West Sussex Joint Strategic Needs Assessment

Children and Young People Summary 2026/2027

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Introduction - Children and Young People's Summary

Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

It is a statutory requirement for Local Authorities and their partners (under both the Health and Social Care Act 2012 and the Local Government and Public Involvement in Health Act 2007 s116 and s116A).

The JSNA informs and underpins the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents. This is a summary document, and as such includes high level information.

On the website you will also find additional reports, analyses, and briefings on different subjects.

https://jsna.westsussex.gov.uk/

If you have any queries about the JSNA or information on the website, please contact:

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Some data remain unchanged from the 2024/25 summary, particularly some Census 2021 figures for which no updated source is available.

New in 2026/27

- Updated population projections.
- More detailed data from the local Your Health Matters Survey.
- Data from the updated Index of Deprivation (2025).
- Specific more detailed briefings are available on:
  - Inclusion Health Groups
  - Deprivation
  - Health and disability

Contents

Key Points

Population

- Births have declined. There were 7,648 births in 2024, over 1,000 fewer than in 2014.
- Overall, there are approximately 44,025 young children (0–4-year-olds), 50,990 5- to 9-year-olds, 54,840 10- to 14-year-olds, and 50,240 15- to 19-year-olds. The child population is projected to fall in the next 5 years.
- One in four households (101,100 households) in West Sussex has at least one dependent child, 14,300 households have 3 or more children.
- The majority of children in West Sussex live in a household with a married or civil partnered couple, one in five children live in a lone parent household.
- At the time of the 2021 Census 21% of children aged 0-4 years, 19% of children aged 5-15 years were from ethnic minoritised backgrounds.

Maternal and Infant Health

- The infant mortality rate and the child (0-17 years) mortality rate are both significantly lower than England.
- Between 2022-2024 there were 1,895 premature births (less than 37 weeks gestation). Of term babies, 2.5% had a low birthweight.
    - Many infant and maternity measures compare well with England, approximately 5% of mothers were smokers at the time of delivery, compared with 6.1% nationally
    - Breastfeeding, as first milk and at 6-8 weeks also higher in West Sussex (79.7% and 61.2% respectively).
    - Obesity in early pregnancy is also lower (24% compared with 26% nationally).
- However, some measures are significantly worse. There is a higher hospital admission rate of babies under 14 days, a lower rate of women recorded as taking folic acid supplement before pregnancy and a lower percentage of women had their first appointment with a midwife within 10 weeks of being pregnant (59% of women in West Sussex in 2023/24 compared with 63.5% nationally).

Health Visiting, Early Years and Readiness for School

- Health visiting statistics compare well with England:
    - New Born Visits (NBV) and 6 -8-week checks – in West Sussex 91.4% of infants had a visit within 14 days (England, 85.2%) and 90.7% had a 6-to-8-week check (England, 85.1%).
    - A higher percentage of infants had a 12 month and 2 to 2½ review compared with England in 2024/25, and 100% of reviews undertaken used the Ages and Stages Questionnaire-3 (ASQ-3) as part of their review.
- In 2024/25, 67.8% of children in West Sussex were assessed to have a good level of development (readiness for school), this was similar to England (68.3%).
- Children eligible for free school meals in West Sussex achieve a Good Level of Development at rates well below both their local peers and the national average for this group: 43.3% in West Sussex, compared to 51.3% across England. The gap between eligible and non-eligible children remains large.

Immunisations

- There are a number rated red against goal:
  - DTaP / IPV - % of children who received a booster dose of DTaP/IPV at any time before their fifth birthday
  - MMR for two doses - % of children who received two doses of MMR on or after their first birthday and at any time before their fifth birthday.
  - HPV – one dose- % of females or males in school year 8 (aged 12-13) who have received the first dose of HPV vaccine.
  - Men ACWY - % of 14–15-year-olds (Year 9/10) receiving the Meningococcal ACWY conjugate vaccine.

Childhood measurement of weight and height

- In 2024/25 77% of children in reception class and 67% in Year 6 were assessed to have a healthy weight.
- 8.9% of reception pupils and 18.4% of Year 6 pupils in West Sussex were measured as obese, both significantly lower percentage compared with England overall and benchmarking favourable with comparable local authorities.
- Less than 1% of reception class pupils and 1.4% of Year 6 pupils were measured to be underweight.

General Health and Disability

- *General Health* - Using data from Census 2021, 1,150 children and young people aged 0-19 years were reported to be in bad health.
- *Disability* - The 2021 Census assessed disability using a two-stage question aligned with the Equality Act 2010: whether a person had a long-term physical or mental health condition lasting 12 months or more, and the extent to which it limited their day-to-day activities — a lot, a little, or not at all. 13,400 aged 0-19 years were reported as being disabled.
- *Mental Health* - National prevalence data on children and young people's mental health comes from the Mental Health of Children and Young People (MHCYP) survey. The most recent wave, published in 2023, found that approximately one in five children and young people aged 8 to 25 had a probable mental disorder, with rates of 15.7% among 8- to 10-year-olds, 22.6% among 11 to 16 year olds, 23.3% among 17 to 19 year olds, and 21.7% among 20 to 25 year olds.
- In January 2026 1,295 children and young people aged 0-18 years were referred to mental health services (all providers), with primary care and self-referral being the largest referral sources.

Health behaviours

- Around half of West Sussex children and young people (49.9%) meet the recommended 60 minutes of daily physical activity, broadly in line with the England average (49.1%).
- Childhood obesity rates in West Sussex are significantly below the national average at both Reception (8.9% vs 10.5%) and Year 6 (18.4% vs 22.2%) level, though there is a longer-term upward trend in Year 6.
- Drug use among young people is relatively low, 2% of West Sussex respondents reported using illegal drugs in the past year, with cannabis the most commonly used substance nationally and locally.
- An estimated 6,035 children in West Sussex live in households affected by parental alcohol or drug dependency.
- Under-18 conception rates in West Sussex (10.5 per 1,000) are significantly below the England average (13.9 per 1,000), though there is notable variation across districts.
- Chlamydia screening rates among young females fall well below national averages.

Hospital Activity

- Self-harm admissions (10 to 24 years) are notably high 336.1 per 100,000 compared to the England rate of 266.6.
- A&E attendances under 18 are higher in West Sussex compared with England (478.6 per 100,000 compared with 460.3).
- Hospital admissions caused by unintentional and deliberate injuries also significantly higher in West Sussex compared with England.

Wider Determinants – Housing, Poverty, Households

- In 2023/24, 14% of children in West Sussex were living in relative low-income families, below the England average of 22.1%.
- At end March 2025, there were 1,498 homeless households with dependent children in West Sussex. The overall county rate was 14.5 per 1,000 households, lower than England rate (16.2) but Arun and, notably, Crawley have significantly higher rates of homeless households with dependent children.
- In the last four years there has been an increase in the number of children living in temporary accommodation. At the end of September 2025 (Q2 2025/26) there were a total of 1,890 children in temporary accommodation, a third aged 5 years or under.
- At the time of the last Census in households with dependent children:
    - 9% had no adult in employment
    - 17% had at least one disabled adult
    - For children under 10, approximately 1 in 4 lived in private rented accommodation
- 80% of households in England have access to at least one green or blue space within a 15-minute walk, locally this ranges from 55% in Worthing to 94% in Chichester.
- Between 2021-2023 85 children (0-15 years) in West Sussex were either killed or seriously injured in a road accident, at 18 per 100,000 population this is similar to the England rate (19.7).
- From our own local community health survey (Your Health Matters, 2024) we know that children in deprived areas are more likely to live in a household that contains at least one smoker.

Wider Determinants – Education

- In terms of average Attainment 8 scores at Key Stage 4, overall, West Sussex is similar to England (46 in West Sussex v 46.3 nationally). Within the county attainment 8 scores (by pupil residency) range from less than 43 in Arun and Crawley to over 49 in Horsham and Mid Sussex.
- Pupil absence has been a significant and sustained concern since the COVID-19 pandemic, with rates remaining well above pre-pandemic levels.

Special Educational Needs (SEN)

- Nationally in 2024/25, 19.5% of all pupils had an identified SEN, 14.2% receiving SEN support without an Education Health and Care Plan (EHCP), and 5.3% with an EHCP. Locally 21.4% of pupils had an identified SEN, 5.3% with a EHCP
    - The most cited need for children and young people with an EHCP is autistic spectrum disorder, followed by speech, language and communication needs.
    - The most cited need for children and young people without an EHCP is a speech, language and communication need, followed by a social, emotional and mental health need.

Children at higher risk of poorer health outcomes

- *Children in Need* - As at March 2025 there were 5,526 children in need. The most frequent primary need category is abuse/neglect. In

2025 West Sussex had a high recording of “not stated” against primary need.

- West Sussex has a higher re-referral rate, with approximately 1 in 4 referrals having had a previous referral in the last 12 months.
- *Child Protection Plans* - 631 children and young people were subject to a Child Protection Plan as at March 31 2025.
- *Children Looked After* - there were 975 children looked after in 2025.
- *Care Leavers* - In West Sussex there were approximately 702 care leavers aged 17 to 21 years in 2025, with a further 511 young people aged 22 to 25 years still in contact with the local authority.
- *Younger carers* - The 2021 Census provides data on the number of people aged 5 years and over who provided unpaid care. In West Sussex 1.1% of young people aged 15 years or under were identified as carers, rising to 4.2% of young people aged 16-24 years.
- *Using Annual School Census data* - In 2024/25 there were 504 children in state-funded primary schools identified as a carer and 625 in state-funded secondary schools.

Transition

- Teenage conception rates have fallen substantially across England and locally over the past two decades, teenage conception remains strongly aligned to deprivation, with young women in the most disadvantaged areas significantly more likely to conceive than their peers in more affluent communities.
- Overall West Sussex has a higher percentage of young people aged 16-17 years who are NEET of where their status is not known (11.5% compared with 7.0% in the South East and 5.6% nationally). In West Sussex of the 11.5%, 9.3% relates to “unknown” and 2.2% known NEET.
- Youth Justice - in 2024, the rate of 10-to-17-year-olds receiving their first reprimand, warning or conviction was 120.1 per 100,000 in West Sussex, not significantly different to the England average (137.7 per 100,000).
- Youth unemployment - In March 2026, 3,200 people aged 18 to 24 were claiming unemployment-related benefits in West Sussex. This was around 500 higher than the previous month and approximately 1,500 above the pre-pandemic level.

Child Population

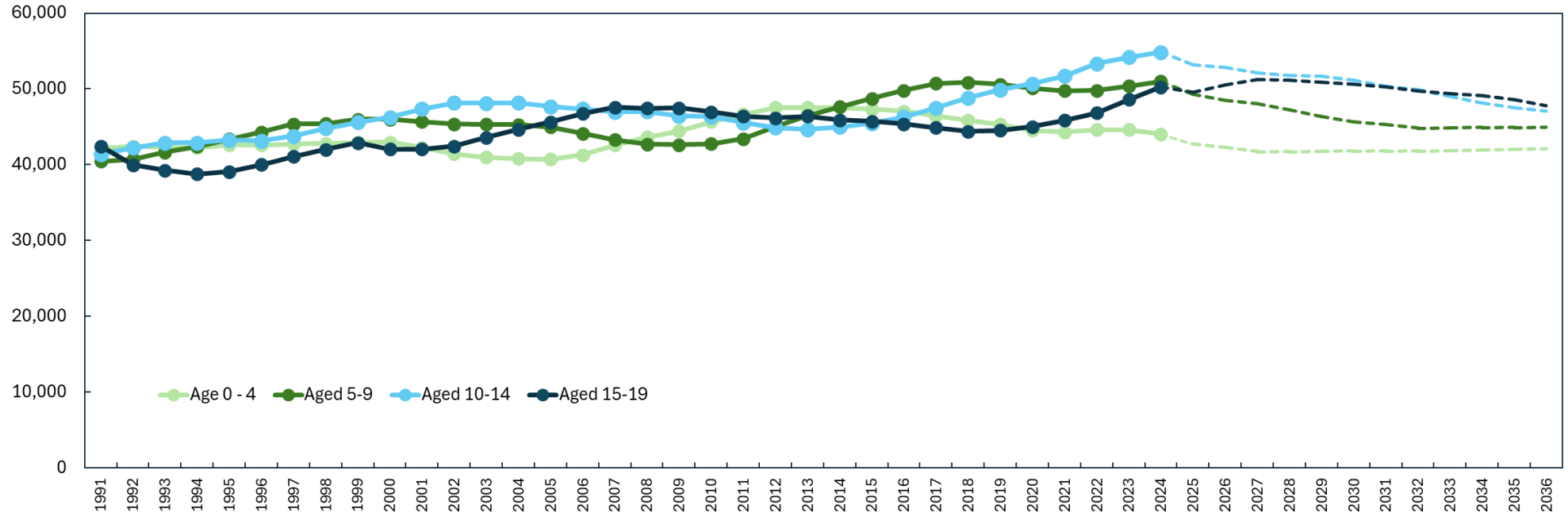
Past, Current, Projected – West Sussex

Table 1 Child Population – West Sussex 2014 to 2024

Age Group	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Projected 2031	Projected 2036
Age 0 - 4	47,528	47,308	47,055	46,440	45,879	45,308	44,512	44,307	44,619	44,620	44,025	41,826	42,093
Aged 5-9	47,622	48,754	49,820	50,749	50,873	50,615	50,125	49,748	49,817	50,372	50,991	45,303	44,985
Aged 10-14	44,987	45,449	46,281	47,516	48,807	49,871	50,701	51,696	53,331	54,192	54,841	50,355	47,100
Aged 15-19	45,904	45,742	45,374	44,890	44,393	44,519	45,034	45,862	46,825	48,622	50,236	50,230	47,823
Aged 20-24	42,473	42,795	42,835	42,428	42,129	41,415	40,972	41,163	39,625	38,775	39,019	42,559	42,532

Source: ONS MYE. Projected data uses the ONS Sub-National Population Projections (2022 based)

Figure 1 Past and Projected Population – West Sussex

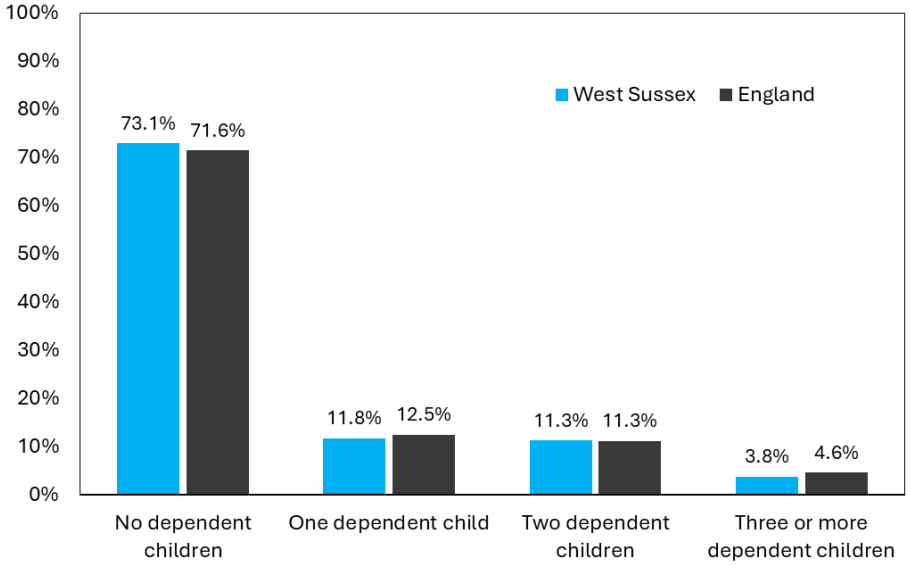


Households with Children

Data in this section are from the 2021 Census

At the time of the last census approximately 1 in 4 households contained at least one dependent child, this was slightly higher than England overall (71.6%).

Figure 2 Households with Dependent Children



Source: ONS Census 2021

Number of Children in Households

Over 14,000 households at the time of the last census had three or more dependent children. Within the county, Crawley has a higher percentage of households with children, and higher percentage with three or more children in the household.

Table 2 Number of Children in Households

Area	No dependent children	One dependent child	Two dependent children	Three or more dependent children
Adur	20,180	3,280	3,205	1,015
Arun	55,900	7,560	6,795	2,405
Chichester	41,620	5,420	5,220	1,855
Crawley	29,750	6,930	6,135	2,690
Horsham	45,585	7,110	7,450	2,225
Mid Sussex	44,375	7,985	8,475	2,515
Worthing	36,705	5,975	5,255	1,605
West Sussex	**274,115**	**44,260**	**42,535**	**14,310**

Household Type

The majority of dependent children aged 18 years or under live in households where there is a married or civil partnered couple, 61% of children do so in West Sussex, compared with 56% nationally. 1 in 4 children live in a lone parent households, with the overwhelming majority of these led by a women.

Table 3 Household Type – Dependent Children

Family Type	West Sussex %	England
Cohabiting couple family	16.8%	16.2%
Married or civil partnered couple family	61.0%	56.2%
Lone parent family (female)	19.3%	23.9%
Lone parent family (male)	2.1%	2.3%
Other family types	0.9%	1.3%

Source: Census 2021

Ethnic Diversity

Using data from the 2021 Census among the youngest children (those aged four and under) just over one in five (20.9%) are from minoritised ethnic groups. This proportion remains similar among those aged 5 to 9, at 19.4%, and continues among the 10 to 15 age group at 19.1%.

Table 4 Age Group by Ethnic Group (Census 2021)

Census Group	4 years and under	Aged 5 to 9	Aged 10 to 15	Aged 16 to 24
Asian, Asian British or Asian Welsh: Bangladeshi	290	315	350	470
Asian, Asian British or Asian Welsh: Chinese	120	150	315	330
Asian, Asian British or Asian Welsh: Indian	1,035	1,055	920	915
Asian, Asian British or Asian Welsh: Other Asian	530	670	960	1,025
Asian, Asian British or Asian Welsh: Pakistani	655	665	785	890
Black, Black British, Black Welsh, Caribbean or African: African	395	445	765	920
Black, Black British, Black Welsh, Caribbean or African: Caribbean	55	55	90	190
Black, Black British, Black Welsh, Caribbean or African: Other Black	250	280	365	245
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	810	710	800	755
Mixed or Multiple ethnic groups: White and Asian	1,055	1,220	1,250	985
Mixed or Multiple ethnic groups: White and Black African	585	620	720	515
Mixed or Multiple ethnic groups: White and Black Caribbean	550	545	650	725
Other ethnic group: Any other ethnic group	340	370	455	720
Other ethnic group: Arab	140	135	175	230
White: English, Welsh, Scottish, Northern Irish or British	35,235	40,185	49,465	63,135
White: Gypsy or Irish Traveller	115	125	130	150
White: Irish	75	85	185	260
White: Other White	2,235	2,170	2,725	3,780
White: Roma	55	55	65	110
Total	**44,530**	**49,865**	**61,170**	**76,345**
% of Age Group from minoritised groups	**20.9%**	**19.4%**	**19.1%**	**17.3%**

There is considerable variation in the county. In Crawley 45% of children under 5 years are from ethnic minoritised backgrounds, compared with 11.4% in Chichester.

Figure 3 Percentage of Child and Young Person Age Group from an Ethnic Minority Background

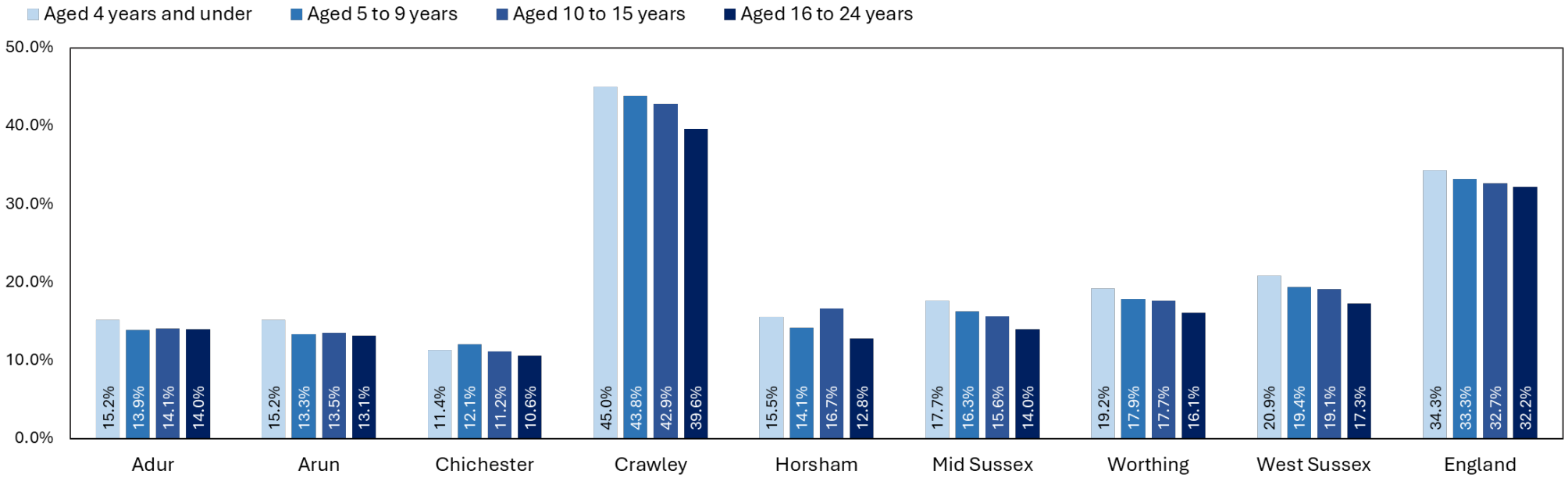
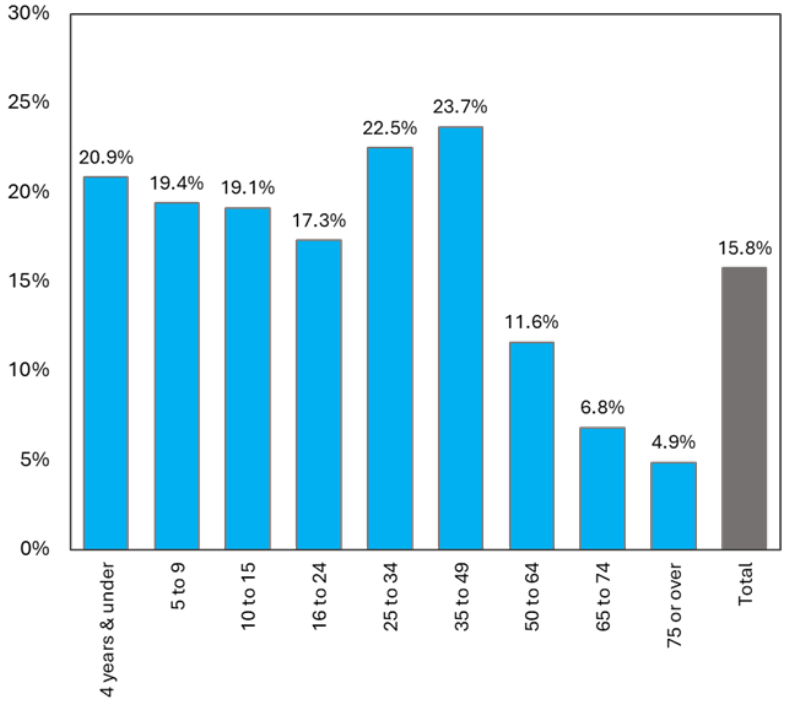


Table 5 Proficiency in the English Language (note this excludes children aged 3 years or under)

	15 years and under	16 to 64	65 years and over	Total
Main language is English	125,710	483,040	198,190	806,940
Main language is not English Can speak English very well or well	3,310	36,325	2,000	41,630
Main language is not English Cannot speak English well	520	5,690	810	7,025
Main language is not English Cannot speak English	130	675	390	1,195
Main language is English	97.0%	92.0%	98.6%	94.3%
Main language is not English Can speak English very well or well	2.6%	6.9%	1.0%	4.9%
Main language is not English Cannot speak English well	0.4%	1.1%	0.4%	0.8%
Main language is not English Cannot speak English	0.1%	0.1%	0.2%	0.1%

Across the all age group, the difference is stark between the 50+ population and children and younger working age groups.

