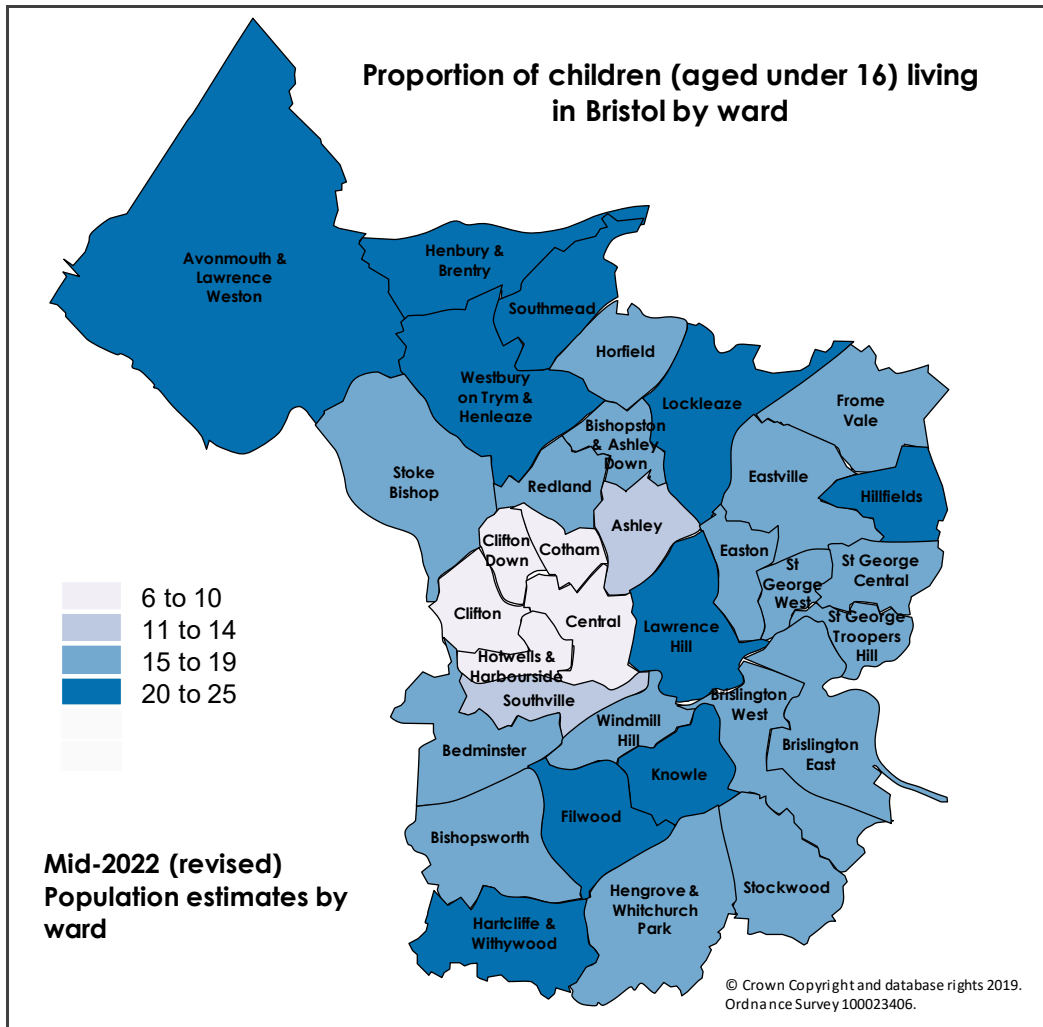


BRISTOL CITY

Children and Young People's Health Profile



An analysis of health, wellbeing and wider determinants related to children and young people aged 0-24 years living in Bristol. The profile includes over 70 indicators comparing Bristol's performance with the national average and is supported by a detailed narrative.

June 2025

Public Health Science and Epidemiology / Healthy Children and Families Team, Bristol City Council (BCC)

