

Collaborative Healthcare in Wales:

Delivering the services
children need in the
community



Published June 2025

Collaborative Healthcare in Wales: Delivering the services children need in the community



This report shines a spotlight on the impact of the prolonged underinvestment in community child health services and the devastating impact this has had on children, young people and families.

Mounting waiting lists and subsequent lengthy delays are unacceptable for any patient, but for children and young people these delays can be catastrophic. Early intervention is key in most developmental conditions and has the biggest impact on improving educational outcomes, wellbeing and improving family life. It is not the same as for adults: if you miss the right window to treat a child or wait too long the consequences may endure for years or become irreversible.

Far too often, the voices and experiences of babies, children and young people are forgotten, overshadowed by the focus on the pressures within the adult health system.

Delivering care closer to home has long been a Welsh Government ambition and yet, there's been an underinvestment in child health services in the community. For instance, inadequate numbers of health visitors, continence nurses and speech and language therapists have resulted in poor school readiness and young people with low self-confidence and an increased risk of future health problems including long term pain. Continuing this will significantly impact the health of future generations and hinder their ability to reach their full potential. It's time to recognise that investment is urgently needed in community services so children can receive the care and treatment they deserve in a timely manner.

The Welsh Government needs to direct health boards, local authorities and partners to focus on providing early years intervention and support through needs-led services for children in the community. Wales needs to uphold the rights of the child, and this must start by turning back the tide of underinvestment in community child health.

Dr Nick Wilkinson, RCPCH Wales Officer



My wish for child health is just to be listened to.

Young Person, Cardiff Influence and Innovation Lab, Oct 2024

What are Community Child Health Services?

Community child health services, commonly referred to as community paediatrics and described as 'developmental paediatrics', provide a range of support for children, young people and families. These services focus on promoting healthy development, wellbeing, and early intervention. They support children with long term conditions by coordinating their therapy and support services, ensuring early and appropriate investigations are carried out to identify any treatable conditions and managing medication for children with complex care needs who commonly have a multitude of comorbidities.

Disciplines within community child health services are diverse and ranges based on locality. However, services commonly include community paediatricians, therapists, dietitians, nurses, health visitors and psychologists, among others.

Community paediatricians, specialise in [community child health](#) and are leaders within community child health teams. They usually work with a range of professions across the health system and between agencies, including colleagues in mental health, schools, social services and the voluntary sector.

Community paediatricians have a vital role in planning and implementing local strategies to improve the health of all children in their area including safeguarding policy, immunisation schemes, universal and targeted lifestyle programmes and tackling local social determinants of health. A number of statutory roles are also usually provided by community paediatricians relating to child protection, looked after children and those with additional learning needs.

Our process

Data relating to community child health is not published. In an effort to gain a comprehensive understanding of pressures on services, RCPCH Wales submitted Freedom of Information (FOI) requests to all health boards to obtain this data. This included two requests (February 2025 and March 2025) which asked for data relating to the community paediatric workforce and for waiting lists for community and allied health professional services and neurodevelopmental assessment waits.

All health boards responded, however the FOI responses are not comparable across health boards as they lack uniformity, and at times are inconsistent or incomplete. This makes it impossible to provide a meaningful All-Wales narrative of the pressures on community child health services. Instead, the data displayed in this report will provide a spotlight on each health board using the individual FOI responses, where available. This data should not be compared across health boards.

We also conducted a survey among members working in community paediatrics in 2025 and received responses from all health boards. This report has been guided by their views and the views of children and young people.

The case for change

Consecutive Welsh Governments have championed a shift to community services with the intention of delivering care closer to home. The Welsh Government's [A Healthier Wales](#) (2018), sets out the intention to adopt the philosophy of Prudent Healthcare by delivering integrated health and social care services closer to home. The Welsh Government's support for A Healthier Wales was [reiterated](#) in early 2025.

While the shift to community care has commonly been misunderstood as a simple geographical change in where care takes place, the intention behind this policy has been to preload investment in early intervention and support in the community to relieve pressures on hospital services and reduce admissions.