Figure 4 Percentage of Lifecourse Age Group from an Ethnic Minority Background



Gypsy, Roma, and Traveller communities

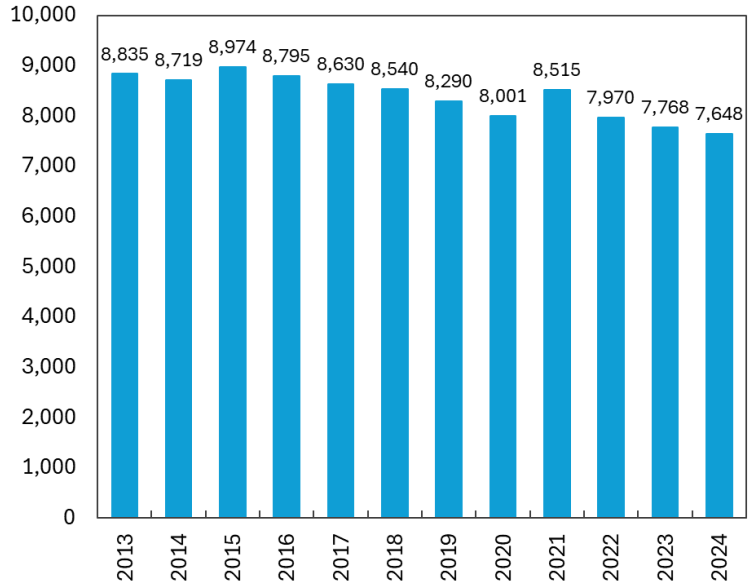
The 2021 Census provides data on the number of people from Gypsy, Roma and Traveller ethnic groups. In West Sussex, approximately 165 young people aged 11-18 years identified as Gypsy or Irish Traveller (0.21%) and a further 95 identified as Roma (0.12%). Across the district and boroughs, Chichester has the highest proportion of young people from a Gypsy or Irish Traveller background (0.43% - higher than England at 0.18%) and Crawley has the highest proportion of Roma (0.20%).

However, data collected on the number of people from the Gypsy, Roma and Traveller ethnic groups is likely to be an under-representation of people within these communities, due to factors such as a lack of trust behind data collection and fear of discrimination. According to the Census, 94% of children aged 15 years and under who identified as Gypsy or Irish Traveller in West Sussex were reported to be in good health. This was 91% for 16–19-year-olds. For children and young people who identified as Roma, 95% of 15 and under and 16-19 years identified as being in good health.

Infant and Maternal Health

There were **7,648 births** in 2024, this was the lowest in ten years and reflects a declining fertility rate in the county. This is in line with a declining national fertility rate.

Figure 5 West Sussex Births 2013 to 2024



Source: ONS Birth Registrations

Within West Sussex, all areas are experiencing declining births.

Table 6 District and Borough Births 2013 to 2024

Year	Adur	Arun	Chich	Crawley	Horsham	Mid Sussex	Worthing
2013	758	1,493	1,046	1,646	1,261	1,512	1,119
2014	692	1,463	1,060	1,618	1,229	1,521	1,136
2015	724	1,517	1,051	1,642	1,264	1,593	1,183
2016	671	1,552	955	1,584	1,324	1,610	1,099
2017	656	1,401	1,030	1,574	1,303	1,543	1,123
2018	646	1,446	991	1,528	1,306	1,481	1,142
2019	593	1,371	964	1,531	1,314	1,457	1,060
2020	531	1,317	947	1,467	1,250	1,486	1,003
2021	600	1,375	1,032	1,525	1,444	1,557	982
2022	538	1,285	955	1,449	1,286	1,554	903
2023	506	1,230	913	1,437	1,245	1,538	899
2024	477	1,224	957	1,424	1,214	1,457	895

Source: ONS Birth Registrations

Of the 7,648 births in West Sussex in 2024, 66% of mothers were aged 30 years or over.

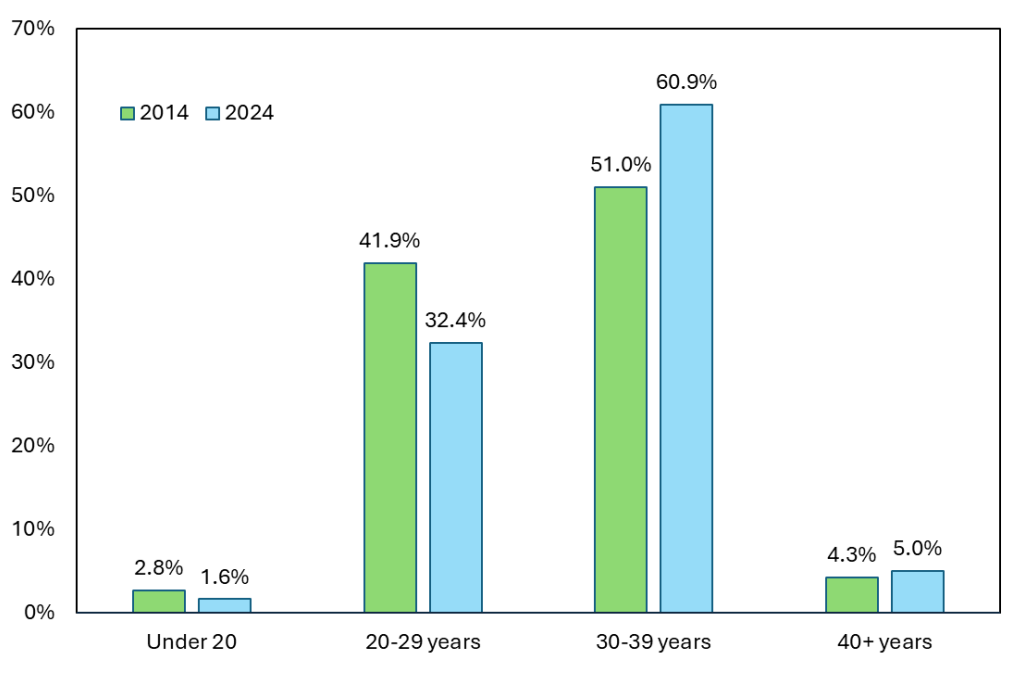
Table 7 West Sussex Live Births 2024, Age of Mother

Under 20	20-29 years	30-39 years	40+ years	Not stated
126	2,476	4,659	386	1

Source: ONS

Over the last 10 years, women are tending to have babies later, in 2014 42% of births were to women in their 20s, compared with 32% in 2024.

Figure 6 Births by Age of Mother 2014 and 2024



The **infant mortality rate** in West Sussex is below that of England and has, in line with the national trend been declining over the last 10 years. In the years 2022-2024 there were 71 deaths of infants under 1 years in West Sussex.

The **child mortality rate** (deaths between 1 year -17 years) in West Sussex is similar to that of England and has, in line with the national trend been relatively stable. In the years 2022-2024 there were 50 deaths of children and young people aged between 1 year and 17 years in West Sussex.

Figure 7 Infant deaths under 1 year of age, per 1,000 live births.

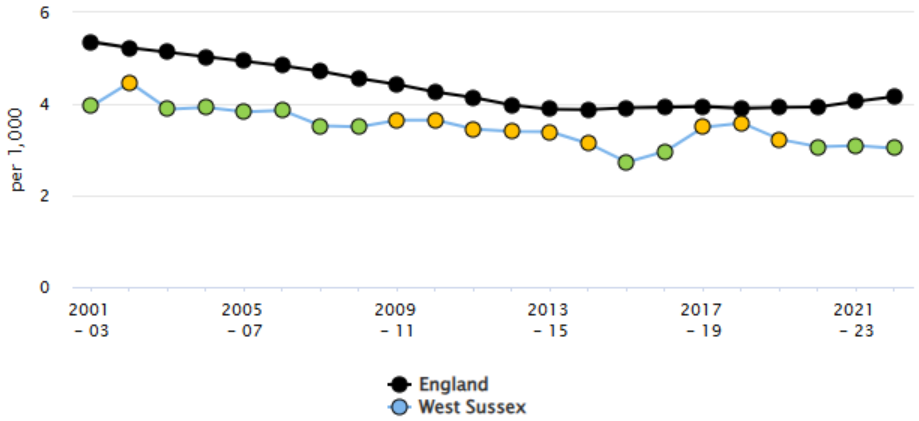
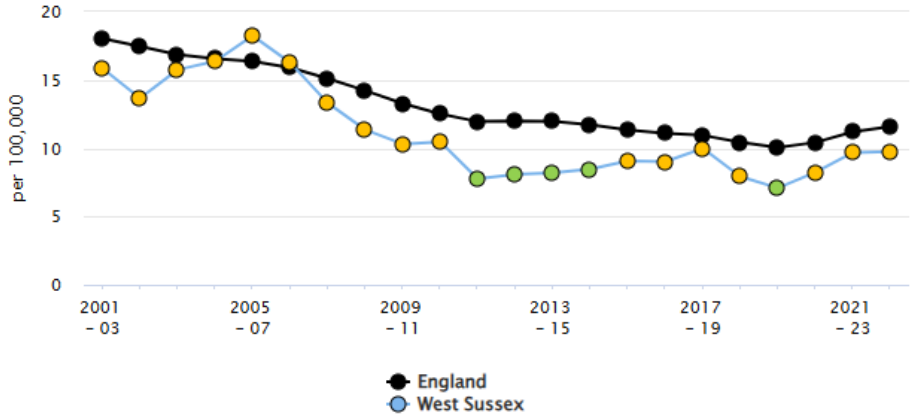


Figure 8 Child Mortality Rate Deaths between 1 year and 17 years per 100,000



Source: OHID Fingertips

In 2022-2024 there were **80.8 premature births** (less than 37 weeks gestation) per 1,000 live births and still births. The rate is line with the national rate of 79.6 per 1,000.

The **percentage of term babies with low birth weight** (less than 2500g), at 2.5% in 2024, and was significantly lower than England (3.0%) and remains the lowest of comparator authorities.

The multiple birth rate (the number of maternities with multiple births per 1,000 total maternities) in 2023 was 12.2 per 1,000 (86), similar to the national rate of 14.5.

In 2024/25, 46.3% of births were by **caesarean section** in West Sussex. This proportion has been increasing over the last 5 years. West Sussex has the highest rate amongst comparator local authorities.

The percentage of **women smoking at the time of delivery** remained low in 2024/25 at 5.0% (approximately 363 maternities), lower than the national rate (6.1%) and the fifth lowest of comparable authorities.

In 2023/24, for 79.7% of babies in West Sussex their **first milk was breastmilk** significantly higher than the England percentage of 71.7% (although OHID did issue a data quality caveat relating to the West Sussex figure).

Note no data were published on breastfeeding at 6-8 weeks in West Sussex due to data quality issues.

The following table relates to childhood immunisations and vaccines. Following the table, trend graphs are shown for measures where coverage was rated as significantly lower than England or below coverage threshold in 2024/25.

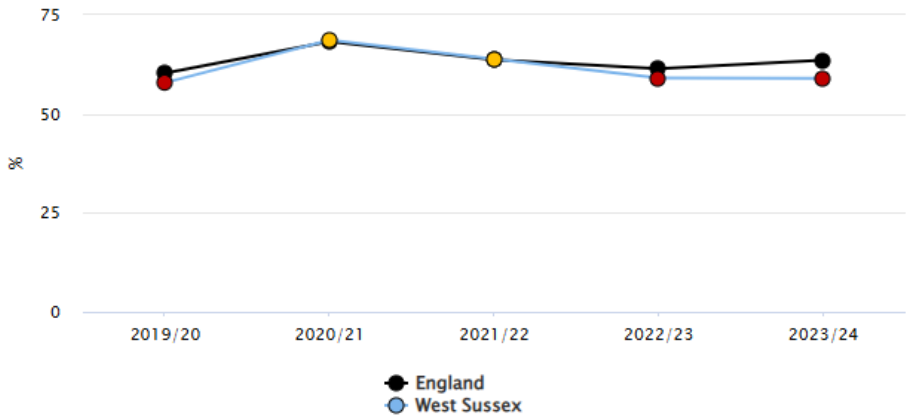
Access to Maternity Care

OHID state that the first appointment with a midwife (the booking appointment) should take place before 10 weeks of pregnancy. This appointment is important for a number of reasons:

- it allows scheduling of an ultrasound scan;
- identifies women who may need additional care due to medical history or social circumstances;
- provides an opportunity to discuss antenatal screening, mood and mental health,
- and risk factors such as smoking (with support offered where needed); and enables blood pressure measurement and recording of height and weight.

Booking before 10 weeks also ensures the mother's details can be shared in good time with the health visiting service.

Figure 9 Percentage of Bookings Made Before 10 Weeks



Source: OHID Fingertips

Immunisations and Vaccines

January 2026 Source: UK Health Security Agency (UKHSA)

Age	Vaccine(s)	Diseases Protected Against
8 weeks	6-in-1 (DTaP/IPV/Hib/HepB)	Diphtheria, tetanus, whooping cough, polio, Hib, hepatitis B
	MenB	Meningococcal B
	Rotavirus	Rotavirus gastroenteritis
12 weeks	6-in-1 (DTaP/IPV/Hib/HepB)	Diphtheria, tetanus, whooping cough, polio, Hib, hepatitis B
	MenB	Meningococcal B
	Rotavirus	Rotavirus gastroenteritis
16 weeks	6-in-1 (DTaP/IPV/Hib/HepB)	Diphtheria, tetanus, whooping cough, polio, Hib, hepatitis B
	PCV	Pneumococcal
1 year	PCV	Pneumococcal Meningococcal B
	MMRV	Measles, mumps, rubella, chickenpox
	MenB	Meningococcal B
18 months (born after 1/7/25)	6-in-1 (DTaP/IPV/Hib/HepB) MMRV	Diphtheria, tetanus, whooping cough, polio, Hib, hepatitis B Measles, mumps, rubella, chickenpox
3 years 4 months	dTaP/IPV (born on/after 1 Jan 2025) MMRV (if born on/before 31 Jan 2024)	Diphtheria, tetanus, whooping cough, polio Measles, mumps, rubella, chickenpox (booster)
12–13 years	HPV	HPV-related cancers and genital warts
14 years (Year 9)	Td/IPV	Tetanus, diphtheria, polio
	MenACWY	Meningococcal A, C, W and Y
Annual (eligible children)	Flu (LAIV nasal spray)	Influenza

Table 8 West Sussex Childhood Vaccine and Immunisation Coverage Rates

Immunisation	Detail	Year	% Coverage
Hepatitis B	% of children at age 12 months who have received the complete course (3 doses) of hepatitis B vaccine	2024/25	100.0%
DTaP / IPV / Hib	% of children who received 3 doses of DTaP/IPV/Hib vaccine at any time by their first birthday	2024/25	93.8%
MenB	% of children who received the MenB vaccine at any time before their first birthday	2024/25	93.5%
Rotavirus	% of children who have received the rotavirus vaccine (1 year)	2024/25	90.4%
PCV	% of children who received two doses of PCV at any time before their first birthday	2024/25	95.3
Hepatitis B	% of children at age 24 months who have received the complete course (4 doses) of hepatitis B vaccine	2024/25	76.9%
DTaP / IPV / Hib	% of children who received 3 doses of DTaP/IPV/Hib at any time before their 2nd birthday	2024/25	94.7%
MenB Booster	% of children who received a booster dose of MenB at any time before their 2nd birthday	2024/25	91.5%
MMR one dose	% of children who received one dose of MMR on or after their first birthday and at any time before their 2nd birthday	2024/25	92.1%
PCV Booster	% of children who received a booster dose of PCV at any time before their 2nd birthday	2024/25	91.0%
Flu	% of children aged 2-3 years old, who received the Flu vaccination (1st Sept to the end of Feb) in a primary care setting	2024/25	52.9%
Hib / Men C Booster	% of children who received a booster dose of Hib/MenC at any time before their second birthday	2024/25	92.0%
DTaP / IPV	% of children who received a booster dose of DTaP/IPV at any time before their fifth birthday	2024/25	86.0%
MMR one dose	% of children who received one dose of MMR on or after their first birthday and at any time before their fifth birthday	2024/25	93.8%
MMR for two doses	% of children who received two doses of MMR on or after their first birthday and at any time before their fifth birthday	2024/25	87.8%
Flu	% of primary school aged children from reception to year 6 age receiving the flu vaccine	2024	58.1%
HPV – one dose	% of females in school year 8 (aged 12-13) who have received the first dose of HPV vaccine	2024/25	76.2%
HPV – one dose	% of males in school year 8 (aged 12-13) who have received the first dose of HPV vaccine	2024/25	70.9%
Men ACWY	% of 14–15-year-olds (Year 9/10) receiving the Meningococcal ACWY conjugate vaccine	2024/25	76.6%

Trend Data for Immunisations Rated “Red”

Figure 10 DTaP / IPV Booster (5 years)

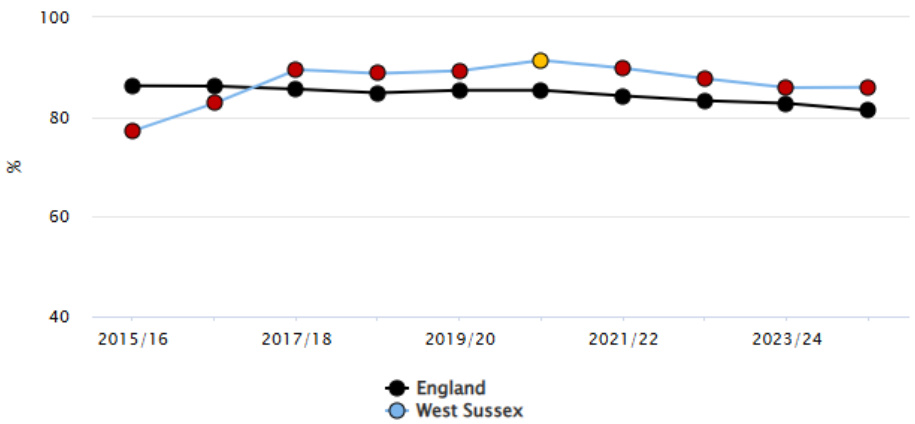


Figure 11 MMR for two doses.

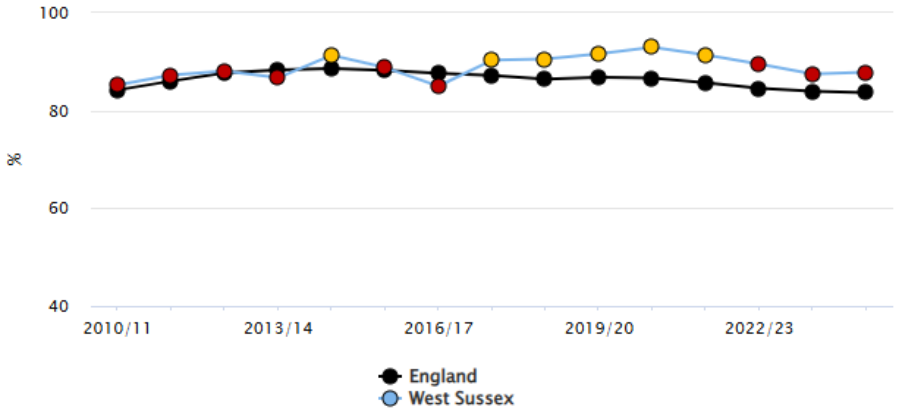


Figure 12 Flu (Primary School)

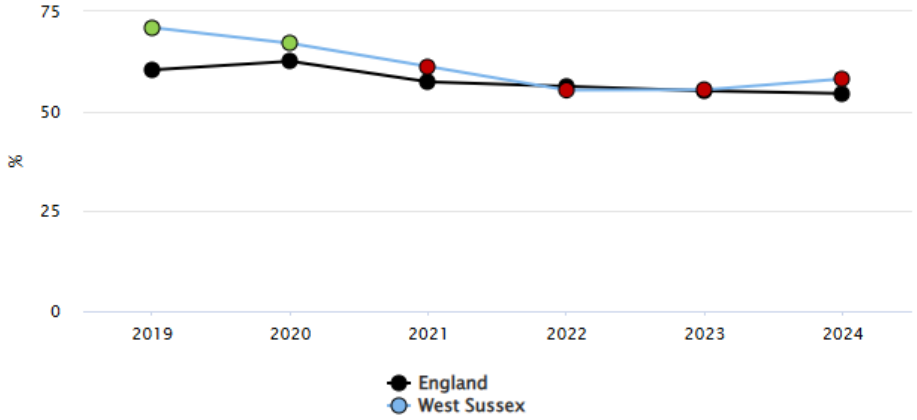


Figure 13 HPV – one dose (female)

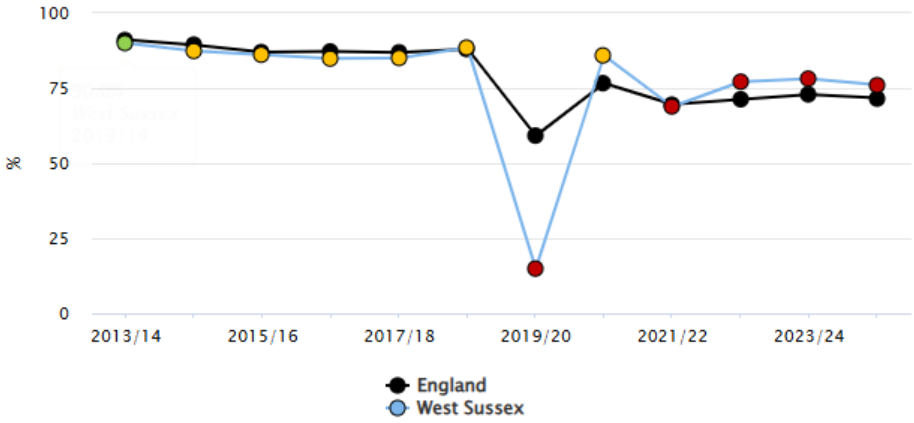


Figure 14 HPV – one dose (male).

