Royal College of Paediatrics and Child Health

# Quick read:
# State of Child Health 2026: England

## Introduction

State of Child Health 2026 provides a clear and comprehensive overview of children's health across the four nations of the UK, analysing progress against 12 key child health indicators.

Nearly ten years on from the first RCPCH State of Child Health review, **outcomes for children in England have either worsened or stalled across almost all key indicators**. The impact is felt most sharply in deprived areas and among ethnic minority communities.

RCPCH analysis identifies three key themes driving worsening outcomes for children and young people across the 12 indicators:

- **Gaps in data:** Inconsistent and incomplete data make it harder to measure outcomes, understand trends, and develop effective policies.
- **Widening inequalities:** Children growing up in deprived areas are more likely to experience poorer health and wellbeing, highlighting the strong influence of social and economic factors.
- **Underinvestment in the workforce:** Limited and unequal funding has reduced capacity in child health services and made joined-up support more difficult.

The findings from our 2026 review show that current approaches are not yet delivering the change needed. Failure to improve child health today risks lifelong health problems, poorer educational outcomes, and entrenched inequalities. Without urgent action, paediatricians are clear that we risk raising one of the unhealthiest generations of children in decades.

## Foreword

"In early 2024, the UK government promised to create the healthiest and happiest generation of children ever in Britain. It is a noble goal that governments of all colours across our nations should hold as a priority. This report is a stark reminder to policymakers that, to achieve that goal, there is a huge amount of work to do. Since the last iteration of State of Child Health (published in 2020), very little has improved and, on some indicators, the situation has deteriorated."

**Dr Helen Stewart**
**RCPCH Officer for Health Improvement**

"Collectively, we must do better, and we must do it sooner. Improving child health requires sustained focus, long-term investment, and a commitment to tackling the root causes of inequality. Getting it right first time matters, not only for children today, but for the health and prosperity of our society in the years to come."

**Professor Steve Turner**
**RCPCH President**

## Methodology

State of Child Health 2026 brings together the latest available evidence across 12 indicators of child health and wellbeing, combining analysis of national data, clinical expertise and policy evidence to identify trends, inequalities and priorities for action. The report was developed with analytical support from Born in Bradford and incorporates the views and lived experiences of children and young people, including a dedicated child-led indicator on emotional health and wellbeing.

This quick read provides a summary of the State of Child Health in 2026 in England and includes our headline recommendations alongside a summary of each of our 12 indicators and associated policy recommendations. Quick reads summarising the same for Scotland, Wales and Northern Ireland will be published separately.

# Headline Recommendations

State of Child Health 2026 sets out a roadmap for change. Our 12 child health indicators provide a practical framework for current and future governments to track and measure progress on children's health outcomes.

To improve child health outcomes in England, the UK government must deliver on these three priorities:

1. **Data: Strengthen the quality, collection and sharing of child health data, including developing a single overarching measure of children's health and wellbeing to track progress towards the healthiest generation of children ever.**

   Currently, child health data is siloed and lacks a clear, single measure of national progress. Bringing key indicators together into one overarching measure would enable consistent tracking of outcomes and inequalities and strengthen accountability across government.

2. **Targets: Commit to explicit, meaningful national targets to improve children's health and reduce inequalities across all 12 indicators.**

   Existing targets are fragmented and inconsistent, limiting sustained national action. Clear, aligned targets would focus government effort on improving outcomes and narrowing inequalities across all areas of children's health.

3. **Investment: Introduce a Children's Health Investment Standard to address the inequity in spending between child and adult health services, alongside a funded, long-term child health workforce strategy.**

   Investment in children's health services is not consistently aligned to need, contributing to workforce shortages and limited capacity. A dedicated investment standard and workforce plan would help rebalance funding and ensure services can deliver timely, joined-up care.

## Spotlight: Young people tell us why we need to act now

The children and young people we worked with to develop State of Child Health 2026 were clear that, without action, emotional health difficulties will persist. They highlighted pressures in education settings, a lack of safe community spaces, and barriers to early support as key concerns, as well as support systems that misinterpret their needs, delay intervention, and fail to reflect their lived experiences. Schools are often seen as sources of stress, while the reduction in youth services and in school wellbeing support restricts their opportunities for early help.

