Government of **Western Australia**
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Health and wellbeing of children in Western Australia 2024

Epidemiology Directorate

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Executive summary

The Health and Wellbeing Surveillance System is a continuous data collection initiated in 2002 to monitor the health status of the population of Western Australia. In 2024, 629 children aged 0 to 15 years had a computer assisted telephone interview or an online survey completed on their behalf by a parent or carer between February and December. The sample was randomly selected and weighted to reflect the Western Australian child population.

This report describes the findings from the 2024 Health and Wellbeing Surveillance System and provides the health sector and the general public with important information about various aspects of the health and wellbeing of Western Australian children and adolescents. Key findings from the report are as follow:

General health:

- The majority (83.5%) of parents/carers reported that their child's health status was 'excellent' or 'very good'.
- Approximately an eighth (12.4%) of children were reported to live with a disability that impacts the family. Of those children, 40.5% of parents/carers reported there was a 'big impact' or a 'very big impact' on the family.

Chronic health conditions:

- Approximately 7.6% of children were reported to have current asthma.
- Approximately three out of ten (29.6%) children were reported to have sustained an injury in the past 12 months that required treatment from a health professional.

Lifestyle behaviours:

- Over three quarters (75.4%) of children were reported to eat sufficient daily serves of fruit; however, only 10.9% of children were reported to eat sufficient daily serves of vegetables.
- 54.3% and 44.9% of children consumed sweet baked snacks and salty snacks at least three times per week, respectively.
- 61.1% of children were reported to never or rarely consume sugar sweetened soft drinks (including energy drinks); and 8.5% of children consumed sugar-sweetened drinks three or more times a week.
- At least seven in ten children (72.9%) aged 5 to 15 years had their weekly physical activity reported as 'active' or 'very active' by their parents/carers.
- Over half (56.1%) children were reported to have met the Australian sedentary behaviour guideline for electronic media use.

- Approximately a quarter (25.1%) of children aged 5 to 15 years had a Body Mass Index (BMI) classified as overweight or obese. However, almost three quarters (72.7%) of children living with overweight or obesity had parents or carers who perceived their child's weight as within a healthy range.
- Children were reported to have experienced sunburn on average 1.7 times in the past twelve months.
  Almost two in three (64.0%) children slept the recommended number of hours per night.

Health service utilisation:

- Over eight in ten (84.6%) children had used a primary health service within the past 12 months, averaging 3.4 visits over the period.
- Less than two in three (65.9%) children had used dental health services, and 15.3% children had used mental health services in the past 12 months.

Mental health:

- More than half (54.1%) of children were reported by parents/carers as having experienced some degree of trouble with emotions, concentration, behaviour or getting on with people, with one in six (18.5%) children reported having had 'quite a lot of trouble' or 'very much' trouble.
- Of the 54.1% children reported as having any degree of trouble with emotions, concentration, behaviour or getting on with people, 46.8% of these children were reported to receive special help or treatment.
- Approximately 16.5% of children were reported to have ever been treated for an emotional or mental health condition.
- Over one in three (37.1%) children were reported as having been bullied in the past 12 months, with 8.9% of children reported as to have bullied other children. 6.1% of children were reported to have both bullied other children as well as having experienced being bullyied during the study period.

School connectedness:

- More than three quarters (78.2%) of children were reported to be doing 'very well' or 'well' at school overall based on their schoolwork and reports in the past 12 months.

Family functioning:

- Approximately two in three (68.8%) children were estimated to live in a family where it was strongly disagreed that the family does not usually get on well together.
- More than one in seven (13.5%) children lived in a family with poor family functioning

Mental health conditions among respondents for children:

- Approximately a quarter of (25.1%) parents/carers reported that they have been told by a doctor that they had depression, anxiety, stress or another mental health condition in the past 12 months.

INTRODUCTION AND METHODOLOGY

1. Introduction and methodology

1.1 Introduction

The WA Health and Wellbeing Surveillance System (HWSS) is a continuous data collection system developed to monitor the health and wellbeing of Western Australians. Beginning in March 2002, the HWSS is run on a continual basis where thousands of people throughout Western Australia (WA) are interviewed each year. This report presents information on the health and wellbeing of Western Australian children aged 0 to 15 years via a random sample of 629 taken during 2024 and is based on self-reported data collected from each child's parent/carer.

Information from the survey is used to monitor the health status of Western Australian children, inform health education programs, evaluate interventions and programs, inform health research, support health policy development, identify and monitor emerging trends, and support health service planning and development. Respondents are asked questions on a range of health and wellbeing topics, including chronic health conditions, lifestyle risk factors, protective factors, health service utilisation, mental health and socio-demographics.

The questions included in the HWSS are selected to provide information about either state or national indicators of health and wellbeing, or areas of health, lifestyle and demography that are not available elsewhere. These questions are necessary to understand the dynamics of healthy behaviours and outcomes among Western Australian children. A copy of the questionnaire is available on the WA Department of Health website https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys.

An important feature of this surveillance system is that it is population-based, meaning that it is designed to examine health status at the population-level. Although major socio-demographic group estimates are possible, it is not the purpose of the system to investigate smaller population subgroups. Therefore, the information provided in this report is representative of Western Australian children by age and sex; but it is unlikely to be reliably representative of small or specific groups within the population such as Aboriginal people, culturally and linguistically diverse (CaLD) populations, people who are experiencing homelessness or those without telephones/internet access.

The HWSS has been approved by the WA Department of Health's Human Research Ethics Committee (approval no. EC00422).

1.2 Changes to the availability of trend data from 2002 onwards

From 2021 onwards, trend data has not been included in HWSS annual reports, due to the large amount of information that would need to be added and a change in weighting method. Trend data remain an important feature of the HWSS and are currently available as an interactive online resource on the Epidemiology Directorate website Western Australia Health and Wellbeing Surveillance System trend dashboard.

1.3 Methodology

1.3.1 Sampling and mode of administration

A random sample of individuals from the sample frame of SamplePages, a provider of phone number samples, was used for contacting survey respondents in 2024. All lists maintained by SamplePages were used to contact a sample of potential respondents by invitation letters each month. Two survey administration modes, online and computer-assisted telephone interview (CATI), were used. Respondents were invited to respond to the survey online with a link and unique key provided in the invitation letter during a 10-day period, after which they were followed up for CATI. Within each contacted household, the individual with the next birthday was asked to complete the survey. If the selected person was a child, the survey was completed by a parent or carer on their behalf.

All data was collected from February to December 2024 by the Edith Cowan University Survey Research Centre, an ISO accredited social research agency.

1.3.2 Weighting and analysis of data

Surveys such as the HWSS are designed to provide information at a population level, for example to inform what proportion of the population have a particular characteristic. Most surveys, however, will only collect information from a sample of the target population. This raw data is then weighted to represent the population from which it was drawn, with each person given a weight which can be thought of as the number of people they represent.

In 2024, the HWSS data was weighted to adjust the proportions of certain demographic characteristics (ie, sex, age group, residential location and country of birth) of the respondents so that they matched the corresponding proportions of populations aged 0 to 15 years in the total WA population, based on the usual place of residence from the Australian Bureau of Statistics 2021 Census (**Table 1**). This weighting method is known as raked weighting, (also raking, iterative proportional fitting, or rim weighting) and allows the derivation of precise weights, by adjusting for non-response bias and respondent biases better than weights produced by design and post-

stratification weighting methods[1]. Weights were calculated using the RAKE module in SPSS 24 and were trimmed at an upper limit. The 2024 data were raked using the WA estimated resident population for 2023 and the 2021 Census proportions for WA as listed below.

Table 1: Demographic characteristics used in raked weighting

Characteristic	Categories
Sex	• Female • Male
Age group	• 0-4; 5-9; 10-15 years
Location	• Metro • Kimberley and Pilbara • Rest of State
Country of Birth	• Born in Australia • Born in other country

Data was then analysed in SAS Enterprise Guide 8.1. This raked weighting method differs from the design and post-stratification weighting method previously reported for HWSS estimates. Therefore, direct comparisons with previous HWSS reports (2002-2020) are not recommended.

1.3.3 Mode differences

No adjustments were made for the effects of the different data collection modes, such as online and CATI for the following reasons:

- Applying corrections to correct for mode differences unilaterally would impact on characteristics with no mode effect.

[1] Dal Grande et al. 2015. Health estimates using survey raked-weighting techniques in an Australian population health surveillance system. *American Journal of Epidemiology*. 182(6):544-556.

- Specific adjustments for mode for individual topics would add considerable burden due to the statistical processing, analysis and interpretation of the data required.[2]

1.3.4 Survey response

A total of 76,922 households were contacted, of which 45.2% were eligible, 15.5% were ineligible and 39.3% had unknown eligibility. Of 34,732 eligible households, 13,780 surveys were completed, resulting in an overall participation rate of 39.7%. This included 629 children (4.6%) and 13,151 adults (94.6%). The full breakdown of the response rates for the CATI and online surveys is presented in

Figure 1. The data presented in this report are based on 629 Western Australian children aged 0 to 15 years that were sampled from all Western Australian children for the same age range.

[2] Olsen K et al. 2021. Transitions from telephone surveys to self-administered and mixed-mode surveys: AAPOR Task Force Report. *Journal of Survey Statistics and Methodology* 9(3):381–411.