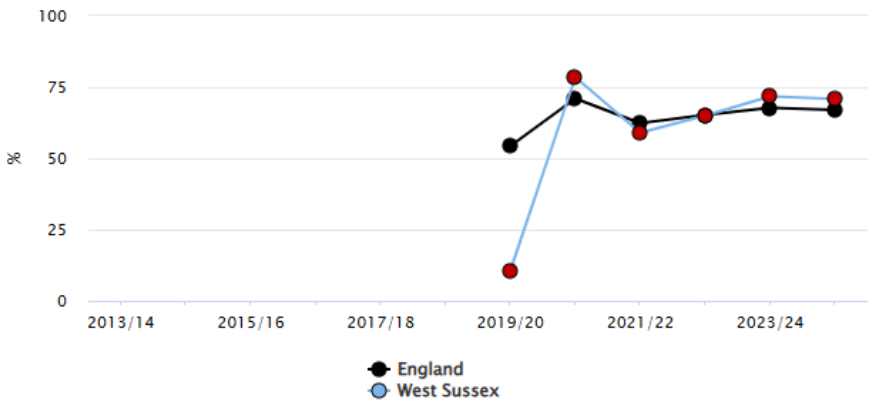
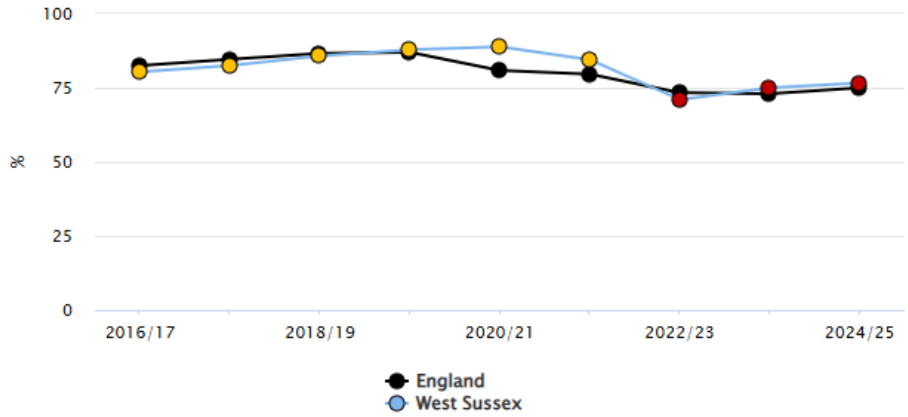


Figure 15 Meningococcal ACWY (14 to 15 years)



Health Visiting

Table 9 Health Visiting Statistics - West Sussex 2024/25

Measure	2024/25 Annual Data
% infants receiving a new birth visit (NBV) by a Health Visitor within 14 days (two weeks) of birth.	In 2024/25 91.4% of infants had a NBV within 14 days (England 85.2%)
Proportion of infants receiving a 6-to-8-week review	90.7% of infants had a 6–8-week review in 2024/25 (England 85.1%)
Proportion of children receiving **a 12-month review (within 12 months)**	90.4% of children had a 12-month review in 2024/25 (England 79.7%)
% of children receiving **2 to 2½ year reviews**	87.9% of children had a 2-2½ year review in 2024/25 (England 80.8%)
% of **Annual 2 to 2½ year reviews using ASQ-3**	100% of 2-2½ year reviews used ASQ-3 in 2024/25 (England 93.9%)

Source: NHS Digital Health Visiting Statistics

Maternal Mental Health

Between 10% and 20% of women are affected by mental health problems at some point during pregnancy or in the first year after childbirth. The Office for Health Improvement and Disparities (OHID) provide estimates of the prevalence of perinatal mental illness. These estimates use national evidence and apply rates to the local population. Some caution is required in using estimates derived from national studies, these assumptions do not take into account demographic differences, for example in relation to deprivation or ethnicity.

The most common disorders are adjustment disorders (unhealthy or excessive emotional or behavioural reactions to a stressful event or change), estimated to affect between 985 and 1,965 women a year in West Sussex, with far lower numbers affected by postpartum psychosis or chronic serious mental health.

There is less research on the mental health of fathers and non-birthing partners. A study relating to the mental health of father and co-parents estimated that 10% of fathers experienced perinatal depression and 5% to 15% perinatal anxiety.

Data relating to the number of referrals to the specialist service are no longer published by Sussex Partnership NHS Foundation Trust (SPFT) at sub-Sussex level. Information is provided at a Sussex/provider level, the Trust's Integrated Quality and Performance Report November 2025 states that SPFT is continuing to operate above the national access standard, reaching 10% of birth rate target.

Table 10 Estimated Prevalence – Specific Mental health Issues in the Perinatal Period

	National prevalence estimate	Estimate for West Sussex*
Mild-moderate depressive illness and anxiety states *(low / high estimates)*	100 – 150 per 1,000	655 - 985
Severe depressive illness	30 per 1,000	195
Chronic serious mental illness	2 in 1,000	15
Adjustment disorders and distress *(lower and upper estimates)*	150 – 300 in 1,000	985 – 1,965
Post traumatic stress disorder in perinatal period	30 in 1,000	195
Postpartum psychosis	2 on 1,000	15

Source: OHID, Assumptions are taken from Joint Commissioning Panel for Mental Health, Guidance for Commissioners of Perinatal Mental Health Services (Volume 2 Table 1)

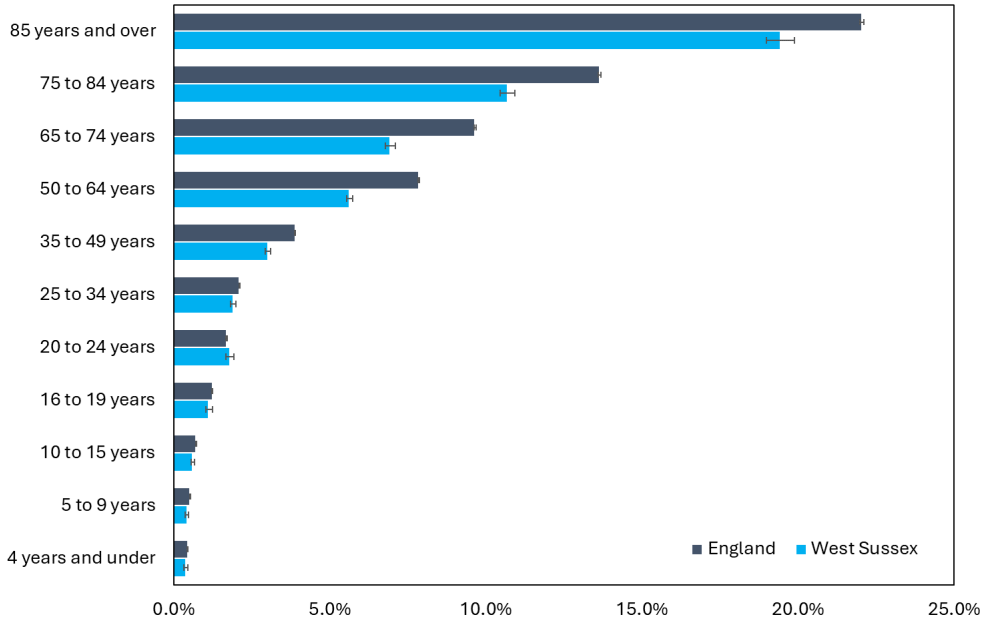
Childhood Disability and Ill Health

Some long-term conditions develop in childhood and continue into adulthood. Children with long term physical health conditions are also more likely to have mental health conditions. Data from the census are relatively limited and self-reported by households.

General Health

Comparing West Sussex with England, at younger age groups there is no difference in the percentage of children and young people who were reported as having bad or very bad health on the 2021.

Figure 16 Percentage of Age Group in Bad or Very Bad Health, West Sussex and England



Source: Census 2021

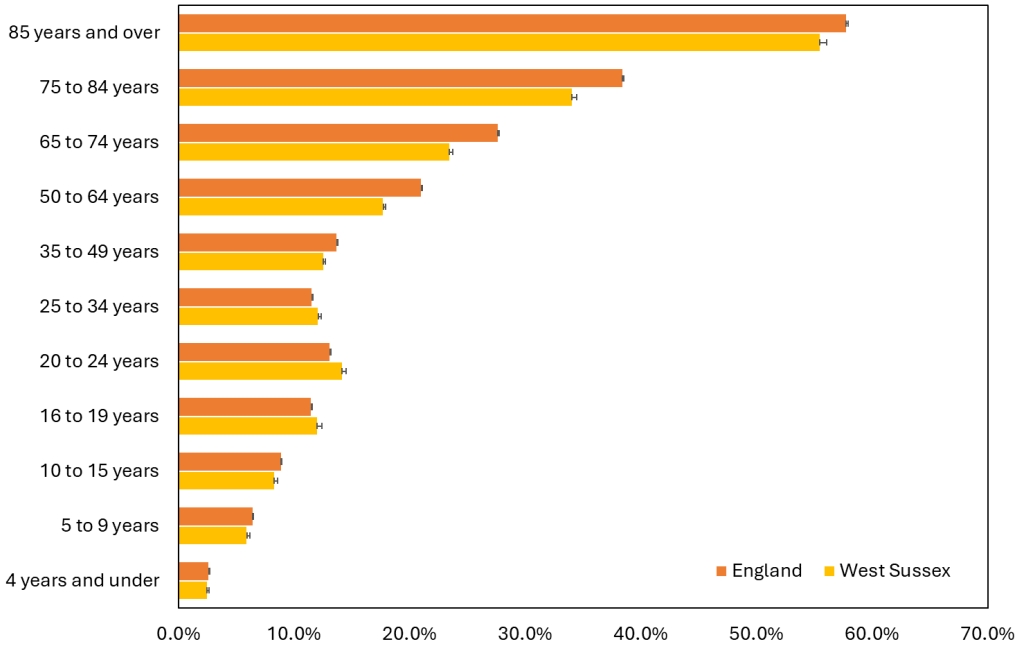
In adult age groups, a lower proportion of the West Sussex population report their health as bad or very bad.

In terms of numbers, in 2021 1,150 children and young people aged 0-19 years were reported to be in bad health.

Disability

At the time of the last census 13,400 children and young people aged 0-19 years were reported as being disabled.

Figure 17 Percentage of Age Group Self-reported as Disabled under the Equality Act West Sussex and England.

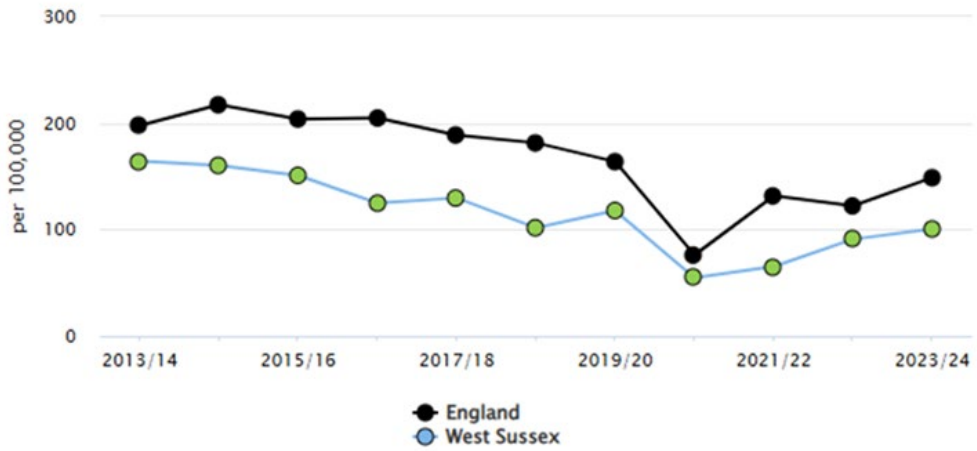


Source: Census 2021

Asthma is the most common long-term medical condition in children in the UK, with an estimated 1 in 11 children and young people living with asthma.

In West Sussex there is a relatively low rate of hospital admissions amongst children and young people aged 0-19 years due to asthma, 190 admissions in 2023/24 a rate of 100.7 per 100,000, significantly lower than the England rate of 148.6 per 100,000. The rate has increased in recent years.

Figure 18 Hospital admissions for asthma (under 19 years) per 100,000



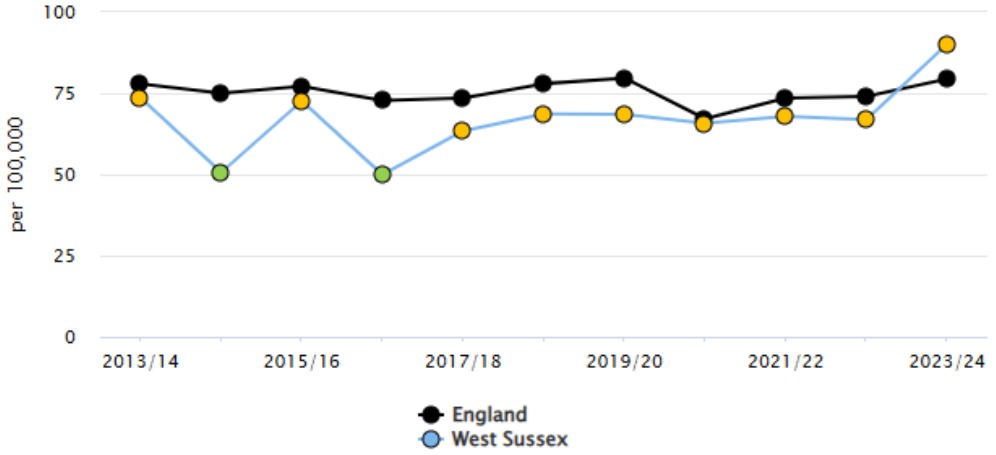
Source: Snapshot from OHID Fingertips

In 2024/25 79.9% of patients on West Sussex GP asthma registers, aged 6 - 19 yrs, had a recording of second-hand smoke status recorded in the preceding 12 months.

As part of the NHS Core20Plus5 the following actions/outcomes have been identified as focus areas for ICBs in relation to asthma: *to address the over reliance on reliever medications; and decrease the number of asthma attacks*.

Epilepsy - There were 170 emergency admissions for epilepsy among children and young people aged under 19 years in West Sussex in 2023/24, a rate of 90.1 per 100,000 population, similar to the England rate of 79.3 per 100,000.

Figure 19 Hospital admissions for epilepsy (under 19 years) per 100,000



Source: Snapshot from OHID Fingertips

As part of the NHS Core20Plus5 the following actions/outcomes have been identified as focus areas for ICBs in relation to epilepsy: *to increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism*.

Oral Health

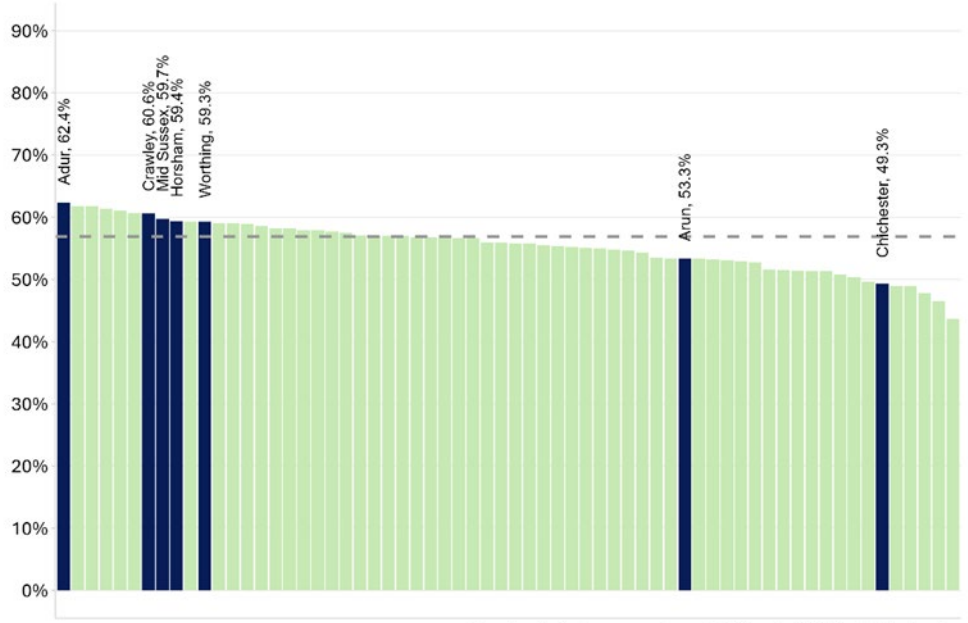
Children and young people are entitled to free NHS dental care until they turn 18 years old or 19 years old if they are in full-time education (NHS, 2024). According to NICE guidance, children and young people should receive a dental check-up at least once a year. NHS Dental Services, as part of the NHS Business Services Authority (NHSBSA), provide information on the number of children and young people (under 18) who received NHS dental care in the previous 12 months and where their last course of treatment started within the past 12 months.

In 2024/25, 57.6% of children and young people (under 18) in West Sussex were seen by an NHS dentist, slightly higher than the South East (56.9%). The percentage of children seen by an NHS dentist in West Sussex was at its lowest level in June 2021, decreasing from 56.6% (2020) to 40.3%. Whilst this percentage has since increased, it remains lower than before the pandemic (63.1%).

Across the districts and boroughs, the percentage of children seen by NHS Dentists in the previous 12 months ranged from 63.6% (Adur) to 49.3% (Chichester). Adur had the highest percentage of children seen by NHS Dentists amongst local authorities in the South East.

When interpreting this analysis, it is important to note that this data does not include children who have been seen privately (NHS Digital, 2023).

Figure 20 Percentage of children seen by NHS Dentists in the previous 12 months among local authorities in the South East region; 2024/25



Grey line indicates percentage of children for NHS South East region
Source. NHSBA NHS Dental Statistics for England 2024/2025: Geographical Breakdown summary tables.

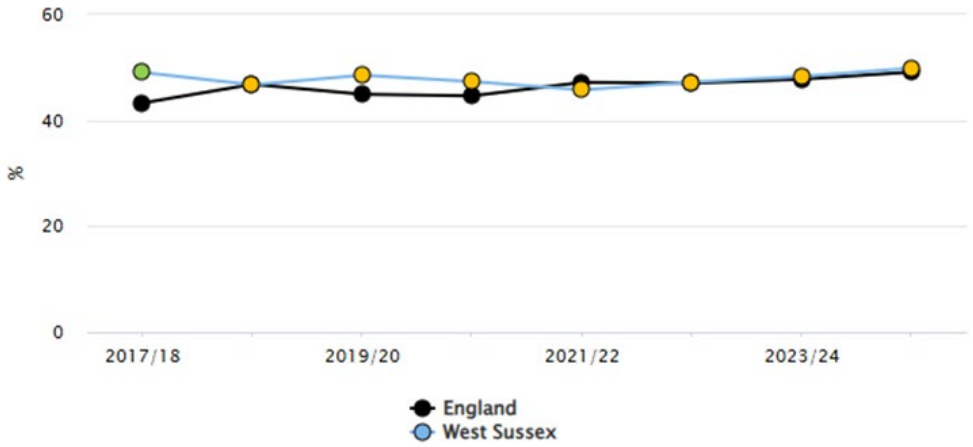
Health Behaviours

Physical Activity

The Chief Medical Officer recommendation is that children and young people (5 to 18 years) are physically active for an average of at least 60 minutes per day across the week. Data are collected by Sport England via the Active Lives Children and Young People Survey (ALCYPS).

In 2024/25 49.9% of children and young people (aged 5 to 16 years) in West Sussex were physically active. This is in line with England (49.1.0%).

Figure 21 Percentage of physically active children and young people, West Sussex and England 2017/18 to 2024/25



Source: Snapshot from OHID Fingertips

Childhood Obesity

Childhood obesity can have lifelong impact on health. In childhood this can include increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, and exacerbation of conditions such as asthma. There can also be psychological problems such as low self-esteem, teasing and bullying.

In 2024/25 8.9% of reception pupils and 18.4% of Year 6 pupils in West Sussex were measured as obese, both significantly lower percentage compared with England overall and benchmarking favourable with comparable local authorities.

Table 11 Reception (4/5-year-olds) National Child Measurement Programme 2024/25

Reception Weight Classification	West Sussex	England
Underweight	0.7%	1.1%
Healthy weight	76.9%	75.4%
Overweight	13.5%	13.0%
Overweight (including obesity)	22.3%	23.5%
Obesity (including severe obesity)	8.9%	10.5%
Severe obesity	2.1%	2.9%

Table 12 Year 6 (10/11-year-olds) National Child Measurement Programme 2024/25

Year 6 Weight Classification	West Sussex	England
Underweight	1.4%	1.6%
Healthy weight	66.8%	62.2%
Overweight	13.4%	13.9%
Overweight (including obesity)	31.8%	36.2%
Obesity (including severe obesity)	18.4%	22.2%
Severe obesity	3.9%	5.6%

Source: NCMP Data published by OHID

The percentage of children measured as obese in reception and Year 6 is significantly lower in West Sussex compared with England overall. The trend in reception has been fairly stable; there is a longer-term upward trend in relation to Year 6 obesity, although this has remained stable in the most recent years.

Figure 22 Reception prevalence of obesity (including severe obesity) (4/5 years) 2006/7 to 2024/25

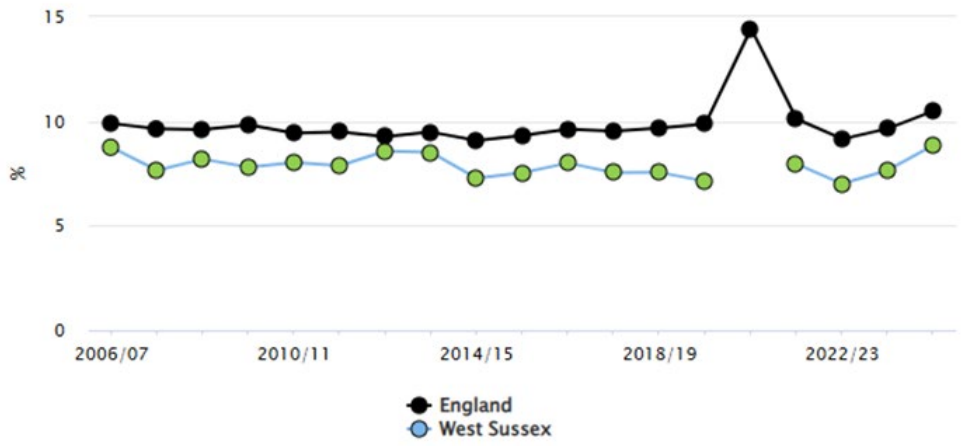
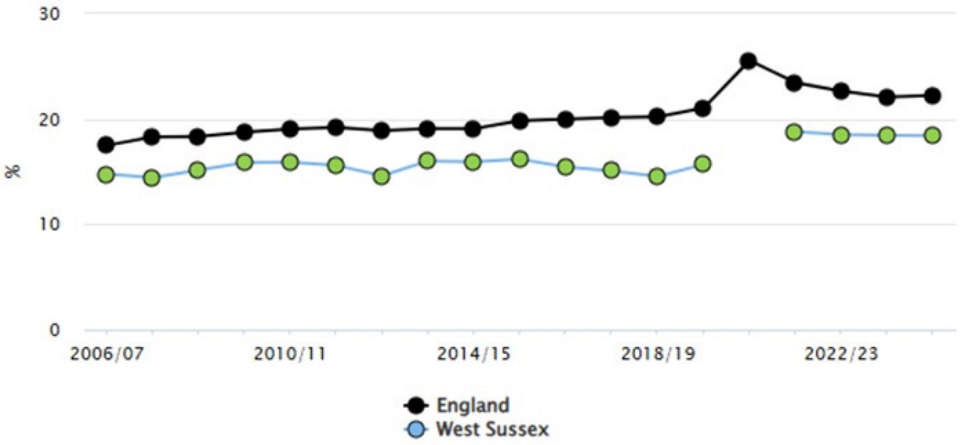


Figure 23 Year 6 prevalence of obesity (including severe obesity) (10-11 years) 2006/7 to 2024/25



Source: NCMP Data from OHID Fingertips

West Sussex Young People, Alcohol & Substance Use Briefing

In 2025, the West Sussex Public Heath team produced a briefing which provided an overview of substance use trends among young people, the impact of drugs and alcohol on their health, and evidence of strategies for harm reduction. A summary of findings from this briefing are provided below.