www.bristol.gov.uk/jsna

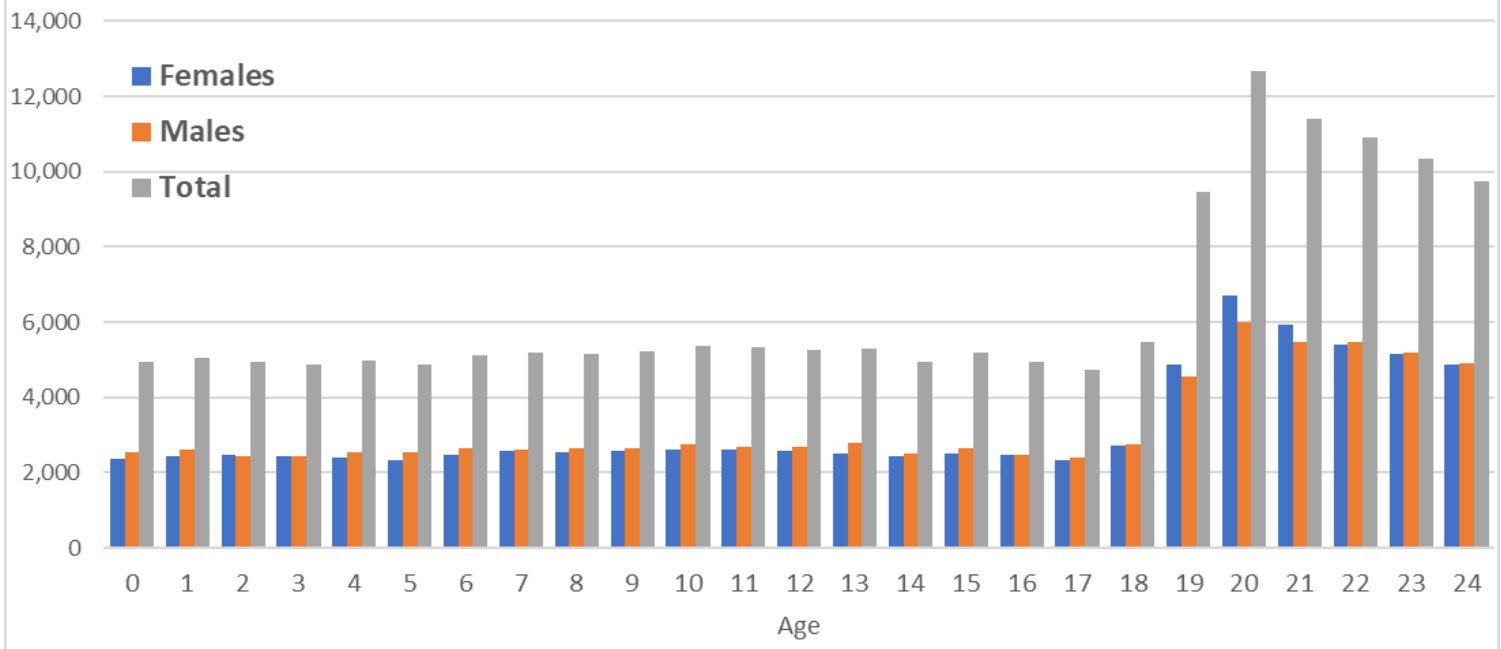


Children and Young People's Health Profile

Bristol City

CHILD POPULATION (2023 Mid-Year Estimates (MYE))

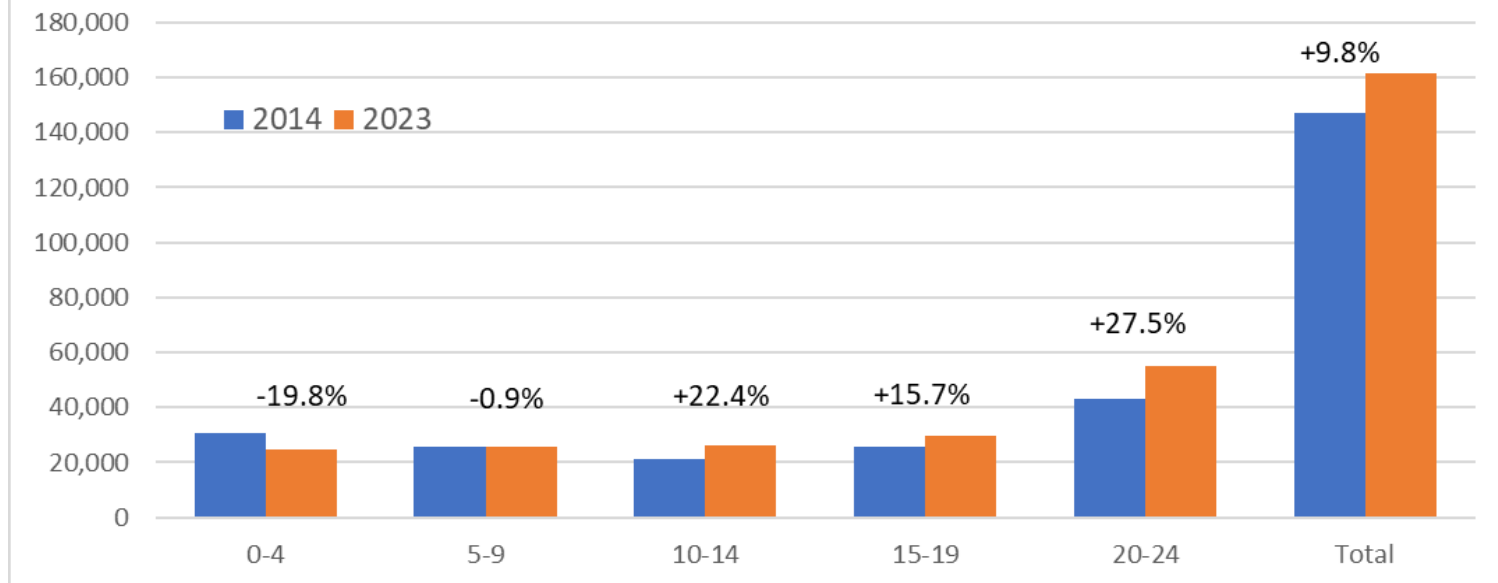
Number of children living in Bristol (0 - 24 years old)



161,461 children aged between 0 and 24 years old living in Bristol, representing **33.4%** of Bristol's total population