They emphasise that being seen within services does not necessarily translate to feeling heard or supported. Many young people highlighted that current systems can increase harm, particularly where access to the support needed is restricted by high thresholds for care. Assumptions that young people with health conditions are already supported, that those without are coping, or that help should only follow crisis leave many feeling unsupported. They stress that meaningful participation in decision making is essential, and that without it, services will continue to miss the mark, making earlier access to support and stronger community provision critical to prevention in England.

## Spotlight: Insight from RCPCH members

Paediatricians witness the impact of inequality, underinvestment and poor access to support every day. Their frontline experience, woven through State of Child Health 2026, offers an invaluable early warning system, helping policymakers understand not just what is happening to children's health, but why it is happening and how it can be prevented.

# Overview of our key child health indicators

Across our 12 indicators, child health outcomes in England show signs of stagnation or decline, with widening inequalities by deprivation, ethnicity and gender. While there have been pockets of improvement, the overall picture is one of uneven progress and growing gaps in outcomes. Addressing these disparities will be critical to improving outcomes and ensuring that all children can achieve good health and development.

**Infant mortality**
Infant mortality rates in England remain high and have shown little improvement in recent years (3.9 per 1,000 in 2023), with clear and widening inequalities, as rates in the most deprived areas are more than double those in the least deprived.

**Key fact**
The social gradient is pronounced: in 2025, infant mortality rates were more than twice as high in the most deprived areas (5.3 per 1,000) as in the least deprived (2.2).

**Paediatrician's insight**

"Even if a death could not have been prevented, we can still learn something from every death to help improve care of future children."

**Child mortality**
Child mortality rates in England have seen only marginal improvement in recent years (8.5 per 100,000 in 2024 vs 9 in 2018), with suicide a key contributor among 10–17-year-olds, disproportionately affecting boys and those from Mixed or Multiple ethnic backgrounds.

**Key fact**
In 2025, child mortality rates for 1–17-year-olds were almost twice as high in the most deprived areas (15.7 per 100,000) as in the least deprived (8.2 per 100,000), highlighting stark inequalities.

**Paediatrician's insight**

"The UK's record on child mortality is a quiet scandal, hidden in plain sight."

**Immunisations**
Vaccination coverage has fallen below recommended levels and remains a significant concern. Very few routine childhood vaccines now meet the 95% uptake target, with England performing particularly poorly compared to other UK nations.

**Key fact**
Uptake of two doses of the MMR vaccine by age five in England was just 84%. Immunisation uptake is lower among looked-after children, with only 82% having up-to-date immunisations in 2023–24..

**Paediatrician's insight**

"More and more, I am coming across unvaccinated children and young people... I have seen children extremely unwell from measles, mumps and whooping cough."

**Early childhood development**
Early years development in England has shown partial recovery (68.3% achieving a Good Level of Development in 2024, up from 65.2% in 2021), but remains below pre pandemic levels and the 75% target, with persistent inequalities by deprivation, ethnicity and gender, and lower attainment among boys.

**Key fact**
In 2024, just 51.3% of children eligible for free school meals achieved a Good Level of Development, compared with 72.5% of their peers, highlighting a substantial deprivation gap.

**Paediatrician's insight**

"Over the years, I have seen increased demand for early years paediatric services, with more referrals for speech and language delays, sleep difficulties, developmental, behavioural, and complex health needs, nutritional deficiencies, alongside increased safeguarding and care cases."

| | | |
|---|---|---|
|  | **Oral health**<br>Tooth decay in children is entirely preventable, yet remains highly prevalent in England, affecting 22% of five year olds in 2024, with progress stalling since 2020, driving hospital admissions and disproportionately affecting children in more deprived communities. | **Key fact**<br>The cost to the NHS of tooth extractions among children aged 0–19 in England was an estimated £74.8 million in 2024. |
| **Paediatrician's insight** | "Evidence based initiatives such as community water fluoridation and national supervised toothbrushing schemes show clear benefits in reducing disease and narrowing inequalities." | |