While this shift has potentially contributed to the number of [medical acute paediatric beds](#) decreasing by 12% between 2017/18 and 2023/24, (490.6 to 427.8), investment in community child health service has not kept pace with demand. This has caused lengthy delays, substantial workforce pressures and a knock-on impact on other services, including hospital services with implications for children, young people and their families.

In addition, far too often, the voices and experiences of babies, children and young people are forgotten and overshadowed by the focus on the pressures within the adult health system. This is evident within the recent report from the [Ministerial Advisory Group on NHS Wales Performance and Productivity](#). The report and the Welsh Government's subsequent response did not reference child health and despite exploring the capacity of services in the community, only focused on older adults. This is not atypical.

For future generations to thrive, and to achieve the vision set out in A Healthier Wales, the Welsh Government needs to take action to address the imbalance in investment in community child health services.

Recommendations

Our recommendations are driven by the needs of babies, children, young people and their families and are based on the Rights of a Child as outlined by the [United Nations Convention \(UNCRC\)](#).

Our recommendations have been informed by children, young people and their families, and RCPCH Wales members working in the community. They are based on the following core themes:

- 1 Collaborative care**
- 2 Creating a sustainable child health workforce**
- 3 Neurodevelopmental services**
- 4 Age-appropriate care**
- 5 Data**

1 Collaborative care

Community paediatrics necessitates extensive collaboration across various staff groups and sectors. Primary care, Child and Adolescent Mental Health Services (CAMHS), nursing, Allied Health Professionals (AHPs), educational providers, and social services all play a crucial role in this collaborative effort.

Although we cannot obtain an All-Wales overview of community child health waiting times, the FOI responses we have received do indicate waiting times for children and young people in most health boards have increased or remained static for several years.

80%
of respondents
believe waiting
times are negatively
impacting their
patients.

(RCPCH Wales survey, 2025)

Delays in accessing community child health services have a significant lifelong impact on children and their families. Many interventions need to be given by a particular developmental stage, and missing the developmental window to intervene can have a lifelong impact on speech, mobility, missed learning and delayed development. The impact of delays in care can be seen beyond health and often impact social development, school attendance as well as an individual's future economic contribution and requirements on adult NHS services.



[We need] more resources to reduce waiting times and offer meaningful and timely services, e.g. Occupational Therapy, Speech and Language Therapy and Psychology, to people who need them which means more investment

RCPCH Wales community paediatric survey, 2025

Early intervention and timely access to the appropriate professionals is crucial. Services must be needed and designed to provide support before, during, and after a child's journey through health services. However, we know this is not the case for many children and young people receiving care in the community.



My wish for child health is improved services that understand and see me as a person rather than as just my disability."

Young Person, Cardiff Influence and Innovation Lab, Oct 2024



The long waiting times even for initial assessments and longer for diagnosis are having a significant impact. Resources are being spent on diagnostics but not much resources are going into support services after diagnosis.

RCPCH Wales community paediatric survey, 2025

RCPCH members highlighted variations in service provision, training, and capacity with many members talking of their frustration with experiencing a 'postcode lottery' regarding the services they are able to refer a child onto following a diagnosis. It is essential the differences between health boards and local areas are addressed to ensure the unique needs of each community are met effectively and there is equity of access to care.

Collaborative care requires support, innovation and an understanding of each profession's pressures and challenges, whilst working together to overcome this. The relationship between all parts of the health service needs to be strengthened and designed around the child.

When we surveyed members in 2024 ahead of preparing our Senedd election manifesto calls, nearly half of members (48%) wanted the Welsh Government to prioritise the interface between different health services and systems.

RCPCH Wales recently responded to the [Senedd Health and Social Care Committee's inquiry on the future of General Practice](#). General practitioners (GPs) and the wider primary care workforce are situated within the heart of communities and are often the first port of call for families with concerns about their child's health. The relationship between primary care and community paediatrics is essential for improving access to health services for children, young people and their families and therefore requires more investment in information sharing, referral processes and strategic planning.