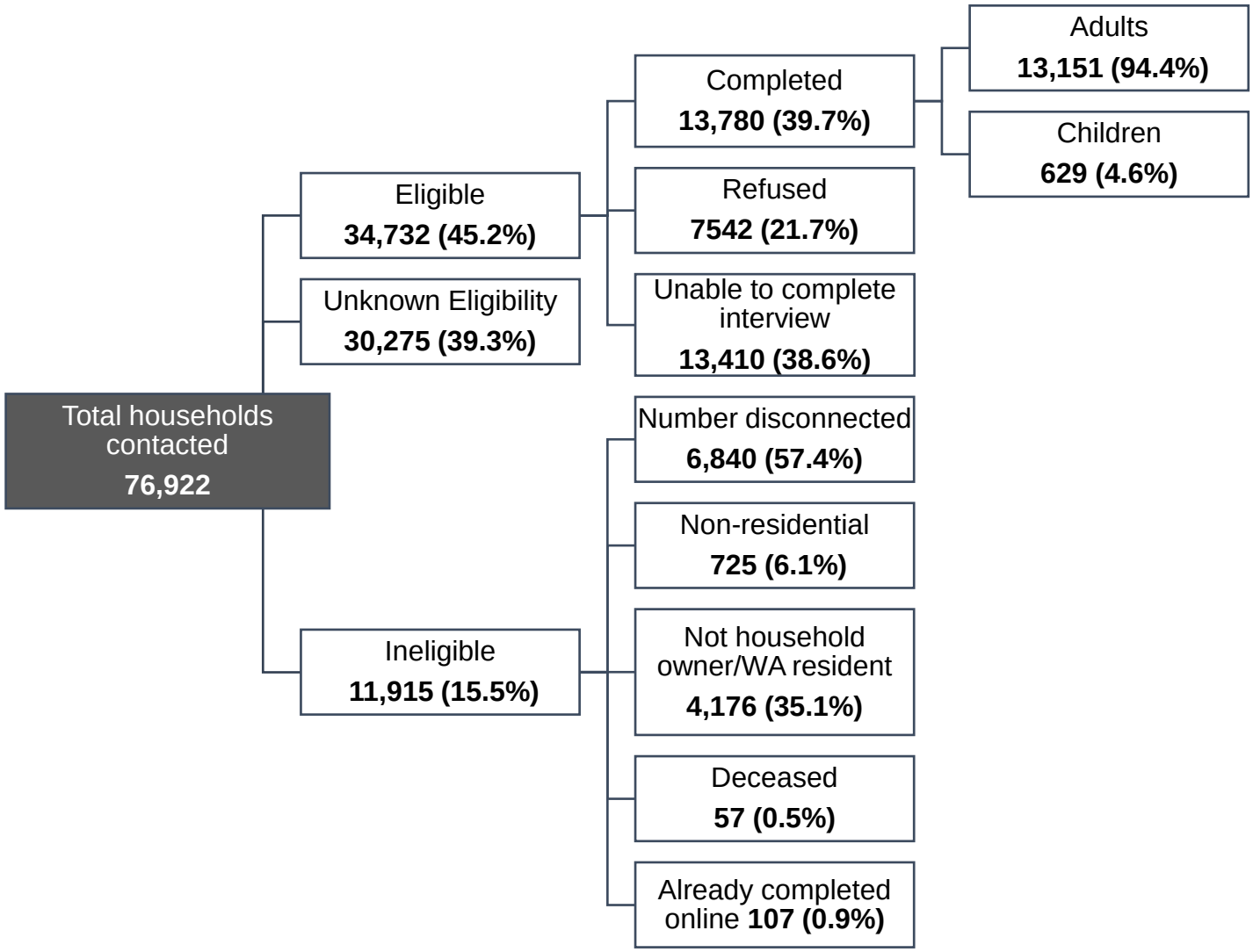

Figure 1: Flowchart of responses to the HWSS survey and response rates, 2024

1.4 How estimates are reported

1.4.1 Percentage and prevalence

The information in this report is presented either as a percentage of the population who have a particular risk factor or demographic characteristic, or as the prevalence of a particular health condition within the child and adolescent population. Prevalence refers to the number or proportion of individuals in a community who exhibit a given condition or characteristic and is usually expressed as a percentage. Prevalence is distinct from incidence, which is a measure of the number of new cases of a condition or characteristic. Prevalence is concerned with all individuals with a given condition or characteristic regardless of when it began. Incidence refers only to new cases of a condition or characteristic during a specified time period. Surveys generally do not collect or report on incidence of disease.

There are three main types of prevalence that are typically reported.

- Lifetime prevalence represents the proportion of the population that have ever exhibited a given condition or characteristic.
- Period prevalence represents the proportion of the population who have exhibited a condition or characteristic within a specified time interval, for example 12 months.
- Point prevalence represents the proportion of the population who exhibited a condition or characteristic at the time of the survey.

In this report, most of the prevalence estimates are presented as period prevalence. In some cases, such as with asthma, lifetime and point prevalence are reported. This is because a child may have had asthma at some point in their life but not have it currently.

1.4.2 Confidence intervals

Survey results are estimates of ‘true’ population values and will always contain some error because they are based on samples and not the entire population. Therefore, each table presents both a prevalence figure for a given condition or characteristic as well as a 95 per cent confidence interval for that estimate. The 95 per cent confidence interval (CI) is the range within which the true estimate would lie 95 out of 100 times. The wider the CI is around an estimate, the less precise the estimate is, and the more caution that should be applied when using it.

One way to compare two prevalence estimates is to assess whether the difference between them is statistically significant. Statistical significance is a statement about the likelihood of a finding being due to chance. CIs can be used to determine statistical significance. If the confidence intervals for the two prevalence estimates do not overlap, then the estimates are considered significantly different.

When the confidence intervals of the estimates do overlap, the estimates are deemed similar. However, this should be considered a guide only and a formal test of statistical significance would be required to arrive at a statistically credible conclusion.

Along with helping to determine statistically significant differences, CIs can also be used as a measure of the level of stability around an estimate. The level of stability around an estimate can also be guided by the relative standard error (RSE). The RSE is a measure of the extent to which the survey estimate is likely to be different from the actual population result.

For example, in this report, wide CIs or high RSEs can be present for younger age groups (for example, 0 to 4 years) with certain chronic health conditions, because they are less likely to be present and detectable at younger ages. It is also possible to see wide CIs and high RSEs for some survey questions that have multiple response options (say, four or more), for example, levels of physical activity and fast food intake.

Therefore, throughout this report, estimates with RSEs between 25 per cent and 50 per cent have been annotated by an asterisk (*) and should be used with caution. Estimates with RSEs above 50 per cent are considered unreliable for general use and have been withheld.

1.5 Using this report

This report is intended to be a reference document and therefore contains little interpretative text. The CIs should be used to determine statistical significance. If more detailed information is required or interpretation needed, please contact the Health and Wellbeing Survey team, Epidemiology Directorate, WA Department of Health via email DOH.HWSS@health.wa.gov.au.

DEMOGRAPHICS

2. Demographics

In 2024, a total of 629 Western Australian children aged 0 to 15 years participated in the HWSS survey. The demographic and socioeconomic characteristics of the child sample that participated in the 2024 HWSS collection period is shown in **Table 2** and **Table 3**. Tables 1-3 show the unweighted sample number for each group and the weighted population prevalence estimate expressed as a percentage. **Table 4** shows the demographic characteristics of the parent/carer responding on behalf of the child and **Table 5** shows the demographic characteristics of the partner of the respondent.

Of the 629 children included in this report:

- there were slightly more males (51.2%) than females (48.8%)
- the majority (86.7%) were born in Australia
- the majority (67.2%) were living in metropolitan areas
- 5.2% identified as Aboriginal or Torres Strait Islander
- the relationship of the respondent to the child was most commonly the mother (71.0%)

Table 2: Demographic characteristics, 0 to 15 years, HWSS 2024

	Unweighted sample (n)*	Weighted survey sample (%)
Sample frame Data collection mode		
CATI	489	78.2
Online	140	21.8
Age group		
0 to 4 yrs	134	29.8
5 to 9 yrs	192	32.1
10 to 15 yrs	303	38.0
Sex		
Males	307	51.2
Females	322	48.8
Australian born		
Yes	582	86.7
No	31	13.3
Aboriginal or Torres Strait Islander		
Yes	31	5.2
No	577	94.8
Relationship of respondent to child		
Mother	451	71.0
Father	151	24.8
Other	27	4.2
Area of residence		
Metropolitan	341	67.2
Country	288	32.8

*Numbers may not add up to total sample or 100 per cent due to refusal and “don’t know” responses.

Table 3: Socioeconomic characteristics, 0 to 15 years, HWSS 2024

	Unweighted sample (n)	Weighted survey sample (%)
Current living arrangement		
Family with a child or children living with biological or adoptive parents	493	80.5
Step or blended family	29	3.7
Sole parent family	71	10.7
Other family structure	36	5.0
Household income		
Under $40,000	32	3.7
$40,001 to $80,000	53	7.0
$80,001 to $120,000	104	17.1
$120,001 to $160,000	122	22.7
$160,001 to $200,000	106	17.7
More than $200,0000	174	31.7
Household spending		
Spend more money than earn/get	18	2.4
Have just enough money to get by	96	14.0
Spend left over money	30	4.7
Save a bit every now and then	181	29.6
Save some regularly	223	36.9
Save a lot	70	12.4
Have private health insurance		
Yes	488	80.5
No	129	19.5

Numbers may not add up to total sample or 100 per cent due to refusal and “don’t know” responses.

Table 4: Demographic characteristics of the parents/carers that responded on behalf of children, HWSS 2024

	Unweighted sample (n)	Unweighted per cent (%)
Aboriginal or Torres Strait Islander		
Yes	24	3.8
No	601	96.2
Highest level of education		
Less than Year 10	9	1.4
Year 10 or Year 11	34	5.4
Year 12	48	7.7
TAFE/Trade qualification	272	43.4
Tertiary degree or equivalent	264	42.1
Employment status		
Employed	526	84.0
Unemployed	21	3.4
Engaged in home duties	56	9.0
Other	23	3.68
Child's mother is Australian born		
Yes	436	69.7
No	190	30.4
Child's father is Australian born		
Yes	424	68.3
No	197	31.7
Working away (fly-in fly-out) (a)		
Yes	40	7.6
No	486	92.4
Shift worker (a)		
Yes	38	7.8
No	447	92.2
Possess a government health care card		
Yes	92	14.7
No	535	85.3
Share home with a partner		
Yes	495	85.3
No	85	14.7

(a) Of parents/carers for children who are currently employed.

* Numbers may not add up to total sample or 100% due to refusal and "don't know" responses.

Table 5: Demographic characteristics of the partners of the parents/carers, HWSS 2024

	Unweighted sample (n)	Unweighted per cent (%)
Partner is Aboriginal or Torres Strait Islander		
Yes	27	5.3
No	484	94.7
Partner highest level of education		
Less than Year 10	6	1.2
Year 10 or Year 11	33	6.5
Year 12	49	9.7
TAFE/Trade qualification	237	46.7
Tertiary degree or equivalent	183	36.0
Partner employment status		
Employed	470	92.0
Unemployed	N/A	N/A
Engaged in home duties	24	4.7
Other	14	2.7
Partner working away (fly-in fly-out) (a)		
Yes	75	16.0
No	394	84.0
Partner shift worker (a)		
Yes	34	8.7
No	359	91.4

(a) Of partners of respondents for children who are currently employed.
* Numbers may not add up to total sample or 100% due to refusal and “don’t know” responses.

GENERAL HEALTH

3. General health

This section focuses on parent/carer reported child health status, children living with a disability and the impact on the family.

