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Households with children

Your Health Matters 2024 Community Survey

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Lizzie Vass

West Sussex Public Health and Social Research Unit



Purpose of briefing

This briefing provides a summary of findings from the West Sussex Your Health Matters survey, focusing specifically on households with children (defined as a respondent reporting at least one child within the household aged 0-17). This briefing aims to compare the health behaviours of households with and without children and look into how this varies across deprivation quintiles in West Sussex, as defined by the Index of Multiple Deprivation (IMD; 2019).

Good to know

This briefing is based on unweighted data and findings are provisional.

Background

West Sussex is a relatively healthy, less deprived county with a higher life expectancy for both men and women compared to national figures (PHSRU, 2022). However, this average masks distinct pockets of inequalities within the county, with some neighbourhoods ranked as within the most deprived 20% in the country.

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 (PHSRU, 2025). 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 (PHSRU, 2024).

A random sample of West Sussex residents were asked to participate either by post, online or face to face. Addresses in the county were then split into five groups (called 'quintiles'), according to deprivation, as defined by the Index of Multiple Deprivation (IMD; 2019). The IMD measures how deprived one area is compared with another.

Quintile 1 represents the most deprived 20% of the national population and quintile 5 represents the least deprived. The most deprived 20% are referred to as a 'core 20 neighbourhood'. However, it is important to note that the IMD is an area measure of deprivation and not everyone living in a deprived area will be

Good to know

For further information about the Indices of Multiple Deprivation (IMD) and what this tells us about West Sussex, visit the [visit the deprivation page on the West Sussex JSNA Website](#).

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 aged under 5, 5-15 or 16 and 17 living within their household. This briefing focuses on respondents who reported the presence of a child aged 0-17 within the household.

Why is it important to look into the health behaviours of households with children?

Childhood and adolescence are critical periods of growth and development where healthy habits and behaviours are established (Arafa, et al., 2024). There are numerous factors which can impact development such as the environments children are raised in, relationships they build and experiences they have (NSPCC Learning, n.d.). Research by Ash et al. (2017) and Agaronov et al (2018) also shows that when parents adopt

healthier behaviours, such as increased physical activity or improved dietary habits, children are more likely to mirror these behaviours themselves (Royal Society for Public Health, 2024).

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

How many people participated in the survey?

There were 6,447 survey responses with at least 1,000 from each of the five deprivation quintiles. Respondents which could not be assigned an IMD quintile ($n = 7$) were excluded from the analysis which left a final sample of 6,440 respondents.

As West Sussex is relatively less deprived than England, areas that fell among the most deprived 20% nationally were oversampled. Table 1 provides an overview of the resident population of each quintile, using 2022 ONS mid-year population estimates.

Table 1 Summary table of respondents by deprivation quintile

IMD Quintile	Number of Respondents	Overall respondents (%)	2022 MYE Population	2022 MYE Population (%)
1 (most deprived)	1,223	19%	33,325	3.7%
2	1,074	16.7%	129,057	0.8%
3	1,303	20.2%	250,932	0.5%
4	1,352	21%	198,260	0.7%
5 (least deprived)	1,488	23.1%	280,762	0.5%

Source: ONS MYE 2022 Population Estimates for LSOAs by Broad Age Groups and Sex and Your Health Matters Survey (2024).

How many respondents lived in a household with at least one child aged 0-17?

Of the 6,440 individuals who completed the survey, 1,284 (19.9%) responded that they lived in a household with one or more children aged 0-17, as shown in table 2.

Good to know

This analysis does not control for age. Therefore, households with older adults might be less likely to also contain young children

Table 2 Summary table of respondents by children aged 0-17 in household

CYP in household	Number of respondents	Total respondents	Proportion (%)
Household without a child aged 0-17	4,806	6,440	74.6%
Household with one or more child aged 0-17	1,284	6,440	19.9%
Prefer not to say	350	6,440	5.4%

Source: Your Health Matters (2024) Unweighted data.

For the remainder of the briefing, 'prefer not to say' responses were excluded.

General health

In the survey, respondents were asked to report on their general state of health from 'very good' to 'very bad'. This assessment was not based on their health over any specified period.