Alcohol

Alcohol misuse is a major risk factor for early death in England and contributes to many health conditions that can lead to illness and disability. However, the prevalence of risky drinking and the harms connected with alcohol consumption are not spread evenly across society. West Sussex County Council Public Health conducted a Health Equity Audit (HEA) series to explore how fairly resources, opportunities and access are distributed according to the needs of different groups of people. It sought to understand the picture of people drinking at hazardous, harmful, or probable dependent levels in West Sussex and to identify potential inequality in access and outcomes from alcohol services.

The following data summarises findings from the HEA series that are relevant to young people.

- The NHS Digital survey showed a slight increase in the percentage of young people aged 11-15 years having ever had an alcoholic drink in England from 2021 (37%) to 2023 (40%). However, this difference is not considered to be statistically significant.
- There is limited local data on the prevalence of alcohol use amongst young people. The survey for the West Sussex VRP showed that 23% of young people surveyed reported past alcohol consumption, with older youth being more likely to have drunk alcohol. Typically, those who consumed alcohol had their first experience between ages 12 and 15.

Accident and Emergency department attendances (HEA)

A&E data is only available up to 2020/21, covering a period affected by the Covid-19 pandemic, which may have influenced both alcohol consumption and hospital attendance. The data may therefore undercount the true extent of alcohol-related A&E attendances.

- Between 2018/19 and 2020/21, there were 6,125 alcohol poisoning A&E attendances in West Sussex among 4,555 patients, 56% of whom were male.
- One in four attendances were among under 25s. Young females were disproportionately represented — 33.8% of female attendances were in under 25s, compared to 25.1% of male attendances.
- Females were significantly over-represented in under 16s and 16-24 year olds; males were over-represented in the 35-44 and 55-64 age groups.
- Young people (16-24) were less likely to be admitted and more likely to be discharged with no follow-up.
- Alcohol poisoning attendance rates are significantly higher in more deprived areas across all ages.

Drug use

NHS Digital's Smoking, Drinking and Drug Use amongst Young People in England survey (2024) takes place in secondary schools across England and collects information on areas such as the prevalence of smoking, drinking and drug taking among young people aged 11-15 (further information in the section on smoking). This survey reported a decrease in the prevalence of drug use amongst young people in 2023 (13%) compared to 2021 (18%). In addition, this survey indicated that cannabis was the most commonly used drug among pupils aged 11-15 in England in 2023, with 6% of students reporting use (same proportion as 2021).

Alongside national data, this briefing summarised findings from an online survey of 11 to 18-year-olds in West Sussex on behalf of the West Sussex Violence Reduction Partnership (VRP). 2% of respondents reported using illegal drugs in the past year and amongst these, 40% had used drugs at least once a month, and 20% used them daily or almost daily. Most young people who tried illicit drugs in the last year began between the ages of 12 and 14. Additionally, young Black individuals were more likely to report using cannabis and other illegal substances compared to other groups.

Treatment for drug and alcohol

Each year, the Office for Health Improvement and Disparities (OHID) publish statistics on alcohol and drug misuse and treatment amongst children and young people (aged under 18) from the National Drug Treatment Monitoring System (NDTMS). Between April 2022 and March 2023, 12,418 children and young people (under 18) in England were in treatment for drugs and alcohol. Almost two-thirds were male (62%) and the median age was nearly 16 years old for both boys and girls. 10% of children and young people in treatment were under 14.

When children and young people enter structured treatment, they can report up to 3 substances they have a problem with. Most children and young people in treatment reported having a problem with cannabis (87%) and nearly 2 in 5 (39%) reported a problem with alcohol.

In 2022/23, there were 55 young people (under 18) in structured treatment for drugs and alcohol in West Sussex (35 new presentations), with numbers declining since 2009/10. This included 35 males and 20 females, with an equal split between 14–15-year-olds and 16-17-year-olds. Most children and young people in treatment reported having a problem with cannabis and alcohol, similar to the national picture.

Children living in families with alcohol or substance use issues

The Children's Commissioner for England estimated that in West Sussex, approximately 6,035 children and young people aged 0-17 live in households

with a parent struggling with alcohol or drug dependency, translating to a rate of 34.6 per 1,000 (Children's Commissioner for England., 2019).

Several recent reports provide further information about alcohol use in West Sussex including:

- A Health Equity Audit (HEA) series (2024), examining how fairly resources, opportunities and access are distributed according to the needs of different people
- A local evaluation (2022) of four workstreams funded by a PHE Innovation Fund which aimed to improve outcomes of children of alcohol dependent parents/carers
- Local data on health behaviours among young people is available from the School Health Check Survey. A short summary of data from the School Health Check is

Sexual Health

In West Sussex a sexual health needs assessment was undertaken by the Public Health team in 2025. This considered issues arising in sexual health after the COVID-19 pandemic, issues concerning the integration of services, and an update on the incidence and prevalence of STIs and HIV in West Sussex. This is following considerable change to the landscape of local sexual health service provision and variation in diagnosis and detection rates, in part due to the COVID-19 pandemic, since the last needs assessment was conducted in 2019. Provisional key findings from the needs assessment specific to young people are described below.

Service Usage

A single attendance can include multiple activities (e.g. being tested for several conditions at one appointment counts as separate activities).

- Between 2019/20 and 2024/25, the proportion of activity among 16-24 year olds has declined, while activity among 35-44 year olds has increased.
- Since the Covid-19 pandemic, digital service delivery has remained high, now accounting for 30-40% of all activity. Online use is highest among 20-24 year olds, with also high rates among those aged 16-19 and 25-34.

Chlamydia

- 15.9% of females aged 15-24 were screened in West Sussex, in 2024, significantly below the national average of 18%
- West Sussex detection rate was 1,540 per 100,000 females aged 15-24, well below the national rate of 1,962 and the UKHSA target of 3,250
- A Healthwatch survey found 43-50% of respondents cited stigma, embarrassment, fear, guilt and lack of information as barriers to testing

Contraception

- 31% of women under 25 in contact with services chose long-acting reversible contraception (LARC)

Under-18 Conceptions

- 152 under-18 conceptions in West Sussex in 2022, a rate of 10.5 per 1,000, significantly lower than England's 13.9 per 1,000
- Adur had the highest local rate (17.4) and Horsham the lowest (6.0)

Focus Group Findings

Focus groups were held with 11 practitioners who provide support services to young people. Participants were asked what they thought about the current provision of sexual and reproductive health support and services for young people in West Sussex. Some key findings included:

- Young people face emotional barriers including anxiety, shame and stigma when accessing services
- Some practitioners had informal fast-track appointment arrangements with clinics, which worked well but need to be formalised.
- Digital access was welcomed but felt to be under-promoted
- Information and advice is inconsistent — good in further and higher education but weaker among younger age groups.
- Young people prefer to access information online or through chat and messaging.
- Wider services beyond education (e.g. youth services) could do more around education, signposting and condom provision.
- Social media was flagged as a concern for its influence on young people's knowledge and attitudes around sexual health and relationships.

Mental Health and Well Being

Prevalence – National surveys have found that an increasing number of children and young people have a probable mental health problem. It is estimated that 1 in 5 children and young people aged 8 to 25 years have a mental health problem. The most recent follow up surveys are suggesting rates may have stabilised. Applying these findings to the local population, **approximately 21,700 children and young people in West Sussex are estimated to have a probable mental health condition.**

There is good evidence and understanding of higher risk groups.

Risk Factors for Poorer Mental Health in Childhood

National surveys have identified some common characteristics of groups more likely to have mental health problems:

- Children and young people from **poorer economic backgrounds** are more likely to have a mental health condition.
- Young people who identified as **non-heterosexual (lesbian, gay, bisexual or with another non-heterosexual sexual identity)** were more likely to have a mental disorder compared with young people who identified as heterosexual.
- Rates of mental health disorder were found to be **higher in the White British group, lower in Asian/Asian British and Black/Black British**.
- **Home environment -** The home environment and experience of children and young people was found to be different for those with a mental health disorder. Rates of mental health disorder were higher where a child lived with a parent who themselves had a mental health problem, or where a parent was in receipt of a disability related income.
- **Children who had experienced adverse events** were also found to have higher rates of mental disorder, in the national survey examples given included parental separation and a home financial crisis.
- **Social support and participation** – the national survey found higher rates of mental disorder where children and young people had small social networks and support and did not take part, or had lower participation in clubs or activities, in and out of school.

Table 13 Estimate of Children and Young People with a Mental Health Disorder in West Sussex

All Children	2 to 4 years	5 to 10 years	11 to 16 years	17 to 19 years
Adur	100	420	720	350
Arun	250	940	1,530	790
Chichester	190	720	1,190	750
Crawley	270	950	1,450	700
Horsham	250	970	1,660	800
Mid Sussex	310	1,140	1,830	870
Worthing	170	680	1,110	580
West Sussex	**1,550**	**5,830**	**9,490**	**4,840**

Source: NHS Digital Mental Health of Children and Young People in England 2017 and ONS Population Estimates 2024. Figures rounded to nearest 10.

Specific Prevalence Assumptions

In relation to **autism spectrum disorder** NHS Digital note that due to self-reporting amongst 17 to 19 years prevalence is likely to be under-estimated in this age group.

Table 14 Prevalence of Less Common Disorders, West Sussex Estimates, 5- to 19-year-olds

Area	Autism	Tics and Other Less Common Conditions
West Sussex	1,855	685

Source: NHS Digital Mental Health of Children and Young People in England 2017 and ONS Population Estimates 2024. Figures rounded to nearest 10.

Table 15 **Hyperactivity Disorders** - West Sussex Estimates

Area	5 to 10 years	11 to 16 years	17 to 19 years	All
Adur	80	100	20	200
Arun	170	210	40	420
Chichester	130	170	40	340
Crawley	170	200	30	400
Horsham	170	230	40	440
Mid Sussex	210	250	40	500
Worthing	120	150	30	300
West Sussex	**1,050**	**1,320**	**230**	**2,600**

Source: NHS Digital Mental Health of Children and Young People in England 2017 and ONS Population Estimates 2024. Figures rounded to nearest 10.

Clinically Impairing Eating Disorders

In relation to eating disorders NHS Digital note research finding underestimation of eating disorders through surveys, and a tendency to conceal conditions and avoid seeking help.

In the national survey young people who screened positive for a possible eating disorder had further data collected to identify those with an eating disorder in line with International Classification of Disease version 10 (ICD-10), disorders such as bulimia, restrictive diets, or anorexia.

In 2023 in England an estimated 2.6% of 11 to 16 years, 12.5% of 17 to 19 years and 5.9% of 20 to 25 years were estimated to have a clinically impairing eating disorder.

Referrals and Contacts with Mental Health Services (**All Providers**) – Data from NHS Monthly Mental Health Statistics

In January 2026 1,295 children and young people aged 0-18 years were referred to mental health services. This has remained relatively stable in the last 6 months.

Note: This information is viewed from the viewpoint of the sub-ICB residence (NHS Sussex Sub-ICB 70F), and covers all providers people are referred to.
Any figure or referral count below 5 is completely suppressed

Figure 24 Referrals starting in month (aged 0-18 years) April 2024 to January 2026

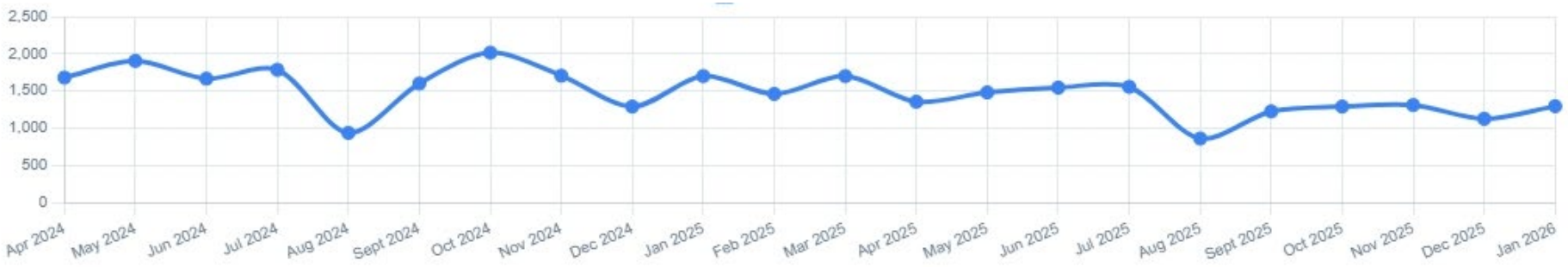


Figure 25 Data for January 2026 broken down

- MHS32a = Referrals (aged 0-18 years)
- MHS30e = The number of Care Contacts - Attended or Did Not Attend (0-18 years)
- MHS58a = Missed care contacts, 0-18 years, by reason

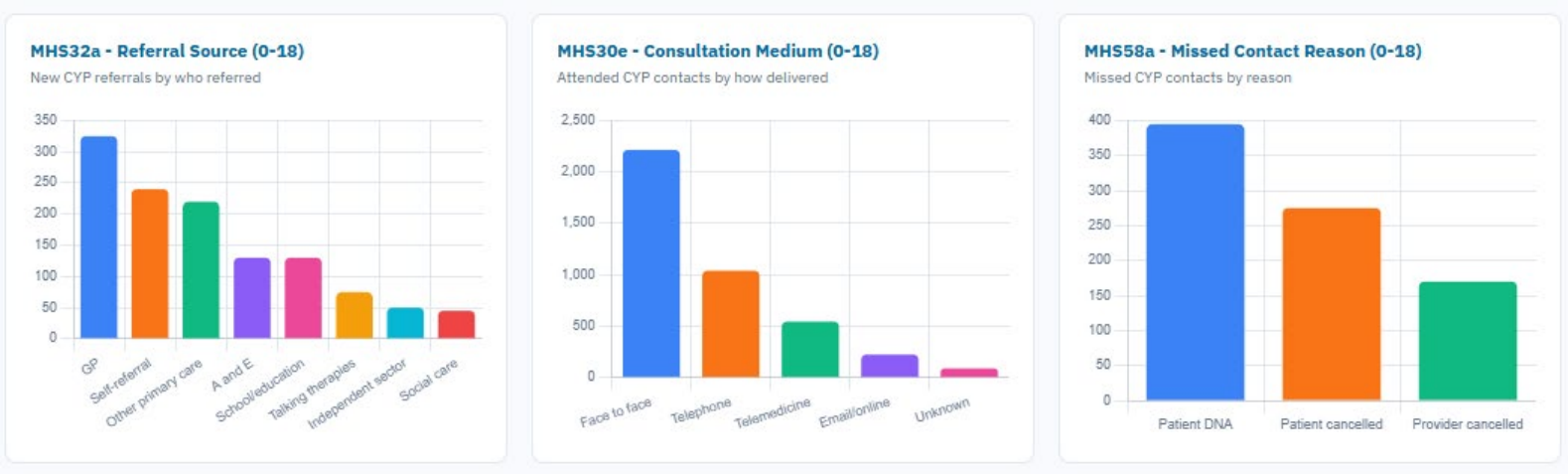


Table 16 Estimated Prevalence of Children and Young People with a Clinically Impairing Eating Disorder, West Sussex

Area	11 to 16 years	17 to 19 years	20 to 25 years
Adur	130	260	180
Arun	280	590	520
Chichester	220	560	470
Crawley	260	520	470
Horsham	300	590	410
Mid Sussex	330	640	450
Worthing	200	430	350
West Sussex	**1,720**	**3,580**	**2,840**

Note detailed prevalence and outcomes data are provided in the West Sussex Mental Health Needs Assessment 2024.

Hospital admissions – Children and Young People

In 2023/24 West Sussex had a lower rate of emergency admission to hospital for children and young people compared with England, this was true for all child age groups except for babies under 14 days.

For several conditions and causes there remains a higher rate in West Sussex compared with England, including self-harm, alcohol specific conditions and unintentional and deliberate injuries.

In relation to self-harm and unintentional and deliberate injuries, these are causes where the West Sussex admission rate has been consistently higher than England.

Figure 26 Admissions of babies under 14 days – West Sussex compared with England

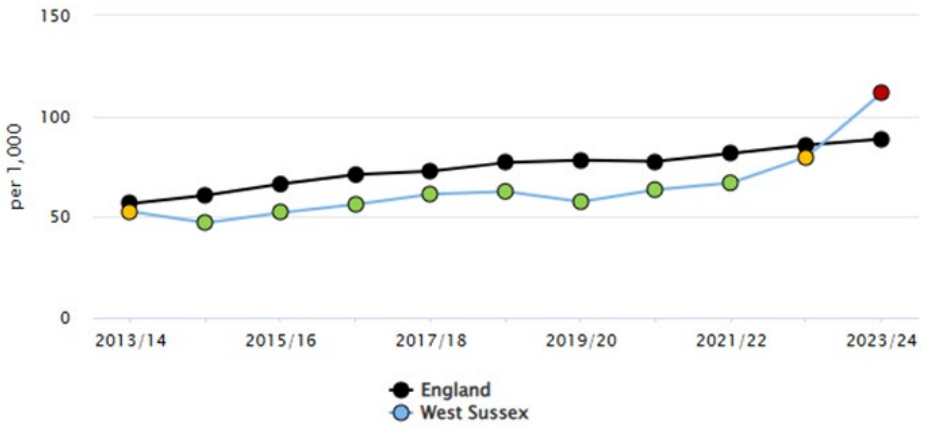
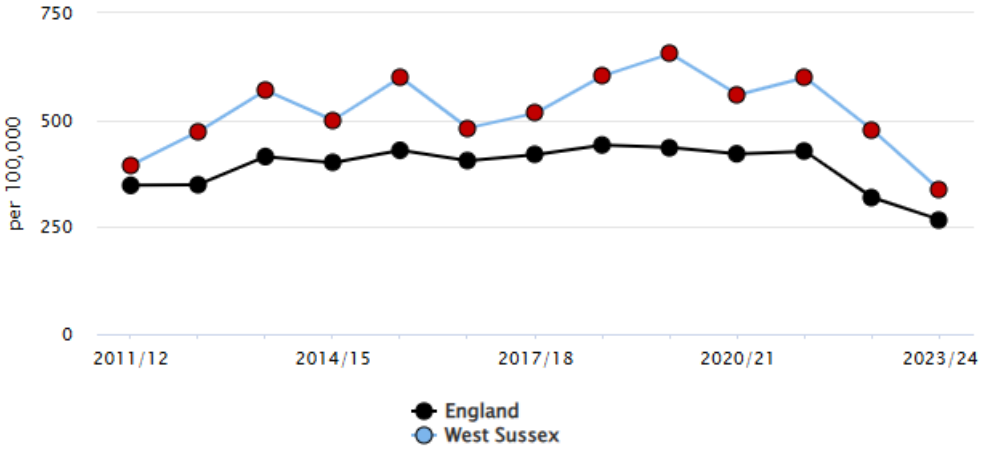


Figure 27 Hospital admissions as a result of self-harm (10-24 years)



Source: OHID

Figure 28 Hospital admissions caused by unintentional and deliberate injuries (0 to 4 years)

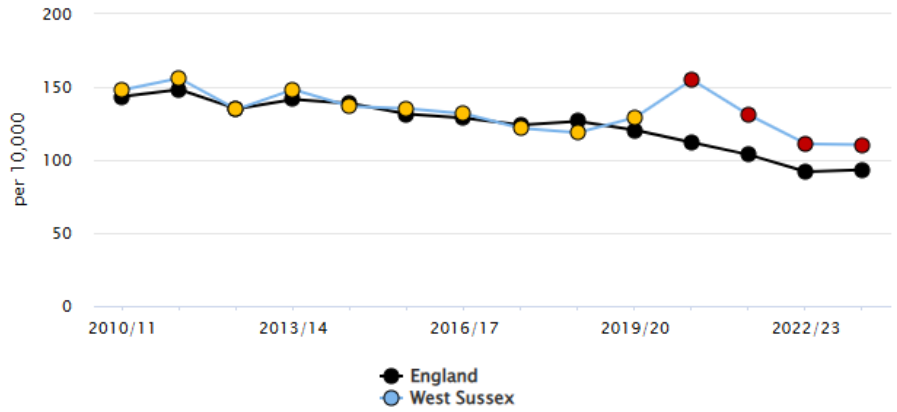
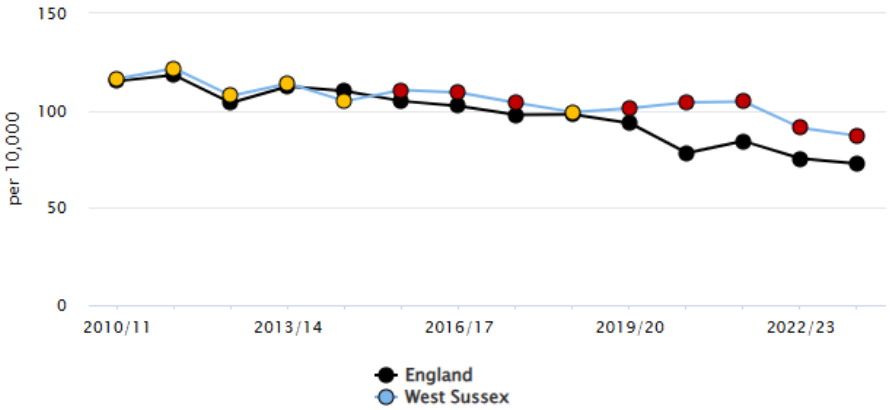


Figure 29 Hospital admissions caused by unintentional and deliberate injuries (0 to 14 years)



Source for all graphs: OHID

Figure 30 Hospital admissions caused by unintentional and deliberate injuries (0 to 14 years)