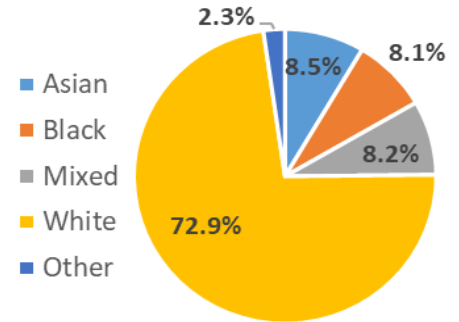
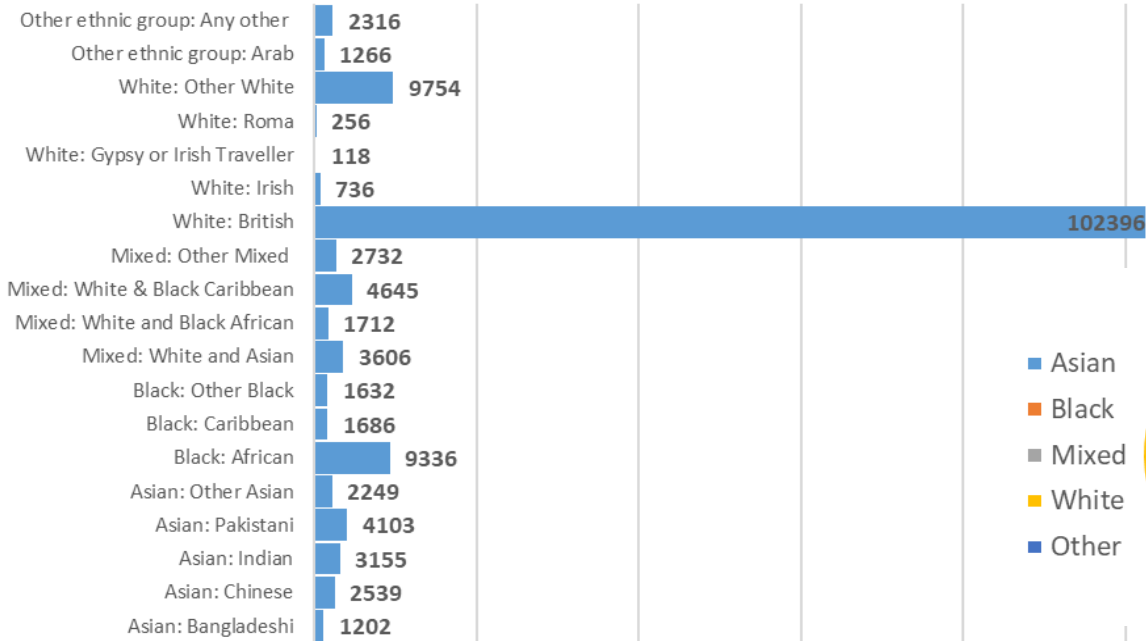
10-YEAR CHILD POPULATION CHANGE

Child population change 2014 to 2023



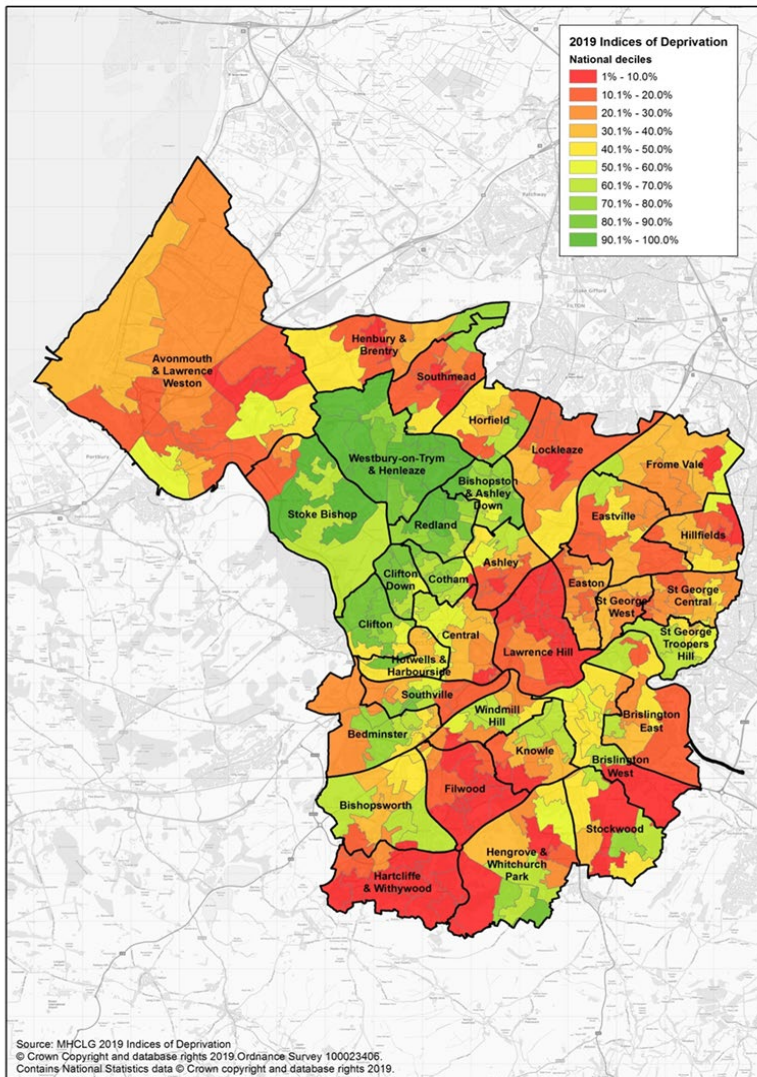
Children Social Care: As at 31st March 2024, there were 768 children in care in Bristol. 416 children were subject of a Child Protection Plan and 674 children were on Child in Need Plans. There were 2,996 children Open to Bristol Social Care.

CHILD ETHNICITY (0-24 years)(Census 2021)



DEPRIVATION

- 15% Bristol's population live in the most deprived 10% of areas in England (2019), including 18,900 children under 16.
- 18,844 children under 16 (23%) live in *relative* low-income families in Bristol (2023/24), higher than the UK average of 21.8%. 19.8% of children live in *absolute* low income families, higher than the UK average of 18.7%.