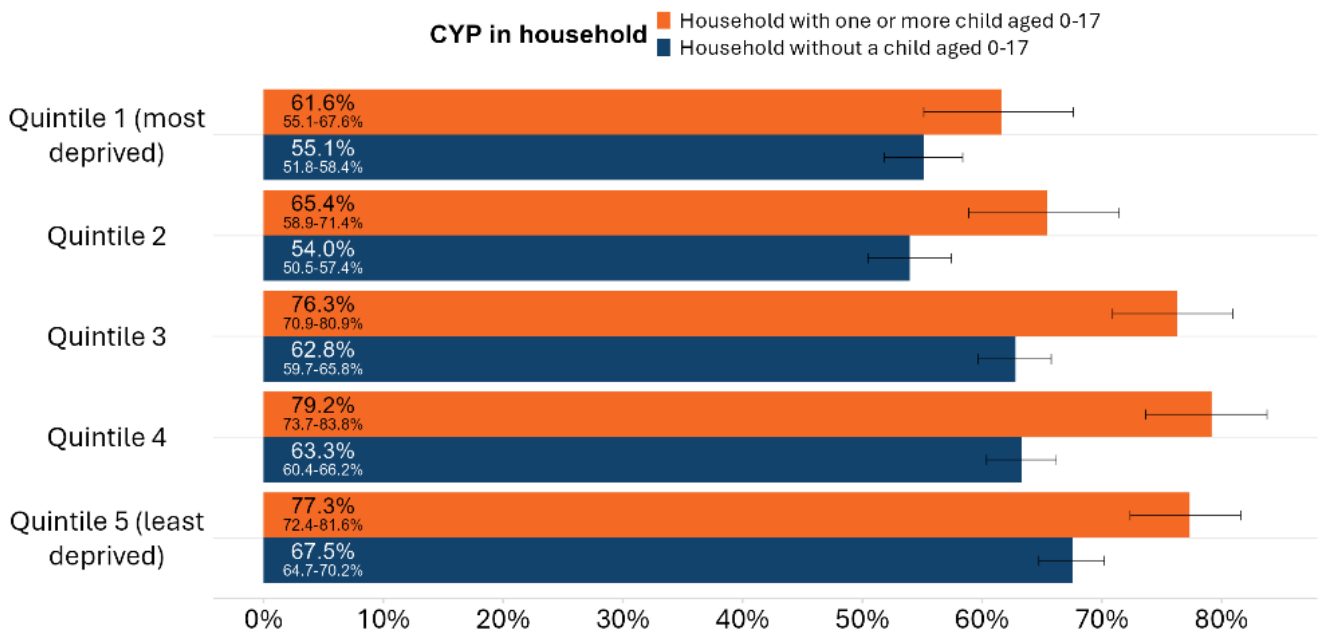
Across all deprivation quintiles, respondents in households with children were more likely to describe their health as 'good' or 'very good' compared those to households without children.

For respondents in households with children, the proportion of general health was lowest in the most deprived quintile (61.6%) and highest in the least deprived quintile (77.5%).

Differences in general health between respondents in households with and without children were statistically significant in quintiles 2, 3, 4 and the least deprived quintile.

Figure 1 Proportion of adults in 'good health' by deprivation quintile (nationally ranked) and presence of children aged 0-17 in household

Your Health Matters; 2024 unweighted data; Provisional



Note. Excludes unknown and prefer not to say.

Health behaviours

Smoking

Children exposed to second-hand smoke at home face an increased risk of respiratory infections, asthma attacks, and impaired lung development (University of Stirling, 2025).

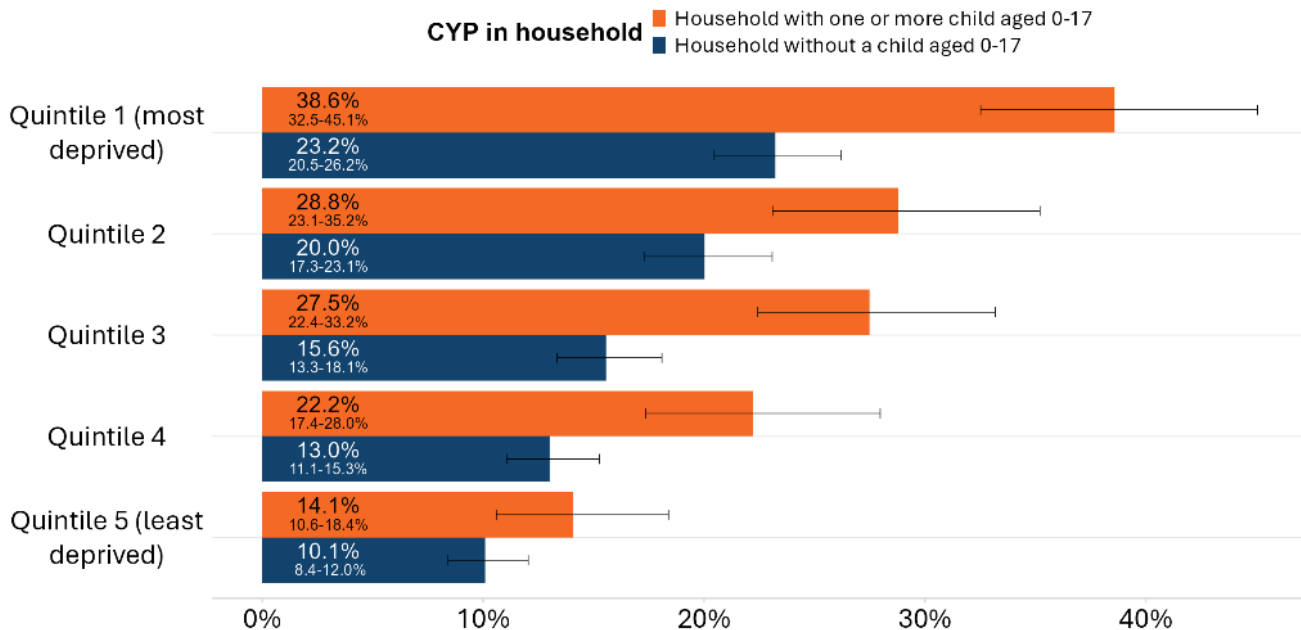
In the survey, respondents were asked how many people in their household smoked. Across all deprivation quintiles, households with children were more likely to contain at least one smoker than households without children.