83.5%

of Western Australian children had their current health status reported as ‘excellent’ or ‘very good’

12.4%

Western Australian children were reported to be living with a disability that impacts the family

3.1 Self-reported health status

Parents/carers of children were asked to rate their child's general health, including their current health status.

- More than eight out of ten (83.5%) parents/carers reported their child's current health status as 'excellent' or 'very good' (**Table 6**).

Table 6: Child health status, 0 to 15 years, HWSS 2024

	Excellent		Very good		Good		Fair / Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
0 to 4 years	55.1	(45.9-64.3)	36.3	(27.3-45.4)	6.8 *	(2.4-11.1)	N/A	(N/A-N/A)
5 to 9 years	50.6	(42.5-58.6)	29.3	(21.9-36.7)	16.3	(10.8-21.8)	3.8 *	(1.2-6.5)
10 to 15 years	51.8	(45.0-58.6)	28.7	(22.7-34.8)	14.2	(10.0-18.4)	5.2 *	(2.4-8.1)
Sex								
Females	56.4	(50.2-62.6)	25.1	(19.9-30.4)	14.6	(10.5-18.7)	3.9 *	(1.6-6.3)
Males	48.6	(42.0-55.2)	36.9	(30.4-43.4)	10.9	(7.3-14.5)	3.6 *	(1.6-5.7)
Children	52.4	(47.8-57.0)	31.1	(26.9-35.4)	12.7	(10.0-15.4)	3.8	(2.2-5.3)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered unreliable for general use.

3.2 Disability

Parents/carers of children were asked whether their children live with a disability that impacts the family.

- One in ten (12.4%) children were reported to live with a disability that impacts the family (**Table 7**).

Table 7: Children living with a disability that impacts the family, 0 to 15 years, HWSS 2024

	Children living with a disability that impacts the family	
	%	95% CI
Age group (years)		
0 to 4	7.1 *	(1.3-12.9)
5 to 9	13.9	(8.8-19.1)
10 to 15	15.3	(10.7-20.0)
Sex		
Females	8.7	(5.5-11.8)
Males	16.1	(11.2-21.0)
Children	12.4	(9.5-15.4)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

Parents/carers of children that answered ‘yes’ to their children living with a disability that impacts the family, were asked how much of an impact this had for them personally or for their family.

- Of those parents/carers with a child living with a disability that impacts the family, approximately one in four (40.5%) reported that it had a ‘big impact’ or ‘very big impact’ on themselves or their family **(Table 8)**.

Table 8: Rating of the impact of a child living with a disability on the family, 0 to 15 years, HWSS 2024

	Not much of an impact		Some impact		A fairly big impact		A big impact / A very big impact	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Children	N/A	(N/A-N/A)	25.1	(14.4-35.8)	23.6	(13.4-33.7)	40.5	(28.1-52.8)

N/A: Prevalence estimate has an RSE greater than 50% and is considered unreliable for general use.

HEALTH CONDITIONS

4. Health conditions

In the HWSS, prevalence of certain health conditions was determined by asking parents/carers whether a doctor had ever diagnosed their children with certain health conditions. This section will focus on two health conditions: asthma and injury.

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7.6%

of Western Australian children were reported to currently have asthma

29.6%

of Western Australian children were reported to have an injury requiring treatment from a health professional

4.1 Asthma

Parents/carers of children were asked whether a doctor had ever told them that their children had asthma and whether their child had symptoms or had taken treatment for asthma during the past 12 months (current).

- Approximately one in 13 (7.6%) Western Australian children were reported to have current asthma (**Table 9**).

Table 9: Prevalence of children with asthma, 0 to 15 years, HWSS 2024

	Lifetime (a)		Current (b)	
	%	95% CI	%	95% CI
Age group				
0 to 4 years	6.3 *	(1.6-10.9)	5.9 *	(1.3-10.5)
5 to 9 years	12.0	(6.3-17.7)	8.2 *	(3.0-13.4)
10 to 15 years	15.0	(10.2-19.8)	8.4	(5.0-11.8)
Sex				
Females	10.4	(6.7-14.1)	5.9	(3.0-8.8)
Males	12.4	(7.9-17.0)	9.2	(5.1-13.2)
Children	11.4	(8.5-14.4)	7.6	(5.1-10.1)

(a) Children whose parent/carer reported they had been told by a doctor or nurse that the child had asthma (ever).

(b) Children whose parent/carer reported the child has had symptoms of, or treatment for, asthma in the last 12 months.

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

4.2 Injury

Parents/carers of children were asked whether their child had an injury in the past 12 months that required treatment from a health professional.

- Nearly three in ten (29.6%) children in Western Australia had sustained an injury that required treatment from a health professional in the past 12 months (**Table 10**).

Table 10: Prevalence of children who had an injury requiring health professional treatment, 0 to 15 years, HWSS 2024

	Children with injuries	
	%	95% CI
Age group		
0 to 4 years	22.0	(14.6-29.4)
5 to 9 years	26.7	(19.1-34.2)
10 to 15 years	38.1	(31.5-44.7)
Sex		
Females	28.0	(22.3-33.7)
Males	31.2	(25.2-37.2)
Children	29.6	(25.5-33.8)

The mean number of injuries that required treatment from a health professional in the past 12 months is shown in **Table 11**. It is possible to have a mean number of injuries that is less than one as most children did not experience any injury in the past 12 months.

- The mean number of injuries that required treatment from a health professional in the past 12 months was 0.5 injuries (**Table 11**).

Table 11: Mean number of injuries, 0 to 15 years, HWSS 2024

	Number of injuries	
	Mean	95% CI
Age group		
0 to 4 years	0.4 *	(0.2-0.7)
5 to 9 years	0.4	(0.3-0.6)
10 to 15 years	0.6	(0.5-0.8)
Sex		
Females	0.5	(0.3-0.6)
Males	0.6	(0.4-0.8)
Children	0.5	(0.4-0.6)

* mean estimate has an RSE between 25%-50% and should be used with caution.

LIFESTYLE BEHAVIOURS

5. Lifestyle behaviours

Lifestyle behaviours can have a positive effect on health such as being breastfed or consumption of fruit and vegetables; or a negative effect such as physical inactivity, being exposed to cigarette smoke or unprotected sun exposure. This section will focus on the following lifestyle behaviours:

- Breastfeeding
- Nutrition
- Physical activity and sedentary behaviour
- Body Mass Index classification
- Smoking in the home
- Sun protection and
- Sleep.

89.7%

of Western Australian children aged 0 to 4 years had received some breastmilk in their lifetime

17.9%

of Western Australian children aged 2 to 15 years consumed low/ reduced fat/ skim milk

75.4%

of Western Australian children met the recommended minimum daily intake for fruit

10.9%

of Western Australian children met the recommended minimum daily intake for vegetables

16.4%

of Western Australian children did physical activity for 7 or more 60-minute sessions per week

36.0%

of Western Australian children slept less than the recommended number of hours on a usual night

6.2%

of Western Australian children ate fast food meals three times or more a week

8.5%

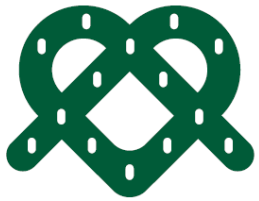
of Western Australian children drank sugar sweetened soft-drinks or energy drinks three times or more a week

13.2%

of Western Australian children ate fried potato products three times or more a week

54.3%

of Western Australian children ate sweet snacks three times or more a week



44.9%

of Western Australian children ate salty snacks three times or more a week

33.8%

of Western Australian children ate processed meats three times or more a week

5.1 Breastfeeding

Australia's national infant feeding guidelines recommend exclusive breastfeeding for infants until six months of age with the introduction of solid food at around six months and continued breastfeeding until at least twelve months.[3]

Parents/carers were asked if their child was breastfed, and if so, how long their child received breast milk for, as well as at what age they introduced water, infant formula, other liquids, and solid foods. Due to the increased risk of recall bias for parents/carers answering questions on early childhood events on behalf of older children, questions were only asked of parents/carers with children aged 0 to 4 years at the time of the interview in 2024.

In 2024, there were 133 respondents with children aged 0 to 4 years who could provide information on breastfeeding.

- In 2024, 89.7% of Western Australian children aged 0 to 4 years had received some breastmilk in their lifetime.

[3] National Health and Medical Research Council, 2012, Infant Feeding Guidelines: Information for health workers, NHMRC, Canberra, ACT. Available from: https://www.nhmrc.gov.au/file/3341/download?token=RqAoE51K.

5.2 Nutrition

5.2.1 Fruit and Vegetables

Parents/carers were asked to report how many serves of fruit and vegetables their child usually eats each day. A serve of fruit is equal to one medium piece, two small pieces or a cup of diced fruit. A serve of vegetables is equal to half a cup of cooked vegetables or one cup of salad. As the consumption of half serves was not captured in the questions currently asked in the HWSS, for the purposes of reporting, the recommended number of serves were rounded down to the nearest whole number. The current Australian Dietary Guidelines published in 2013 by the National Health and Medical Research Council (NHMRC) are presented in Table 12.[4]

Table 12: NHMRC Australian Dietary Guidelines (2013) for fruit and vegetable daily consumption and HWSS reporting definitions, 2 to 15 years

Age group (in years)	Minimum recommended serves of fruit per day – Dietary Guideline	Minimum recommend serves of vegetables per day – Dietary Guideline		Minimum serves of fruit and vegetables per day for HWSS reporting	
	Children	Females	Males	Fruit	Vegetables
2 to 3	1	2.5	2.5	1	2
4 to 8	1.5	4.5	4.5	1	4
9 to 11	2	5	5	2	5
12 to 15	2	5	5.5	2	5

[4] National Health and Medical Research Council, 2013, Australian Dietary Guidelines, p42, NHMRC, Canberra, ACT. Available from: https://www.nhmrc.gov.au/guidelines-publications/n55.

- In 2024, 63.6% of children were reported to eat two or more serves of fruit daily (**Table 13**).
- However, 8.2% of children reportedly eat no fruit, or eat less than one serve of fruit, per day.
- While 79.1% children aged 2 to 4 years of age were reported to eat two of more serves of fruit daily, this was reduced to 64.3% for children 5 to 9 years, and decreased further to 54.0% for children 10 to 15 years of age.