Our members have also strongly emphasised the urgent need for closer collaboration between community paediatrics and CAMHS due to the increased complexity of presentations, childhood trauma, Adverse Childhood Experiences (ACEs) and behavioural challenges that are being seen in community child health.



My wish for child health is to be listened to and have my opinion respected. Also to have my mental health taken into account. Just because I look happy doesn't mean I always feel that way.

Young Person, Cardiff Influence and Innovation Lab, Oct 2024

There is a natural overlap in community child health workload and CAMHS with neurodevelopmental assessments being carried out variably by CAMHS and community paediatric services across Wales. However, the findings from the RCPCH Wales community paediatrics survey (2025) suggests partnership working between CAMHS and community paediatrics is dependent on local arrangements and that there is often ambiguity regarding whether joint up working is available. Nearly two thirds (63%) of respondents did have a joint pathway with CAMHS for neurodevelopmental services, but this leaves over a third (37%) unaware or without a joint pathway, demonstrating inconsistency in services for children and young people and disjointed care. It is imperative that inter-specialty communication is improved to allow for equitable and consistent support.

Recommendations

Collaborative care is essential for the sustainability of the NHS and best outcomes for patients. We strongly advocate for the redesign of services to prioritise children's health, happiness and wellbeing within the planning, funding and delivery of the NHS. To deliver this, the Welsh Government, the Strategic Child Health Network, Regional Partnership Boards and Health Boards must:

- **Design and deliver a needs-based model of care**, prioritising early intervention and support from services delivered by AHPs, nursing, CAMHS and the wider primary and community child health workforce.
- **Address regional disparities.** Guarantee equitable healthcare across all health boards, addressing disparities between local authority areas while acknowledging each service's specific needs. Tailored strategies and targeted interventions are essential to address these disparities and promote equitable healthcare access across Wales.
- **Promote collaboration and innovation between all levels of health services** and ensure any pilot to improve the patient's journey through services is evaluated and, if successful, embedded across Wales, with the intention of improving and standardising the patient's experience.

2 Creating a sustainable child health workforce

Community paediatricians across Wales have reported the current challenges faced in community health are unsustainable with workforce numbers not keeping pace with service demand. They reported a growing demand on community child health services and chronic understaffing both within the medical workforce and wider child health workforce. Understaffing is impacting the timely delivery of services.



There's not enough of us, therefore mine and colleague's caseloads are excessive, leading to follow up appointments being significantly behind target, with associated clinical risks attached to this.

RCPCH Wales community paediatric survey, 2025

Data relating to the number of community paediatricians is currently unavailable as, although StatsWales publish data relating to the 'paediatric workforce', there is no way to breakdown the sub-specialities and review specific staffing numbers, grades or location.

From FOI responses we know the number of community paediatricians has not kept pace with the increase in service demand. With health boards reporting either a decline in full time equivalent (FTE) community paediatricians or a small increase, neither are able to meet the demand.



We'd be delighted to have just an additional 2 [community paediatricians], and this would significantly reduce stresses & allow patients to have more timely follow up, improving the care they receive and reducing clinical risks.

RCPCH Wales community paediatric survey, 2025

Data relating to AHPs is also hard to come by, as although it is published by StatsWales, again it is not disaggregated by those working within child health, or community services. Despite this, we know from our members and a number of other Royal Colleges that there are concerns about workforce shortages, recruitment challenges, and the sustainability of health services.

The Royal College of Speech and Language Therapists reported in their [State of the Nation \(2025\)](#) report an increase in the number of children with communication needs and highlighted workforce gaps. In one rural area in 2023, there was a 51% vacancy rate for registered paediatric Speech and Language Therapists (SLTs), which was significantly higher than the vacancy rate in registered adult SLTs (24%). In [State of the Occupational Therapy Workforce in Wales \(2024\)](#) the Royal College of Occupational Therapists evidenced the huge pressures their workforce is under due to increased demand and workforce shortages. Similar demands are also being felt on the general practice workforce, with the [Royal College of General Practitioners](#) reporting that in 2002 GPs worked across 516 practices in Wales, by the start of the pandemic there were 404 practices and today just 374 remain.