For households with children, the proportion reporting a presence of a smoker was highest in the most deprived quintile (38.6%) and lowest in the least deprived quintile (14.1%), indicating a clear social gradient.

Differences in the presence of smokers amongst households with and without children were statistically significant in quintiles 1, 3 and 4.

Figure 2 Proportion of respondents in a household with at least one smoker by deprivation quintile (nationally ranked) and presence of children aged 0-17 in household

Your Health Matters; 2024 unweighted data; Provisional



Note. Excludes unknown and prefer not to say

Mental health

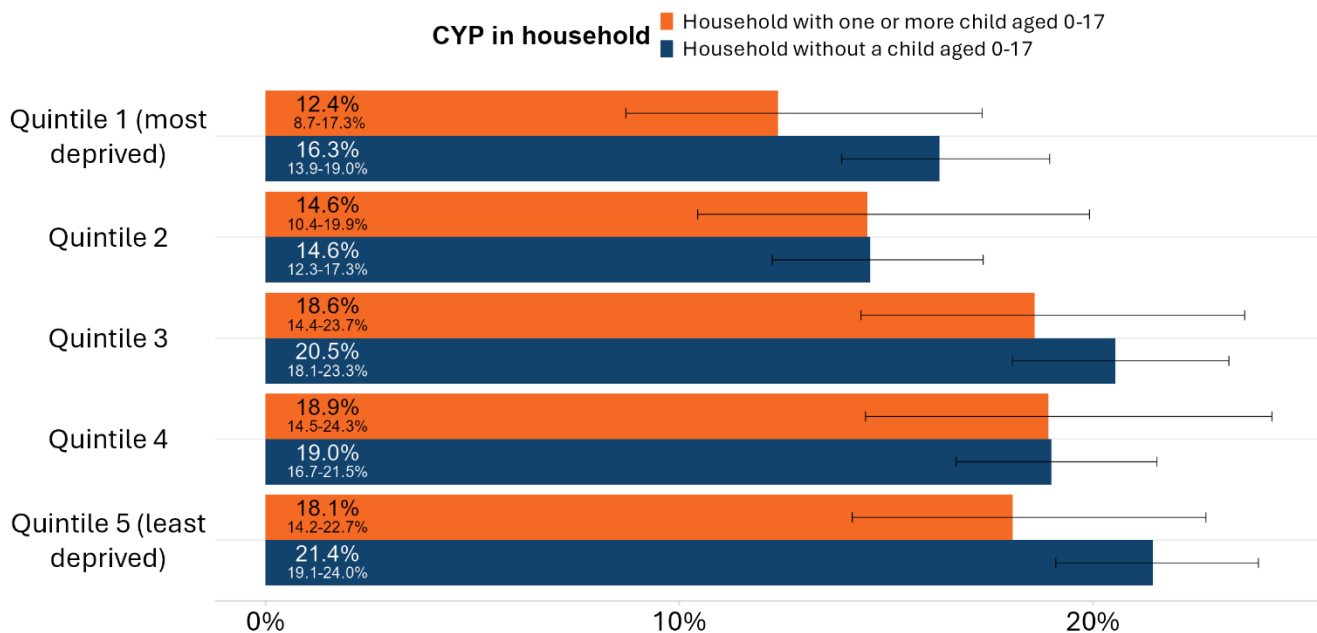
Children's development can be affected by several factors such as the emotional environment within the home, taking into account the quality of relationships between parents, availability of family support and the health and well-being of primary caregivers (NSPCC Learning, n.d.; Schmitz et al., 2024).