- More than half of children living in Lawrence Hill ward and nearly half of children living in Central ward live in relative low-income families.
- 29.2% of school age children (approx 18,000) in Bristol receive Free School Meals, higher than the national average of 24.6% (Jan 24).
- 49.9% of children with free school meal status achieved a good level of development at the end of Reception, lower than the England average of 51.5% (2023/24).
- Approximately, 6,400 households (3.2%) experienced severe food insecurity in 2024/25 and 15,800 (7.9%) experienced moderate to severe food insecurity

(SEND)

- There are over 14,500 pupils with SEN in Bristol which is 20.6% of all pupils. Over 11,000 are receiving SEN support and more than 3,000 have an Education, Health and Care Plan (2023/24)
- The most common primary need for SEN support is 'Speech, language and communication' followed by 'Social, emotional and mental health'. For pupils with an EHC plan the most common need type is Autism Spectrum Disorder (2023/24).
- In terms of social care: as of January 2024, 3.4% of children in Bristol with an EHC plan were in care, 1.1% with an EHC plan were subject to a child protection plan and 4.3% with an EHC plan were children in need.

Children and Young People Health Profile 2025

Bristol City

The report below shows how the Bristol average compares to the England average across a range of indicators. The Bristol value is shaded to show whether the value is statistically significantly better (green), similar (amber) or statistically significantly worse (red) than the England average.

Indicator	Period	Polarity*	Bristol	England
Pregnancy and birth				
% of maternities with a record of smoking at the time of delivery	2023/24	-	7.0%	7.4%
% of pregnant women with a BMI of over 30 at the time of booking	2021-23	-	21.2%	Note 1
Teenage (<18) maternities as a % of all maternities ²	2021/22 - 2023/24	-	0.7%	Note 1
% low birth weight of term babies	2022	-	2.6%	2.90%
% low birth weight of all babies	2022	-	5.3%	7.20%
Infant mortality rate	2021-23	-	3.7	4.1
% of children recorded as breastfed at their 6 to 8 weeks check, of those with a valid feeding status recorded	2023/24	+	70.6%	52.70%
Early Years				
Population vaccination coverage: Hepatitis B (1 year old)	2023/24	+	100%	not available
Population vaccination coverage:Dtap / IPV / Hib / HepB (1 year old)	2023/24	+	91.7%	91.20%
Population vaccination coverage: Hepatitis B (2 years old)	2023/24	+	83.3%	not available
Population vaccination coverage:Dtap / IPV / Hib / HepB (2 years old)	2023/24	+	92.8%	92.4%
Population vaccination coverage: Hib and MenC booster (2 years old)	2023/24	+	88.2%	88.6%
Population vaccination coverage: PCV booster	2023/24	+	88.1%	88.2%
Population vaccination coverage: MMR for one dose (2 years old)	2023/24	+	88.5%	88.9%
A&E attendance rate per 1,000 population aged under 1 year	2023/24	-	956.2	1,174.9
Hospital admissions caused by unintentional and deliberate INJURIES in children aged 0-4 years, crude rate per 10,000 resident population	2023/24	-	109.1	93.2
% of children achieving a good level of development at 2 to 2 and a half years	2023/24	+	87.1%	80.4%
School age				
Population vaccination coverage: MMR for one dose (5 years old)	2023/24	+	90.2%	91.9%
Population vaccination coverage: MMR for two doses (5 years old)	2023/24	+	83.0%	83.9%
Population vaccination coverage: HPV for one dose (12 to 13 years old) - MALE	2022/23	+	57.8%	65.2%
Population vaccination coverage: HPV for one dose (12 to 13 years old) - FEMALE	2022/23	+	66.0%	71.3%
Percentage of children measured that were overweight or very overweight - Reception year (4/5 year-olds)	2023/24	-	18.9%	22.1%
Percentage of children measured that were underweight - Reception year (4/5 year-olds)	2023/24	-	1.1%	1.2%
Percentage of children measured that were overweight or very overweight - Year 6 (10/11 year-olds)	2023/24	-	33.5%	35.8%
Percentage of children measured that were underweight - Year 6 (10/11 year-olds)	2023/24	-	1.6%	1.7%
% of active 5-16 year olds (an average of 60 minutes or more a day) (Active Lives Survey - Children and Young People small area estimates)	2023/24	+	47.2%	47.8%
% of less active 5-16 year olds (less than an average of 30 minutes a day) (Active Lives Survey - Children and Young People small area estimates)	2023/24	-	28.4%	29.5%
% of primary school pupils who were active for at least 30 minutes on five or more days per week (Pupil Voice Survey)	2024	+	49.6%	Note 3
% of secondary school pupils who were active for at least 30 minutes on five or more days per week (Pupil Voice Survey)	2024	+	42.7%	Note 3