Similar trends can be seen in the data that is published for the wider child health workforce. For example, Health Visitors, who are essential for delivering early intervention and support for families have declined by 4.8% between 2018 (875.5 FTE) and September 2024 (832.7 FTE).



[We need] more frontline staff, paediatricians, children's community nurses, specialist nurses and therapists.

RCPCH Wales community paediatric survey, 2025

Staffing pressures and funding constraints have also resulted in limited support from the third sector and social care for vulnerable families which are essential for relieving pressures on community child health.

The lack of a sustainable workforce and appropriate skill mix, in particular in early years, has significant implications for child development with paediatricians now reporting seeing more children with developmental delays, requiring support for toileting, sleep and diet. Our members further suggest that due to the stretched and understaffed workforce, it can be challenging to provide the support these children need as there are limited services available and are often dependent on local arrangements.

Immediate action is required to improve staffing capacity, and develop comprehensive workforce plans to meet the growing demands on health services and ensure children can receive the care they deserve and reach their full potential.

Recommendations

In the [RCPCH Wales Senedd Election Manifesto](#), we called on the next Welsh Government to empower the child health workforce by attracting, supporting and retaining a workforce able to care for current and future generations. This needs to apply to community child health services.

The Welsh Government, Health Boards and Health Education and Improvement Wales, with insight from the NHS Wales Performance and Improvement Strategic Child Health Network, must:

- **Develop a Long-Term Workforce Plan (LTWP) for community services**, informed by a gap analysis of the workforce, current and projected child health demand and clinician-informed retention initiatives.
- **Commit to expanding training and consultant places for community paediatricians** and training places for the wider child health workforce. This should be informed by data modelling, workforce trends and projected demand.

- **Deliver community-based inclusive family support programmes and digital public health messaging.** Provide parents/carers with essential tools and guidance on behavioural management, sleep, toileting, diet and healthy habits. By offering comprehensive community support, we can empower families to effectively manage behavioural challenges and enhance children's overall wellbeing.

Health Board Spotlights

Aneurin Bevan University Health Board

The number of children waiting for community paediatrics increased from 150 in 2015 to 326 by 2024 - an equivalent rise of 117%.

Between 2020 and 2024 there were increases in the number of open pathways for children waiting for community services. The biggest increases occurred in speech and language therapy rising from 271 to 585 (a 115% increase) and paediatric dietetic services rising from 102 to 368 (a 260% increase).

The number of children and young people who sought an Autism Spectrum Disorder (ASD) or Attention-Deficit/Hyperactivity Disorder (ADHD) assessment increased by 166% (1,038 to 2,765) between 2020-2024. However, the number referred for an assessment declined by 12% from 466 to 406.

Betsi Cadwaladr University Health Board

The number of children waiting for community paediatric services and neurodevelopmental services have significantly increased between 2018 to 2025.

As of the 31 January 2018 there were 805 children waiting for community paediatric services. This has grown eleven times in seven years standing at 8,986 as of the 31 January 2025. An equivalent rise of 1016%.

Children waiting for a neurodevelopmental assessment increased from 2,739 in 2022 to 6,774 as of January 2025 - the equivalent of a 147% rise.

Cardiff and the Vale University Health Board

Between 2018 and 2025 the number of consultant community paediatricians has fluctuated with an overall decline of 8% from 10.1 FTE (Full Time Equivalent) to 9.3.

In comparison the number on community paediatrics waiting lists has grown three times, rising from 1,239 (2018) to 4,990 (2025) - the equivalent of a 302% increase.

Cwm Taf Morgannwg University Health Board

The number of under 18s waiting for neurodevelopmental services rose from 2,173 in 2023 to 3,391 by the 1 January 2025. A rise of 56%. The average wait for neurodiversity services as of the 31 December 2024 was 105 weeks.

The number of children waiting for a community paediatric service fell from 141(2023) to 135 (2025). The average wait for community paediatrics (complex medical needs) decreased from 84 weeks (2023) to 51 weeks (2024).

Hywel Dda University Health Board

The number of children waiting for community paediatric services has increased by 4.1% between 2018-2025, rising from 1,477 to 1,538.