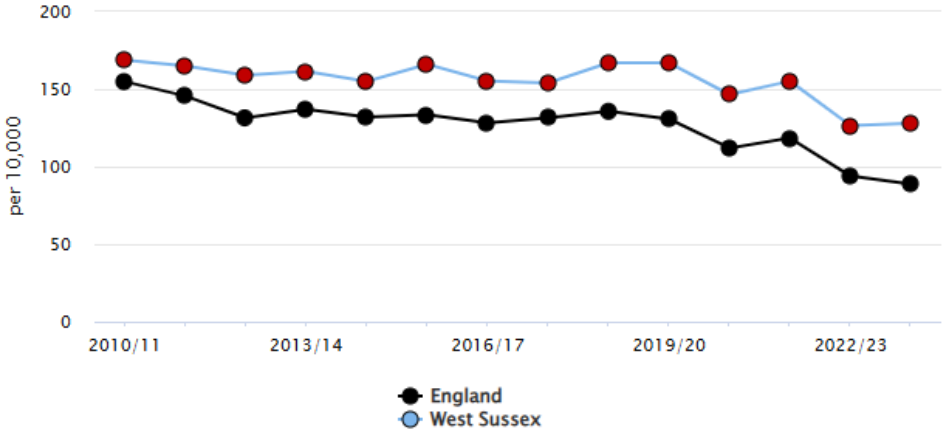


Figure 31 A&E attendances (under 18 years) Rate per 1,000

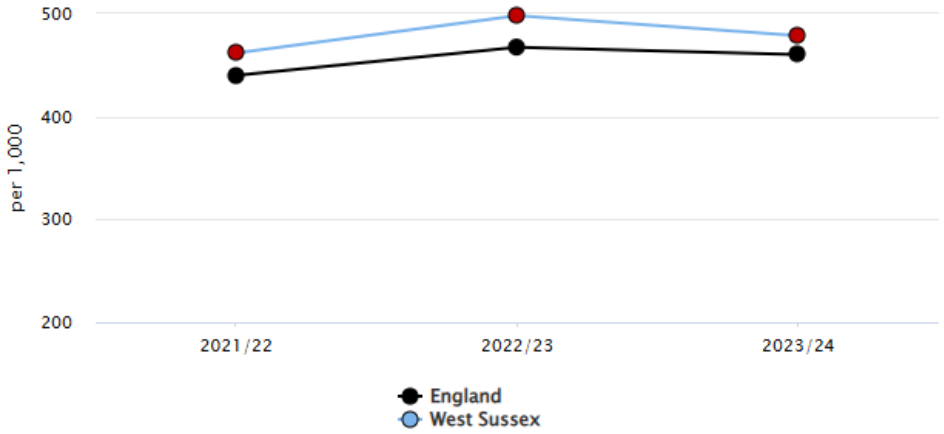
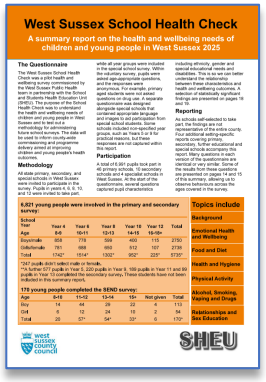


Table 17 West Sussex **Hospital Admissions** of Children and Young People – RAG Rated Comparison with England

Detail	Year	Number	Rate	England Rate
Emergency Admissions – Children Under 1 Years, Crude Rate per 1,000	2023/24	3,145	393.0	387.0
Emergency Admissions – Children Under 0-4 Years, Crude Rate per 1,000	2023/24	6,740	152.0	151.0
Emergency Admissions – Children and Young People Under 18s, Crude Rate per 1,000	2023/24	11,965	66.8	69.1
Admissions of babies under 14 days	2023/24	850	111.5	88.7
Hospital admissions for asthma (under 19 years)	2023/24	190	100.7	148.6
Admissions for epilepsy (under 19 years)	2023/24	170	90.1	79.3
Admissions for diabetes (under 19 years)	2023/24	85	45.0	49.8
Hospital admissions as a result of self-harm (10-24 years)	2023/24	480	336.1	266.6
Hospital admissions due to substance misuse (15 to 24 years)	2021/22 - 23/24	105	39.5	47.4
Admission episodes for alcohol-specific conditions - Under 18s	2021/22 - 23/24	127	23.9	22.6
Hospital admissions caused by unintentional and deliberate injuries (0 to 4 years)	2023/24	490	110.4	93.2
Hospital admissions caused by unintentional and deliberate injuries (0 to 14 years)	2023/24	1,290	87.1	72.7
Hospital admissions caused by unintentional and deliberate injuries (15 to 24 years)	2023/24	1,115	127.9	88.6
Hospital admissions for mental health conditions	2023/24	110	61.4	80.2
Hospital admissions for dental caries (0 to 5 years)	2021/22 - 23/24	120	74.0	207.2
A&E attendances (under 18 years)	2023/24	85,675	478.6	460.3

Source: OHID Fingertips

West Sussex School Health Check 2025


West Sussex School Health Check

A summary report on the health and wellbeing needs of children and young people in West Sussex 2025

In Spring 2025, data on the health and wellbeing needs of children and young people living in West Sussex was collected through a pilot survey called “The School Health Check”. This survey gathered health, wellbeing, and lifestyle data from children aged 8 to 18. A total of 59 schools participated in the survey, which included 10 secondary schools, 4 special schools, and 46 primary schools, yielding nearly 7,000 responses.

Summary data, though not representative of all children and young people in West Sussex, offers important insights to inform county-wide commissioning and programme delivery to help improve health outcomes.

A very high level summary is provided in this document, for detailed information on the results please refer to the West Sussex JSNA website.https://jsna.westsussex.gov.uk/updates/west-sussex-school-health-check-2025/.

A total of 6,991 pupils in 46 primary, 10 secondary and 4 special schools took part. The survey, alongside collecting information on pupil characteristics, included questions on emotional and mental wellbeing, safety and bullying, food and diet, health and hygiene, physical activity, smoking, vaping, alcohol and drugs, relationships and sex education.

Primary School Summary - Year 4 and Year 6 pupils (aged 8–11) at total of 3,256 pupils

Emotional Health - The majority (84%) said that people liked them generally and 91% have a trusted adult there. Most feel happy (82% boys, 79% girls), though 28% of boys and 40% of girls report feeling sad. Sleep is a concern, only around a quarter of Year 6 pupils always get enough sleep. 88% have a trusted adult at home.

Safety & Bullying - Most pupils feel safe at school and near home during the day, but 23% of Year 4 pupils feel unsafe after dark. 38% reported being bullied in the past year, mostly physically or verbally. 31% were bullied by a school peer. The vast majority of pupils (96%) said they know how to stay safe online but 12% received a scary message online and 7% received an inappropriate image.

Food & Diet - 90% usually eat breakfast. Only 38% hit the 5-a-day fruit and vegetable target. 34% consume fizzy or energy drinks at least a few times a week, and 77% eat sweets or chocolate that frequently.

Health & Hygiene - 77% brush their teeth twice daily; 7% don't brush every day. 70% visited a dentist in the last 6 months. Handwashing habits are mostly good, especially after using the toilet (91%), lower percentages before meals or after playing outside.

Physical Activity - 47% walked to school on the survey day. Around half (51% boys, 47% girls) participate in clubs or activities outside school at least 3 days a week. 7% of pupils said they do not take part in any activity for 60 minutes or more that gets them out of breath.

Alcohol, Smoking & Drugs (Year 6 only) - 1% have tried smoking and 3% have tried vaping. 16% have had an alcoholic drink. Most Year 6 pupils view illegal drugs as harmful, and 63% learned about them from school.

Secondary School Summary - Year 8 and Year 10 pupils (aged 12–15) a total of 2,254 pupils

Emotional Health - School belonging is lower than in primary, 61% feel they belong, while 14% strongly disagree. Around three-quarters feel happy, but sadness is more prevalent, particularly among girls (56% of females sometimes/often feel sad vs. 32% of males). Body image is a significant issue, 61% of females sometimes struggle with it. 7% of males and 14% of females sometimes hurt or harm themselves. In Year 10, 17% of females report sometimes having suicidal thoughts (of these 5% said often). Sleep is a concern, fewer than a third said they always get enough.

Safety & Bullying - Most feel safe during the day, but 36% feel unsafe after dark. 34% were bullied in the past year. Racism is a notable issue, 36% experienced it in school, and 72% witnessed it against someone else. Online safety is generally high, but 25% received something upsetting online and 22% received an inappropriate image.

Food & Diet - Only 63% eat breakfast (down from 90% in primary). 27% hit the 5-a-day target. 46% consume fizzy/energy drinks several times a week and 77% consume sweets or chocolate as often.

Health & Hygiene - Dental health is broadly similar to primary, 84% brush twice daily. 79% visited a dentist in the last 6 months, though 6% have never or not gone in over 2 years.

Physical Activity - 43% walked to school. Around half engage in clubs/activities at least 3 days a week. A similar percentage as primary school pupils (6% of males, 7% of females) said they did not take part in activities for at least 60 minutes which got them out of breath.

Smoking, Vaping, Alcohol & Drugs – 8% of boys and 9% of girls have tried smoking. Vaping is more prevalent, 19% of males and 26% of females have tried it, with 2% of boys and 5% of girls vaping regularly. Around 45% of both sexes have had an alcohol drink; 14% drink at least monthly. Cannabis use increases from Year 8 to Year 10 (2% to 11%). Awareness of drugs in peer groups is high by Year 10.

Relationships & Sex Education - 57% have had or have a partner. Around 21% of males and 24% of females have experienced controlling or negative relationship behaviours. Knowledge of sexual health services (free condoms, contraception, STI testing) is relatively low, only around one in four know where to access them. The most common source of RSE information is parents/carers, followed by school.

Further Education Pupils - Year 12 pupils (aged 16–18+) 225 pupils

Emotional Health & Wellbeing - School belonging is higher than in secondary, 82% feel they belong and 81% have a trusted adult at school. Around three-quarters feel happy, but sadness remains significant, particularly among females (55% sometimes/often feel sad vs. 29% of males). Body image continues to be a concern, especially for females (70% sometimes struggle vs. 22% of males). 7% of females sometimes hurt or harm themselves, and 12% of females sometimes have suicidal thoughts. Sleep remains poor, only 35% of males and 19% of females always get enough.

Safety & Bullying - Almost all pupils feel safe during the day (100% males, 98% females), but 8% feel unsafe after dark. Bullying is lower than in earlier years at 16%. Racism was experienced by 19% of pupils, with 68% having witnessed it against someone else.

Internet Safety - Nearly all (98% males, 96% females) feel safe online. However, 26% received an upsetting message online and 27% received an inappropriate image. Females spend considerably more time on social media than males, males more time gaming.

Food & Diet - Only 61% eat breakfast. 23% hit the 5-a-day fruit and vegetable target (the lowest across all year groups). 50% consume fizzy or energy drinks several times a week and 81% eat sweets or chocolate that often.

Health & Hygiene -86% brush their teeth twice a day. 78% visited a dentist in the last 6 months. Dental problems are common — 58% experienced one or more issues recently. Handwashing habits are good, particularly after using the toilet (97%).

Physical Activity - 61% walked to school, the highest rate across all year groups. However, around a third don't participate in clubs or activities outside school hours at all.

Smoking, Vaping, Alcohol & Drugs - Substance use is noticeably higher than younger year groups. 15% (males) and 20% (females) have tried smoking, and 3% smoke regularly. Vaping is widespread, 41% of males and 57% of females have tried it, with 5% (males) 10% (females) vaping regularly. 63% of vapers want to quit. Alcohol use is common 77% (males) and 82% (females) have had a drink, and around 37% drink at least monthly. Cannabis has been tried by around 13% of pupils, and awareness of drug use in peer groups is high (57% know someone who at least occasionally uses cannabis).

Relationships & Sex Education - 55% have had or have a partner. Controlling relationship behaviours remain a concern, 20% of males and 34% of females have experienced at least one. Knowledge of sexual health services is better than in secondary but still incomplete; around half know where to get free condoms or emergency contraception.

Wider Determinants - Education

Pupil Numbers

Table 18 Pupils numbers – West Sussex 2016/17 to 2024/25

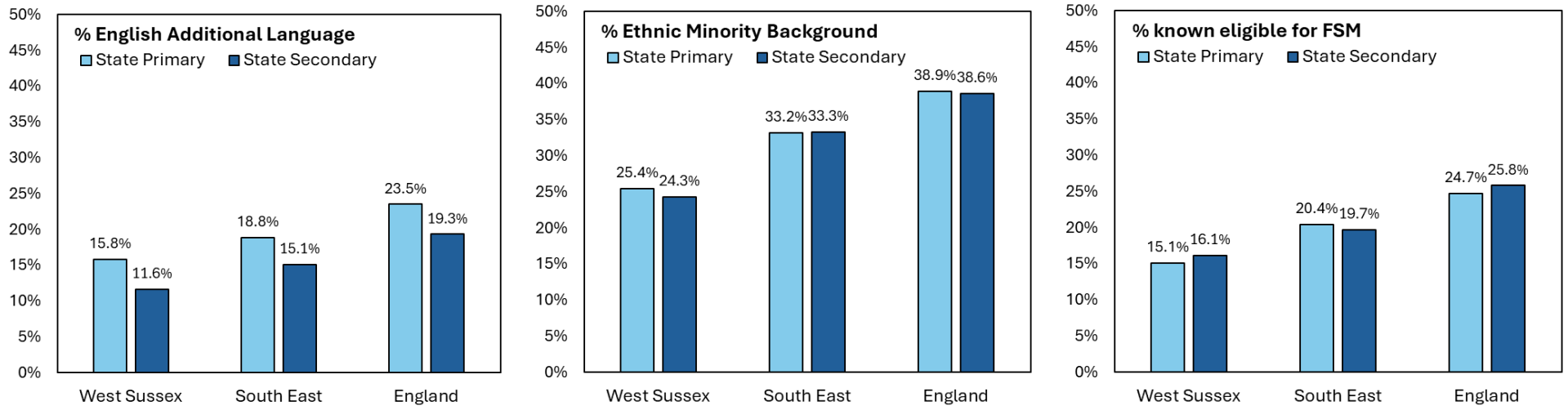
Type of Provision	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
State-funded primary	64,004	64,831	65,138	65,060	64,943	64,933	65,080	64,491	63,883
State-funded secondary	45,492	45,727	46,619	47,667	48,821	49,715	50,771	51,313	51,334
State-funded special school	1,645	1,709	1,743	1,855	1,900	1,973	2,047	2,088	2,157
State-funded nursery	511	486	477	480	456	477	526	501	620
State-funded alternative provision school	180	182	187	186	135	124	142	202	244
Non-maintained special school	148	116	122	128	144	146	181	183	195
Independent school	11,442	11,401	11,335	11,450	11,401	11,707	12,116	12,317	12,399

Source: Department for Education, Annual School Census Data. Note in the 2024/25 Spring Term 2,150 children were reported as being Elective Home Educated.

Characteristics Compared with South East and England 2024/25

Figure 32 % Ethnic Minority Background, English as Additional Lang. and FSM

(Excludes not knowns)



Development and Attainment

Readiness for School

A **Good Level of Development (GLD)** is the measure used at the end of the Early Years Foundation Stage to assess school readiness. It reflects whether a child has met the expected standard across five areas of learning: the three prime areas (communication and language; personal, social and emotional development; and physical development), together with literacy and mathematics.

	Areas of Learning	Components
Prime	Communication and Language	Listening, attention and understanding Speaking
	Personal, social and emotional development	Self-Regulation Managing Self Building Relationships
	Physical Development	Gross Motor Skills Fine Motor Skills
Specific	Literacy	Comprehension Word Reading Writing
	Mathematics	Number Numerical Patterns
	Understanding the world	Past and Present People Culture and Communities The Natural World
	Expressive Arts and design	Creating with Materials Being Imaginative and Expressive

Shaded boxes = required for Good Level of Development

In West Sussex, a similar percentage of children overall are assessed as having a good level of development at the end of Reception compared with England (67.8% compared with 68.3% in England), but a significantly lower percentage of children who are eligible for a free school meal are ready for school (43.3% compared with 51.3% across England and 49.6% in the South East).

Within West Sussex a quarter of children eligible for a free school meal in Adur and a third of children in Horsham were assessed as having a good level of development in 2024/25, although some caution is needed given small numbers.

Table 19 Percentage of children assessed as having a good level of development (2024/25) (RAG rated sig. difference to England)

Area	All Pupils	Eligible for FSM	Not Eligible for FSM
Adur	65.8%	26.7%	69.0%
Arun	66.2%	43.7%	69.2%
Chichester	67.3%	48.0%	69.6%
Crawley	66.9%	53.9%	68.8%
Horsham	71.1%	32.1%	73.1%
Mid Sussex	70.8%	36.5%	73.9%
Worthing	63.9%	43.8%	66.3%
West Sussex	67.8%	43.3%	70.3%
South East	70.7%	49.6%	74.6%
England	68.3%	51.3%	72.5%

Source: Department for Education. FSM = Free School Meal

The following graphs look at GLD by different characteristics, from 2022 to 2025 (last dot in each grouping relates to 2025).
The graphs were inspired by the work of Sheffield City Council and we wish to acknowledge their work in this area.

Figure 33 Percentage of children meeting expected level by sex

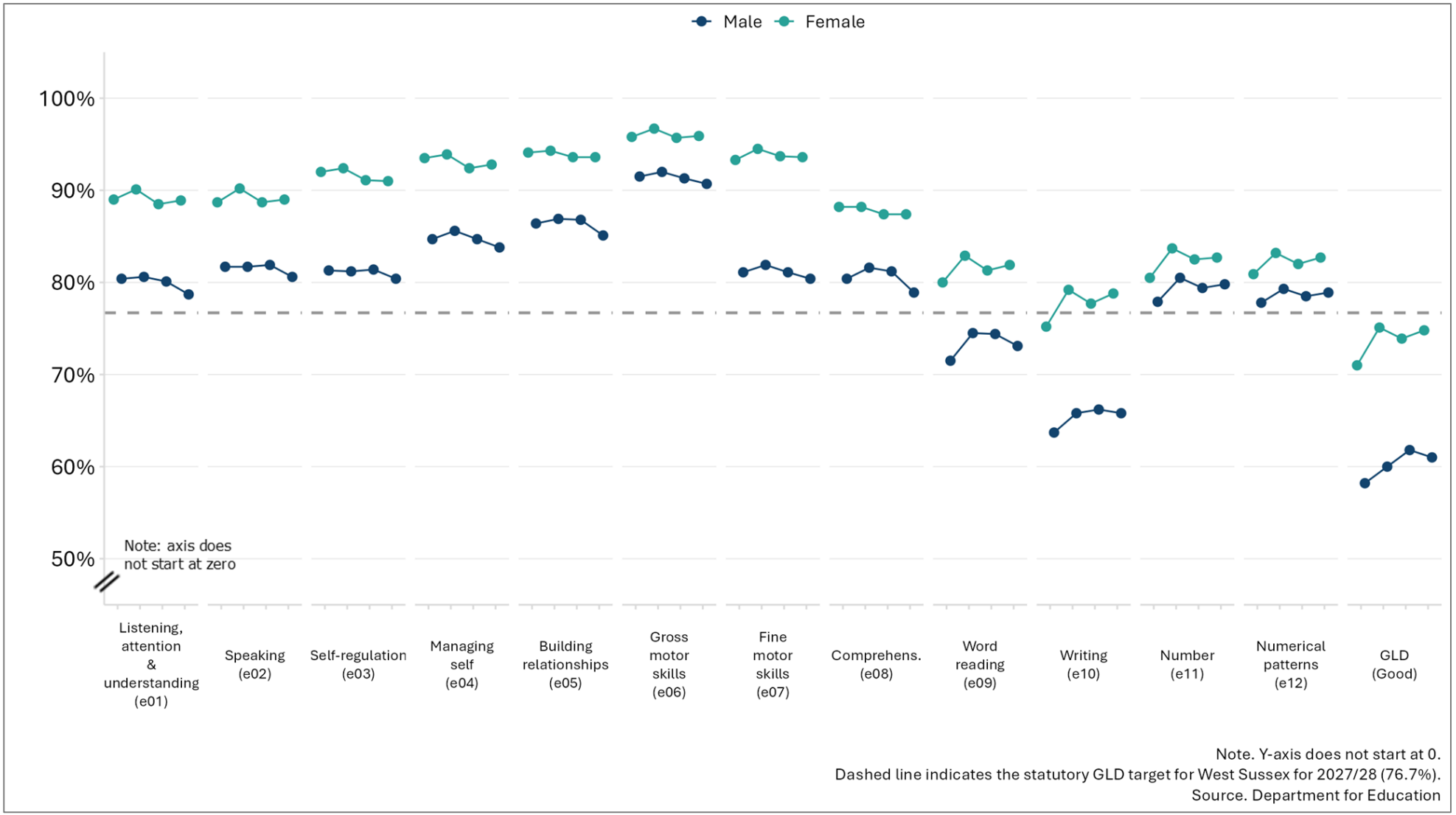
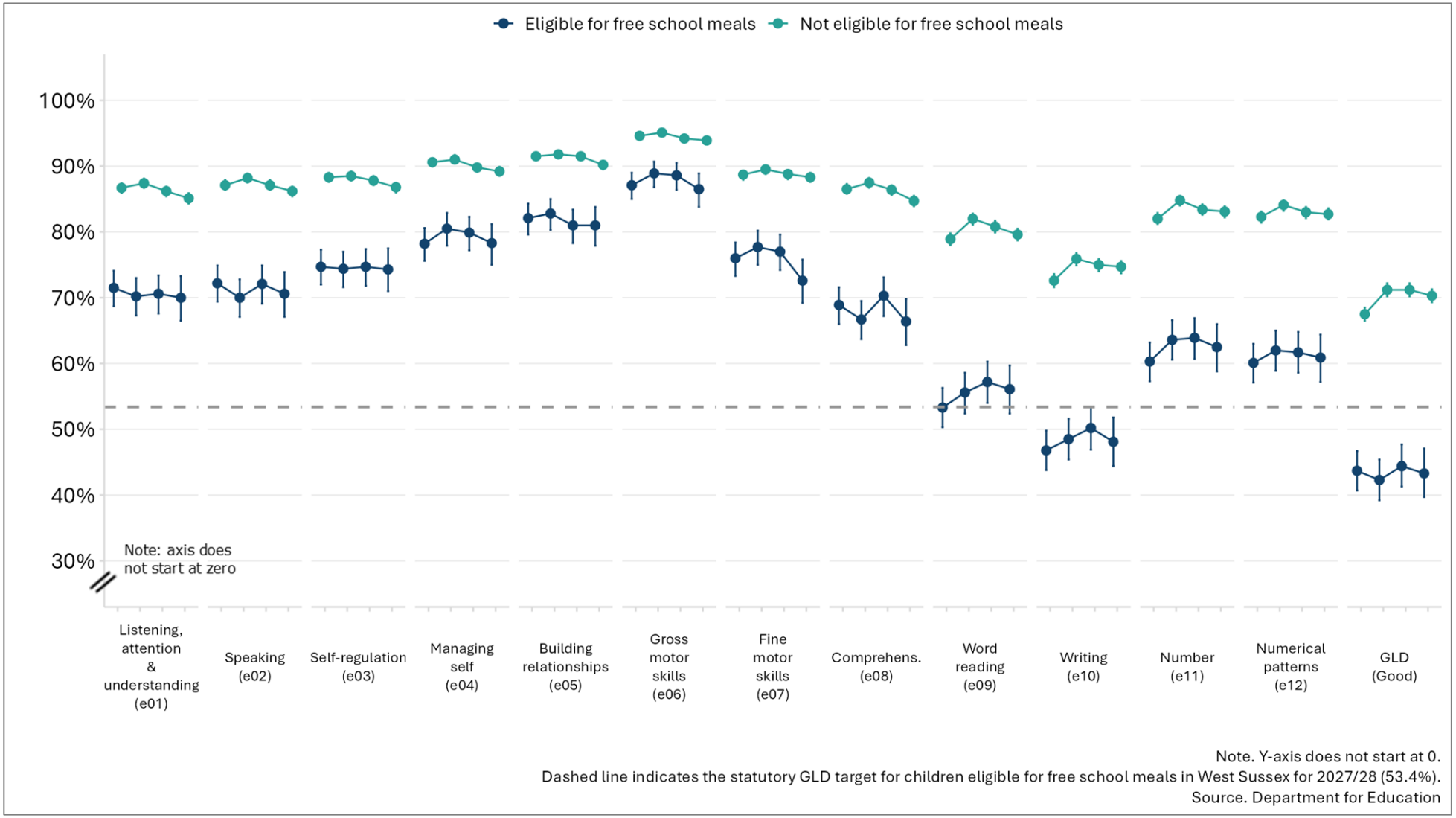
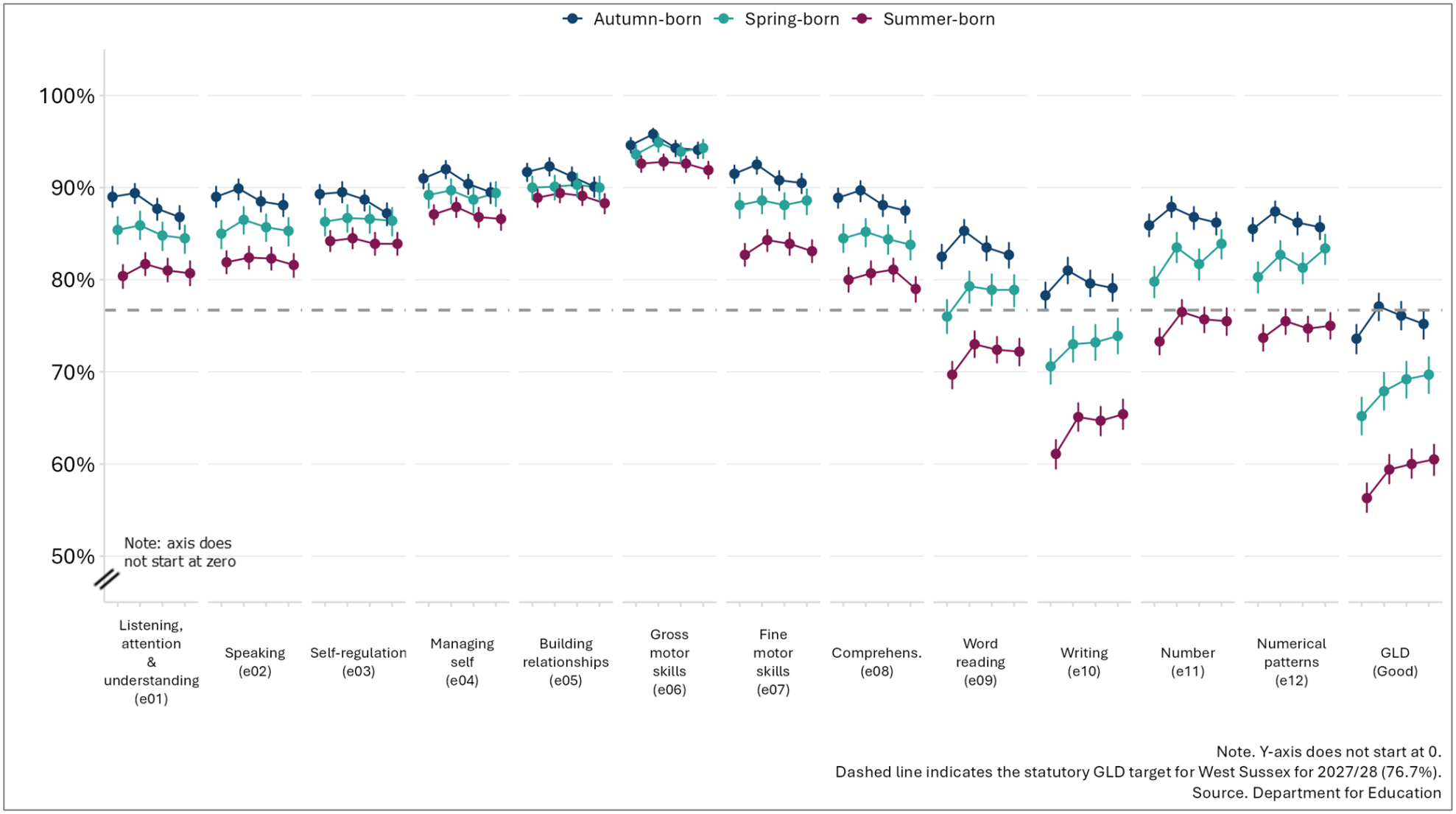