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 measures a range of aspects such as levels of stress, social connection, and self-confidence (Barr, et al., 2025). Scores range from 7 to 35 with a score of 27.5 or higher is generally used to indicate "high" or "good" wellbeing.

Across most quintiles, respondents in households with children were less likely to report high mental wellbeing compared to households without children. For quintile 2, this proportion was the same, regardless of whether there were children in the household or not.

For respondents in households with children, the proportion who reported high mental wellbeing ranged from 12.4% in the most deprived quintile to 18.9% in quintile 4. However, differences between households with and without children were not statistically significant.

Figure 3 Proportion of respondents who have high mental wellbeing by deprivation quintile (nationally ranked) and presence of children aged 0-17 in household



Note. Excludes unknown and prefer not to say

Excess weight

Overweight and obesity are major risk factors for several chronic diseases, including cardiovascular diseases, Type 2 diabetes, certain cancers, and musculoskeletal disorders (World Health Organization, 2025). Although the health risks caused by obesity are becoming increasingly well-documented (WHO, 2024), tackling the issue is challenging as it is impacted by numerous social, economic, biological and environmental factors that influence the way we live and behave (Blackshaw et al., 2019). One of these factors is the family environment which is considered to be particularly influential in shaping early dietary and physical activity behaviours associated with excess weight gain (Kininmonth, et al., 2022). For example, a review by Mahmood et al (2021) found that parental role modelling provided a significant influence on healthy dietary habits amongst children, including better overall diet quality and daily fruit and vegetable intake.

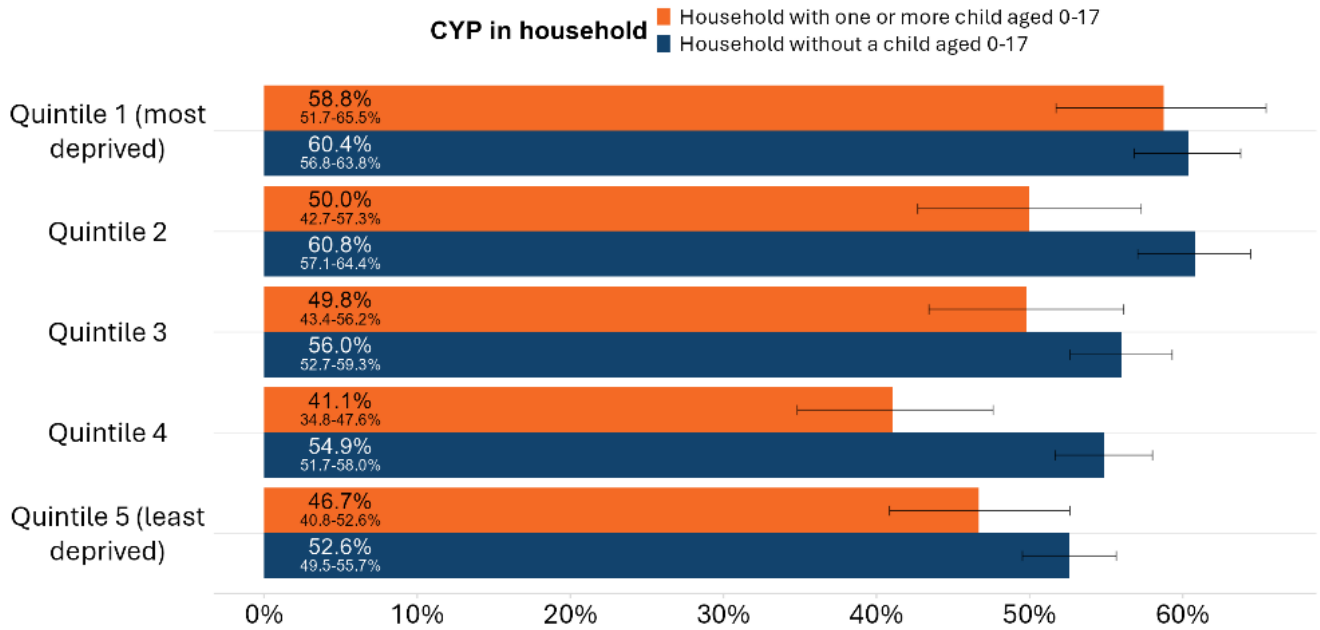
In the survey, respondents were asked to report their height and weight which can be used to calculate their body mass index (BMI), a widely used measure of obesity. BMI is calculated by the person’s weight (kg) divided by their height (in metres)². Respondents were categorised as being underweight (BMI measurement of under 18.5), a healthy weight (BMI measurement of between 18.5 and 24.9), or having excess weight which is an umbrella term for a BMI measurement of over 25 e.g., which signifies overweight or obesity (Stiebahl, 2025).