The number of children waiting for an Autism Spectrum Disorder (ASD) assessment has risen by 781% since 2018, an increase from 343 in 2018 to 3,025 in 2024. The number of children waiting for an ADHD assessment has increased by 331% from 172 in 2018 to 743 in 2024.

The number of community paediatricians has increased by 7.6% between 2018 to 2024.

Powys Teaching Health Board

Powys Teaching Health Board currently employs three community paediatricians. This has been the case since 2023.

There are 119 children waiting for community paediatric services (December 2024). There were also a number of children waiting for AHP services as of March 2025: 99 Speech and Language Therapy, 77 Physiotherapy and 31 Occupational Therapy.

The number of children (0-18) waiting for a neurodevelopmental service increased by 119% between 2022 (505) and 2025 (1,109).

Swansea Bay University Health Board

Between 2020 and 2025 the number of weeks waiting for community paediatric rose from 36 (2020) to 80 (2025).

The number of waits waiting for Nutrition & Dietetics, Occupational Therapy, Physiotherapy and Speech and Language Therapy fluctuated between 2020 and 2025 but returned to 10 weeks in total with only a slight variation between services.

The number of children waiting rose from 597 to 1,271 – an equivalent rise of 112%. The number of community pediatricians fluctuated between 13.5 and 13 (Full Time Equivalent) between 2020 and 2025.

Health Boards should not be compared.

Data obtained from FOI responses, March-May 2025

3 Neurodevelopmental Services

Neurodevelopmental (ND) conditions profoundly impact the lives of children and their families, making it imperative to ensure timely access to appropriate support services. Despite this, we know ND services are currently under extreme pressure due to multiple complex factors that have significantly increased the demand for assessment services. Support for families remains under-resourced.

The Welsh Government have recognised the unsustainable demand on ND services and have taken action to address this, establishing a workstream within the NHS Wales Performance and Improvement and providing additional funding. In February 2025, the Minister for Mental Health and Wellbeing, Sarah Murphy MS, announced an [investment of £13.7m to continue the transformation of neurodivergence services for adults and children](#). This builds on the £3 million targeted to reducing the longest waiting times for children's neurodevelopmental assessments in November 2024.

The Welsh Government also relaunched the National Autism Team as the [National Neurodivergence Team](#) with the task of evaluating the impact of the Statutory Code of Practice. An updated Code of Practice is due to be completed by March 2026.

However, despite this investment RCPCH members have expressed concern that the extra provisions put on to reduce waiting times is not sustainable due to the funding being short term and the workforce will be unable to significantly reduce waiting lists before the funding runs out. Members further expressed concerns that the overwhelming pressure to reduce waiting lists can come at the cost of a rigorous, high-quality assessment while others have commented that the constant changes to ND services and plans have reinforced the postcode lottery of service provision. They say that what is needed is consistency and stability.



[We need] a completely different approach to ND which is not focussed on assessment and diagnosis, but can provide intervention.

RCPCH Wales community paediatric survey, 2025

There is significant variation across Wales in not only the length of wait lists for ND services but also who conducts the assessment, professions involved and location. In our community paediatrics survey, 63% shared that they did have a joint pathway with CAMHS for ND assessment within their Health Board, however, this leaves over a third of members (37%) unaware of the pathway, and/or without one. In addition to this, those that said there was a pathway shared that often provision was based on local arrangements and services struggled to meet demand, resulting in children falling through the gaps.



[We need a] clear way forward for ND services in Wales - there seems to be almost constant change to plans and services”.

RCPCH Wales community paediatric survey, 2025

90%
of respondents are concerned about neurodevelopmental wait lists.

(RCPCH Wales survey, 2025)

Members have emphasised that families experience significant stress while waiting for an ND assessment and the variation in provision is not conducive to a seamless journey through services.



There should be a basic level of care for people who are waiting for a diagnosis – she should have help that’s already accessible to her while she waits.

