young people. Ensure that barriers are reduced, and access is across the widest possible range of settings and particularly in areas where conception rates are high.	**2. Improving Education** Ensure that the local education offer is robust and coordinated. Providing access to high quality and up to date CPD sessions across the children's workforce and supporting schools and other young people's settings with their policies, procedures and communications.	**3. Young People's Voice** Utilising the voice of those experiencing teen pregnancy and parenthood, develop a deeper understanding of the factors in NE Lincs that impact conception rates to improve our preventative and supportive processes.	**4. Support for Teenage Parents** Create robust pathways for those teenagers who do experience pregnancy/parenthood, ensuring that everyone in this cohort is offered support in parenting, maintaining their health, wellbeing and aspirations, and including post-birth contraception provision
Key actions *(For more detailed actions see associated action plan)*	**Access** 1.1. Ensure that free contraception and sexual health advice is available in range of settings, including pharmacies, secondary schools and youth focussed settings.. 1.2. Use communication strategies to promote a youth friendly digital platform 'Check me Out' encompassing all aspects of sexual health advice and information on local services. 1.3. Brief partners across the children's workforce on the local offer and strategy and build this into staff on-boarding.	**Knowledge** 2.1. Provide quality support and CPD opportunities for schools and young people's settings in their policies and curriculums for Relationships and Sex Education (RSE), including updates on national policy and offers from accredited organisations that can enhance local delivery. 2.2 Create a Local RSE Network in which partners and stakeholders delivering on this topic can coordinate and co-produce, ensuring efficiency and an agreed local practice standard. 2.3 Provide support to schools and other relevant settings in ensuring RSE considers the diverse needs of our local communities including appropriate adaptation where there may be objections on moral or religious grounds.	**Consultation** 3.1. We will continue to routinely monitor our local teen populations knowledge and attitudes towards sexual health and conception through the Adolescent Lifestyle Survey in North East Lincolnshire, and the Schools Survey in North Lincolnshire. 3.2. Through focus groups, surveys and service evaluations we will engage young people experiencing teen conception and parenthood, to understand their lived experiences, challenges and successes. This feedback will enable us to consider where interventions may have had impact, and ensure we target our resources effectively.	**Starting Well** 4.1. We will develop a pathway offer to all young people that includes: • Advice on options available at identification of pregnancy, including termination services. • Support with education options with the goal of maintaining study whilst meeting baby's needs through pregnancy and parenthood. • Advice for young fathers, and for the wider family around young parents who often take on substantive caring roles. • Immediate access to contraception advice and provision post-birth. • Encouragement for young parents to engage fully with the Start for Life offer in the Family Hubs, including tailoring sessions and events where necessary to meet the specific needs of young parents. • Engagement with employers to support their policies around teen parenthood and kinship care

Long-term objectives	To have the voice of the young people to help shape policy and practice and influence the agenda from a needs lead, evidence-based approach.	For all children and young people to receive high-quality evidence-based sex and relationship education at home, at school and in the community.	To have a successful youth sexual health delivery model, that is well used in prevention and early identification of STIs.	To build capacity within the system with a fully trained workforce.	To achieve a reduction in teenage pregnancy rates, STIs and repeat terminations up to age 25.	To reduce costs associated with issues related to early conception, including the hidden costs of missed education.

Enablers	Intelligence, including a strong evidence based on what works to shape policy.	Successful stakeholders' engagement.	Workforce capacity and organisational development.

Next Steps

- Continue to develop our preventative approach, monitoring access rates at the new locations for contraception and promoting awareness of the locally available services through 'Check me Out' comms.
- Develop the 'Check me Out' educational offer, creating further lesson plans to complement the social media campaigns, and ensure that branding is consistent across young people's settings including schools and colleges.
- To address the low take up in the ante natal education offer amongst the teen cohort, it has been agreed to pilot a joint project between Best Start Family Hubs and The Nurture Village. This will provide an intensive course run over weekends to minimise disruption to education and better meet the needs of expectant young parents. As well as ensuring teen parents have the right knowledge to help them care for their babies, this project will also aim to familiarise families with the universal offer in Family Hubs and overcome any trepidation about accessing these services.
- There remains a gap in terms of broader wrap around support for young parents and their families, and a lack of professional advocacy for families to support them with issues such as the disruption to education, navigating changes in family dynamics, access to suitable accommodation etc. We will continue to explore funding options to address this as well as working with partners to ensure our universal offers have consideration for young parents and the specific challenges they face.