Indicator	Period	Polarity*	Bristol	England
Hospital admissions as a result of SELF-HARM in children and young people aged 10-14, rate per 10,000	2022/23	-	269.2	251.2
Hospital admissions as a result of SELF-HARM in children and young people aged 15-19, rate per 10,000	2022/23	-	790.9	468.2
Hospital admissions caused by unintentional and deliberate INJURIES in children aged 0-14 years, crude rate per 10,000 resident population	2023/24	-	86.2	72.7
Emergency hospital admissions for asthma (aged 18 and under), rate per 100,000	2023/24	-	185.7	148.6
Emergency hospital admissions for epilepsy (aged 18 and under), rate per 100,000	2023/24	-	77.4	79.3
Emergency hospital admissions for diabetes (aged 18 and under), rate per 100,000	2023/24	-	56.8	49.8
% 10 - 11 year olds with visually obvious dental decay	2022/23	-	10.5%	16.2%
% 5 year olds with experience of visually obvious dental decay	2023/24	-	17.8%	22.4%
% school pupils who ate at least five portions of fruit or vegetables the day before the survey (Pupil Voice Survey)	2024	+	23.1%	Note 3
% school pupils who ate no portions of fruit or vegetables the day before the survey (Pupil Voice Survey)	2024	-	11.9%	Note 3
% of secondary school pupils who have ever smoked in the past or smoke now (Pupil Voice Survey)	2024	-	5.7%	Note 3
% of secondary school pupils who have tried e-cigarettes in the past or use one currently (Pupil Voice Survey)	2024	-	19.9%	Note 3
% of secondary school pupils who smoke e-cigarettes regularly (Pupil Voice Survey)	2024	-	4.7%	Note 3
% of secondary school pupils who smoke e-cigarettes currently (Pupil Voice Survey)	2024	-	13.0%	Note 3
% of primary school pupils with poor mental health (Pupil Voice Survey)	2024	-	12.8%	Note 3
% of secondary school pupils with poor mental health (Pupil Voice Survey)	2024	-	10.4%	Note 3
% of children achieving a good level of development at the end of Reception	2023/24	+	68.4%	67.7%
% of KS2 pupils (aged 10-11) reaching the expected standard in Reading, Writing and Maths combined ⁴	2023/24	+	56.0%	61.0%
Average Attainment 8 score (average across 8 subjects at KS4 (GCSE's) ⁴	2023/24	+	45.2	46.1
Average Point Score per A level entry ⁴	2023/24	+	33.3	35.5
% of primary school pupils with English as an additional language	Jan-25	+/-	25.1%	not available
% of secondary school pupils with English as an additional language	Jan-25	+/-	21.1%	not available
Young People				
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	2023/24	-	6.6%	5.4%
Hospital admissions as a result of SELF-HARM in children and young people aged 20-24, rate per 10,000	2022/23	-	510.0	244.4
Hospital admissions caused by unintentional and deliberate INJURIES in children aged 15-24 years, crude rate per 10,000 resident population	2023/24	-	118.4	88.6
First time entrants to the youth justice system	2023	-	195.7	143.4
Chlamydia detection rate per 100,000 aged 15 to 24	2024	+	1,160	1,250
GP-prescribed LARC (excluding injections), crude rate per 1,000 GP-registered female population aged 15-49 ⁵	2023/24	+	37.6	Note 1
Admission episodes for alcoholic-specific conditions - Under 18s	2021/22 - 23/24	-	35.3	22.6
% 16 to 24 year olds who are overweight or obese (Quality of Life survey) ⁶	2024/25	-	32.0%	47.7% Bristol
% 16 to 24 year olds who eat at least five portions of fruit or vegetables per day (Quality of Life survey) ⁶	2024/25	+	55.4%	65.0% Bristol
% 16 to 24 year olds satisfied with life (Quality of Life survey) ⁶	2024/25	+	66.1%	64.1% Bristol
% 16 to 24 year olds with poor mental wellbeing (Quality of Life survey) ⁶	2024/25	-	20.5%	19.9% Bristol

*Polarity: +/- This shows whether a higher or lower figure is preferred for a measure i.e. do we hope to see a bigger/increasing or a smaller/reducing number. For example we would like to see a higher percentage of children recorded as breastfeeding at their 6 to 8 week check and a lower number of hospital admissions as a result of self-harm in children and young people.

Children and Young People Health Profile 2025

Bristol City

Notes:

- (1) Local data has been calculated from source but not yet published at national level. Not possible to benchmark against.
- (2) A maternity is a pregnancy resulting in the birth of 1 or more children (including stillbirths)
- (3) The Pupil Voice Survey is specific to Bristol and not comparable with other local authorities, or nationally.
- (4) Education data for 2023/24 is provisional. Statistical testing i.e Confidence Intervals will be calculated once the Department of Education have revised the data.
- (5) Long-acting reversible contraception (LARC) is defined as contraceptive methods that require administration less than once per cycle or month. Included in the category of LARC for this indicator are subdermal implants and coils. Injections are not included.
- (6) The Quality of Life Survey is specific to Bristol and not comparable with other local authorities, or nationally. Data for the subset '16-24 year olds' has been compared to the Bristol City average for the purposes of this profile.

Data sources:

[2011 Census - Office for National Statistics \(ons.gov.uk\)](#)
[Active Lives data tables | Sport England](#)
[Bristol Pupil Voice Report](#)
[Bristol School Census - January 2025 \(Bristol City Council\)](#)
[Census 2021 results - Census 2021](#)
[Children in low income families: local area statistics - GOV.UK \(www.gov.uk\)](#)
[English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](#)
[Explore our statistics and data - Explore education statistics - GOV.UK](#)
[JSNA Data Profiles](#)
[National child measurement programme - GOV.UK \(www.gov.uk\)](#)
[Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)
[Oral health survey of children in year 6, 2023 - GOV.UK](#)
[Primary Care Mortality Database - NHS Digital](#)
[Public Health Outcomes Framework \(PHOF\)](#)
[Quality of life in Bristol](#)
Sexual Health LARC Dashboard (Bristol City Council)

Key Messages:

Population: Bristol has a young, diverse population with 106,369 children and young people aged 0-19 years (22.5% of the population). More young people (35.8% aged 0-19 years) belong to ethnic minority groups (all groups except White British) as compared to 28.4% across all ages.

Wider determinants of health: Growing up in poverty is a key driver of health inequalities and nearly a quarter of under 16s live in relative poverty in Bristol, and up to half of children in some wards. An increasing proportion of pupils experience special educational needs or are Disabled, currently around one in five (20.6%) school aged children.