RCPCH &US, Parent 2024 (Wales)

Some families can find it hard accessing support in school settings until a diagnosis is confirmed, resulting in some children failing to have their social and educational needs met. The waiting period can lead to frustration, anger, school refusal, diminished attendance and withdrawal, limiting social, educational and occupational opportunities.

Recommendations

ND assessments, waiting times and support for children, young people and families has recently become a focal point for the Welsh Government. Despite this, members continue to tell us waiting lists remain a concern and service provision unfit for current demands. A redesign and standardisation of services, based on need is essential. To deliver this the Welsh Government, NHS Wales Performance and Improvement, Local Authorities and Health Boards must work to:

- **Provide a needs-led service.** The current emphasis on assessment is unsustainable and is leading to lengthy delays in access to support for children, young people and families. Support should be provided for children in all settings (education, local authorities and short break providers) dependent on need, not diagnosis.
- **Reduce regional variation.** A standardised pathway for child ND assessment should be enacted across health boards to reduce unnecessary local variation, while respecting the different geographic makeup of health boards.
- **Collect and publish ND data.** Develop a robust system to collect detailed data on ND referrals, assessment processes, and outcomes. By doing so, we can better understand local and national scope of the issue and develop informed strategies to improve service delivery.
- **Enhance awareness of neurodiversity** by developing and implementing a comprehensive public health campaign aimed at raising awareness and understanding of learning disabilities, autism, and neurodivergence. Collaborate with advocacy groups, key stakeholders within the neurodiverse community, education, CAMHS and individuals with lived experiences to ensure the campaign is impactful and authentic.

4 Age-appropriate care

Young people transitioning to adult services are often at risk of experiencing poor health outcomes when their transfer is not appropriately supported and coordinated.

The Welsh Government published the [Transition and handover from children's to adult health services](#) in 2022. While the guidance does set out a vision for seamless working and transition between services, we know that much more needs to be done to realise this aim.

While there are pockets of good practice, in particular in diabetic care, we know children with complex care needs often require referral to multiple adult services. Significant gaps in both child and adult services have resulted in many young people being caught between the two, battling to receive care, facing setbacks and leaving them increasingly frustrated.

Members have noted that the views of families and young people are frequently overlooked during the transition process, underscoring the importance of regular and effective communication.

Children and Young People Insight

During a RCPCH&US Innovation Lab (Cardiff 2024), children and young people expressed wanting more support when transition from child to adult services. They shared that they struggled during this time and wanted an “advocate” who was familiar with the adult services they needed and could help them navigate the transition and ensure their health needs were met without frustration and setbacks.

Services for children and young people should be age-appropriate meaning they must be tailored to the individual's needs, developmental stage and delivered in an environment that meets their specific needs.

RCPCH members advocate for robust staffing and support, including social care and respite services, to facilitate a smooth and appropriate transition for children, young people and their families.

Recommendations

Care should be age-appropriate and dependent on the needs of the individual. Young people transitioning to adult services are often at risk of experiencing poor health outcomes when their care is not appropriately supported and coordinated. To address this, the Welsh Government, the Child Health Strategic Network and Health Boards should work together to:

- **Introduce a Children's Health Investment Standard** to address the investment gap between child and adult health services.
- **Conduct an audit of existing local transition pathways** and arrangements for children with neurodevelopment, neuro disability and learning disability needs and ensure every health board has a named adult clinician responsible for transition pathways.
- **Update current transition guidance** with insight from community child health professionals, young people, parents and carers. A young person's journey through services must be taken into consideration to ensure the guidance is appropriate and delivers a seamless transition between services.

- **Offer children and young people transitioning through services an advocate** to advise and support them through the process. This would greatly improve communication and support for the individual.

5 Data

Good quality data is an essential component for service delivery and improvement. Consistent, reliable data that maps services and service pressures across child health is an essential component on which long-term and evidence-based workforce planning and resource allocation can be built.

Improved data collection would allow for improved service delivery which ultimately improves patient care and supports children to reach their full potential.

90%
of respondents
suggested that
improved data
collection would help
them in their work.

(RCPCH Wales survey, 2025)



Everything we do should be evidence based. If we are not auditing, we cannot be included in the data and therefore our population is not represented.