Housing and Health

February 2026

Why housing matters for health

- Housing is a core "building block" of health, shaping safety, warmth, stability, and social connection.

- Poor housing conditions have been linked to disease since the 19th century, influencing early public health laws such as the 1846 Nuisances Removal and Disease Prevention Act.

- Today, housing remains one of the strongest social determinants of health.

Current state of UK housing and health

- The English Housing Survey shows strong relationships between health and four major housing issues:

  o Damp and mould

  o Cold homes / inability to keep warm

  o Category 1 hazards (serious risks under the Housing Health and Safety Rating System)

  o Overcrowding

- The UK housing system disproportionately harms the poorest households, especially those in the private rented sector.

- Nearly 1 in 5 families now live in private rented accommodation, where conditions are often poorer and insecurity is higher.

How housing affects physical health

Damp, Mould and Poor Ventilation

- Causes or worsens respiratory conditions such as asthma and chronic bronchitis.

- Children are particularly vulnerable.

Cold Homes

- Linked to cardiovascular disease, respiratory infections, and excess winter deaths.

- Rising fuel costs increase the risk of cold-related illness.

Overcrowding

- Facilitates spread of infectious diseases.

- Limits space for sleep, study, and healthy routines.

Safety Hazards

- Category 1 hazards include falls, fire risks, and structural dangers, all associated with injury and long-term disability.

How housing affects mental health

Insecure Tenure

- Stress from risk of eviction or unstable temporary accommodation contributes to anxiety and depression.

Poor Living Conditions

- Damp, cold, and disrepair create chronic stress and feelings of helplessness.

- Lack of space reduces privacy and increases family conflict.

Homelessness

- Strongly associated with severe mental illness, trauma, and poor access to healthcare.

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Housing, poverty and inequality

- Poor-quality housing is concentrated among low-income households, reinforcing cycles of poverty and ill health.

- High housing costs reduce money available for food, heating, and healthcare.

- Health inequalities widen as disadvantaged groups face the worst conditions and the least security.

North East Lincolnshire context

- Older housing stock in many coastal and industrial towns increases risks of damp and cold.

- Economic pressures heighten housing insecurity.

- Public health teams often report higher rates of respiratory illness and fuel poverty in deprived areas.

# What needs to change

Public health bodies recommend:

- Improving energy efficiency to reduce cold homes and fuel poverty.

- Strengthening regulation of private rented housing.

- Increasing supply of affordable, high-quality homes.

- Integrating housing into health policy, recognising it as a core determinant of wellbeing.

- Supporting families in temporary accommodation with stability and access to services.

- Action to prevent rough sleeping

Housing and Homelessness Strategies

Housing strategy

Our vision is to drive regeneration and provide quality homes for residents, so they can enjoy a safe and secure home. The five main pillars of North East Lincolnshire's Housing Strategy are:

1. Delivery of New and Affordable Homes and Support Regeneration within our Town Centres
2. Prevent Homelessness and Rough Sleeping
3. Improve homes within the Private Rented Sector and reduce the number of empty homes.
4. Improve accessibility to appropriate housing for all residents including those aged 16-25 years.
5. Zero Carbon – support creating greener homes through retrofit and new build

North East Lincolnshire
Housing Strategy
2023 - 2028
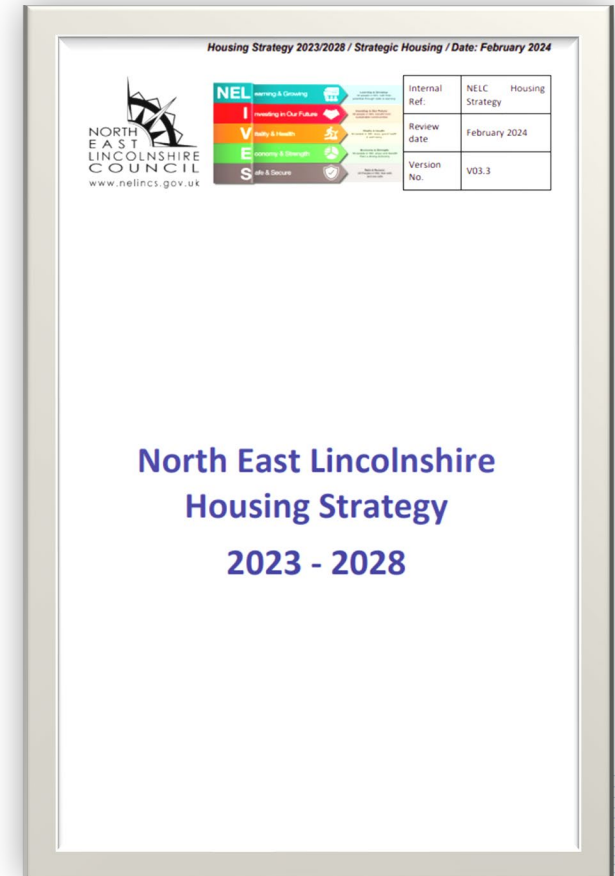
National approach to homelessness