Across all quintiles, respondents in households with children were less likely to be categorised as having excess weight compared to households without children.

For respondents in households with children, the proportion categorised as having excess weight ranged from 41.1% in quintile 4 to 58.8% in the most deprived quintile.

Differences between respondents categorised as having excess weight in households with and without children were statistically significant in quintile 4.

Figure 4 Proportion of respondents who have excess weight by deprivation quintile (nationally ranked) and presence of children aged 0-17 in household; West Sussex



Note. Excludes unknown and prefer not to say

Fruit and vegetable recommendations

The World Health Organization (WHO, 2026) recommends that individuals aged ten and over should aim for at least 400g (five 80g portions) of fruit and vegetables a day. Despite the health benefits of meeting recommendations, such as a lower risk of developing heart disease, stroke and some types of cancer, only 31.3% of adults in England met recommendations in 2023/24 (OHID, 2025).

Within the home environment, parents and other caregivers play a key role in shaping children's food preferences and eating behaviours such as their fruit and vegetable intake (Jørgensen et al., 2016; Masento, et al., 2022).

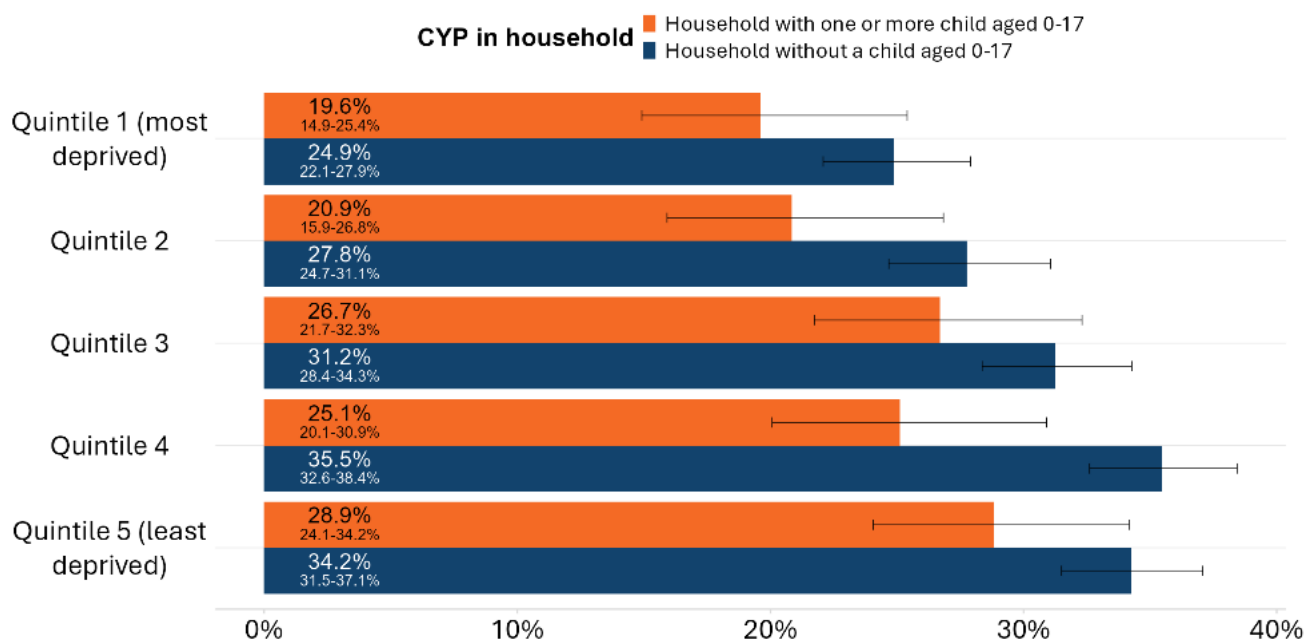
Across all quintiles, respondents in households with children were less likely to meet the recommended fruit and vegetable intake compared to households without children.

For respondents in households with children, the proportion who met recommendations ranged from 19.6% in the most deprived quintile to 28.9% in the least deprived quintile.

Differences between respondents meeting recommendations in households with and without children were statistically significant in quintile 4.