Table 13: Number of serves of fruit consumed daily, 2 to 15 years, HWSS 2024

	Doesn't eat fruit/ Eats less than one serve of fruit daily		Eats one serve of fruit daily		Eats two or more serves of fruit daily	
	%	95% CI	%	95% CI	%	95% CI
Age group						
2 to 4 years	5.1 *	(0.8-9.3)	15.8	(8.3-23.3)	79.1	(70.8-87.5)
5 to 9 years	4.8 *	(1.3-8.2)	31.0	(23.2-38.7)	64.3	(56.3-72.2)
10 to 15 years	12.8	(8.2-17.5)	33.1	(26.7-39.5)	54.0	(47.2-60.9)
Sex						
Females	6.3 *	(3.0-9.6)	29.8	(23.7-35.8)	63.9	(57.5-70.3)
Males	9.9	(6.1-13.7)	26.8	(20.9-32.8)	63.3	(56.8-69.8)
Children	8.2	(5.6-10.7)	28.3	(24.0-32.5)	63.6	(59.0-68.1)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

- In 2024, less than a quarter (22.5%) children aged 2 to 15 years were reported to eat three or more serves of vegetables daily (**Table 14**).
- More than one in ten (11.5%) of children reportedly ate zero or less than one serve of vegetables per day.

Table 14: Serves of vegetables consumed daily, 2 to 15 years, HWSS 2024

	Doesn't eat vegetables / Eats less than one serve of vegetables daily		Eats one serve of vegetables daily		Eats two serves of vegetables daily		Eats three or more serves of vegetables daily	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
2 to 4 years	9.3 *	(2.9-15.6)	40.7	(29.9-51.4)	36.2	(26.0-46.5)	13.9 *	(6.6-21.1)
5 to 9 years	11.8	(6.0-17.6)	35.9	(28.0-43.8)	30.1	(22.8-37.4)	22.1	(15.9-28.4)
10 to 15 years	12.5	(8.1-17.0)	30.5	(24.0-36.9)	29.4	(23.0-35.8)	27.6	(21.7-33.5)
Sex								
Females	8.0	(4.5-11.4)	33.8	(27.5-40.2)	33.7	(27.3-40.0)	24.5	(19.0-30.0)
Males	14.8	(9.8-19.9)	35.7	(29.0-42.3)	29.0	(22.9-35.0)	20.5	(15.5-25.6)
Children	11.5	(8.4-14.6)	34.8	(30.2-39.4)	31.2	(26.8-35.6)	22.5	(18.7-26.2)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

The prevalence of children aged 2 to 15 years meeting the 2013 Australian Dietary Guidelines[5] for fruit and vegetable consumption was calculated. This involved rounding down the number of estimated servings to the nearest whole number.

- For children aged 2 to 15 years, over three in four (75.4%) met the fruit consumption guidelines; however, approximately only one in nine children (10.9%) met the vegetable consumption guidelines, for their age and sex (**Table 15**).
- Young children (2 to 4 years) were most likely (94.9%) to meet the guidelines for fruit consumption. Children 5 to 9 years met the fruit consumption guidelines 87.2% of the time, while older children (10 to 15 years) were least likely to meet the fruit consumption guidelines (54.0%).
- There was a notable difference between male and female children with respect to meeting the vegetable consumption guidelines, 13.3% for female children versus 8.7% for male children.
- Older children were least likely to meet the fruit consumption guidelines, while young children were most likely to meet them. This suggests a concerning reduction in balanced nutrition with increasing age.

Table 15: Prevalence of children meeting fruit and vegetable consumption guidelines, 2 to 15 years, HWSS 2024

	Met fruit consumption guidelines		Met vegetable consumption guidelines	
	%	95% CI	%	95% CI
Age group				
2 to 4 years	94.9	(90.7-99.2)	29.5	(19.9-39.1)
5 to 9 years	87.2	(81.1-93.3)	6.2 *	(2.6-9.8)
10 to 15 years	54.0	(47.2-60.9)	4.4 *	(2.1-6.6)
Sex				
Females	77.6	(72.3-83.0)	13.3	(8.8-17.9)
Males	73.2	(67.3-79.1)	8.7	(5.0-12.4)
Children	75.4	(71.3-79.4)	10.9	(8.0-13.8)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

5.2.2 Milk

Parents/carers of children aged 2 years and over were asked what type of milk their children usually consumed.

- While 68.7% of children aged 2 to 15 years of age were reported to consume full fat / whole milk, approximately one in five (19.7%) children consumed low fat/ reduced fat/ skim milk (**Table 16**).

Table 16: Type of milk usually consumed, 2 to 15 years, HWSS 2024

	Full fat / Whole		Low / Reduced fat / Skim milk		Other		Don't drink milk	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
2 to 4 years	68.3	(57.8-78.7)	17.5	(9.3-25.7)	8.9 *	(1.3-16.4)	5.4 *	(0.2-10.5)
5 to 9 years	77.6	(71.3-84.0)	11.5	(6.7-16.3)	7.6 *	(3.8-11.3)	3.3 *	(0.4-6.2)
10 to 15 years	61.5	(54.7-68.3)	27.9	(21.6-34.2)	4.4 *	(2.2-6.6)	6.2 *	(2.2-10.1)
Sex								
Females	71.6	(65.8-77.5)	17.9	(12.9-22.9)	6.5	(3.7-9.3)	4.0 *	(1.0-6.9)
Males	66.0	(59.5-72.6)	21.4	(15.8-27.0)	6.7 *	(2.8-10.5)	5.9 *	(2.5-9.4)
Children	68.7	(64.3-73.2)	19.7	(16.0-23.4)	6.6	(4.2-9.0)	5.0	(2.7-7.3)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

5.3 Discretionary foods

5.3.1 Fast food

Parents/carers of children were asked how many times a week on average their child ate fast food meals or snacks such as burgers, kebabs, meat pies, pizza, chicken or chicken nuggets from fast food outlets.

- For children aged 1 to 15 years, on average, 44.1% were reported to eat meals or snacks from fast food outlets once or twice a week in 2024 (**Table 17**).
- Children aged 1 to 4 years were most likely (23.8%) to never or rarely eat meals or snacks from fast food outlets, compared to children 10 to 15 years (9.5%).

Table 17: Meals from fast food outlets per week, 1 to 15 years, HWSS 2024

	Never or rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	23.8	(15.6-31.9)	38.2	(28.9-47.6)	36.0	(26.4-45.6)	N/A	(N/A-N/A)
5 to 9 years	13.4	(8.3-18.5)	36.9	(29.0-44.9)	43.2	(35.3-51.2)	6.4 *	(1.3-11.5)
10 to 15 years	9.5	(6.3-12.8)	31.3	(25.0-37.6)	50.3	(43.5-57.2)	8.9 *	(4.4-13.3)
Sex								
Females	15.3	(10.9-19.7)	36.2	(30.0-42.4)	44.6	(38.1-51.0)	4.0 *	(1.4-6.5)
Males	14.1	(9.6-18.6)	34.0	(27.6-40.3)	43.6	(37.1-50.2)	8.3 *	(4.0-12.7)
Children	14.7	(11.5-17.8)	35.1	(30.6-39.5)	44.1	(39.5-48.7)	6.2	(3.6-8.7)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A: Prevalence estimate has an RSE greater than 50% and is considered unreliable for general use.

5.3.2 Fried hot potato products

Parents/carers of children were asked how often on average their children ate hot potato chips, french-fries, wedges, hash browns or fried potatoes.

- For children aged 1 to 15 years, 47.3% were reported to eat fried hot potato products once or twice per week (**Table 18**), and 13.2% of children were estimated to consume these products at least three times a week.

Table 18: Hot chips, french-fries, wedges, hash browns or fried potatoes eaten per week, 1 to 15 years, HWSS 2024

	Never or rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	12.6 *	(5.3-20.0)	30.6	(21.8-39.4)	43.4	(33.8-53.1)	13.3 *	(6.7-19.9)
5 to 9 years	11.3	(6.6-16.0)	30.3	(22.5-38.1)	46.2	(38.2-54.2)	12.2	(6.2-18.1)
10 to 15 years	10.4	(6.1-14.7)	24.8	(19.2-30.3)	50.8	(44.0-57.7)	14.0	(8.8-19.2)
Sex								
Females	13.4	(8.9-18.0)	29.6	(23.7-35.4)	48.1	(41.7-54.6)	8.9	(5.3-12.5)
Males	9.2	(5.1-13.3)	26.9	(21.0-32.8)	46.5	(39.9-53.1)	17.4	(11.9-22.9)
Children	11.3	(8.2-14.4)	28.2	(24.0-32.4)	47.3	(42.7-51.9)	13.2	(9.8-16.6)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

5.3.3 Sweet baked snacks

Parents/carers of children were asked how often their children ate cakes, biscuits, doughnuts, muffins, pastries, or muesli bars.

- More than half (54.3%) children aged 1 to 15 years were reported to consume sweet baked snacks three or more times a week (**Table 19**).

Table 19: Sweet biscuits, cakes, doughnuts, muffins, pastries or muesli bars eaten per week, 1 to 15 years, HWSS 2024

	Never or Rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	9.3 *	(3.9-14.8)	8.4 *	(3.1-13.6)	38.4	(28.8-48.0)	43.9	(34.2-53.6)
5 to 9 years	7.2 *	(2.0-12.4)	6.8 *	(3.0-10.5)	28.1	(20.8-35.3)	58.0	(49.9-66.1)
10 to 15 years	8.3	(4.4-12.2)	4.5 *	(1.6-7.4)	29.0	(22.5-35.5)	58.2	(51.3-65.1)
Sex								
Females	7.1	(3.9-10.4)	8.2	(4.5-11.8)	30.5	(24.3-36.6)	54.2	(47.7-60.7)
Males	9.2	(4.9-13.6)	4.5 *	(2.0-7.0)	32.0	(25.7-38.3)	54.3	(47.6-61.0)
Children	8.2	(5.5-11.0)	6.3	(4.1-8.5)	31.2	(26.8-35.6)	54.3	(49.6-58.9)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

5.3.4 Salty snacks

Parents/carers of children were asked how often their children ate salty snacks like potato crisps or corn chips, crackers, or pretzels.

- In 2024, 44.9% children aged 1 to 15 years were estimated to eat salty snacks three or more times per week (**Table 20**).
- While there was no difference in salty snack consumption three or more times per week between children aged 10 to 15 years (49.9%) and those aged 5 to 9 years (49.9%), children aged 1 to 4 years were estimated to have a lower prevalence at 31.4%.
- There was little difference in the proportion of salty snacks consumed by children of different genders.