On 11 December the government published "A National Plan to End Homelessness" – a new Cross-Government Homelessness and Rough Sleeping Strategy. The strategy:

- Has a very strong focus on prevention.
- Sets out long-term change, medium-term change and short-term change.
- Introduces new national targets on prevention, ending the use of B&Bs and halving rough sleeping.
- Introduces new accountability expectations, including new locally set targets across a range of metrics set out in the new local government outcomes framework
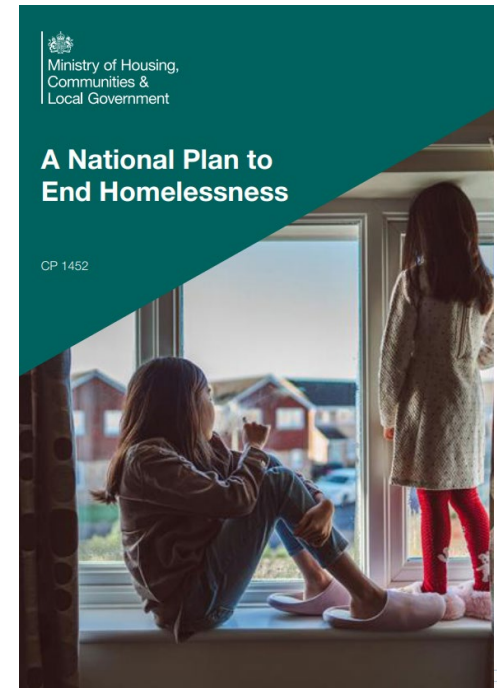
Local action on homelessness

- We are taking forward work on North East Lincolnshire Council's Homelessness and Rough Sleeping Strategy, ensuring this responds to national expectations and delivers the change we want to see in North East Lincolnshire.

- As part of this we want to ensure a stronger focus on prevention and a continued focus on sustainable, high-quality housing solutions, with a particular focus on vulnerable groups.

- Effective partnership working will be central to the strategy's success. We therefore welcome comments from the Board on how we can work together to support all residents of North East Lincolnshire to have safe, secure, sustainable homes.

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Adolescent Lifestyle Survey 2024
Bullying

North East Lincolnshire

What is the Adolescent Lifestyle Survey?

- The Adolescent Lifestyle survey, also known as the 'ALS' is a survey for young people of secondary school age.

- The ALS is for young people who live in North East Lincolnshire or attend a secondary school in North East Lincolnshire.

- The survey first started in 2004 and has been carried out approximately every 3 years since.

- The ALS is an online, completely anonymous and confidential survey carried out in school. The survey is also offered to educated at home pupils to complete at home.

- The most recent survey was carried out in October 2024 with 6,000 responses.

- The report can be found by clicking the link…
  NELC_Adolescent_Lifestyle_Survey_2024.pdf

Bullying

- **58% said they haven't been bullied** at their current school.

- **Verbal bullying is the most common form** with over half of those who have been bullied saying they had been verbally bullied, 19% have been physically bullied, 16% experienced cyber bullying and 7% have been forced into doing things they didn't want to do.