| | | |
|---|---|---|
|  | **Obesity**<br>Rates of overweight and obesity among children in England remain high and increase with age (23.5% at age 4–5 rising to 36.2% by age 10–11), with prevalence in the most deprived areas roughly double that of the least deprived, alongside marked disparities between ethnic groups. | **Key fact**<br>In 2024/25, obesity prevalence among 10–11-year-olds was highest among children from Black ethnic backgrounds (31.4% for any other Black background and 30.8% for Black Caribbean), compared with just 13.6% among children from Chinese ethnic backgrounds. |
| **Paediatrician's insight** | "We are now seeing conditions in children that were previously metabolic complications of adulthood and uncommon in paediatrics." | |

| | | |
|---|---|---|
|  | **Mental health**<br>The need for mental health support among children and young people in England has risen substantially over the past decade, with the proportion of 8–16 year olds seen by the NHS assessed to have a 'probable' mental health disorder increasing from 12.5% in 2019 to 20.3% in 2023. | **Key fact**<br>Access to mental health support has deteriorated among young people with probable mental health disorder, with the proportion able to access help through schools falling from 59.8% in 2022 to 53.1% in 2023. |
| **Paediatrician's insight** | "There has been a clear increase in those presenting in crisis, often now being younger in age and more complex in presentation." | |

| | | |
|---|---|---|
|  | **Emotional health and wellbeing**<br>Children and young people consistently identify limited access to emotional health support as a major concern, with support often difficult to access, inconsistent, and typically only available at crisis point despite widespread everyday need. | **Key fact**<br>Young people report that the absence of a diagnosis is often used to deny them emotional health support. |
| **Young person's insight** | "Waiting times and access to services are a problem for children and young people with and without health conditions." | |

**Vaping and smoking**

Smoking among children and young people remains low, with just 3% of girls and 3% of boys reporting current use in 2023, but this is offset by rising e cigarette use. Emerging evidence also raises concerns about exposure to harmful and unregulated substances in vapes, suggesting potential links to wider drug risks.

**Key fact**

Over a quarter of girls (27%) and 22% of boys aged 11–15 reported ever using e cigarettes in 2023, up from 25% and 19% respectively in 2021.

**Paediatrician's insight**

"Two [children] recently had acute hospital admissions with respiratory complications likely directly influenced by vaping. the youngest child I have looked after was a 6-year-old with severe bronchiectasis found using their parents vape on the ward."

**Asthma**

Progress in reducing emergency admissions for childhood asthma has reversed in recent years, rising to 147.9 per 100,000 in 2023/24 after earlier declines, with many deaths remaining preventable and persistent inequalities affecting outcomes.

**Key fact**

Children from deprived backgrounds in the UK are four times more likely to die from asthma than their wealthier peers.

**Paediatrician's insight**

"One very significant change is that we now have a greater understanding of environmental drivers... asking about the air children breathe is becoming a routine part of taking an asthma history."

**Substance misuse**

Substance misuse trends among children and young people show uneven progress, with alcohol use remaining widespread and increasing, while cannabis use has declined modestly from around 8% in 2016 to around 5.5% in 2023.

**Key fact**

Of those who reported drinking alcohol in the last four weeks, 46% of girls and 41% of boys aged 11–15 reported having been drunk once or twice in that time in 2023, a marked increase from 39% and 28% respectively in 2016.

**Paediatrician's insight**

"The use of alcohol as a means of exploitation, particularly for our most vulnerable children and young people... highlights the importance of addressing the broader safeguarding and social drivers of harm alongside pricing policy."

**Injuries**

Emergency admissions for injury among children have declined over time but remain highest in younger age groups, with emerging risks such as e scooter injuries and persistent inequalities, as children in more deprived areas face substantially higher rates of harm.

**Key fact**

In 2024/25, emergency admission rates for injury among 0–4 year olds in England were 174.9 per 1,000 in the most deprived areas, compared to 130.8 in the least deprived.

**Paediatrician's insight**

"Despite public health measures, we still see children and young people injured on our roads and involved in violent crime. We also continue to see non-accidental injuries, particularly in children under one year."