Figure 34 Percentage of children meeting expected level by eligibility for a free school meal



Note. Y-axis does not start at 0.
Dashed line indicates the statutory GLD target for children eligible for free school meals in West Sussex for 2027/28 (53.4%).
Source. Department for Education

Figure 35 Percentage of children meeting expected level by term of birth



The comparatively lower performance of children eligible for free school meals in West Sussex continues in Year 1. In 2024/25 57.8% of West Sussex children eligible for a free school achieved the expected level in the phonics screening check compared with 66.6% across England. On this measure West Sussex had the 7th lowest percentage of all local authorities in England.

Key Stage 2

In relation to reading, writing and maths (combined), 60% of pupils met the expected standard, compared with 63% in England overall.

Table 20 Key Stage 2

	2024/25		2023/24	
	% expected standard	% higher standard	% expected standard	% higher standard
West Sussex	60%	6%	57%	5%
South East	62%	9%	61%	8%
England	63%	8%	61%	8%

Attainment 8 – Average Score

The average Attainment 8 score of all pupils in West Sussex in 2024/25 was 46.2, similar to 2023/24. Locally, as nationally, girls achieve a higher score than boys.

Table 21 Average Attainment 8 score 2023/24 and 2024/25

Area	Total 2024/25	Total 2023/24	Boys 2024/25	Boys 2023/24	Girls 2024/25	Girls 2023/24
West Sussex	46.2	46.1	44.1	44.1	48.6	48.3
South East	47.1	47.2	45.2	45.3	49.2	49.3
England	46.1	45.9	44.1	43.7	48.1	48.2

Source: Department for Education.

Table 22 Average Attainment 8 score 2023/24 and 2024/25 by Eligibility for Free School Meals

Area	All Pupils		Eligible for FSM		Not Eligible for FSM	
	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24
West Sussex	**46.2**	**46.1**	**31.7**	**31.9**	**49.0**	**48.5**
South East	47.1	47.2	32.2	32.1	50.9	50.6
England	46.1	45.9	35.0	34.6	50.0	49.5

Source: Department for Education.

Table 23 Average Attainment 8 by District and Borough Residency

Area of Residency	2024/25	2023/24	2022/23
Adur	47.1	46.7	46.8
Arun	42.9	42.6	42.0
Chichester	44.3	45.4	45.3
Crawley	42.8	43.3	42.4
Horsham	49.7	49.6	51.0
Mid Sussex	49.4	48.6	49.8
Worthing	48.2	48.1	47.7

Average Attainment 8 score are lower for children looked after for at least 12 months (15.0) and children on a child protection plan.

Table 24 Average Attainment 8 - Children Looked After and Children Subject to a CPP

Area	Child Looked After (12 months as at 31 March)	Child on Child Protection Plan at 31 March
West Sussex	15.0	12.1
England	17.3	16.9

Progression to Higher Education

Notes

High Tariff Providers - The DfE and HESA define high tariff providers as institutions that typically require high A-level (or equivalent) grades for entry. In practice this broadly aligns with Russell Group universities and a small number of other highly selective institutions, though the official definition is based on the average UCAS tariff points of their intake rather than a formal list

The measure only tracks entry to HE by age 19. A number of pupils may enter HE at a later age and are not included.

There may be pupils who are eligible for FSM but do not claim for a number of reasons. Such pupils will not be classified as eligible for FSM for the purposes of this measure.

Pupils may have been eligible for FSM in earlier school years, but not when aged 15. Such pupils will not be recorded as eligible for FSM in this measure.

DfE State - Due to the matching procedures deployed, all figures in this measure should be treated as estimates.

Table 25 Estimated percentages of maintained schools pupils aged 15 who progressed to Higher Education by age

	2020/21	2021/22	2022/23	2023/24
HE Progression Rate	44.4%	46.8%	46.9%	45.8%
HE Progression Rate (FSM)	28.1%	29.2%	29.0%	28.9%
HE Progression Rate (Non-FSM)	46.8%	49.4%	49.8%	49.0%
HE Progression Rate Gap	18.7%	20.2%	20.8%	20.1%
High Tariff HE Progression Rate	12.1%	13.0%	15.3%	12.8%
High Tariff HE Progression Rate (FSM)	4.6%	5.2%	6.1%	4.9%
High Tariff HE Progression Rate (Non-FSM)	13.2%	14.2%	16.8%	14.3%
High Tariff Progression Rate Gap	8.6	9.0	10.6	9.4

[1] Data are published at Lower Super Output Areas (LSOAs) and Middle Super Output Areas (MSOAs). LSOA contain populations of approximately 1,500-1,750 people, MSOAs between 2,000 and 6,000.

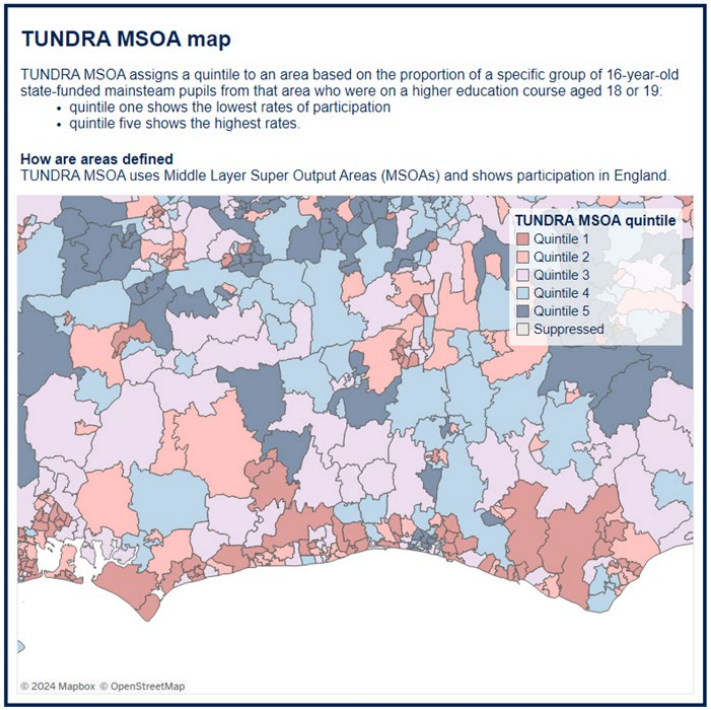
Participation in Higher Education (TUNDRA data)

The Office for Students publish data tracking pupils from state funded mainstream schools to higher education. Estimated participation rates are then published at small area levels[1].

Data for West Sussex shows that some areas, notably although not exclusively along the coast are classified as Quintile 1 (within the 20% of areas nationally with the lowest participation rates).

Given the lower participation rates a number of wards in West Sussex are included in the Office for Students Uni Connect programme which aims to increase HE participation in areas under represented.

Figure 36 Participation in Higher Education by Pupils from Mainstream



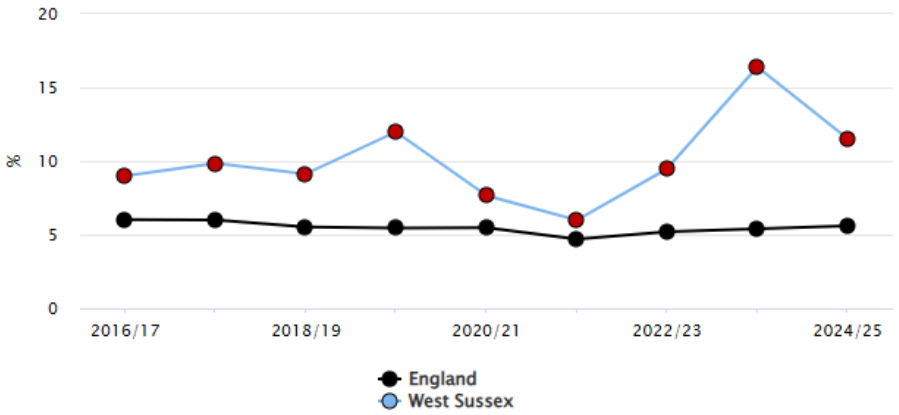
Not in Education, Employment and Training (NEET)

The Department for Education (DfE) publish data relating to young people and whether they are in education, employment, or training. Data are also released for where the status of young people is not known.

Overall West Sussex has a higher percentage of young people aged 16-17 years who are NEET of where their status is not known (11.5% compared with 7.0% in the South East and 5.6% nationally).

In West Sussex of the 11.5%, 9.3% relates to "unknown" and 2.2% known NEET.

Figure 37 16- to 17-year-olds not in education, employment, or training (NEET) or whose activity is not known at end of 2024



Source: OHID Fingertips

Participation of Care Leavers

Note due to small numbers, participation rates should be treated with some caution. In 2024 participation rates relate to 177young people aged between 17-18 years and 482 young people aged 19-21 years.

Nationally 30% of care leavers aged 17-18 years were not in education, employment, or training and 39% of 19–21-year-olds. In West Sussex the figures were 24% and 40% respectively.

Table 26 % of care leavers not in education, employment or training

Care Leavers - NEET		2019	2020	2021	2022	2023	2024
West Sussex	Aged 17 to 18	27%	20%	32%	21%	21%	24%
	Aged 19 to 21	26%	33%	42%	40%	37%	40%

Source: DfE

Participation of 16-17 Year Olds and SEN Status

Nationally, 92% of 16/17-year-olds with SEN/EHC statement are in education or training, this is lower than the West Sussex rate of 97.2%. For pupils in receipt of SEN support 86.1% of pupils nationally are in education or training, compared with 83.0% in West Sussex.

Table 27 Participation in education or training by SEN Status

	2022	2023	2024	2025
SEN EHC/statement - Total	660	663	753	865
- in Education or Training	611	581	704	841
% in Education or Training	92.6%	87.6%	93.5%	97.2%
SEN Support - Total	2,144	2,233	2,682	2,839
- in Education or Training	1,889	1,896	2,220	2,356
% in Education or Training	88.1%	84.9%	82.8%	83.0%

Source: DfE

Pupil Absence

Pupil absence rates in England have remained persistently high since the Covid-19 pandemic. Prior to the pandemic, overall absence rates had been broadly stable. Absence rates have not returned to pre-pandemic levels, with persistent absence, defined as missing 10% or more of school sessions, remaining a particular concern. This trend is seen nationally and reflected locally in West Sussex. High absence rates have implications beyond academic attainment, as regular school attendance is closely linked to children's social development, mental wellbeing, and access to safeguarding support. Children who are frequently absent are also less likely to be reached by school-based health and wellbeing services.

- **Overall absence** refers to the total number of sessions missed as a proportion of possible sessions, encompassing both authorised absences (such as illness or holidays approved by the school) and unauthorised absences.
- **Persistent absence** is defined as missing 10% or more of possible school sessions in an academic year, equivalent to around 19 or more days, and is the threshold most commonly used to identify pupils at risk of falling behind.
- **Severe absence** is a more recently introduced category, defined as missing 50% or more of possible sessions, and captures those most severely disengaged from education.

Table 28 Pupil Absence

Overall School Absence 2020/21 to 2024/25		2020/21	2021/22	2022/23	2023/24	2024/25
West Sussex	Percentage of persistent absentees (10% or more missed)	10.7%	21.1%	19.9%	19.0%	17.6%
England	Percentage of persistent absentees (10% or more missed)	12.1%	22.5%	21.2%	20.0%	18.1%
West Sussex	Percentage of severe absentees (50% or more missed)	0.9%	1.4%	1.8%	2.1%	2.3%
England	Percentage of severe absentees (50% or more missed)	1.1%	1.7%	2.0%	2.3%	2.4%
Persistent Absenteeism by School Phase 2020/21 to 2024/25		2020/21	2021/22	2022/23	2023/24	2024/25
West Sussex	Primary – persistent absentees	8.3%	16.4%	14.6%	13.3%	11.7%
England	Primary – persistent absentees	8.8%	17.7%	16.2%	14.6%	13.0%
West Sussex	Secondary – persistent absentees	13.1%	26.5%	25.6%	25.0%	23.7%
England	Secondary – persistent absentees	14.8%	27.7%	26.5%	25.6%	23.4%
Severe Absenteeism by School Phase 2020/21 to 2024/25		2020/21	2021/22	2022/23	2023/24	2024/25
West Sussex	Primary – severe absentees	0.53%	0.57%	0.65%	0.73%	0.83%
England	Primary – severe absentees	0.72%	0.64%	0.75%	0.85%	0.93%
West Sussex	Secondary – severe absentees	1.27%	2.36%	3.07%	3.53%	3.97%
England	Secondary – severe absentees	1.48%	2.74%	3.40%	3.81%	3.88%

Source: DfE

Special Educational Needs

In West Sussex, in 2024/25 5.3% of pupils had an Education Health and Care (EHC) plan, 16.1% SEN but without an EHC Plan.

Table 29 Pupils with SEN and EHC Plans

	England	West Sussex
EHC Plans	482,640	6,899
EHC plans - % of pupils	5.3%	5.3%
SEN support / SEN without an EHC plan	1,284,284	21,045
SEN support / SEN without and EHC plan - % of pupils	14.2%	16.1%

Note: This includes state-funded nursery, primary, secondary and special schools, non-maintained special schools, state-funded alternative provision schools and independent schools and includes pupils with SEN support in state-funded schools and pupils with SEN without an EHC plan in independent schools

Table 30 Primary Needs - Pupils with EHC (This does not include independent schools)

With EHC	England %	West Sussex Number	West Sussex %
Autistic Spectrum Disorder	33.6%	1,580	26.6%
Down Syndrome	0.3%	13	0.2%
Hearing Impairment	1.4%	78	1.3%
Moderate Learning Difficulty	7.8%	469	7.9%
Multi-sensory impairment	0.3%	28	0.5%
Other difficulty or disability	2.0%	142	2.4%
Physical Disability	3.3%	219	3.7%
Profound & Multiple Learning Difficulty	2.2%	79	1.3%
Severe Learning Difficulty	7.0%	485	8.2%
Social, Emotional and Mental Health	16.0%	1,024	17.2%
Specific Learning Difficulty	4.3%	272	4.6%
Speech, Language and Communications needs	20.7%	1,501	25.3%
Visual Impairment	0.9%	49	0.8%

Source: DfE

Table 31 Primary Needs - Pupils without EHC

Without EHC	England %	West Sussex Number	West Sussex %
Autistic Spectrum Disorder	9.7%	1,401	7.6%
Down Syndrome	0.0%	4	0.02%
Hearing Impairment	1.5%	213	1.2%
Moderate Learning Difficulty	14.4%	2,272	12.4%
Multi-sensory impairment	0.3%	44	0.2%
Other difficulty or disability	3.5%	903	4.9%
Physical Disability	1.8%	307	1.7%
Profound & Multiple Learning Difficulty	0.1%	3	0.02%
SEN support but no specialist assessment of type of need	4.9%	1,383	7.5%
Severe Learning Difficulty	0.2%	18	0.1%
Social, Emotional and Mental Health	23.6%	3,796	20.7%
Specific Learning Difficulty	13.6%	3,576	19.5%
Speech, Language and Communications needs	25.7%	4,327	23.6%
Visual Impairment	0.8%	114	0.6%

Source: DfE

Wider Determinants - Households, Housing, Environment

Children in workless households

Children in workless households face many of the same material deprivations as those in low-income families but may also experience additional risks associated with parental stress, social isolation, and reduced routine and structure in daily life. Growing up without employment in the household can shape attitudes and expectations around work and opportunity, making intergenerational worklessness a recognised, though not inevitable pattern. It should be noted that the majority of children in low-income families live in households where at least one adult is in employment.

Table 32 Households with Dependent Children – Workless (Census 2021)

	No person in employment in household	Total Households with Dependent Children	% of households with dependent children – workless households
Adur	709	7,500	9.5%
Arun	1,714	16,759	10.2%
Chichester	1,234	12,497	9.9%
Crawley	2,065	15,752	13.1%
Horsham	1,067	16,783	6.4%
Mid Sussex	1,133	18,975	6.0%
Worthing	1,199	12,835	9.3%
West Sussex	**9,121**	**101,101**	**9.0%**
England	871,260	6,688,651	13.0%

Source: Census 2021

Children in Households with One or More Disabled Adult

In West Sussex approximately 1 in 4 households with dependent children has at least one disabled adult.

Table 33 Households with One or More Disabled Adult (Census 2021)

Area	1 adult disabled under the Equality Act	2 or more adults disabled under the Equality Act	No adults disabled under the Equality Act	% 1 adult disabled	% 2 or more adults disabled
Adur	1,423	315	5,762	19.0%	4.2%
Arun	3,050	625	13,084	18.2%	3.7%
Chichester	2,080	355	10,062	16.6%	2.8%
Crawley	2,673	503	12,576	17.0%	3.2%
Horsham	2,476	374	13,934	14.8%	2.2%
Mid Sussex	2,712	427	15,836	14.3%	2.3%
Worthing	2,344	460	10,031	18.3%	3.6%
West Sussex	**16,758**	**3,059**	**81,285**	**16.6%**	**3.0%**
England	1,149,415	231,008	5308228	17.2%	3.5%

Source: Census 2021

Children in Households by Housing Tenure

Overall, in 2021, 61% of all households in West Sussex were owner occupied (either outright or with a mortgage). Compared with all households children, however are more likely to live in households that are renting. In Crawley the majority of children live in households that rent and 1 in 3 children aged 10 to 18 years live in social rented housing.

Table 34 Housing Tenure of Children in West Sussex (Census 2021)

	0-9 year olds			10 to 18 year olds		
	Owned	Social rented	Private rented	Owned	Social rented	Private rented
Adur	62%	15%	24%	65%	18%	18%
Arun	54%	16%	30%	61%	17%	22%
Chichester	52%	25%	23%	60%	23%	17%
Crawley	45%	29%	26%	48%	33%	19%
Horsham	66%	17%	17%	73%	15%	12%
Mid Sussex	68%	14%	18%	73%	13%	13%
Worthing	59%	12%	29%	66%	14%	20%
West Sussex	**58%**	**18%**	**23%**	**64%**	**19%**	**17%**
England	52%	22%	27%	57%	23%	20%

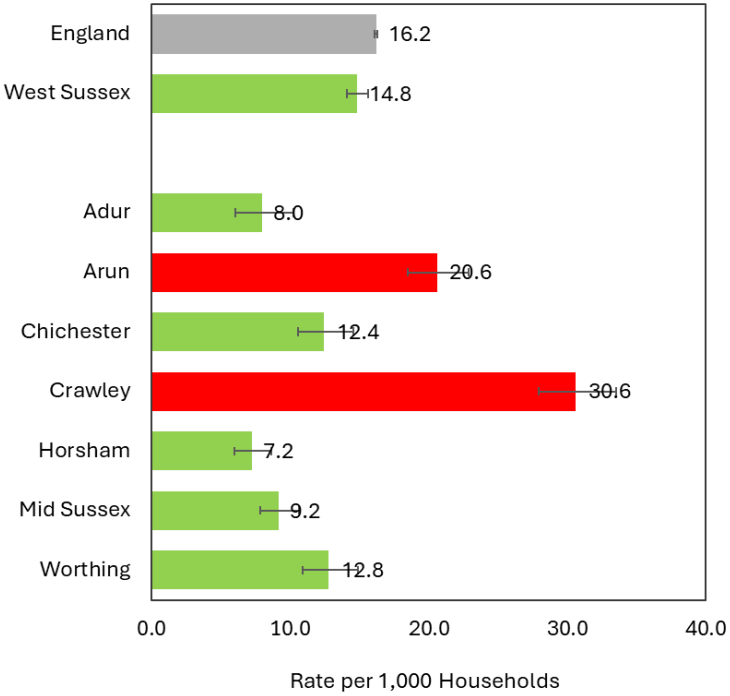
Source: ONS Census 2021

Homelessness and Temporary Accommodation

Children in homeless households or temporary accommodation face significant and often lasting disadvantages, including disrupted schooling, limited space for play or study, and heightened exposure to stress and instability. Evidence consistently shows that housing insecurity in early childhood is associated with poorer physical and mental health outcomes, developmental delays, and reduced educational attainment, impacts that can persist well into adulthood.