Indicators of health outcomes: We are seeing real progress for many health indicators such as the decline over the last decade of smoking during pregnancy, and an increase in breastfeeding rates. Increasing immunisation uptake remains an area of focus to protect children from preventable infections (e.g., by age 2 years 88.7% of children had one dose of MMR vaccine, below the recommended 95%). Mental health need continues to rise, indicated by self-report in school surveys and higher hospital admission and self-harm rates than nationally. Around a third of children have excess weight by age 10/11 years (33.5%), higher than the Southwest as a whole, with significant inequalities in excess weight across the city. Poor oral health is a concern, with tooth extraction being the most common reason for hospital admission.

Population

[Mid-year 2023 population estimates](#) show that there are approximately 161,461 children aged 0-24 in Bristol, equating to 33.4% of the city's population. Of these children and young people, 24,750 are aged 0-4 (5.1% of the total population) and 81,619 are aged 5-19 (16.9%) of the total population. In 2023, the [number of births](#) decreased to 4,771, a decline of 30% since the peak in 2012 and the lowest number since 2003.

Census data (2021) shows that the most [prominent ethnic group](#) of those aged 24 years and under was 'White' (72.9%), followed by 'Asian, Asian British or Asian Welsh' (8.5%) and 'Mixed or Multiple ethnic group' (8.1%). 8.1% of the population was 'Black, Black British, Black Welsh, Caribbean or African' and 2.3% 'Other ethnic group'. The same pattern was found nationally.

[Low income](#): Most recent data from 2023/24 shows that close to one quarter (23%/18,844) of children under 16 live in *relative* low-income families in Bristol, higher than the UK average of 21.8% and a higher proportion than the previous year in Bristol (22%). Around one in five (19.8%) children were found to live in *absolute* low-income families in 2023/24, higher than the UK average of 18.7% and a higher proportion than Bristol in 2022/23 (16%). More than half of children living in Lawrence Hill ward and nearly half of children living in Central ward live in relative low-income families.

[Food insecurity](#): Around 3.2% (6,400) households experienced severe food insecurity across 2024/25. In the same time period, 7.9% (15,800) households experienced moderate to severe food insecurity. Positively, the figures for both moderate to severe food insecurity and severe food insecurity have decreased from the previous year of 2023/24. Half of children (49.9%) with free schools meals status achieved a [good level of development](#) at the end of Reception, slightly lower

than the England average of 51.5% (2023/24). [Groups amongst those](#) more likely to experience food insecurity include those with a Disability, carers, single parents and those aged 16-24.

Children in care: As of 31 March 2024, [84 children per 10,000](#) (768) under aged 18 were looked after in Bristol; higher than the rate of 70 per 10,000 in England (83,630) and the 63 per 10,000 across the South West (6,980). There was a significant increase in the number of children in care during 2021/22 and 2022/23 and increase of children subject to a Child Protection Plan. Children aged 10-15 were the age most common to be in care, a majority (63%) were White and 13% of children in care in Bristol in 2023 were [unaccompanied asylum-seeking children](#).

Free school meals: The number of pupils eligible for free school meals continues to increase with 29.2% of pupils eligible in Jan 2024. This is higher than the national average (24.6%) and significantly higher than the South West average (20.5%).

Disabled children and children with special educational needs: Around one in five pupils (20.6%) have special educational needs (SEN); that is over 14,500 pupils in total. Over 11,000 are receiving SEN support and over 3,000 have an Education, Health and Care Plan as of 2023/24.

English as an additional language: More than one in five (22%) children's first language was known or believed to be a language other than English in Bristol in 2023/24, slightly higher than the England average of 20.8%. In January 2025, 25.1% of primary school pupils and 21.1% of secondary pupils had a first language other than English¹.

Pregnancy and Birth

Smoking during pregnancy: In Bristol across 2023/24, 8.3% of women smoked in early pregnancy at the time of booking an appointment, reducing to 7% at the time of delivery. This was slightly lower than the England average of 7.4%. Rates are decreasing and gaps are narrowing, but there are still stark inequalities by age (under 20s) and deprivation (Hartcliffe in particular). Individuals with mental health issues, lone parents, residents living in the most deprived parts of the city and women of white ethnicity and mixed ethnicity heritage are most likely to smoke during pregnancy.

BMI at antenatal booking²: There has been an increase in the percentage of women with a BMI higher than 30 at the time of antenatal booking from 18.8% in 2013 to 22.8% in 2023 with an average of 21.2% across 2021 to 2023. Rates are increasing and gaps are widening when looking at this by deprivation.

Teenage pregnancy: Rolling annual rates for teenage conceptions show that in Bristol, 14.6 young women aged between 15 and 17 per 1,000 conceive, that is 19 young women. This is higher than the England average (13.9) and the regional average (12.4). Of all maternities, across 2021/22 to 2023/24, 0.7% were teenage maternities (<18)³. There is a longer term trend of decreasing rates, with a slight short-term uptick after covid, especially in the under 16s. The vulnerability of the cohort has significantly increased over time.

¹ Source: Bristol City Council School Census: Information and Analysis Team (January 2025)

² Source: Local Maternity Data Set

³ Source: Local Maternity Data Set

Low birth weight: In 2022 in Bristol, 5.3% of all births had a low birth weight, lower than the England average of 7.2%. Low birth weight is interlinked with socioeconomic status, with the proportion of babies born with a low birth weight in the most deprived areas of Bristol being more than double the proportion in the least deprived areas across 2021 and 2023. Young mothers (under 25) and mothers of Asian ethnicity were on average more likely to deliver a low birth weight baby.