RCPCH Wales community paediatric survey, 2025

At present, obtaining such data for community child health services is challenging, resulting in a lack of a comprehensive national overview. Due to the lack of publicly accessible data, RCPCH Wales submitted FOI requests to all health boards to obtain data on community child health services. All health boards did respond, and much of the data can be used to identify patterns and trends within each health board, but when considered as a whole the data lacked uniformity and was at times inconsistent and incomplete. This indicates that the data is not being presented or scrutinised at a national level, leaving us with an incomplete picture of the configuration of child health services across Wales, pressure points and areas of unmet need.

The lack of comprehensive data obscures the challenges faced within community child health services, which our members have reported to be substantial.



Data is very poor with regards the numbers on our waiting lists, the numbers we see in clinic, the number of patients who have received different diagnoses. The little data we are presented with is often full of inaccuracies.

RCPCH Wales community paediatric survey, 2025



My wish for child health is for young people to feel heard around their physical and mental health concerns, and to them taken seriously.

RCPCH &US, Parent 2024 (Wales)

Additionally, our members have expressed frustrations regarding the absence of integrated IT systems

which complicate service delivery, leads to disjointed care and necessitates children and young people repeatedly having to share their experiences.

In the RCPCH Wales community child health survey, 82% of respondents indicated that community paediatrics data collection could be improved, with 90% suggesting that improved data collection would help community paediatricians in their work.

Improved data collection and transparency would support the development of meaningful outcome measures and facilitate a move towards developing an approach in which we can demonstrate the added value of the child health workforce in Wales.

Without urgent improvements in data collation and transparency the needs of children and young people in the community will continue to be hidden, potentially having devastating outcomes for children and young people and the services that provide for them.

Recommendations

Informed by the NHS Wales Performance and Improvement Strategic Child Health Network and with insight from children, young people and stakeholders, the Welsh Government, Digital Health and Care Wales and Health Boards must work together to:

- **Develop and implement a standardised data reporting tool** for community child health services across all health boards.
- **Include community child health services in the existing national Referral to Treatment (RTT) targets** as set out by Welsh Government in April 2025 to ensure children are represented and their needs acknowledged.
- **Establish a data dashboard** that displays All-Wales and local level community child health waiting times data in an easily accessible manner.
- **Implement an All-Wales patient data sharing system** with accessible key information to ensure that appropriate data is readily available across Wales. This approach would better support the coordination of care for those with the most complex care needs, who often receive care from multiple centres.

Conclusion

This report has placed a spotlight on community paediatrics and the pressures community child health services are currently under in Wales. Despite not being able to provide an All-Wales assessment due to the quality of data, this report has highlighted the devastating impact underinvestment has had on community child health services.

There is an urgent need to not only improve the quality and transparency of data but allow this to inform investment in child health equal to investment in adult services. This must start by ensuring there is adequate support in the community, both for the workforce and the services they provide, and strengthen early intervention to support a child's healthy development.

By implementing these recommendations, we can work towards reducing harmful waiting times and ensure that babies, children and young people are supported when accessing healthcare services.

Acknowledgements

We would like to thank everyone who has been involved in the creation of this report.

We would particularly like to thank the community paediatricians who took part in our RCPCH Wales Community Paediatrics Survey in early 2025 and a special thank you to Dr Elizabeth Nickerson and Dr Hamilton Grantham for their expert advice and input which helped shape this report.

We would like to thank the RCPCH Workforce team who supported the data analysis, as well as the RCPCH&US team and children, young people and families who gave their thoughts on community child health services.

With support from the RCPCH Wales Officer Dr Nick Wilkinson, RCPCH Wales Deputy Officers Dr Dana Beasley and Dr Malcolm Gajraj, Health Board Integration Lead Dr Saurabh Patwardhan, and the Wales Executive Committee, this work was led by RCPCH Wales.

About RCPCH Wales

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 600 members in Wales. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards.

For further information please contact Sarah Williamson, Policy and Public Affairs Manager (Wales), sarah.williamson@rcpch.ac.uk