At the end of March 2025, there were 1,498 homeless households with dependent children were recorded across West Sussex. Within the county Crawley had the highest rate, 30.6 per 1,000 households, which was also significantly above the England average.

Figure 38 Homelessness Rate per 1,000 Households (as of Sept 30 2025)

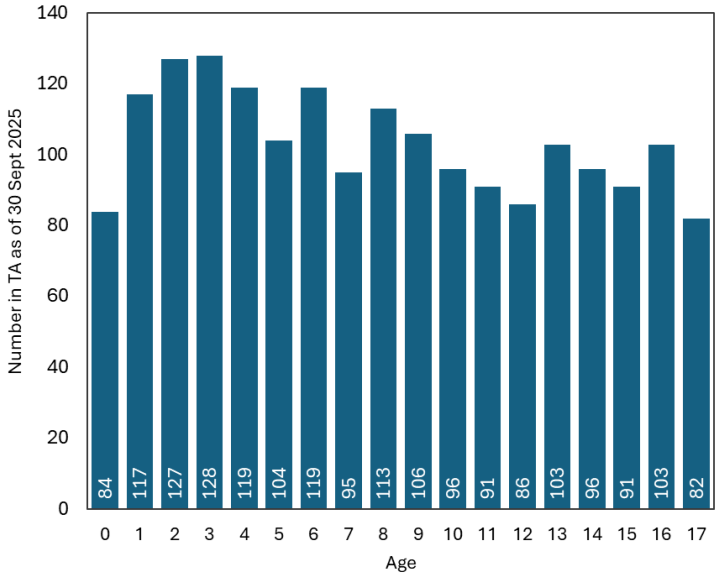


Source: OHID Fingertips

Number of Children Living in Temporary Accommodation

There has been an increase in the number of children living in temporary accommodation. At the end of September 2025 (Q2 2025/26) there were a total of 1,890 children in temporary accommodation, with 35% aged 5 years or under.

Figure 39 Number of Children in Temporary Accommodation by Age (Sept 30 2025) – West Sussex

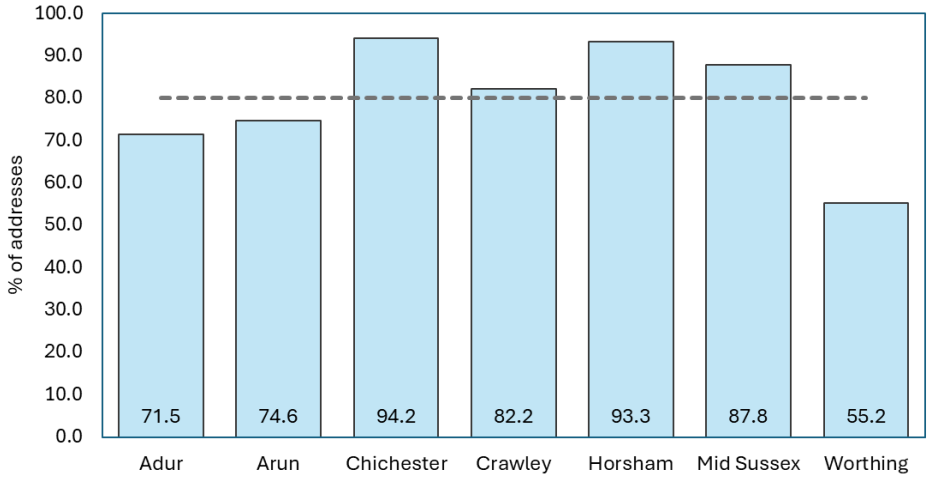


Source: MHCLG

Access to Green and Blue Space

Access to green and blue spaces, such as parks, forests, rivers, and coastlines, is important to both physical and mental health, supporting stress reduction, increased physical activity, and improved cardiovascular wellbeing. In the Environmental Improvement Plan (EIP) 2025, the government reaffirmed its commitment to ensuring that everyone has access to green or blue space within a 15-minute walk from home, this is known as the '15-minute commitment'. 80% of households in England have access to at least one green or blue space within a 15-minute walk, locally this ranges from 55% in Worthing to 94.2% in Chichester.

Figure 40 Percentage of households) with access to green or blue space within a 15-minute walk (Data as of March 2026)

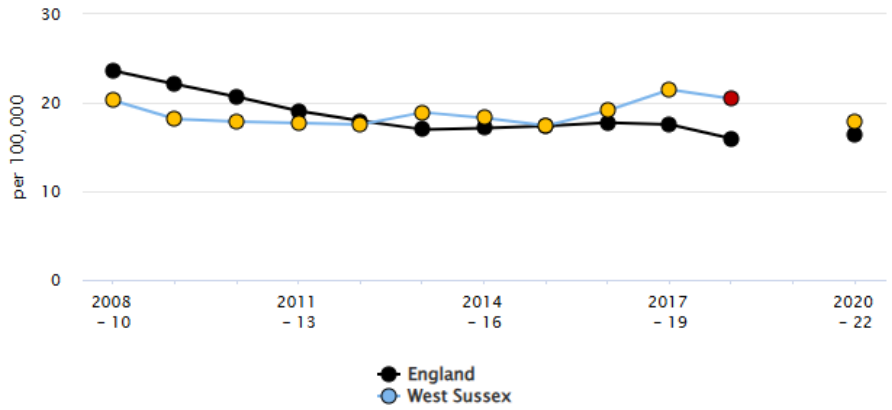


Source: Department for Environment, Food and Rural Affairs (DEFRA)

Road safety

Road safety outcomes for children aged 0–15, particularly rates of pedestrian casualties and road traffic injuries, are a valuable indicator of both the physical safety of local environments and the degree to which public infrastructure is designed with children's needs in mind. Areas with higher rates of child road casualties often reflect wider inequalities, since children from more deprived backgrounds are disproportionately likely to be injured on the roads, partly due to living in areas with higher traffic volumes, fewer safe crossing points, and less access to off-road play space.

Figure 41 Rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population 2008-2010 to 2020-22



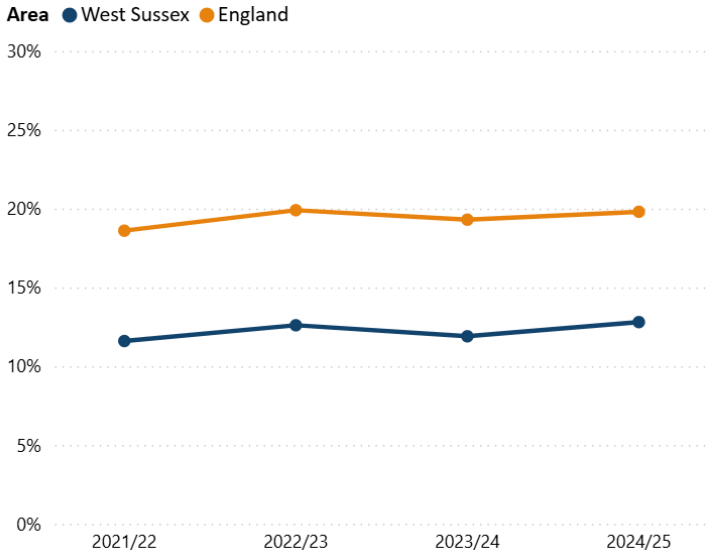
Source: OHID Fingertips

Wider Determinants - Child Poverty

Note there is a detailed dashboard on Deprivation, Poverty and Financial Support on the West Sussex JSNA website, pages 5 to 9 on this dashboard relate to child poverty. Link to the dashboard

In 2024/25 an estimated 20,610 children across West Sussex live in low income households, approximately 13% of children. While this is significantly lower than England (20%) the rate has risen since 2021/22

Figure 42 Percentage of Children in Low Income Households



Source: OHID Fingertips

There are considerable differences within the county.

Figure 43 Percentage of Children in Low Income Households - By District and Borough (2024)

Source: West Sussex PHSRU – Deprivation, Poverty and Financial Support Dashboard

The majority of children living in poverty are in households where at least one adult is in work.

Data from the 2024 West Sussex Community Health Survey

Note there is a detailed briefing available on the West Sussex JSNA website.

In 2024, a household survey of West Sussex residents was undertaken to understand health behaviours following the COVID-19 pandemic, particularly amongst those in the most disadvantaged areas, and gain further information of health inequalities within the county. To help us understand the differences between the most deprived and least deprived areas of the county, the sampling strategy used deprivation as the main criteria.

In the survey, residents were asked various questions about their lifestyle and health, such as their mental wellbeing, alcohol consumption and diet. This survey also asked about background characteristics, including whether there were children in the household. Respondents were asked to state whether they had any children under 5, aged 5-15 or 16 and 17 living within their household.

According to the Marmot Review (2010), which explores the most effective evidence-based strategies for reducing health inequalities in England, the earliest years of life set the tone for the whole of the lifespan, influencing physical, intellectual and emotional development in later life.

There are a range of environmental factors which can influence early childhood health and development, such as the health of parents and caregivers, research shows that when parents adopt healthier behaviours, such as increased physical activity or improved eating habits, children are more likely to mirror these behaviours themselves.

By focusing specifically on the health behaviours of households with young children, this can help us to identify areas across the county where further support might be needed for families.

There were a total of 390 households with a child aged under 5 years in the survey data (out of 6,440 responses). Given the relatively small number of households with children the confidence intervals are relatively large.

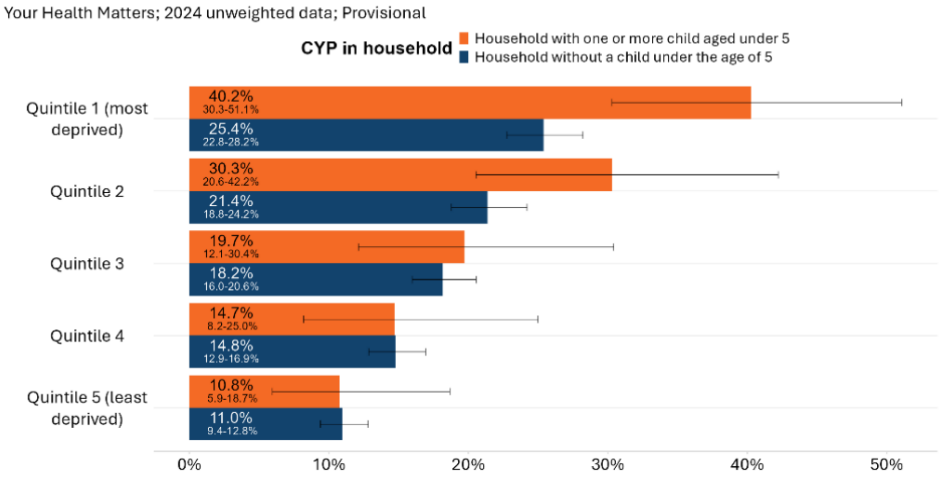
Two specific issues are included in this summary, households which also contain a smoker in the households, and the mental health of survey respondents.

Smoking

In the survey, respondents were asked how many people in their household smoked. Across quintiles 1, 2 and 3, households with young children were more likely to contain at least one smoker than households without young children.

In the most deprived quintile, two in five households (40.2%) with young children included at least one smoker compared to one in four (25.4%) households without young children and this difference was statistically significant. No further significant differences were observed across the remaining quintiles.

Figure 44 Households with a Smoker by Deprivation Quintile



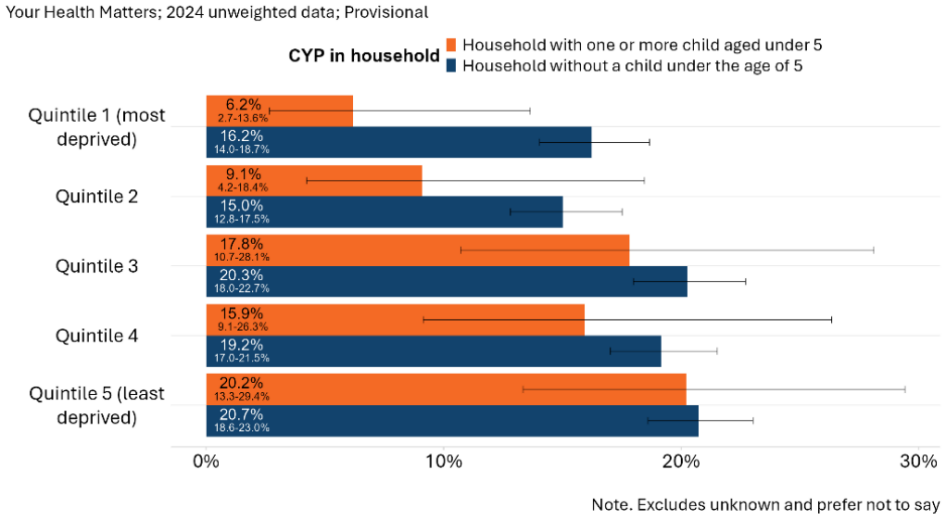
Note. Excludes unknown responses.

Mental Health

In the survey, respondents were asked about their mental and emotional wellbeing using the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS).This is a seven-item questionnaire which focuses on positive aspects of mental health, such as optimism, relaxation, and social connectedness (University of Warwick, 2025; NHS Humber Recovery & Wellbeing College, 2024). Scores range from 7 to 35 with a score of 27.5 or higher generally being used to indicate "high" or "good" wellbeing.

Across all quintiles, respondents in households with young children were less likely to report high mental wellbeing compared to households without young children. In the most deprived quintile, respondents in households with young children were less likely to have high mental wellbeing (6.2%) than those without young children (16.1%) and this difference was statistically significant. No further significant differences were observed across the remaining quintiles.

Figure 45 Percentage of respondents with WEMWEB Score of 27.5 or over



Children in Need (CiN)

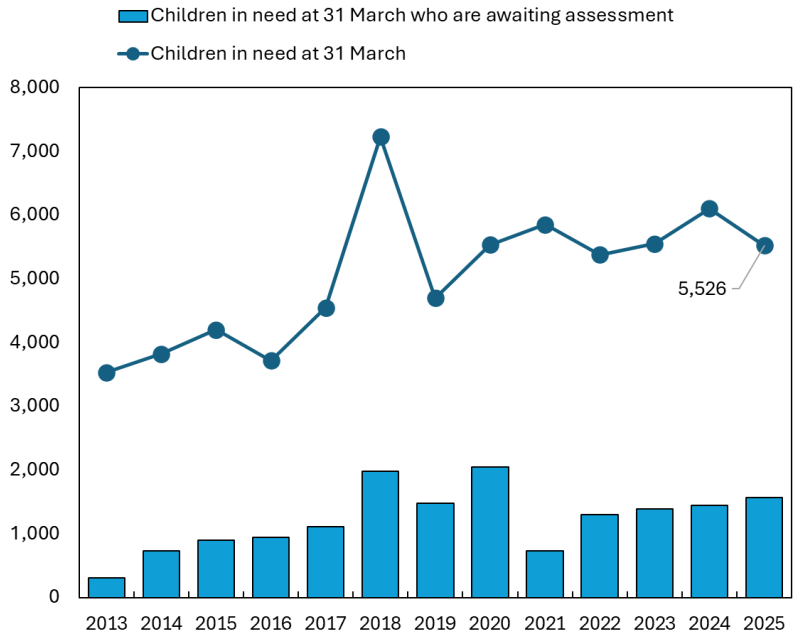
Definition by the Department for Education

Children in Need are a legally defined group of children (under the Children Act 1989), assessed as needing help and protection as a result of risks to their development or health. This group includes children on child in need plans, children on child protection plans, children looked after by local authorities, care leavers and disabled children.

Children in need include young people aged 18 or over who continue to receive care, accommodation or support from children's services, and unborn children.

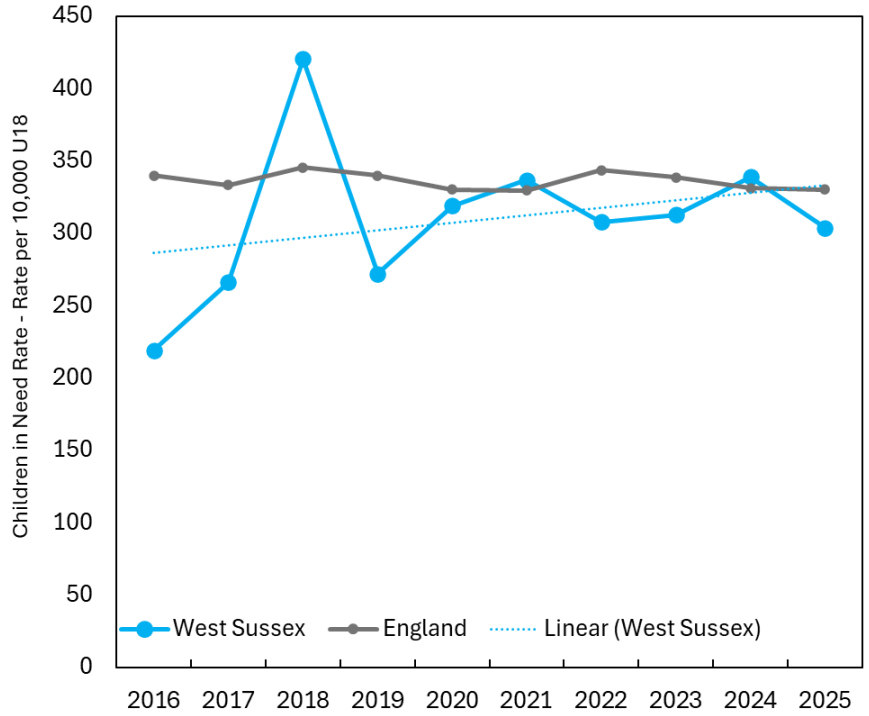
As at March 31 2025 there were 5,526 children classed as being in need in West Sussex. This is slightly lower than 2024.

Figure 46 Number of Children in Need, West Sussex



Numbers fluctuate from year to year, but the long-term trend has been upward. At a national level the rate has been fairly stable.

Figure 47 Children in Need per 10,000 U18s - West Sussex and England 2016 to 2025



Source: DfE

Of the 5,526 Children in Need as at March 31 2025 2,212 had abuse or neglect recorded as the primary need. In March 2025 West Sussex had a high number of 'not stated' responses recorded against primary need.

In 2025 West Sussex had a rate of 303.7 CiN per 10,000 children, lower than the England rate (330.3) but higher than statistical neighbour local authorities (262.3).

Table 35 Primary Need Children in Need 2025

	England	West Sussex
Number of children in need at 31 March	402,400	5,526
N1 - Abuse or neglect	234,590	2,212
N2 - Child's disability or illness	33,030	407
N3 - Parent's disability or illness	7,730	135
N4 - Family in acute stress	33,810	376
N5 - Family dysfunction	42,290	171
N6 - Socially unacceptable behaviour	7,400	41
N7 - Low income	1,030	*
N8 - Absent parenting	22,570	56
N9 - Cases other than children in need	4,140	*
N0 - Not stated	15,800	2,098

Source: DfE. * = data suppressed for confidentiality

In West Sussex, 9.9% of children in need (767 of the 5,555 children and young people) had a disability recorded, compared with 14.4% at a national level.

The percentage of children with a disability has fallen in the last 2 years.

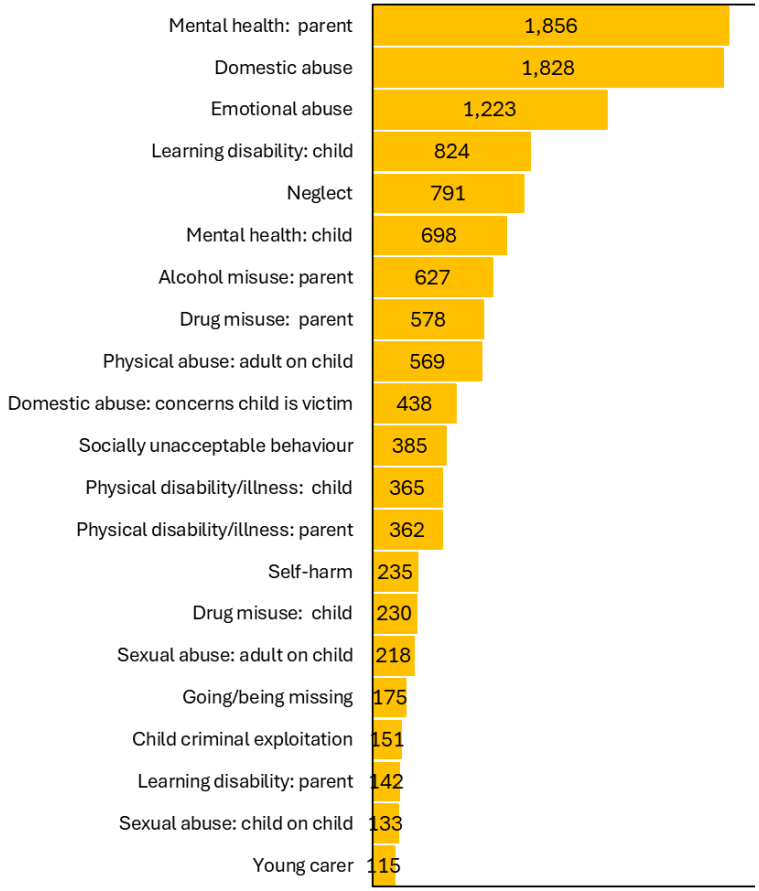
Table 36 Disability Recorded - Children in need as at 31 March by recorded disability in West Sussex between 2023 and 2025

	2023	2024	2025
Children in need at 31 March	5,555	6,106	5,526
Children in need at 31 March - disability recorded	767	669	548
% children with a disability recorded	13.8%	11.0%	9.9%
Autism/Asperger Syndrome	61.1%	62.6%	65.3%
Behaviour	2.2%	1.3%	1.1%
Communication	14.9%	14.1%	13.7%
Consciousness	2.2%	2.1%	*
Hand Function	13.8%	13.8%	13.7%
Hearing	3.7%	3.7%	3.5%
Incontinence	6.3%	6.1%	4.6%
Learning	45.1%	43.6%	41.6%
Mobility	3.5%	3.4%	2.9%
Personal Care	2.1%	2.1%	*
Vision	6.3%	6.6%	5.7%
Other Disability	*	*	*

Source: DfE * = data suppressed.