Table 20: Salty snacks eaten per week, 1 to 15 years, HWSS 2024

	Never or Rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	20.3	(12.0-28.7)	14.7	(7.8-21.5)	33.6	(24.5-42.7)	31.4	(22.4-40.4)
5 to 9 years	11.1 *	(4.8-17.5)	11.0	(6.3-15.7)	27.9	(20.8-35.0)	49.9	(41.8-58.0)
10 to 15 years	8.5	(4.6-12.4)	8.8	(5.1-12.4)	32.9	(26.4-39.3)	49.9	(43.1-56.7)
Sex								
Females	12.6	(7.9-17.2)	11.5	(7.4-15.6)	32.3	(26.3-38.4)	43.5	(37.2-49.9)
Males	12.6	(7.3-17.9)	10.7	(6.8-14.6)	30.5	(24.5-36.5)	46.2	(39.5-52.8)
Children	12.6	(9.1-16.1)	11.1	(8.3-13.9)	31.4	(27.1-35.7)	44.9	(40.3-49.5)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

5.3.5 Sugar-sweetened soft drinks and energy drinks

Parents/carers of children were asked how many times per day, per week, or per month on average their child drank sugar sweetened soft drinks, energy or sports drinks, or cordial.

- For children aged 1 to 15 years in 2024, more than six in ten (61.1%) were reported to never or rarely consume sugar-sweetened drinks (**Table 21**).
- Overall 8.5% children aged 1 to 15 years were estimated to consume sugar-sweetened drinks three or more times a week.
- There were notable differences by age in the proportions of children who rarely or never consumed soft drinks: 81.7% for children.

Table 21: Drinking sugar-sweetened soft drinks or energy drinks per week, 1 to 15 years, HWSS 2024

	Never or Rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	81.7	(74.3-89.1)	4.0 *	(0.5-7.4)	10.8 *	(4.7-16.9)	N/A	(N/A-N/A)
5 to 9 years	65.1	(57.3-72.9)	12.1	(7.4-16.9)	16.9	(10.5-23.3)	5.9 *	(1.4-10.4)
10 to 15 years	43.4	(36.7-50.2)	11.6	(7.3-15.9)	30.9	(24.6-37.2)	14.1	(9.4-18.8)
Sex								
Females	63.5	(57.3-69.8)	9.9	(6.2-13.6)	17.8	(13.1-22.5)	8.8	(4.6-13.0)
Males	58.7	(52.2-65.2)	9.5	(6.1-13.0)	23.6	(17.8-29.4)	8.2	(5.0-11.3)
Children	61.1	(56.6-65.6)	9.7	(7.2-12.2)	20.7	(17.0-24.5)	8.5	(5.9-11.1)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A: Prevalence estimate has an RSE greater than 50% and is considered unreliable for general use.

5.3.6 Processed meats

Parents/carers of children were asked how many times per day, per week, or per month on average their child ate processed meat products such as sausages, sausage-rolls, bacon, ham, salami, or other cold meats.

- For children aged 1 to 15 years, 17.1% were reported to never or rarely consume processed meats (**Table 22**).
- Over a third (33.8%) of children were reported to consume processed meats three or more times per week.
- Male children appeared more likely (40.9%) to consume processed meats three or more times per week as compared to female children (26.4%).

Table 22: Processed meats eaten per week, 1 to 15 years, HWSS 2024

	Never or Rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	18.0	(9.8-26.2)	13.5 *	(6.7-20.2)	41.0	(31.5-50.5)	27.5	(19.0-36.0)
5 to 9 years	20.3	(13.2-27.3)	6.3 *	(2.9-9.7)	35.1	(27.4-42.7)	38.3	(30.5-46.2)
10 to 15 years	13.7	(8.6-18.8)	7.6	(4.6-10.6)	44.4	(37.5-51.2)	34.3	(27.8-40.7)
Sex								
Females	20.5	(14.7-26.3)	9.5	(5.9-13.0)	43.6	(37.3-50.0)	26.4	(20.9-32.0)
Males	13.8	(8.8-18.7)	8.1	(4.6-11.6)	37.2	(30.7-43.7)	40.9	(34.4-47.4)
Children	17.1	(13.2-20.9)	8.8	(6.3-11.3)	40.4	(35.8-44.9)	33.8	(29.5-38.1)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

5.4 Physical activity and sedentary behaviour

5.4.1 Physical activity

Parents/carers of children aged 5 to 15 years were asked to rate their child's weekly physical activity level as very active, active, moderately active, not very active, or not at all active.

- In 2024, nearly three in four (72.9%) children aged 5 to 15 years were reported to be either active or very active by their parents/carers (**Table 23**).
- Children aged 5 to 9 years were more likely to be 'very active' than children aged 10 to 15 years (35.1%).

Table 23: Parent/carer-rated physical activity level, 5 to 15 years, HWSS 2024

	Very active		Active		Moderately active		Not very active / Not at all active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
5 to 9 years	50.9	(42.8-59.0)	33.3	(25.2-41.5)	15.0	(9.6-20.3)	N/A	(N/A-N/A)
10 to 15 years	35.1	(28.4-41.9)	28.1	(21.9-34.4)	26.1	(20.4-31.9)	10.6	(6.7-14.4)
Sex								
Females	39.1	(31.8-46.3)	29.8	(22.9-36.6)	25.9	(19.8-32.1)	5.2	(2.7-7.7)
Males	45.7	(38.2-53.2)	31.3	(23.8-38.7)	16.0	(11.0-21.0)	7.0 *	(3.4-10.7)
Children	42.4	(37.2-47.6)	30.5	(25.5-35.6)	21.0	(17.0-25.0)	6.1	(3.9-8.3)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A: Prevalence estimate has an RSE greater than 50% and is considered unreliable for general use.

Children aged between 5 and 15 years are recommended to complete at least 60 minutes of moderate to vigorous physical activity each day to achieve good health, based on the 2019 Australian 24-Hour Movement Guidelines for Children and Young People.[5] The HWSS reports against physical activity levels using a two-step question that asks parents/carers to report separately on the amount of vigorous and moderate activity that the child completed in the past week. Completing sufficient levels of physical activity is then defined as being moderately to vigorouslyactive for seven or more sessions a week, accumulating 60 minutes daily..

- For children aged 5 to 15 years, 37.7% completed a sufficient amount of moderate to vigorous physical activity according to the aforementioned 24-Hour Movement Guidelines (**Table 24**). This was the case for 44.7% of children aged 5 to 9 years, and only 32.0% of children 10 to 15 years

Table 24: Physical activity completed weekly, 5 to 15 years, HWSS 2024

	Number sessions of physical activity per week		Physically active one to six sessions per week		Physically active seven or more sessions per week but less than 60 minutes a session		Physically active seven or more sessions per week and at least 60 minutes a session	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
5 to 9 years	N/A	(N/A-N/A)	30.9	(23.1-38.7)	20.5	(13.7-27.4)	44.7	(36.5-52.8)
10 to 15 years	5.1	(2.8-7.5)	49.7	(42.9-56.6)	13.1	(8.3-17.9)	32.0	(25.9-38.2)
Sex								
Females	5.8 *	(1.7-10.0)	45.5	(38.1-52.9)	14.4	(9.6-19.3)	34.3	(27.1-41.4)
Males	3.4 *	(1.2-5.5)	37.0	(29.4-44.6)	18.5	(12.0-25.0)	41.2	(34.0-48.3)
Children	4.6 *	(2.2-6.9)	41.2	(35.9-46.5)	16.4	(12.4-20.5)	37.7	(32.7-42.8)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered unreliable for general use.

[5] Department of Health, 2019, Australia's Physical Activity and Sedentary Behaviour Guidelines and the Australian 24-Hour Movement Guidelines, Canberra, ACT. Available from: https://www.health.gov.au/topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians.

5.4.2 Sedentary recreational screen time

The Australian 24-Hour Movement Guidelines for Children and Young People recommends the maximum amount of time children aged 0 to 17 years should spend in sedentary recreational screen time (for example television, seated electronic games and computer use).[6] The guidelines recommend no use of electronic media for children younger than 2 years of age[6], less than one hour of use daily for children aged 2 years to under 5 years of age and no more than 2 hours of use daily for children aged 5 to 17 years of age.[6]

- More than half (56.1%) children met the guidelines for sedentary recreational screen time in 2024 (**Table 25**).
- Children aged 0 to 4 years were most likely (60.2%) not to meet daily maximum sedentary recreational time screen guidelines, followed by aged 10 to 15 years (50.4%), compared to 20.9% of children 5 to 9 years of age.

Table 25: Prevalence of children meeting the national sedentary recreational screen time guidelines, 0 to 15 years, HWSS 2024

	Does not meet sedentary recreational screen time guidelines		Meets sedentary recreational screen time guidelines		Meets sedentary recreational
	%	95% CI		%	95%
Age group					
0 to 4	60.2	(51.1-69.3)		39.8	(30.7-
5 to 9	20.9	(14.0-27.8)		79.1	(72.2-
10 to 15	50.4	(43.6-57.3)		49.6	(42.7-
Sex					
Females	38.9	(32.7-45.1)		61.1	(54.9-
Males	48.5	(41.9-55.1)		51.5	(44.9-
Children	43.9	(39.3-48.5)		56.1	(51.5-

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

[6] Department of Health, 2019, Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years): An Integration of Physical Activity, Sedentary Behaviour, and Sleep, Canberra, ACT. Available from: https://www.health.gov.au/sites/default/files/documents/2021/05/24-hour-movement-guidelines-birth-to-5-years-fact-sheet.pdf.

5.4.3 Sleep

We asked parents/carers about the duration of their child's sleep each night and compared this with the recommended sleep duration by age. See **Table 26** for the recommended sleep duration for children 0 to 17 years by age as per the 24-Hour Movement Guidelines.[6,7]

Table 26: Recommended sleep duration by age for children

Age group (years)	Recommended sleep duration (hours)
<1	14 to 17
1 to 2	11 to 14
3 to 5	10 to 13
6 to 13	9 to 11
14 to 17	8 to 10

Parents/carers of children were asked how many hours sleep their child gets on a usual night.

- In 2024, almost two in three (64.0%) children slept the recommended number of hours per night (**Table 27**).
- While 77.3% of children aged 0 to 4 years received the recommended amount of sleep, as did 64.3% of children 10 to 15 years. Less than half (49.3%) of children 0 to 4 years received the recommended sleep.

Table 27: Prevalence of children sleeping the recommended number of hours on a usual night, 0 to 15 years, HWSS 2024

	Sleeps recommended number of hours per night	
	%	95% CI
Age group		
0 to 4 years	49.3	(40.2-58.5)
5 to 9 years	77.3	(70.6-84.0)
10 to 15 years	64.3	(57.7-70.8)
Sex		
Females	61.4	(55.1-67.6)
Males	66.5	(60.4-72.6)
Children	64.0	(59.6-68.4)

Note: See Table 31 for recommended sleep duration based on age guideline definitions.