# Our recommendations

In addition to our overarching recommendations, we have suggested further evidence-based and practical recommendations for each of our 12 indicators, which are summarised here. For the full rationale and recommendation detail please see the relevant section of the full report.

| Indicator | Recommendation | For attention of |
|---|---|---|
| **Infant mortality** | • Strengthen primary care, maternal care, and early years support in the first 1,000 days with adequate funding.<br>• Strengthen joint DfE–DHSC accountability to tackle inequalities and reduce infant mortality.<br>• Strengthen system learning by integrating data on infant deaths and expanding equity reviews.<br>• Strengthen monitoring of neonatal staffing, workforce planning, and team culture. | Department of Education (DfE), Department of Health and Social Care (DHSC) & UK Government |
| **Child mortality** | • Ensure ICBs equip staff for safeguarding, collaboration, bereavement support, and learning from child deaths.<br>• Deliver targeted prevention strategies for underserved and high-risk children and families.<br>• Maintain and support the Child Death Review Programme. | Integrated Care Boards /Trusts, DHSC & UK Government |
| **Immunisations** | • Increase investment in vaccination services, workforce, and outreach.<br>• Develop and implement a fully digital Red Book.<br>• Make the NHS number a universal identifier for every child to enable safer data sharing and stronger safeguarding.<br>• Strengthen workforce training and community engagement to improve vaccination uptake. | DHSC, Royal College of General Practitioners, Royal College of Midwives, Royal College of Nursing, Royal College of Obstetricians and Gynaecologists, Institute of Health Visiting, Faculty of Public Health, School and Public Health Nurses Association |
| **Early childhood development** | • Ensure equitable rollout of Family Hubs, Start for Life, and early years support.<br>• Increase health visitor workforce capacity and contacts.<br>• Ensure equitable funding and workforce planning for community health services. | Department for Education and Department of Health and Social Care |
| **Oral health** | • Increase dental service capacity so all children see a dentist by age one.<br>• Expand community water fluoridation across England.<br>• Introduce reformulation measures for commercial baby foods high in sugar. | Department of Health and Social Care |

| Indicator | Recommendation | For attention of |
|---|---|---|
| **Obesity** | • Introduce fiscal measures to drive healthier food and drink reformulation.<br>• Strengthen restrictions on promotion of high fat, salt, and sugar foods.<br>• Fund access to sports, leisure facilities, and green spaces.<br>• Introduce mandatory front-of-pack nutrition labelling. | Ministry of Housing, Communities and Local Government (MHCLG), DHSC, Department for Environment, Food & Rural Affairs (DEFRA) and UK Government |
| **Mental health** | • Increase investment in children's community mental health services.<br>• Ensure all pupils have access to mental health support in education by 2029/30.<br>• Increase CAMHS funding to reduce waiting times and prevent crisis. | Department for Education and Department of Health and Social Care |
| **Emotional health and wellbeing** | • Invest in universal, early, and inclusive emotional health and wellbeing support across education, health, community, and youth systems, ensuring access before crisis without requiring diagnosis or risk identification. | UK Government and Devolved Administrations |
| **Vaping and smoking** | • Restrict vape flavours to a limited approved list.<br>• Prohibit branding and imagery on vape products.<br>• Restrict retail display and access to vapes.<br>• Expand smokefree and vape-free public spaces.<br>• Provide dedicated smoking and vaping cessation services for young people. | Department of Health and Social Care |
| **Asthma** | • Enact a Clean Air Act establishing a legal right to clean air.<br>• Meet WHO air quality guidelines for PM2.5.<br>• Ensure all children with asthma have a personalised action plan.<br>• Increase primary care workforce to meet asthma care standards. | Department for Environment, Food and Rural Affairs and Department of Health and Social Care |
| **Substance misuse** | • Introduce minimum unit pricing for alcohol.<br>• Strengthen regulation of alcohol marketing and exposure.<br>• Invest in alcohol- and drug-free activities and spaces for young people.<br>• Strengthen education on risks of drugs and alcohol. | DHSC, DfE, Department for Culture, Media and Sport (DCMS) and Home Office |
| **Injuries** | • Establish a standardised injury data reporting system.<br>• Implement measures to prevent child injuries based on national recommendations. | DHSC and UK Government |

Quick read:

**State of Child Health 2026: England**

**To read the full report, scan the QR code or go to www.rcpch.ac.uk/state-of-child-health**

RCPCH
Royal College of Paediatrics and Child Health
*Leading the way in Children's Health*

Published in 2026 by
Royal College of Paediatrics and Child Health
5-11 Theobalds Road, London, WC1X 8SH