- **Students with SEN, a long-term health condition or disability and those who identify as LGBTQ+ are more likely to have been bullied at some point.**
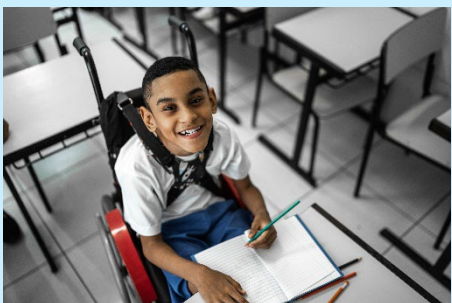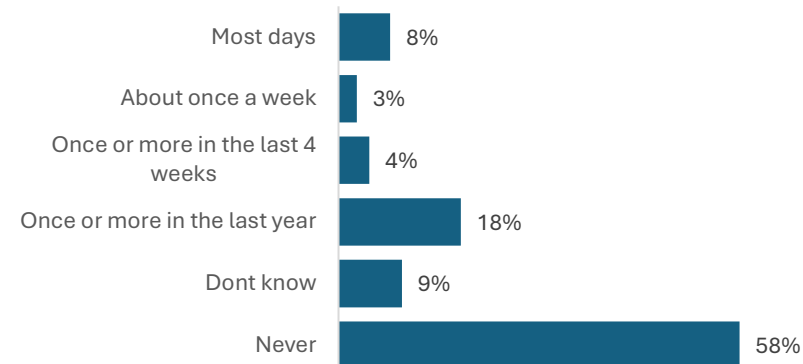
40% of young people with a **special educational need or long-term health condition** have *never* been bullied and a **third with a disability** have *never* been bullied compared to 60% with no SEN, LTC and/ or disability.
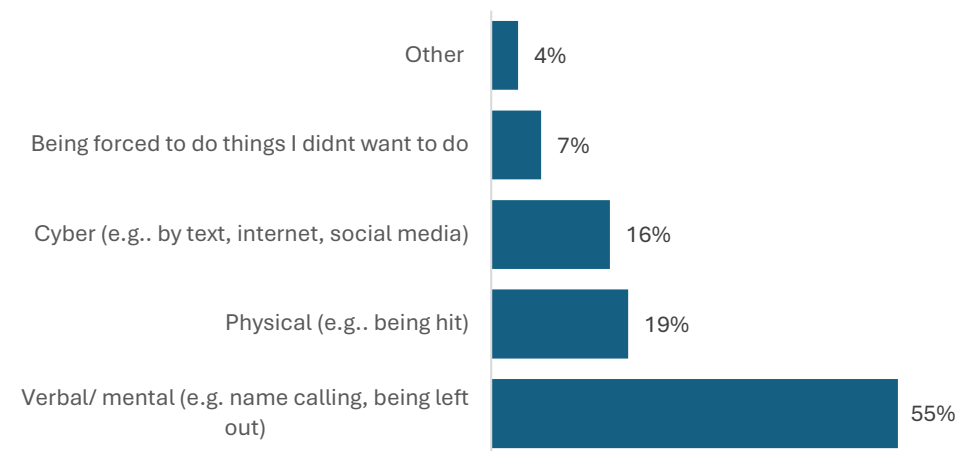
A **quarte**r of young people who identify as **trans, non-binary or other gender minority** have *never* been bullied and **a third of young people who have a sexuality other than straight** have *never* been bullied compared to 61% of straight and/or cisgendered students.

How often, if at all, have you been bullied at this school?

Most days	8%
About once a week	3%
Once or more in the last 4 weeks	4%
Once or more in the last year	18%
Dont know	9%
Never	58%

344 young people said they get bullied **most days**

What form did the bulling take?

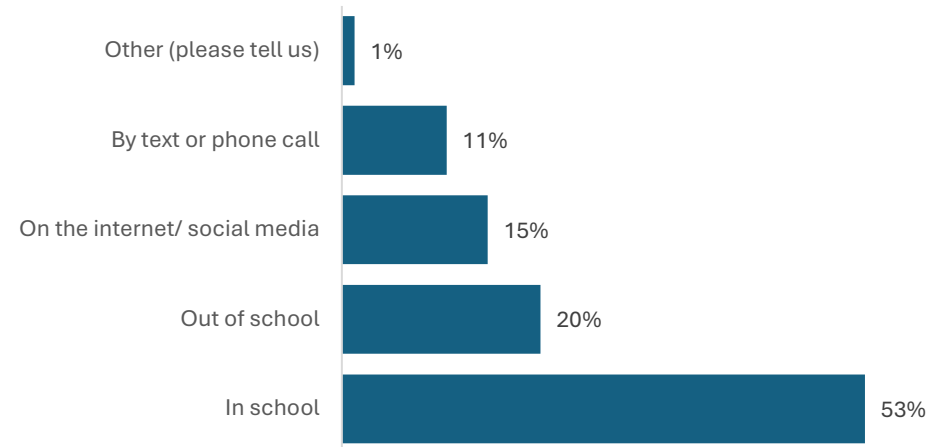|	
Other	4%
Being forced to do things I didnt want to do	7%
Cyber (e.g.. by text, internet, social media)	16%
Physical (e.g.. being hit)	19%
Verbal/ mental (e.g. name calling, being left out)	55%