Infant mortality: The infant mortality rate locally across 2021-2023 was 3.7 deaths per 1,000 live births; lower than the England average of 4.1 and the lowest rate of all core cities, but higher than the South West average (2.9). Infant mortality rates are higher for children born to teenage mothers, older mothers (aged over 40) and those in poverty. Rates are also higher for minoritised ethnic groups, to mothers who smoke, drink alcohol or misuse drugs and to mothers who have not accessed antenatal care.

Breastfeeding: Most recent data (2023/24) shows that overall, Bristol has the highest rates of breastfeeding at 6-8 weeks (70.6%) in the South West; also significantly higher than the England average (52.7%). However, rates varied significantly from 97.1% in Cotham to 36.6% in Hartcliffe and Withywood. Gaps are narrowing by deprivation but disparities by age remain high.

Early Years

Childhood immunisations (pre-school children): All immunisations due by 1, 2 and 5 years old were below the required 95% for herd immunity with the exception of Hepatitis B at 1 year old which stood at 100% in Bristol. For all of the immunisations due in these first years of life, the Inner City and East locality has the lowest uptake, below the city average. Uptake for immunisations was similar to the England average. Regarding immunisations due by 1 year old, uptake of the Dtap/PIV/Hib/HepB vaccination by 1 year old in Bristol (91.7%) is similar to the England average (91.2%).

In relation to immunisations due by 2 years old, the 2023/24 uptake of the hepatitis B vaccine in Bristol, by 2 years of age was 83.3%. By the age of 2, across the same time period, there was a 92.8% uptake of the Dtap/IPV/Hib/HepB vaccination in Bristol, similar to the England average (92.4%). The uptake of the Hib and MenC booster by 2 years old was similar in Bristol and England on average (88.2% vs 88.6%). Uptake of the PCV booster in Bristol (88.1%) was again concurrent with uptake in England (88.2%) as was MMR for one dose at 2 years old (88.5% Bristol, 88.9% England).

A&E attendance: Across 2023/24, A&E attendance under 1 year (956.2 per 1,000) was lower compared to the England average (1,174.9), but higher than compared to 2022/23 (933.5).

Children achieving a good level of development at 2 to 2 and a half years: A total of 87.1% of children in Bristol were achieving a good level of development at 2 to 2 and a half years old across 2023/24; higher than found in England (80.4%). Children in less deprived areas are more likely to achieve a good level of development.

Hospitals admissions caused by unintentional and deliberate injuries in children aged 0-4 years: Across 2023/24, 270 0-4 year olds in Bristol were hospitalised with unintentional or deliberate injuries. That is 109.1 per 10,000 children aged 0-4. This is higher than the England average of 93.2 per 10,000.

Perinatal mental health: Women who are at [increased risk of perinatal mental-ill health](#) include those who have experienced domestic abuse, are young mothers, have experienced several Adverse Childhood Events (ACEs), are care leavers, women living in poverty or have migrated. Those who have also previously experienced a pregnancy loss such as recurrent miscarriage, stillbirth or neonatal death are also at [increased risk of perinatal mental health](#).

School Age

Good level of development: Two thirds (68.4%) of children in Bristol were achieving a good level of development at the end of Reception; similar to but slightly higher than the England average of 67.7%.

Healthy weight: The rate of overweight and very overweight children in reception in 2023/24 (18.9%) was better than the national average (22.1%) and that of the South West (21.8%). A third of year 6 pupils in Bristol were overweight or very overweight (33.5%); lower than the England average (35.8%) but higher than the South West average (32.8%). A small proportion of children in reception were classed as underweight (1.1% Bristol, 1.2% England). The same was found for year 6 children (1.6% Bristol, 1.7% England). The [Pupil Voice Report \(2024\)](#) showed more than half of girls (58%) and close to a third of boys (30%) wanted to lose weight. A less frequently reported answer, yet 17% of boys and 7% of girls wanted to gain weight.

Childhood immunisations for school-age children: Across 2023/24, [MMR](#) for one dose at 5 years old sat at 90.2%, slightly lower than the England average of 91.9%. Across the same time period, MMR for two doses at 5 years old was 83% in Bristol; again lower than the England average of 83.9%. Whilst [HPV](#) immunisation coverage across year 8 in Bristol for both females (66%) and males (57.8%) was comparable compared to the Core Cities, this was lower than the England average (71.3% females, 65.2% males).

Physical Activity: Half (50%) of primary pupils and over four in ten (43%) secondary pupils responded that they were active enough to breathe harder and faster or feel hot and sweaty for at least half an hour on [five or more days](#) a week. According to [active lives survey](#) data from 2023/24, less than half of children aged 5-16 in Bristol (47.2%) were active for 60 minutes or more a day, less than in England on average (47.8%). More than a quarter (28.4%) were active for less than an average of 30 minutes a day in Bristol compared to 29.5% in England. [In 2024](#), more primary pupils (49.6%) in Bristol were active for at least 30 minutes a day on five or more days per week than secondary pupils (42.7%).

Childhood injuries: Across 2023/24 there were 660 emergency hospital admissions for children aged 0-14 related to unintentional and deliberate injuries, that is 86.2 admissions per 10,000 population. This was [higher than the England average](#) of 72.7 and the South West average of 79.7. [Boys were more likely than girls](#) to be admitted for injuries. Three in ten (32%) primary and secondary pupils reported they were treated for an [unintentional injury](#) within the last 12 months.

Emotional health and wellbeing of children and young people: A total of 12.8% of primary school pupils and one in 10 (10.4%) of secondary pupils had a wellbeing scale score that suggested poor mental health; a decrease for secondary pupils since the [2022 report](#), but a continued increased for primary pupils. Disabled children, children with special educational needs, those with a long-

standing illness, caring responsibilities and females were amongst groups more likely to report a low mental wellbeing score.