- In 2024, children aged 0 to 15 years slept an average of 10.1 hours per night (**Table 28**).

Table 28: Mean hours spent sleeping on a usual night, 0 to 15 years, HWSS 2024

	Number of hours spent sleeping	
	Mean	95% CI
Age group		
0 to 4 years	10.4	(10.1-10.7)
5 to 9 years	9.6	(9.4-9.7)
10 to 15 years	10.3	(7.2-13.3)
Sex		
Females	9.5	(9.2-9.7)
Males	10.6	(8.4-12.9)
Children	10.1	(8.9-11.2)

5.5 Body Mass Index classification

Parents/carers were asked to provide their child's height without shoes and weight without clothes or shoes. A Body Mass Index (BMI) was derived from these figures by dividing weight in kilograms by height in metres squared after adjusting for errors in the parent/carer reported height and weight.[7] Age and sex specific BMI categories were then used to classify children into not overweight or obese, overweight, and obese.

- In 2024, it is estimated that approximately a quarter (25.1%) of children aged 5 to 15 years had a BMI classification of overweight or obese (**Table 29**).
- There was a notable difference between the proportion of children who were classified as obese by age, 16.8% of children 5 to 9 years, compared to 5.3% of children 10 to 15 years of age.

Table 29: Prevalence by Body Mass Index categories, 5 to 15 years, HWSS 2024

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
Age group						
5 to 9 years	66.6	(58.2-74.9)	16.7	(10.5-22.8)	16.8	(9.7-23.9)
10 to 15 years	80.9	(75.6-86.3)	13.8	(9.0-18.6)	5.3	(2.7-7.9)
Sex						
Females	76.6	(69.8-83.5)	13.1	(8.1-18.1)	10.3 *	(4.9-15.7)
Males	73.0	(66.3-79.7)	17.0	(11.2-22.7)	10.0	(5.7-14.4)
Children	74.9	(70.1-79.6)	15.0	(11.2-18.8)	10.1	(6.7-13.6)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

[7] Centers for Disease Control and Prevention, 2011, A SAS program for the CDC growth charts, CDC, Atlanta, GA. Available from: http://www.cdc.gov/nccdphp/dnpao/growthcharts/resources/sas.htm.

Perceptions of weight have been reported against BMI-based weight categories derived from parent/carer-reported height and weight for the children.[8] Parents/carers were asked for their perceptions regarding their child's weight.

- For the 25.1% of children aged 5 to 15 years with a BMI classification of overweight or obese, it is of concern that 72.7% of these children had parents/carers who perceived their child's weight as healthy (**Table 30**).
- The majority (82.1%) of the children classified as underweight were considered by their parents/carers to be a healthy weight.
- This suggests that there may be a discord between parent perceptions regarding healthy child weight and weight guidelines.

Table 30: Prevalence of parent/carer-perceived body weight by BMI classification, 5 to 15 years, HWSS 2024

BMI classification	Parent/carer perception of child's body weight					
	Underweight		Healthy weight		Overweight or very overweight	
	%	95% CI	%	95% CI	%	95% CI
Underweight	17.9	(2.5-33.2)	82.1	(66.8-97.5)	N/A	(N/A-N/A)
Healthy weight	13.3	(8.6-17.9)	84.2	(79.3-89.1)	2.5	(0.7-4.4)
Overweight or obese	0.8	(0.0-2.4)	72.7	(63.7-81.8)	26.5	(17.4-35.8)

N/A: Prevalence estimate has an RSE greater than 50% and is considered unreliable for general use.

Parents/carers of children in all BMI groups (underweight, normal weight, and overweight or obese) were then asked about their intentions to change their children's weight. Intentions to change weight have been reported against BMI calculations based on parent/carer-reported height and weight for the children.

- One in five (20.1%) children with a BMI classification of overweight or obese had parents/carers who were intending to help them lose weight (**Table 31**), however, two thirds of these children (67.7%) classified as overweight or obese had parents/carers who reported they were not trying to do anything to change their child's weight.

Table 31: Prevalence of children by parent/carer intentions regarding the child's weight by Body Mass Index classification, 5 to 15 years, HWSS 2024

Body Mass Index classification	Parent/carer intentions regarding child's body weight							
	Lose weight		Gain weight		Stay the same weight		I am not trying to do anything about my child's weight	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Underweight	N/A	N/A (N/A – N/A)	8.5	(0.0-19.4)	15.5	(0.0-32.2)	75.9	(56.9-95.0)
Normal weight	2.5	(0.7-4.2)	8.0	(4.1-12.0)	9.1	(4.9-13.3)	80.4	(74.7-86.0)
Overweight or obese	20.1	(10.5-29.8)	0.9	(0.0-2.7)	11.2	(5.3-17.2)	67.7	(57.2-78.2)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A: Prevalence estimate has an RSE greater than 50% and is considered unreliable for general use.

5.6 Smoking in the home

We asked parents/carers of children about tobacco smoking in the family home, whether the household was smoke free, people occasionally smoked, or people frequently smoked in the home.

- In 2024, almost all (99.4%) Western Australian children were reported to live in smoke free homes.

5.7 Sun protection

Parents/carers of children were asked how often they checked to see whether their child was adequately protected before going out into the sunlight (e.g. wearing a hat, using sunscreen, and keeping covered).

- Over four in ten childen (46.8%) had parents/carers who reported that they always checked their child for adequate sun protection before going out into the sunlight (**Table 32**).

Table 32: Prevalence of children by how often parent/carer checks for adequate sun protection before going out into the sunlight, 0-15 years, HWSS 2024

	Always		Most of the time		Sometimes		Rarely / Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
0 to 4 years	61.7	(52.8-70.5)	31.8	(23.3-40.2)	6.1 *	(1.8-10.5)	N/A	(N/A-N/A)
5 to 9 years	49.5	(41.4-57.6)	42.6	(34.7-50.6)	7.9 *	(2.7-13.0)	N/A	(N/A-N/A)
10 to 15 years	32.8	(26.4-39.2)	43.1	(36.4-49.9)	19.9	(14.2-25.5)	4.2 *	(1.3-7.0)
Sex								
Females	48.9	(42.6-55.3)	38.3	(32.2-44.4)	11.3	(6.9-15.8)	1.4 *	(0.4-2.5)
Males	44.7	(38.1-51.3)	40.8	(34.4-47.2)	12.5	(8.3-16.7)	2.0 *	(0.1-4.0)
Children	46.8	(42.2-51.3)	39.6	(35.2-44.0)	11.9	(8.9-15.0)	1.7 *	(0.6-2.8)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A: Prevalence estimate has an RSE greater than 50% and is considered unreliable for general use.

HEALTH SERVICE UTILISATION

6. Health service utilisation

Health services are the ways in which health care is provided to the general population through GPs, hospitals, dental, mental and alternative health services. This section will focus on the following:

- Proportion of children using health services and
- Mean number of visits to health services.

84.6%

of Western Australian children attended a primary health service at least once in 2024

3.4

average visits to a primary health service for Western Australian children in 2024

Parents/carers of children were asked whether their child had used common health services such as GPs, hospitals, allied, dental, mental, and alternative health services within the past 12 months.

- The majority (84.6%) of children had used a primary health service in the past 12 months (**Table 33**)
- Nearly two thirds (65.9%) of children had used a dental health service in the past 12 months.
- More than one in eight (15.3%) children had used a mental health service in the past 12 months.

Table 33: Health service utilisation in the past 12 months, 0 to 15 years, HWSS 2024

	Primary (a)		Hospital-based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group												
0 to 4 years	90.4	(84.1-96.7)	44.0	(34.9-53.0)	23.5	(15.8-31.2)	36.6	(27.9-45.4)	N/A	(N/A-N/A)	N/A	(N/A-N/A)
5 to 9 years	84.2	(77.9-90.5)	31.5	(24.1-38.9)	34.9	(27.5-42.3)	72.6	(65.3-79.9)	17.8	(11.3-24.3)	N/A	(N/A-N/A)
10 to 15 years	80.5	(74.8-86.3)	28.9	(22.9-34.9)	50.3	(43.4-57.2)	83.2	(78.2-88.1)	24.1	(18.4-29.8)	6.6 *	(3.0-10.1)
Sex												
Females	84.4	(79.7-89.0)	33.7	(27.9-39.6)	34.8	(28.9-40.7)	65.8	(59.8-71.9)	15.5	(11.1-19.8)	3.7 *	(1.6-5.9)
Males	84.9	(79.6-90.2)	34.6	(28.4-40.9)	39.7	(33.4-46.0)	65.9	(59.4-72.4)	15	(10.4-19.7)	2.8 *	(0.5-5.0)
Children	84.6	(81.1-88.2)	34.2	(29.9-38.5)	37.3	(33.0-41.7)	65.9	(61.4-70.3)	15.3	(12.1-18.4)	3.2	(1.7-4.8)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A: Prevalence estimate has an RSE greater than 50% and is considered unreliable for general use.

(a) e.g. general practitioner, medical specialist, community health centre, community or district nurses.

(b) e.g. overnight stay, emergency department or outpatient.

(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.

(d) e.g. psychiatrist, psychologist or counsellor.

(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

We asked parents/carers how many times their child had attended each health service in the past 12 months.

- Overall children 0 to 15 years were reported to visit primary healthcare services 3.4 times annually, compared to 1.4 visits for dental services, and 1.2 visitis for mental health services.
- The mean number of primary health service visits was higher for children aged 0 to 4 years (4.5 visits) compared with children aged 10 to 15 years (3.1 visits), and children 5 to 9 years (2.8 visits) (**Table 34**).