Figure 5 Proportion of respondents who met fruit and vegetable recommendations by deprivation quintile (nationally ranked) and presence of children aged 0-17 in household

Your Health Matters; 2024 unweighted data; Provisional



Note. Excludes unknown and prefer not to say

Physical activity

Regular physical activity provides significant physical and mental health benefits, contributing to the prevention and management of diseases such as cardiovascular disease, cancer and diabetes (WHO, 2024).

The UK Chief Medical Officer (CMO) provides recommendations on the frequency, intensity and duration of physical activity across different life stages (Department of Health and Social Care, 2019). According to these recommendations, adults aged 19 and older should engage in the following each week:

- At least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling)
- 75 minutes of vigorous intensity activity (such as running or swimming)
- OR a combination of moderate, vigorous and very vigorous intensity activity (DHSC, 2019).
- Muscle-strengthening activities that work all major muscle groups on at least two days a week (NHS, 2024).

Despite the well-established benefits of physical activity on physical health, mental wellbeing and quality of life (WHO, 2024), increasing physical activity is a considerable challenge. The family and home environment play an important role for promoting physical activity, providing opportunities to influence children's behaviour through role modelling, social support and the supply of equipment (McMinn et al, 2013). For example, Santos, et al (2025) found that children (aged 6-17) of inactive parents tended to be more sedentary, indicating that parental activity levels can directly influence their children's habits.

In the survey, respondents were asked to report how many minutes of moderate and vigorous physical activity they completed in an average week. Responses were then converted into 'moderate intensity equivalent minutes, using the same methodology as Sport England's Active Lives Adult Survey, and categorised by their level of activity: active, fairly active, inactive or cannot be determined. For further information on analysis relating to physical activity, [read this briefing produced by the Research Unit](#) and [accompanying technical report](#).

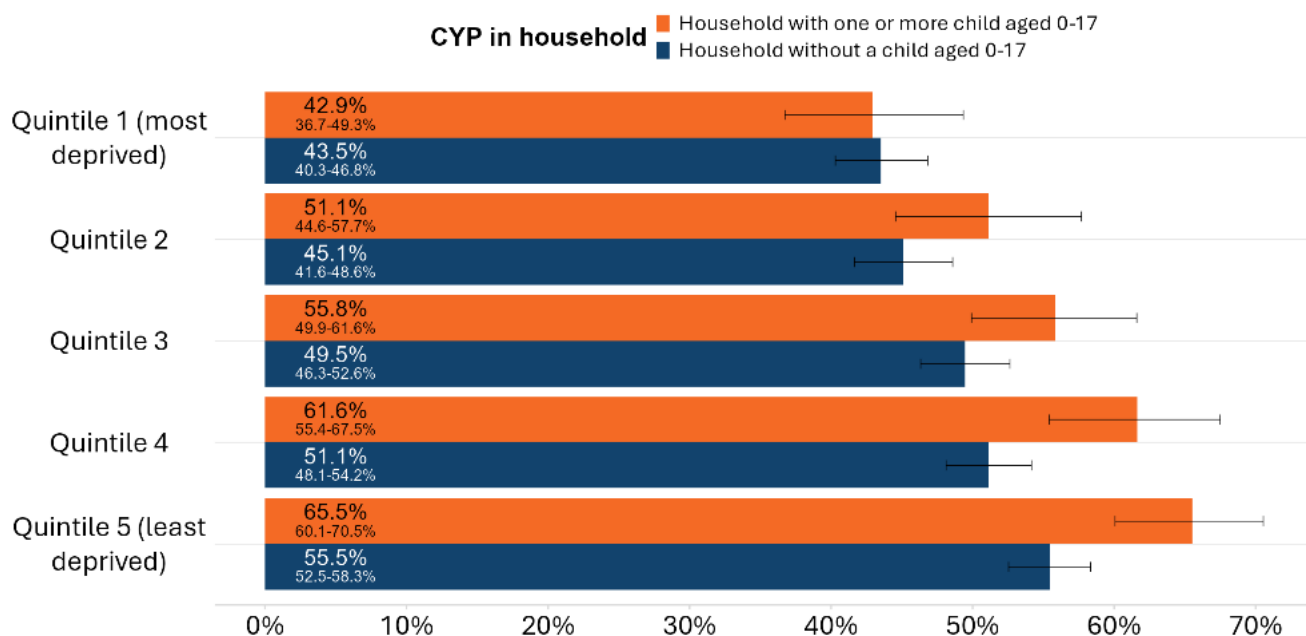
Across most quintiles, respondents in households with children were more likely to meet physical activity recommendations than households without children. In the most deprived quintile, the proportion of respondents in households with children meeting recommendations and those without children was similar (42.9% with children, 43.5% without).