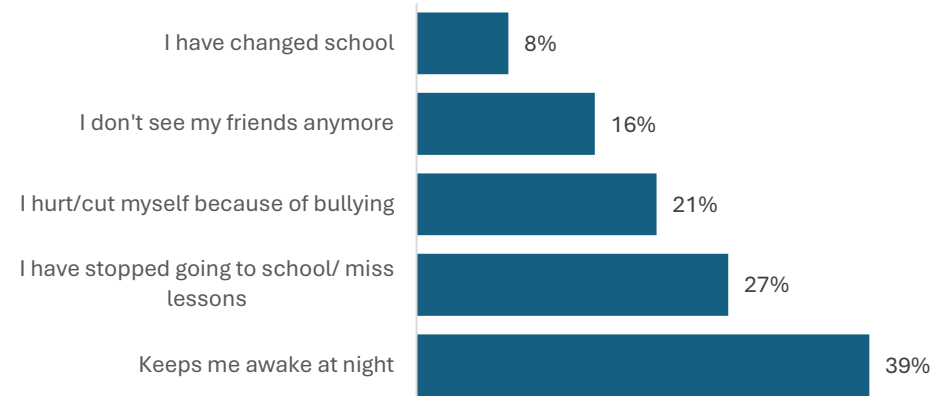**419** young people said they have been **physically** bullied

Bullying

- **About half of bullying took place in school**, 20% out of school, 15% on social media and 11% by text/phone.

- **The biggest impact of bullying is being kept awake at night** (39% of those who have been bullied). 27% have missed school or lessons because of bullying, 21% cut or hurt themselves, 16% don't see their friends and 8% changed school.

Where did the bullying happen?

Other (please tell us)	1%
By text or phone call	11%
On the internet/ social media	15%
Out of school	20%
In school	53%

If you have been bullied, has it affected you in any of the following ways?

|	
I have changed school	8%
I don't see my friends anymore	16%
I hurt/cut myself because of bullying	21%
I have stopped going to school/ miss lessons	27%
Keeps me awake at night	39%

110 young people have **changed school** because of bullying and
379 young people have **missed school** or lessons because of bullying

Bullying .

- Of those who have been bullied, **most have felt afraid of going to school** at least sometimes.

- **46% said their school takes bullying seriously** (30% said it doesn't and 23% didn't know).

- **Those who had been bullied were less likely to think their school takes bullying seriously**, with just 33%.

- **82% know where to go for help and support** at school if they need it.

Do you ever feel afraid of going to school because of bullying?

Never	Sometimes	Often	Very often
42%	42%	8%	9%
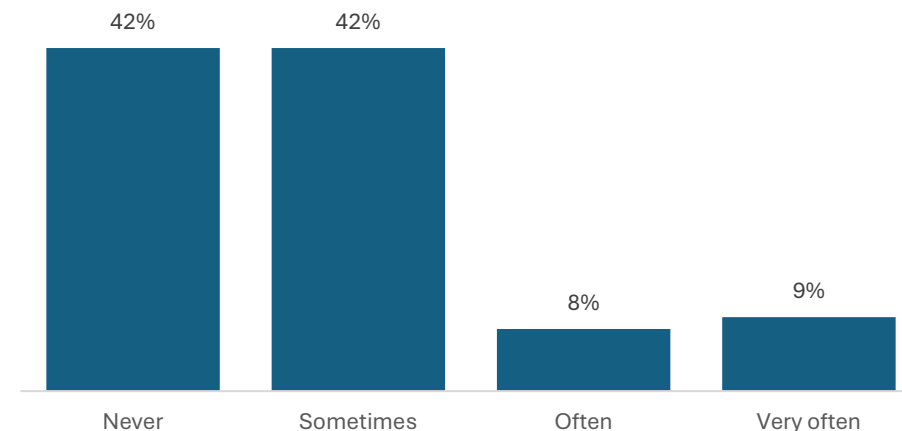
817 young people who have been bullied have been **afraid to go to school**

Recommendations

To support the collaborative development and implementation of a CYP anti-bullying plan focused on:

- Raising awareness around bullying and its impact through campaigns and promotion

- Working with relevant settings to adopt a whole school/community approach to prevent bullying

- To develop, coordinate and promote a local offer of support for victims and perpetrators and build future resilience