Mental health of a parent is the most frequently cited factor identified at the end of assessment, identified in assessments in 2024/25

Figure 48 Factors identified at the end of assessment 2024/5

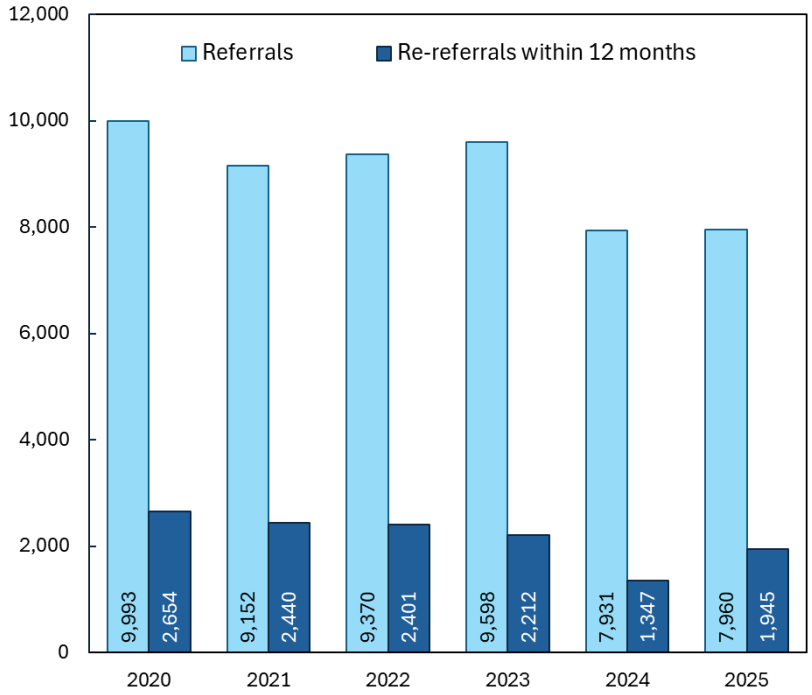


Source: DfE. Note only those factors with incidence of 100 or more included on this graph

Referrals and Re-referrals to Children's Social Care Services

In 2025 there were approximately 7,960 referrals to children's social care, 24.4% of referrals were re-referrals within 12 months of a previous referral, this is slightly higher than the England level of 22.6%.

Figure 49 Referrals and Re-referrals to Children's Social Care Services – West Sussex 2020 to 2025

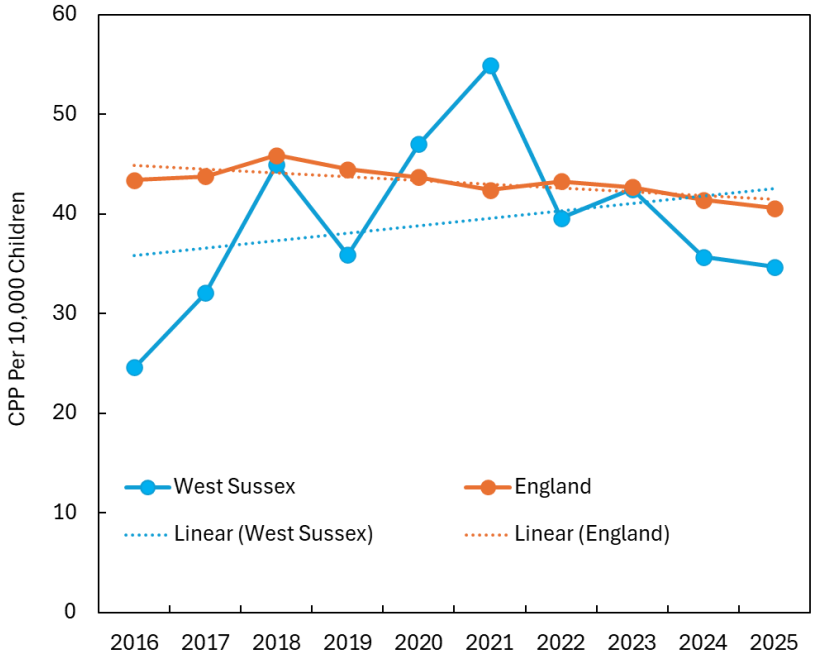


Source: DfE

Child Protection Plans

As at 31 March 2025 there were 631 child protection plans in place in West Sussex, this fluctuates from year to year, over the last 10 years there has been an upward trend in the rate of children and young people on child protection plans, but in the last 5 it is trending downward.

Figure 50 Child Protection Plans per 10,000 U18s - West Sussex and England 2016 to 2025



Source: DfE

Children Looked After

As at March 31 2025 there were 975 children looked after in West Sussex. The rate per 10,000 under 18-year-olds at 54 per 10,000 is lower than the national rate (67 per 10,000).

Table 37 Children Looked After - West Sussex

Area	2021	2022	2023	2024	2025
West Sussex	891	861	886	906	975
West Sussex Rate	51	49	50	50	54
England Rate	69	70	70	69	67
Statistical Neighbour Rate	50	52	53	51	49

Source: DfE

Care Leavers

In West Sussex there were approximately 702 care leavers aged 17 to 21 years in 2025, with a further 511 young people aged 22 to 25 years still in contact with the local authority. In 2025 75% of care leavers aged 17-18 years, and 56% aged 19-21 years are in education, training or employment (England rates of 64% and 54% respectively).

Table 38 Activity of Care Leavers Aged 17 years to 21 years

Age Group and Activity	2022	2023	2024	2025
Total 17-18 Year Olds	184	188	177	171
- in education, employment or training	142	141	133	128
- in education, employment or training (%)	77%	75%	75%	75%
- information not known	4	8	2	5
- information not known (%)	2%	4%	1%	3%
Total 19-21 Year Olds	384	441	482	531
- in education, employment or training	218	266	273	300
- in education, employment or training (%)	57%	60%	57%	56%
- information not known	12	10	17	26
- information not known (%)	3%	2%	4%	5%

Source: DfE

Young Carers

Young carers (children and young people who provide unpaid care for a family member with an illness, disability, mental health condition, or substance misuse problem) can represent a hidden form of childhood disadvantage, caring status can go unidentified and unsupported.

Caring responsibilities can impact education, social development, and emotional wellbeing, with young carers more likely to experience persistent absence from school, lower attainment, social isolation, and poorer mental health than their peers. Prevalence is widely considered to be significantly underestimated in official figures. The 2021 Census provides data on the number of people aged 5 years and over who provided unpaid care.

Table 39 Children and Young People Providing Unpaid Care (Census 2021)

Age	Provides **19 or less hours**	Provides **20 to 49 hours**	Provides **50 or more hours**	Total - Unpaid Care	% Providing Unpaid Care
15 and under	973	145	124	1,242	1.1%
16 to 24 years	1,976	848	345	3169	4.2%

*Children under 5 years excluded from the Census in relation to unpaid care

In Spring 2023, a category for young carers was added to the annual school census for state schools. Section 17ZA of the Children Act 1989 defines a young carer as ‘a person under 18 who provides or intends to provide care for another person (which isn’t a contract or voluntary work).

In 2024/25 there were 504 children in state-funded primary schools identified as a carer and 625 in state-funded secondary schools.

Table 40 Young carers “Known to be a young carer”, State-funded primary and State-funded secondary 2024/25

	Number of pupils	Percentage
Primary	504	0.8
Secondary	625	1.2

Source: DfE

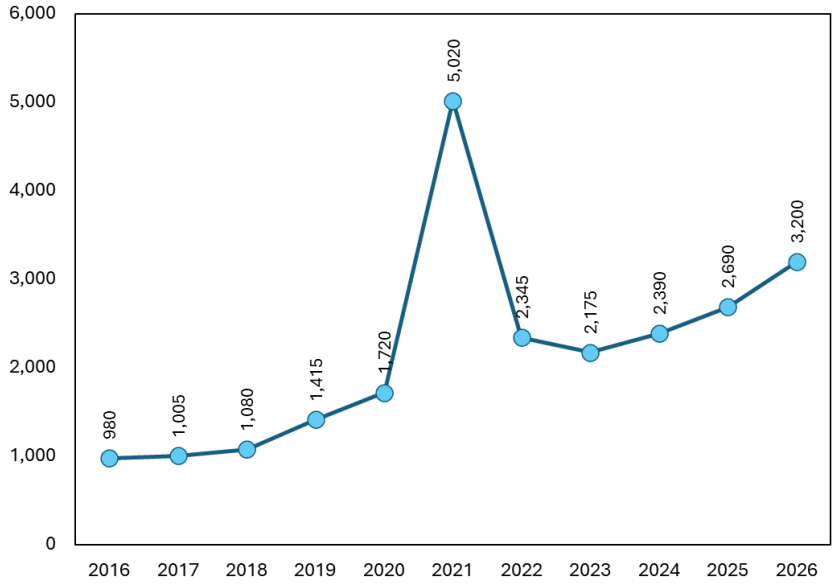
Young Adults on Out of Work Benefits

The rise in youth claimants reflects a broader national concern about young people and the labour market. Unemployment in early adulthood is not simply a short-term problem, research consistently shows that extended spells out of work at this stage of life can have lasting consequences for earnings, job prospects and benefit dependency, a phenomenon sometimes referred to as "scarring." There are also wider impacts on health and wellbeing, with prolonged worklessness linked to anxiety, low confidence and social isolation.

In March 2026, 3,200 people aged 18 to 24 were claiming unemployment-related benefits in West Sussex. This was around 500 higher than the previous month and approximately 1,500 above the pre-pandemic level.

The claimant count includes people claiming Universal Credit who are required to seek work, as well as those claiming Jobseeker's Allowance. It is a useful measure for tracking changes in the local labour market, though it is worth noting that not all claimants are necessarily unemployed, some may be in work but earning below the threshold that makes them eligible for benefits.

Figure 51 Number of young people aged 18-24 on Out of Work Benefits, West Sussex



Source: Nomisweb (DWP statistics)

Other Vulnerable Groups – Known Data Gaps.

Children with a Parent / Carer in Prison

Research shows that children with a parent in prison are more likely to offend themselves. These children also face a range of health and social challenges, which is why tackling this issue needs joined-up working across government.

The Farmer Review, an independent review commissioned by the Ministry of Justice in 2017 to examine the importance of maintaining family ties for prisoners, highlighted the problem of offending passing down through families, citing a major study which found that 63% of prisoners' sons went on to commit crimes themselves. The Review also identified serious gaps

in official data, noting that the MoJ had no central process for recording how many children were affected by a parent's imprisonment.

- MoJ Official Statistics (2024) at national level, estimated that between 1 October 2021 and 1 October 2022 there were 192,912 children with a parent in prison in England and Wales.
- The Prison Advice and Care Trust (Pact), October 2023 stated that an estimated 100,000 children had a parent in prison on any given day and estimated that the number of children affected by parental imprisonment in the UK in a year go as high as 312,000.

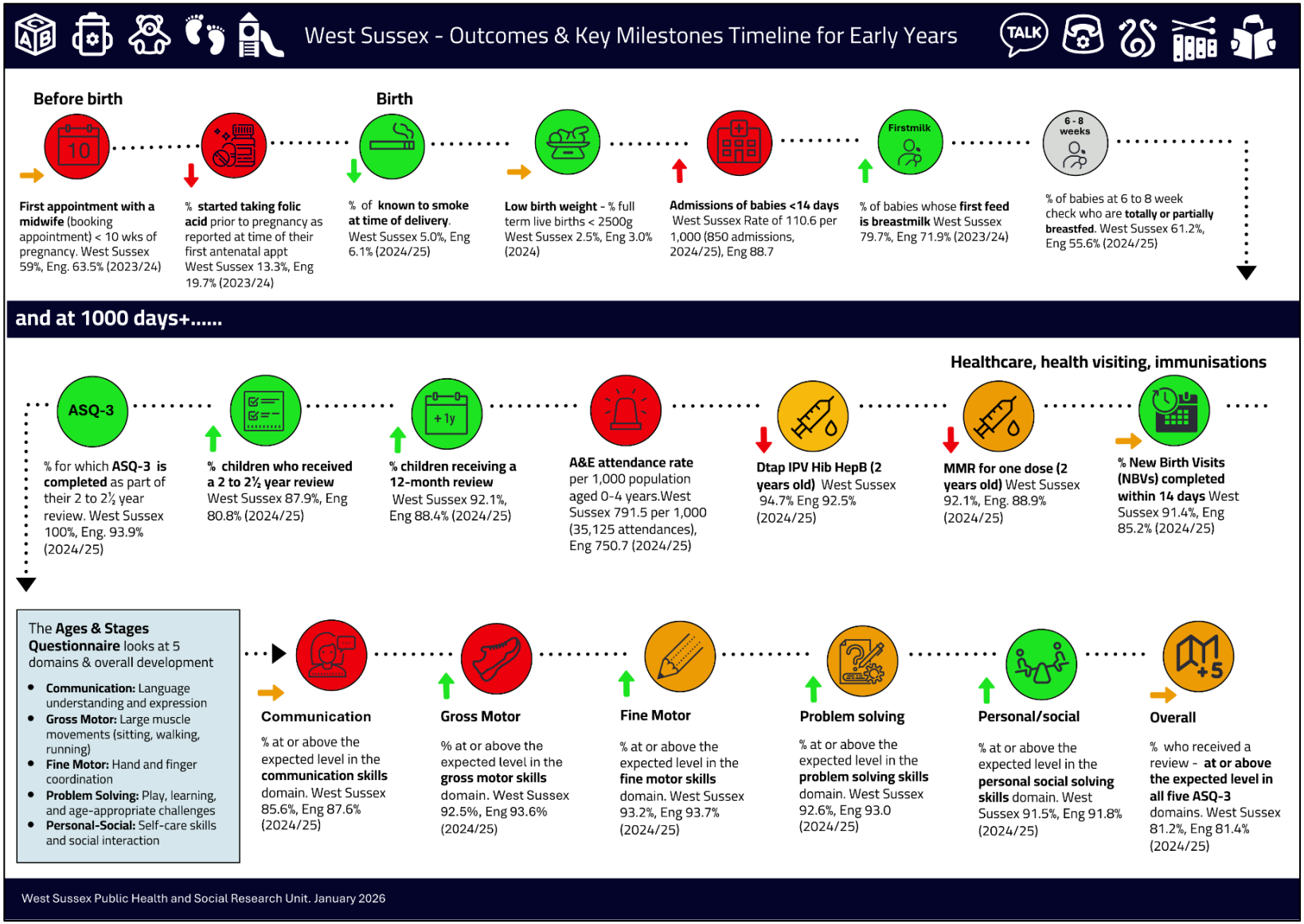
Children Impacted by Bereavement

No official, or local statistics, are collected on the number of bereaved children. The Child Bereavement Network (CBN) estimate that approximately 1 in 29 school-age children has been bereaved of a parent or sibling, that is equivalent to one child in every class.

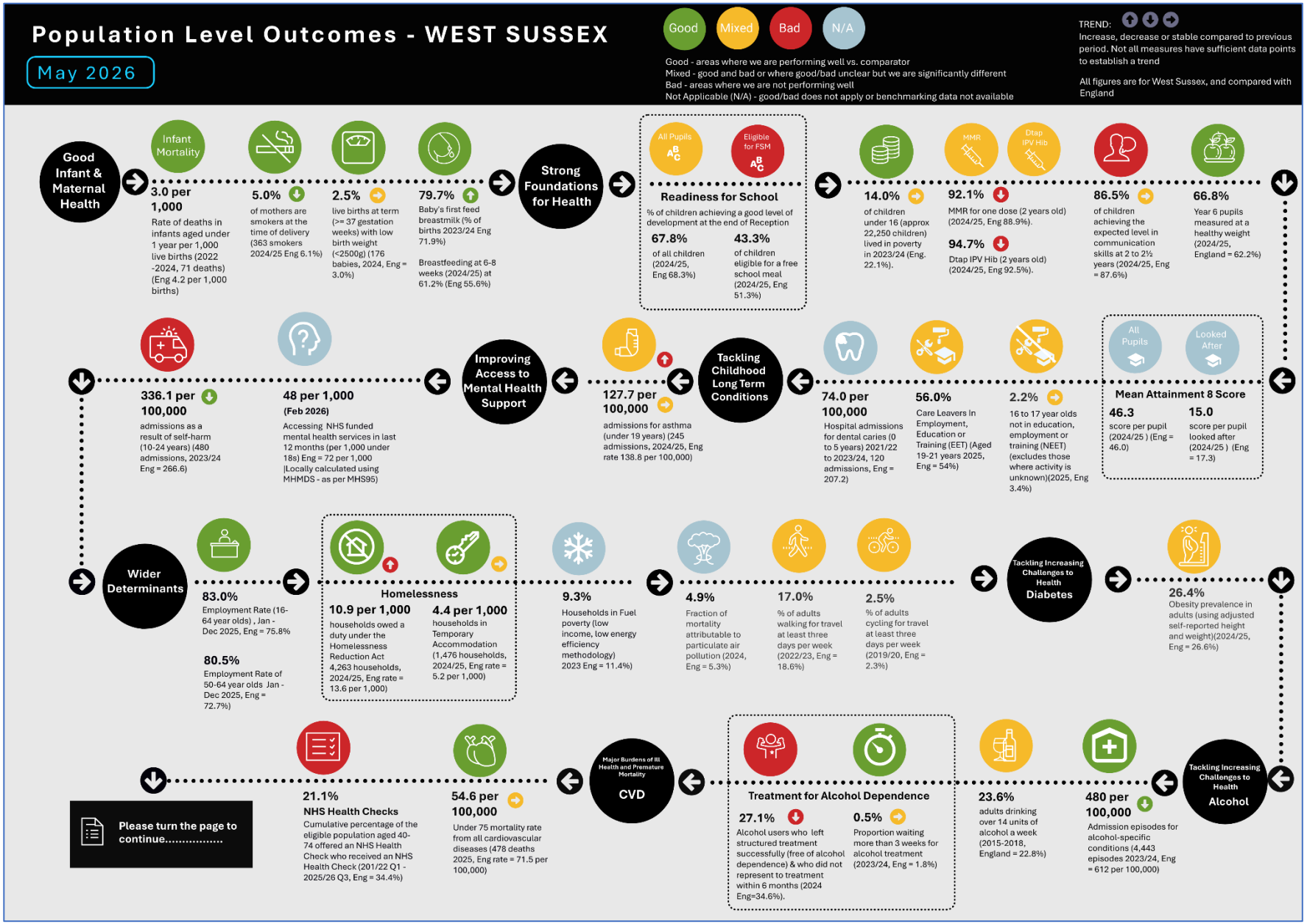
Bereavement is not confined to the death of a parent. A large-scale Scottish[2] study using longitudinal data found that more than half of all children (51%) will have lost a parent, sibling, grandparent or other close family member by the age of 8, rising to nearly two-thirds by age 10. The most common loss was that of a grandparent or close relative. The study also highlighted an inequality dimension, children from the lowest income households were more likely to lose a parent or sibling than those from the most affluent families.

[2] Paul S, Vaswani N. The prevalence of childhood bereavement in Scotland and its relationship with disadvantage: the significance of a public health approach to death, dying and bereavement. Palliative Care and Social Practice. 2020;14. doi:10.1177/2632352420975043

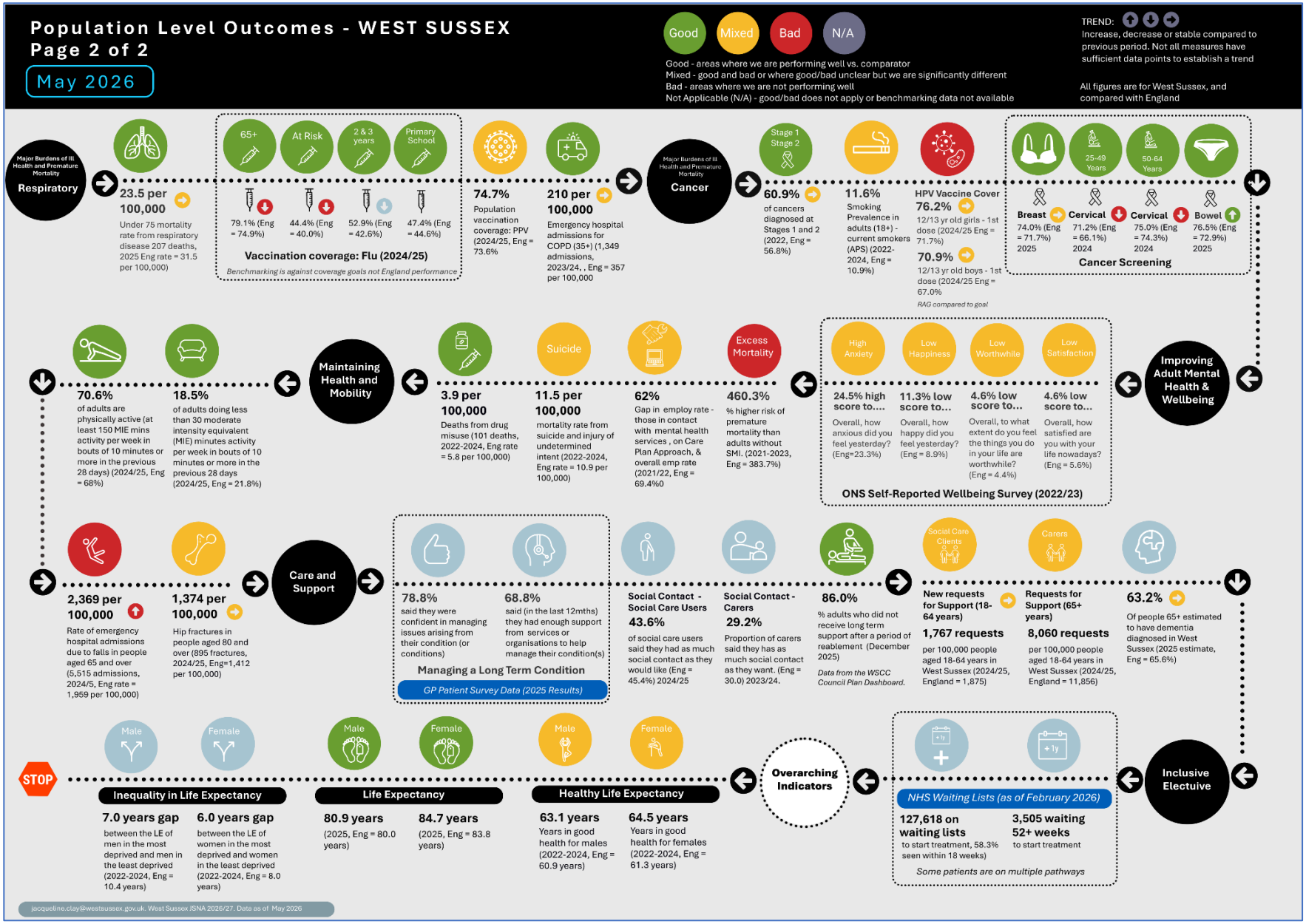
Appendix 1 Infographic Summary - Early Years



Appendix 2 Infographic Summary – Lifecourse Outcomes



Population Health and Wellbeing Outcomes (Page 2)



Appendix 3 Infographic Summary – Special Education Needs