Table 34: Mean number of visits to health services in the past 12 months, 0 to 15 years, HWSS 2024

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI
Age group												
0 to 4 years	4.5	(3.6-5.4)	0.8	(0.5-1.0)	3.4	(0.8-6.0)*	0.5	(0.3-0.6)	N/A	(N/A-N/A)	N/A	(N/A-N/A)
5 to 9 years	2.8	(2.3-3.3)	0.6	(0.4-0.7)	4.1	(2.1-6.1)*	1.1	(0.9-1.3)	1.5	(0.6-2.3)*	N/A	(N/A-N/A)
10 to 15 years	3.1	(2.6-3.5)	0.6	(0.4-0.8)	2.8	(1.8-3.9)	2.4	(1.8-3.0)	2	(1.3-2.8)	0.2	(0.1-0.2)
Sex												
Females	3.2	(2.8-3.6)	0.6	(0.4-0.7)	1.9	(1.2-2.6)	1.6	(1.1-2.1)	1.4	(0.8-2.0)	0.1	(0.0-0.2)*
Males	3.6	(3.1-4.2)	0.7	(0.5-0.9)	4.8	(2.8-6.8)	1.2	(1.0-1.4)	1.1	(0.6-1.6)	0.0	(0.0-0.1)*
Children	3.4	(3.1-3.8)	0.6	(0.5-0.8)	3.4	(2.3-4.5)	1.4	(1.2-1.7)	1.2	(0.8-1.6)	0.1	(0.0-0.1)*

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A: Prevalence estimate has an RSE greater than 50% and is considered unreliable for general use.

(a) e.g. general practitioner, medical specialist, community health centre, community or district nurses.

(b) e.g. overnight stay, emergency department or outpatient.

(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.

(d) e.g. psychiatrist, psychologist or counsellor.

(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

MENTAL HEALTH

7. Mental health

Positive mental health is essential for children's ability to thrive and develop, cope with the normal stresses of life and realise their abilities in their progression towards adolescence and into adulthood. Poor mental health may have a substantial impact on children's development and wellbeing, with evidence that poor mental wellbeing in childhood can predict the diagnosis of a mental health condition in adolescence and adult life.[8] This section will focus on the following mental health risk factors:

- Trouble with emotions or behaviour
- Treatment for emotional or mental health condition and
- Bullying.

18.5%

of Western Australian children were reported to have 'quite a lot of trouble' or 'very much' trouble with emotions, concentration, behaviour or getting on with people

46.8%

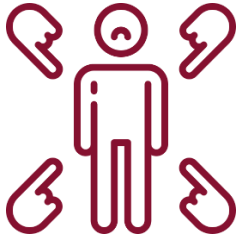
of Western Australian children were reported to receive special help for trouble with emotions, concentration, behaviour or getting on with people

16.5%

of Western Australian children were reported to have received treatment for an emotional or mental health condition

37.1%

of Western Australian children were reported to have been bullied in the past 12 months



[8] Australian Institute of Health and Welfare, 2020, Australia's children. Cat. no. CWS 69, Canberra. Available from: https://www.aihw.gov.au/getmedia/6af928d6-692e-4449-b915-cf2ca946982f/aihw-cws-69-print-report.pdf.

7.1 Trouble with emotions or behaviour

Parents/carers of children were asked whether their child has trouble with emotions, concentration, behaviour or getting on with people. Trouble with emotions may refer to anxiety or depressive disorders, while trouble with concentration, behaviour or getting on with people may refer to children with conditions such as Attention Deficit Hyperactivity Disorder (ADHD) or other conduct disorders.

- Approximately 18.5% of children aged 1 to 15 years were reported to have 'quite a lot' or 'very much' trouble with emotions, concentration, behaviour or getting on with people (**Table 35**).

Table 35: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2024

	None		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	56.3	(46.6-66.0)	34.1	(24.9-43.2)	6.9 *	(1.7-12.0)	N/A	(N/A-N/A)
5 to 9 years	44.2	(36.0-52.3)	32.8	(25.2-40.3)	15.2	(9.8-20.6)	7.8 *	(3.9-11.8)
10 to 15 years	40.4	(33.6-47.1)	38.9	(32.2-45.6)	11.4	(7.0-15.7)	9.4	(5.6-13.1)
Sex								
Females	49.6	(43.1-56.0)	37.3	(31.1-43.5)	8.4	(5.3-11.4)	4.7	(2.5-7.0)
Males	42.4	(35.8-49.1)	33.8	(27.5-40.2)	14.4	(9.7-19.1)	9.3	(5.7-13.0)
Children	45.9	(41.3-50.6)	35.5	(31.1-40.0)	11.4	(8.6-14.3)	7.1	(4.9-9.3)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered unreliable for general use.

Parents/carers who reported that their child had any trouble with emotions, concentration, behaviour or getting on with people were then asked whether they thought their child needed special help for this.

- It is estimated that 46.8% of children aged 1 to 15 years who had trouble with emotions, concentration, behaviour or getting on with people needed special help for this (**Table 36**).

Table 36: Prevalence of children who were reported by their parent/carer to need special help for trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2024

	Need special help for trouble with emotions, concentration, behaviour or getting on with people	
	%	95% CI
Age group		
1 to 4 years	16.6 *	(5.1-28.2)
5 to 9 years	51.0	(40.4-61.7)
10 to 15 years	57.8	(48.6-66.9)
Sex		
Females	37.2	(29.0-45.4)
Males	55.3	(46.2-64.4)
Children	46.8	(40.4-53.1)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

7.2 Treatment for emotional or mental health condition

Parents/carers of children were asked whether their child had ever been treated for an emotional or mental health condition.

- Nearly 16.5% children aged 1 to 15 years received treatment for an emotional or mental health condition (**Table 37**).
- Children aged 10 to 15 years were more than twice as likely to be reported as ever being treated for an emotional or mental health condition (31.3%), compared to children 5 to 9 years (12.3%).

Table 37: Prevalence of children ever treated for an emotional or mental health condition, 1 to 15 years, HWSS 2024

	Ever treated for an emotional or mental health condition	
	%	95% CI
Age group		
1 to 4 years	N/A	N/A (N/A – N/A)
5 to 9 years	12.3	(7.4-17.3)
10 to 15 years	31.3	(24.8-37.8)
Sex		
Females	14.1	(9.9-18.3)
Males	18.9	(13.8-24.0)
Children	16.5	(13.2-19.9)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered unreliable for general use.

7.3 Bullying

In the HWSS, bullying is defined as ‘when someone is picked on, hit, kicked, threatened or ignored by other children’. Parents/carers were asked whether their child had been bullied in the past 12 months and whether their child had bullied other children in the past 12 months.

- More than a third (37.1%) of children were reported as having been subject to bullying in the past 12 months, while only one in twelve (8.9%) were estimated to have bullied other children (**Table 38**).
- While there was no meaningful difference between age groups for three aspects of bullying, female children were more likely (40.2%) to have experienced bullying in the past 12 months than male children (33.8%).

Table 38: Prevalence of children who have been bullied and/or have bullied in the past 12 months, 5 to 15 years, HWSS 2024

	Been bullied in past 12 months		Has bullied in past 12 months		Has both bullied and been bullied in past 12 months	
	%	95% CI	%	95% CI	%	95% CI
Age group						
5 to 9 years	36.0	(28.0-44.1)	9.1	(4.9-13.2)	6.5 *	(3.0-9.9)
10 to 15 years	37.9	(31.4-44.5)	8.8	(5.0-12.6)	5.8	(3.2-8.4)
Sex						
Females	40.2	(32.9-47.5)	7.6	(4.2-10.9)	6.7	(3.6-9.9)
Males	33.8	(26.7-40.8)	10.4	(5.8-14.9)	5.5 *	(2.6-8.3)
Children	37.1	(32.0-42.2)	8.9	(6.1-11.7)	6.1	(4.0-8.2)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

SCHOOL CONNECTEDNESS

8. School connectedness

This section will focus on the following:

- Overall school performance.

78.2%

of Western Australian children were reported as doing well or very well in school over the past 12 months

8.1 Overall school performance

Parents/carers of children were asked to rate how well their child was doing in school overall, based on their schoolwork and school reports.

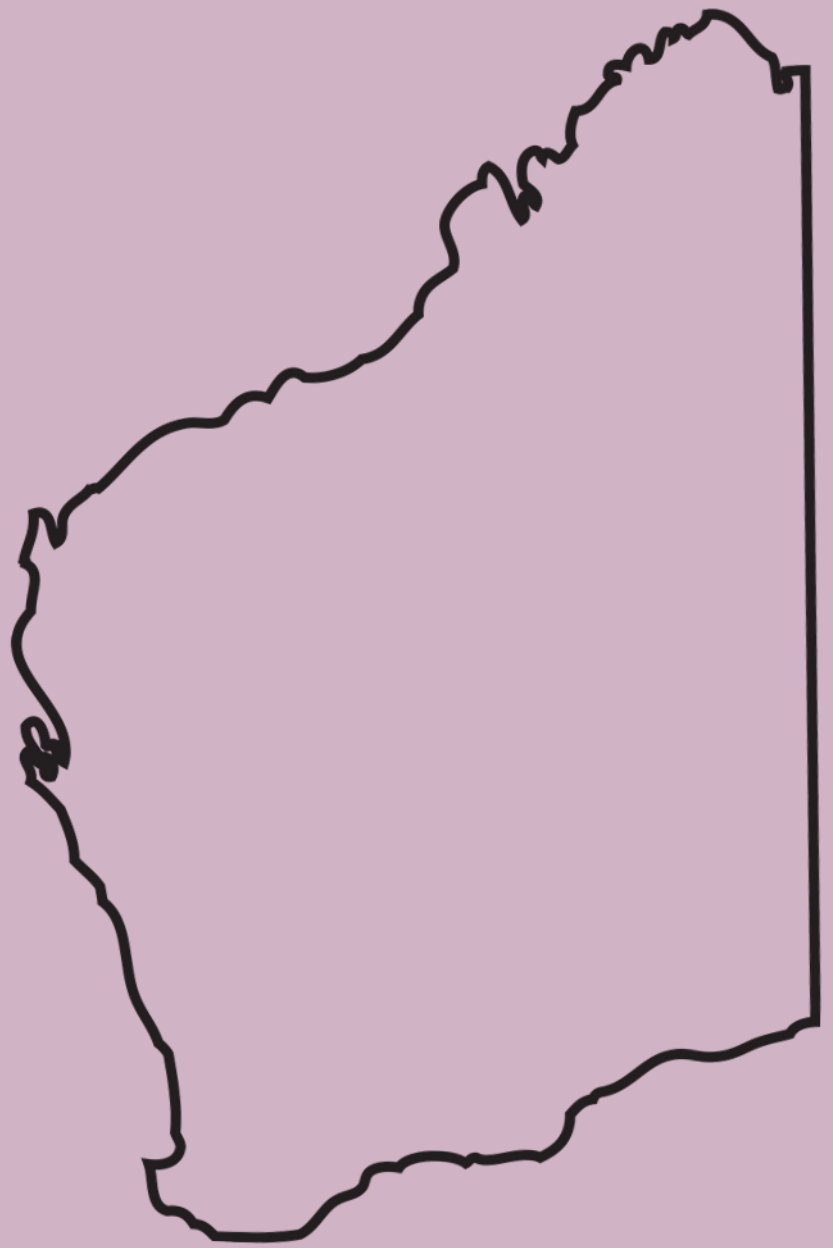
- Over three quarters (78.2%) of children aged 5 to 15 years were reported to be doing well or very well at school (**Table 39**).