For respondents in households with children, the proportion meeting recommendations ranged from 42.9% in the most deprived quintile to 65.5% in the least deprived quintile, indicating a clear social gradient. This is aligned with findings from Sport England’s Active Lives Adults Survey which highlighted gaps based on an individuals’ socio-economic group, alongside factors such as age, sex, gender, ethnicity and whether they have a disability or long-term health condition. For further information on the findings, read [Sport England’s summary of the latest Active Lives Adult Survey report for 2023/24](#).

Differences between the proportion meeting recommendations amongst households with and without children were statistically significant in quintile 4 and the least deprived quintile.

Figure 6 Proportion of respondents who met physical activity recommendations by deprivation quintile (nationally ranked) and presence of children aged 0-17 in household

Your Health Matters; 2024 unweighted data; Provisional

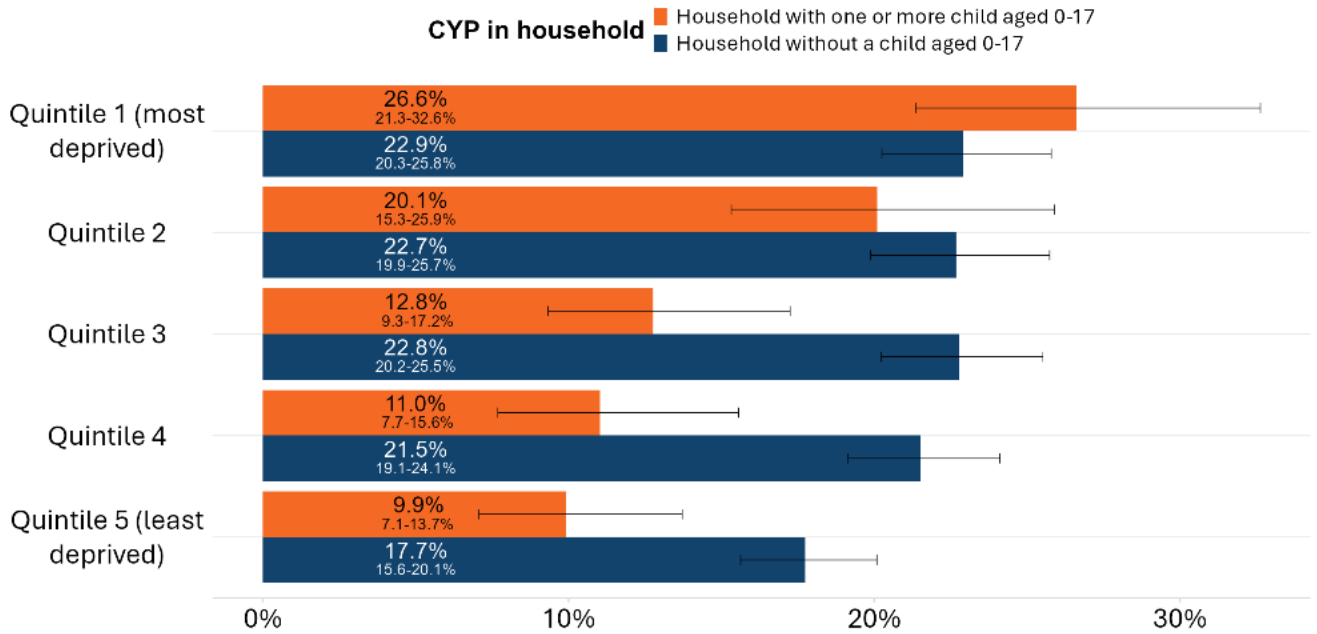


Note. Excludes unknown and prefer not to say

Over a quarter of households (26.2%) in the most deprived quintile had missing data for physical activity compared to 9.9% of households with children in the least deprived quintile. Differences between households with and without children were statistically significant in quintiles 3, 4 and the least deprived quintile.

Figure 7 Proportion of 'cannot be determined' responses by deprivation quintile (nationally ranked) and presence of children aged 0-17 in household

Your Health Matters; 2024 unweighted data; Provisional



Note. Excludes unknown and prefer not to say

Alcohol consumption

The UK CMO advises that to keep the health risks from alcohol low, adults should not regularly drink more than 14 units of alcohol per week (Department of Health & Social Care, 2025). This is equivalent to a bottle and a half of wine or five pints of export-type lager (5% alcohol by volume or 'ABV') over the course of a week. If adults drink as much as 14 units per week, it is advised that this is spread evenly over 3 days or more (Department of Health, 2016).

