# **Burnley Children and Young People Profile**

This profile provides an overview for Burnley. It includes demographics and key indicators which are directly related to health, or have an impact on children's health. The **statistical significance** comparisons are with England (see key on right). These are a snapshot, the <u>district</u> and <u>ward</u> profiles have a fuller range of indicators around these themes.



## About the population

Age	Area %	Area count	England %
0-4	5.8%	5,622	5.3%
5-9	6.4%	6,172	5.8%
10-14	6.7%	6,493	6.1%
15-19	6.3%	6,073	5.9%

Source: NOMIS, Mid-year Estimates 2023

- 25.3% of the population (24,360) are aged between 0-19, the second highest proportion in Lancashire.
- Burnley has a higher proportion of children in it's population when compared with England (23.1%)
  - It is estimated that 8.5% of Lancashire's 0-19 year olds reside in Burnley

### **Deprivation**

25 50/	of children are living in child poverty
25.5%	(IDACI, 2019)

- of children are in relative low income families (under-16) (2022/23)
- of children are in absolute low income families (under-16) (2022/23)

Children in Relative Low income	%
Daneshouse with Stoneyholme	69.8
Bank Hall	58.3
Queensgate	52.3
Trinity	42.5
Lanehead	41.2

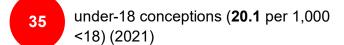
Source: LG inform (ward)

Childhood poverty can lead to poor health outcomes in later life. Reducing it is key to improving health in adulthood, and increasing healthy life expectancy. Burnley is significantly worse than England for all three indicators (left), with over a quarter living in poverty (income deprivation affecting children index - IDACI). More recent data shows that nearly 40% of children live in relative low income families.

Breaking this down further, the table shows the five wards with the highest proportion of children in poverty. 12 of Burnley's 15 wards are significantly worse than England, 2 are significantly better.

Additional indicators around deprivation, with England values and comparisons, are in the

## **Maternity and infancy**



of deliveries are to teenage mothers (12-17 years) (2016/17-20/21)

of mothers were smoking at the time of delivery (all ages) (2022/23)

of term babies were low birth weight (LBW) (2022)

babies (**4.4** per 1,000) died before the age of one (2020-22)

Source: Fingertips, Local Health Profile (district)

Becoming pregnant at a young age and/or being a teenage parent is linked to poorer outcomes, such as living in poverty, for both mother and baby. For both indicators, Burnley is significantly worse than England.

Smoking when pregnant has negative effects for the mother and baby, and in Burnley an estimated 12.7% of mothers are smoking at the time of delivery, significantly worse than England.

The proportion of LBW term babies is similar to England, as is the rate of infant mortality. For variation across wards please see the ward profile.

### Children's health and wellbeing

A healthy childhood lays the foundations for a healthy adulthood and these indicators provide a useful overview of children's health in Burnley. While some are 'health' indicators, others are focused on the wider determinants of health (education, schooling). Where available, ward rankings have been provided, showing the five areas with the highest proportion or rates.

of reception children are overweight or obese (2020/21-2022/23)

of year 6 children are overweight or obese (2020/21-2022/23)

of children (5-16-years) are physically active (2022/23)

Comparison with England

Better Worse Similar

Source: Fingertips, Local Health Profiles (district)

Reception: overweight or obese	%
Trinity	35
Rosegrove with Lowerhouse	31.1
Hapton with Park	30.8
Coal Clough with Deerplay	30.4
Rosehill with Burnley Wood	29.7
Year 6: overweight or obese	%
Lanehead	45.5
Rosehill with Burnley Wood	44.4
Daneshouse with Stoneyholme	43.6
Trinity	42.9
Bank Hall	42.1

Source: Fingertips, Local Health Profile (ward)

of half days missed due to pupil absence (5-15-years) (2022/23)

is the average attainment 8 score (15-16-years) (2022/23)

emergency hospital admissions (per 1,000 children) for under-fives (2016/17-20/21)

emergency hospital admissions (per 10,000) for injuries (<15) (2016/17-20/21)

admission episodes (per 100,000) for alcohol-specific conditions in children <18 (2018/19-20/21)