Table 39: Parent/carer reported overall school performance, 5 to 15 years, HWSS 2024

	Very well		Well		Average		Poor or very poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
5 to 9 years	44.2	(36.0-52.3)	32.8	(25.2-40.3)	15.2	(9.8-20.6)	7.8 *	(3.9-11.8)
10 to 15 years	40.4	(33.6-47.2)	38.9	(32.2-45.6)	11.4	(7.0-15.7)	9.4	(5.6-13.1)
Sex								
Females	45.3	(37.9-52.7)	37.6	(30.5-44.6)	11.1	(7.2-15.1)	6.0	(3.0-8.9)
Males	38.9	(31.5-46.3)	34.6	(27.4-41.8)	15.1	(9.6-20.6)	11.4	(6.8-16.0)
Children	42.1	(36.9-47.4)	36.1	(31.0-41.1)	13.1	(9.7-16.5)	8.7	(5.9-11.4)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

FAMILY FUNCTIONING



9. Family functioning

How well a family functions affects the health and wellbeing of children within the family. Family functioning affects many aspects of family life, including the degree of agreement on decisions, acceptance of individuals, the ability to solve day-to-day problems and communication.[9]

68.8%

of Western Australian children lived in families that strongly disagreed that the family does not usually get on well

42.5%

of Western Australian children lived in families that strongly disagreed that planning family activities is usually difficult

51.2%

of Western Australian children lived in families that strongly disagreed that their family avoided discussing concerns

13.5%

of Western Australian children were estimated to live in a family with poor family functioning in 2024

[9] Access Economics, 2010, Positive Family Functioning: Final Report by Access Economics Pty Limited for Department of Families, Housing, Community Services and Indigenous Affairs, Canberra, ACT. Available from: https://www.dss.gov.au/sites/default/files/documents/positive_family_functioning.pdf.

The questions used in the HWSS to report on family functioning are taken from the McMaster Family Functioning Scale and comprise four items identified as sufficient to assess family functioning within a population.[10,11] The questions are stated in the negative and reverse scored to assess overall family functioning.

The first question relating to family function is about the family not usually getting along.

- Approximately two in three (68.8%) children were estimated to live in a family where it was strongly disagreed that the family does not usually get on well together (**Table 40**).

Table 40: Prevalence of children by whether their family usually does not get on well together, 0 to 15 years, HWSS 2024

	Strongly agree / Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age group						
0 to 4 years	N/A	(N/A-N/A)	19.1	(11.9-26.3)	75.4	(67.1-83.7)
5 to 9 years	6.8 *	(1.7-11.9)	25.7	(18.2-33.1)	67.5	(59.5-75.6)
10 to 15 years	5.2 *	(1.5-8.8)	30.3	(24.1-36.5)	64.6	(58.0-71.2)
Sex						
Females	4.1 *	(1.8-6.5)	24.9	(19.5-30.3)	71.0	(65.4-76.7)
Males	7.4 *	(2.7-12.1)	26	(20.1-31.9)	66.6	(60.0-73.2)
Children	5.8	(3.1-8.5)	25.4	(21.4-29.4)	68.8	(64.4-73.1)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A: Prevalence estimate has an RSE greater than 50% and is considered unreliable for general use.

[10] Epstein N.B., Baldwin L.M. and Bishop D.S., 1983, The McMaster family assessment device. *Journal of Marital & Family Therapy*. 9(2):171-80.

[11] The analysis of the McMaster instrument was undertaken by Professor Stephen Zubrick of the Telethon Kids Institute, whom the authors gratefully acknowledge.

The second question asked parents/carers of children whether planning family activities is usually difficult.

- Approximately one in six (83.3%) children were estimated to live in a family where it was disagreed or strongly disagreed that planning family activities was usually difficult (**Table 41**).

Table 41: Prevalence of children by whether planning family activities is usually difficult, 0 to 15 years, HWSS 2024

	Strongly agree / Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age group						
0 to 4 years	10.2 *	(4.8-15.5)	39.5	(30.6-48.3)	50.4	(41.2-59.5)
5 to 9 years	16.7	(10.3-23.0)	37	(29.1-44.9)	46.3	(38.3-54.3)
10 to 15 years	21.7	(16.2-27.3)	45.2	(38.3-52.0)	33.1	(26.6-39.5)
Sex						
Females	14.4	(10.0-18.7)	43.6	(37.3-49.9)	42.1	(35.7-48.4)
Males	18.8	(13.7-23.9)	38.2	(31.8-44.6)	42.9	(36.4-49.5)
Children	16.6	(13.3-20.0)	40.8	(36.3-45.3)	42.5	(38.0-47.1)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

The third question asked parents/carers of children whether their family usually avoid discussing their fears and concerns openly with each other.

- Approximately only 9.4% children were estimated to live in a family where the family usually avoided discussing fears and concerns openly with each other (**Table 42**).

Table 42: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0 to 15 years, HWSS 2024

	Strongly agree / Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age group						
0 to 4 years	8.0 *	(1.9-14.2)	42.0	(32.9-51.1)	50.0	(40.7-59.2)
5 to 9 years	6.9 *	(2.1-11.7)	34.9	(27.0-42.8)	58.1	(50.0-66.3)
10 to 15 years	12.5	(7.7-17.2)	41.3	(34.5-48.1)	46.2	(39.4-53.1)
Sex						
Females	9.6	(5.6-13.6)	39.8	(33.6-46.0)	50.6	(44.3-57.0)
Males	9.2	(4.8-13.6)	39.1	(32.5-45.7)	51.7	(45.1-58.4)
Children	9.4	(6.4-12.4)	39.4	(34.9-44.0)	51.2	(46.6-55.8)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

The fourth question asked parents/carers whether making decisions is usually a problem in the family because they misunderstand each other.

- One in ten (9.9%) children was estimated to live in a family where making decisions within the family is usually a problem because they misunderstand each other (**Table 43**).

Table 43: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0 to 15 years, HWSS 2024

	Strongly agree / Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age group						
0 to 4 years	5.6 *	(1.7-9.6)	40.5	(31.6-49.4)	53.8	(44.8-62.9)
5 to 9 years	9.7 *	(4.1-15.3)	42.1	(34.1-50.0)	48.2	(40.1-56.4)
10 to 15 years	13.5	(9.4-17.7)	51.6	(44.7-58.4)	34.9	(28.4-41.4)
Sex						
Females	10.2	(6.7-13.7)	44.1	(37.8-50.4)	45.8	(39.4-52.2)
Males	9.7	(5.7-13.7)	46.3	(39.7-52.9)	44.0	(37.4-50.5)
Children	9.9	(7.3-12.6)	45.2	(40.6-49.8)	44.9	(40.3-49.4)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

The four questions were reverse-scored and added together to get an indication of the level of functioning within families. A total score of 2.25 or less is defined as poor family functioning.

- About 13.5% of children lived in a family with poor family functioning (**Table 44**).

Table 44: Poor family functioning, 0 to 15 years, HWSS 2024

	Poor family functioning	
	%	95% CI
Age group		
0 to 4 years	9.2	(3.1-15.4)
5 to 9 years	12.4	(6.5-18.2)
10 to 15 years	17.9	(12.8-23.1)
Sex		
Females	10.9	(7.3-14.4)
Males	16.1	(10.7-21.4)
Children	13.5	(10.3-16.8)

HEALTH OF PARENTS/CARERS OF CHILDREN

10. Respondent for children

In addition to information regarding the children, demographic, social and psychosocial information about the parents/carers responding on behalf of the children was also collected. The information relating to the children were weighted to Western Australia's child population. However, data relating to the respondents for the children weren not weighted given these estimates were not meant to be reflective of the child population.

10.1 General health

Parents/carers of children were asked how their general health was.

- In 2024, 43.6% parents/carers rated their general health as excellent or very good (**Table 45**).
- Approximately 13.1% parents/carers rated their general health as 'fair' or 'poor'.

Table 45: General health of the parents/carers of children, HWSS 2024

	Excellent		Very good		Good		Fair / Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
0 to 4 years	20.3	(13.4-27.2)	33.1	(25.1-41.1)	35.3	(27.2-43.5)	9.8 *	(4.7-14.8)
5 to 9 years	14.2	(9.2-19.2)	27.4	(21.0-33.7)	40.5	(33.5-47.5)	15.3	(10.1-20.4)
10 to 15 years	10.6	(7.1-14.0)	30.0	(24.9-35.2)	40.9	(35.4-46.5)	13.2	(9.4-17.0)
Sex								
Females	13.2	(9.4-16.9)	29.5	(24.5-34.5)	40.8	(35.3-46.2)	12.9	(9.2-16.5)
Males	14.3	(10.4-18.3)	30.3	(25.1-35.4)	38.4	(33.0-43.9)	13.4	(9.5-17.2)
Children	13.7	(11.0-16.4)	29.9	(26.3-33.5)	39.6	(35.8-43.5)	13.1	(10.4-15.7)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

10.2 Mental health

Parents/carers of children were asked whether a doctor had told them they had depression, anxiety, stress or any other mental health problem during the past 12 months and whether they were currently receiving treatment for such a problem.

- Approximately a quarter of (25.1%) parents/carers reported that they have been told by a doctor that they had depression, anxiety, stress or another mental health condition in the past 12 months (**Table 46**).
- More than one in five (21.2%) parents/carers were currently receiving treatment for a mental health condition.

Table 46: Current mental health status of parents/carers of children, HWSS 2024

	Any mental health condition (a)		Respondent currently receiving treatment (b)	
	%	95% CI	%	95% CI
Age group				
0 to 4 years	19.7	(12.9-26.5)	17.3	(10.8-23.7)
5 to 9 years	28.3	(21.9-34.7)	25.7	(19.4-31.9)
10 to 15 years	25.4	(20.5-30.4)	20.0	(15.5-24.5)
Sex				
Females	23.0	(18.4-27.7)	19.2	(14.8-23.5)
Males	27.2	(22.2-32.2)	23.2	(18.5-27.9)
Children	25.1	(21.7-28.5)	21.2	(17.9-24.4)

(a) In the past 12 months told by a doctor they had depression, anxiety, stress or any other mental health problem.

(b) Currently receiving treatment for a mental health condition.

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