Regularly drinking above the recommended limits can lead to an increased risk of several health conditions including liver disease, cardiovascular disease and stroke and some types of cancer (NHS, 2022). Research also suggests that parents and carers have an important role in shaping young people's alcohol use, such as reducing the risk of early initiation and alcohol-related harms (Mitchell et al., 2022; Yap et al., 2017). For further information on the impact of alcohol on family life, [read this briefing from the Institute of Alcohol Studies](#).

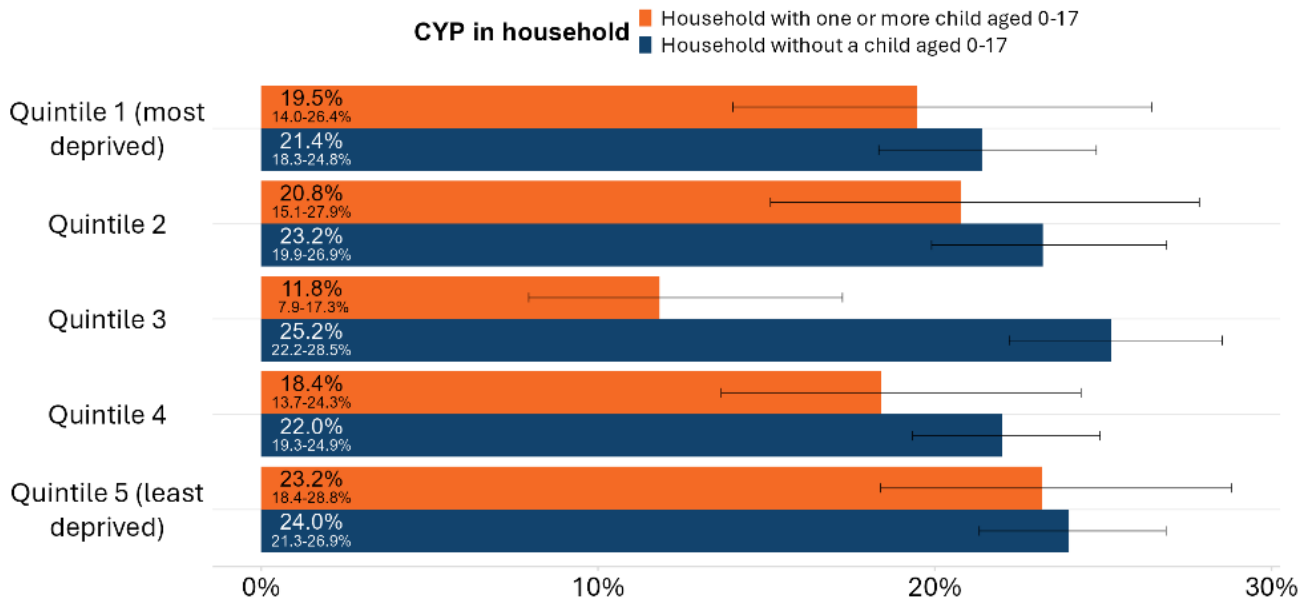
Across all quintiles, respondents in households with children were less likely to drink over the CMO recommended guidelines compared to those without children.

For respondents in households with children, the proportion drinking above the recommended limits ranged from 19.5% in the most deprived quintile to 23.2% in the least deprived quintile.

Differences between the proportion exceeding guidelines amongst households with and without children were statistically significant in quintile 3.

Figure 8 Proportion of respondents who exceeded alcohol guidelines by deprivation quintile (nationally ranked) and presence of children aged 0-17 in household

Your Health Matters; 2024 unweighted data; Provisional



Note. Excludes unknown and prefer not to say.
Excludes people who abstain from alcohol.

Conclusion

The aim of this briefing was to compare the health behaviours of households with and without children aged 0-17, based on findings from the Your Health Matters household survey, and to understand how these patterns differ across deprivation quintiles in West Sussex.

This briefing reported on differences between households with and without children aged 0-17 across quintiles and whether these differences were statistically significant (e.g., not due to chance).

Differences between respondents in households with and without children were observed across a range of health and wellbeing measures. There were some differences observed across all quintiles which gave a mixed picture – for example, respondents in households with children aged 0-17 were less likely to drink over the CMO recommended guidelines compared to those without children but also less likely meet the recommended fruit and vegetable intake across all quintiles.

Significant differences were also observed for certain health and wellbeing measures, both by quintile and across multiple quintiles. For example, the presence of a smoker amongst households with children were significant higher in quintiles 1, 3 and 4.

These insights can help to build a better understanding of how health behaviours can vary for families and identify areas where further support might be needed across the county.

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