Emergency admissions under-5	Per 1,000
Hapton with Park	303.3
Rosegrove with Lowerhouse	294.3
Briercliffe	277.2
Trinity	260.1
Gawthorpe	249.8

Emergency admissions injuries <15	Per 10,000
Trinity	270.9
Hapton with Park	270.8
Brunshaw	254.0
Bank Hall	237.0
Rosegrove with Lowerhouse	226.9

Comparison with England

Better Worse Similar

Source: Fingertips, Local Health Profile (ward)

Improving attendance at school can increase a child's opportunities and future life chances. A child who has consistent attendance will be more likely to achieve academically. Burnley is significantly worse than England for both absence and attainment 8 score.

Emergency hospital admissions are an important indication of wider determinants of poor health. These can include respiratory conditions caused by cold, damp homes, or smoking around children for example.

Emergency admissions for injuries are a major cause of premature mortality for children and young people, and can be a source of longterm issues, including mental health related to the experience.

Looking at the available ward data, emergency admissions for under-fives is significantly worse than England in all wards, with the exception of Cliviger and Worsthorne which is similar.

For admissions for injuries (<15 years) ten wards in Burnley have significantly higher rates than England. Coal Clough with Deerplay, Briercliffe, Whittlefield with Inghtenhill, and Daneshouse with Stoneyholme are similar.

## **District profile**

Please see the district profile below which highlights key indicators for Burnley. While some may not be specific to children and young people, they provide an oversight to health and wellbeing for people in the area.