Food and nutrition: Almost a quarter (23.1%) of all pupils said that they had eaten at least 5 portions of fruit or vegetables the day before the survey, while more than 1 in 10 (11.9%) reported having had none. Sweets and chocolate were reported to be eaten on most days by near a third of primary and secondary school pupils.

Smoking and vaping: A total of 5.7% of secondary pupils reported having smoked in the past or that they currently smoke. One in five (19.9%) secondary pupils said they have tried e-cigarettes in the past or use one currently. A total of 4.7% smoked e-cigarettes regularly and 13% smoked e-cigarettes currently. Positively, this has declined compared to previous waves of the study.

Dental health: Across 2022/23, one in ten year 6 pupils (10.5%) had [visually obvious dental decay](#) in Bristol; lower than the England average (16.2%). A total of 17.8% of 5-year-olds locally had visually obvious dental decay, higher than the England average (22.4%) in 2023/24. Around 80% of pupils reported they [cleaned their teeth](#) at least twice a day.

Percentage of KS2 pupils (age 10-11) reaching the expected standard in Reading, Writing and Maths combined: In 2023/24, 56% of KS2 pupils met the expected standard in Reading, Writing and Maths; lower than the 61% of pupils who did in England on average.

Chronic childhood illnesses: There were 180 emergency admissions for asthma in Bristol in those aged 18 and under in 2023/24, that is 185.7 admissions per 100,000 people. This was higher than the England average of 148.6 per 100,000 and the South West average of 141.1. Across the same time period, there were 75 emergency admissions for epilepsy in those aged 0-18 in Bristol. This is a rate of 77.4 per 100,000 people; lower than the England rate of 79.3 per 100,000 and the South West average of 93.5. There were 55 emergency admissions for diabetes in under 19-year-olds; a rate of 56.8 per 100,000 people; higher than the England rate of 49.8 and the South West rate of 54.9 per 100,000.

Hospital admissions as a result of self-harm: Across 2022/23, there were 70 children aged 10-14 who were admitted to hospital as a result of self-harm; this equates to 269.2 per 100,000 in Bristol, a higher rate than found in England (251.2). Across the same time period, there were 240 young people aged 15 to 19 who were admitted to hospital as a result of self-harm. That is 790.9 per 100,000; significantly higher than the rate in England (468.2).

Average Attainment 8 score (average across 8 subjects at KS4 (GCSE's)): The average Attainment 8 score was 45.2 in Bristol in 2023/24, slightly lower than the average of 46.1 across England.

Average Point Score per A level entry: The Average Point Score per A level entry across 2023/24 in Bristol was 33.3; lower than the England average of 35.5.

Young People

Not in Education, Employment or Training (NEET): A total of 6.6% of 16- to 17-year-olds in Bristol in 2023/24 were not in education, employment or training (NEET) or their activity was not known; higher than the 5.4% NEET or unknown in England. Those who are from deprived areas or who have had negative experiences at school are more [likely to be NEET](#).

Hospital admissions as a result of self-harm: Across 2022/23, 265 young people aged 20 to 24 were admitted to hospital for reasons related to self-harm; equating to 510 per 100,000, significantly higher than the England average of 244.4.

Injuries: Across 2023/2024, there were 1,005 emergency hospital admissions caused by unintentional and deliberate injuries in young people aged 15 to 24 years, equating to 118.4 admissions per 10,000 population. This is higher than the England average (88.6) and the South West regional average of 108.2. Rates of emergency hospital admissions for injuries were much **higher in young women** than young men and for residents in the most deprived areas of Bristol.

First time entrants to the youth justice system: In Bristol, 79 children entered the youth justice system for the first time in 2023. That is, 195.7 per 100,000, significantly higher than the England average of 143.4 per 100,000.

Sexual Health: In 2024, there were 1,160 per 100,000 people aged 15 to 24 in Bristol who received a **chlamydia diagnosis** through attending sexual health services (SHSs) and community-based settings, fewer than 1,250 in England. More than half (56%) of year 10 pupils responding to the **Pupil Voice Survey (2024)** said they did not know or were unsure of where to go if they needed advice on contraception/sexually transmitted infections. Almost three quarters (73%) of pupils said they found school lessons as a main source of information on sex and relationships. Per 1,000 GP-registered women aged 15-49, 37.6 were on GP-prescribed long-acting reversible contraception⁴.

Admission episodes for alcohol-specific conditions (under 18s): Across 2021/22 – 2023/24, 35.3 per 100,000 children were admitted to hospital related to alcohol, equating to 97 children. This is found to be higher than the England average of 22.6 per 100,000, but lower than the South West average of 39.3 per 100,000. The **Pupil Voice Report (2024)** showed that 17% of secondary pupils drank alcohol in the last 4 weeks, with disabled pupils, those with a long-standing illness or male pupils of white minority ethnicity being amongst groups more likely to report they drink.

Healthy weight: Almost one third (32%) of young people aged 16-24 in Bristol were overweight or obese in 2024/25; higher than the 27.1% in 2023/24.

Food and nutrition: Across 2024/25, more than half (55.4%) of 16-24-year-olds ate at least five portions of fruit and vegetables a day; higher than the four in ten the previous year (41.6%).

Satisfied with life/poor mental wellbeing: Two thirds (66.1%) of young people aged 16-24 in 2024/25 were satisfied with life and one in five (20.5%) were reported to have poor mental wellbeing. These are both improvements on the previous year.

⁴ Source: Sexual Health LARC Dashboard (Bristol City Council).