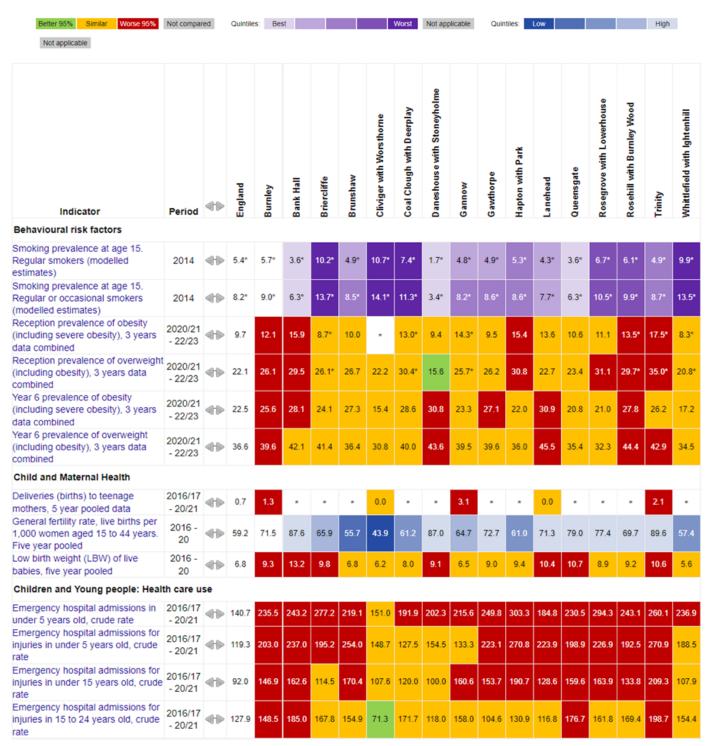
Recent trends:   Could not be   No significant   Increasing &  Increasing &  getting worse   Getting better	•	asing & I worse	Decrea getting	asing & i better	♠ Incre	asing 【	Decreasi	n <b>g</b> Benchmark: Value	
						W	orst/Lowest	25th Percentile 75th Percentile	Best/Highes
Indicator		Burnley			Lancs Englar			England	
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Life expectancy at birth (Male, All ages, 1 year range)	2022	-	-	75.8	78.1	79.3	73.8		83.8
Life expectancy at birth (Female, All ages, 3 year range)	2020 - 22	-	-	79.9	81.8	82.8	79.0		86.3
Life expectancy at birth (Male, All ages, 3 year range)	2020 - 22	-	-	75.5	77.8	78.9	73.4		83.
Life expectancy at birth (Female, All ages, 1 year range)	2022	-	-	80.2	82.1	83.2	79.2		87.0
nequality in life expectancy at birth (Male, All ages)		-	-	10.6	10.6	9.7	17.0		0.
Inequality in life expectancy at birth (Female, All ages)	2018 - 20	-	-	4.3	8.3	7.9	13.9	0	-1.8
Children in relative low income families (under 16s) (Persons, <16 yrs)		•	7,472	38.3%	25.5%	19.8%	43.2%		5.29
Children in absolute low income families (under 16s) (Persons, <16 yrs)		-	5,984	30.7%	19.7%	15.6%	35.8%		4.2%
Children in low income families (all dependent children under 20) (Persons, 0-19 yrs)			4,610	21.7%	15.1%	17.0%	32.5%		2.89
Under 18s conception rate / 1,000 (Female, <18 yrs)		-	35	20.1	15.5	13.1	31.5		1.1
Inder 18s conceptions leading to abortion (%) (Female, <18 yrs)		-	17	48.6%	59.8%	53.4%	25.0%		91.7%
Smoking status at time of delivery (Female, All ages)		-	120	12.7%	10.9%	8.8%	19.4%		3.49
ow birth weight of term babies (Persons, >=37 weeks gestational age at birth)		-	33	3.3%	2.9%	2.9%	10.2%		0.6%
nfant mortality rate (Persons, <1 yr)		-	14	4.4*	3.9	3.9	8.3		1.1
Reception prevalence of overweight (including obesity) (Persons, 4-5 yrs)		-	295	27.3%	22.9%	21.3%	29.6%		14.49
teception prevalence of overweight (including obesity), 3 years data combined Persons, 4-5 yrs)		-	-	26.1%	23.6%	22.1%	28.7%		13.9%
Year 6 prevalence of overweight (including obesity) (Persons, 10-11 yrs)		•	480	40.3%	36.8%	36.6%	47.1%		19.79
'ear 6 prevalence of overweight (including obesity), 3 years data combined (Persons, 0-11 yrs)		-	-	39.6%	36.7%	36.6%	46.3%		20.3%
Percentage of physically active children and young people (Persons, 5-16 yrs)	2022/23	-	-	39.8%	44.8%	47.0%	25.3%		66.1%
Pupil absence (Persons, 5-15 yrs)	2022/23	•	389,562	8.4%	7.1%	7.4%	10.0%		5.2%
Average Attainment 8 score (Persons, 15-16 yrs)	2022/23	-	-	39.9	44.7	46.2	36.1		58.4
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) (Persons, 0-4 yrs)	2022/23	<b>→</b>	105	186.8	145.1	92.0	205.9		38.9
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years) (Persons, <15 yrs)	2022/23	-	310	169.6	117.3	75.3	169.6		30.3
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years) (Persons, 15-24 yrs)	2022/23	<b>→</b>	150	137.7	93.0	94.1	266.9		33.8
Admission episodes for alcohol-specific conditions - Under 18s (Persons, <18 yrs)	2020/21 - 22/23	-	25	38.3	27.9	26.0	75.5	O	3.8
Admission episodes for alcohol-specific conditions - Under 18s (Male, <18 yrs)	2020/21 - 22/23	-	10	29.8	18.1	17.8	-	Insufficient number of values for a spine chart	-
Admission episodes for alcohol-specific conditions - Under 18s (Female, <18 yrs)	2020/21 - 22/23	-	15	47.3	38.1	34.7	115.0	<u> </u>	0.0

Please note, data collection for the National Child measurement Programme paused in March 2020, so data for 2019/20 is underrepresented.

<sup>—</sup> the recent trend cannot be calculated for this value.

#### Ward profile

Please see the ward profile below for Burnley. Please note, not all indicators in the district profile are available at ward level. Not all available indicators will have a value.



#### No data

\* Value suppressed for disclosure control reasons

Source: Fingertips, Local Health Profile (ward)

Business Intelligence, Lancashire County Council, October 2024