Royal College of Paediatrics and Child Health Wales

Leading the way in Children's Health

RCPCH Wales response to the Early Years, Children and Education Committee consultation on priorities for its strategic planning and forward work programme

September 2026

The Royal College of Paediatrics and Child Health (RCPCH) Wales welcomes the opportunity to respond to the Early Years, Children, Young People and Education (EYCYPE) Committee consultation on priorities for the Seventh Senedd.

We understand that, like its predecessor in the Sixth Senedd, the Committee's remit includes the health and wellbeing of babies, children and young people (BCYP). This is a welcome move and presents an important opportunity to scrutinise an area that has not consistently received the policy focus, accountability or investment it requires.

The Welsh Royal Colleges Child Health Collaborative (WRCCHC) recently wrote to the Chair and Committee members to encourage the Committee to undertake an inquiry into children's health and wellbeing early in this Senedd term. RCPCH Wales plays a leading role within the WRCCHC and strongly supports this call. We believe such an inquiry would provide the opportunity to assess the state of children's health in Wales, evaluate whether children are being adequately prioritised within health and care services and identify changes that are needed to improve outcomes.

Recommendation

- Conduct an inquiry on the health of babies, children and young people in Wales, ensuring the voice of professionals and children and young people are heard and understood.

Why is an inquiry into children's health and wellbeing needed?

The need for dedicated scrutiny of the health and wellbeing of BCYP has become increasingly pressing.

In its Legacy Report, the Sixth Senedd Children, Young People and Education Committee acknowledged that competing priorities limited its ability to undertake significant work on children's health. It nevertheless raised concerns that children's health and wellbeing were not being sufficiently prioritised within national planning and

resource allocation, and called for greater clarity around planning, resourcing, accountability and data relating to children's health[1].

Good health and wellbeing are fundamental to a child's ability to learn, thrive and achieve their potential. A child's health and wellbeing is shaped by a complex interaction of healthcare, education, housing, poverty, environmental factors and family circumstances. Poor health in childhood can have lifelong consequences, affecting educational attainment, employment prospects and future health outcomes with consequences for both the individual and society as a whole.

Recent analysis carried out by RCPCH shows that health outcomes for children in Wales have either worsened or stalled across almost all major health indicators over recent years, while inequalities have continued to widen[2].

For example:

- 27.3% of four to five-year-olds in Wales are overweight or living with obesity, the highest prevalence recorded in Wales to date and the highest among the UK nations[3].
- More than one quarter (27%) of five to six-year-olds have obvious tooth decay. Children living in the most deprived communities are almost twice as likely to experience tooth decay as those in the least deprived communities[4].
- An estimated 135,000 children and young people in Wales are living with a diagnosable mental health condition, with prevalence increasing substantially over the past two decades[5].
- Vaccination uptake continues to fall below recommended levels. Foe example, uptake of the second dose of MMR at age five stands at 89.5% in Wales, significantly below the 95% target required for population protection. Inequalities in uptake have also widened[6].
- Infant mortality remains stubbornly higher than in other European countries and continues to disproportionately affect children living in the most deprived communities[7].

[1] Welsh Parliament, Children, Young People and Education Committee Legacy Report, March 2026: https://laiddocuments.senedd.wales/cr-ld18024-en.pdf?lld=37402
[2] Royal College of Paediatrics and Child Health (July 2026) 'State of Child Health 2026 Report': https://www.rcpch.ac.uk/work-we-do/state-of-child-health/introduction
[3] State of Child Health 2026 - Obesity: https://www.rcpch.ac.uk/work-we-do/state-of-child-health/obesity
[4] State of Child Health 2026 - Oral health: https://www.rcpch.ac.uk/work-we-do/state-of-child-health/oral-health
[5] State of Child Health 2026 – mental health: https://www.rcpch.ac.uk/work-we-do/state-of-child-health/mental-health
[6] State of Child Health 2026 – immunisations: https://www.rcpch.ac.uk/work-we-do/state-of-child-health/immunisations
[7] State of Child Health 2026 – infant mortality: https://www.rcpch.ac.uk/work-we-do/state-of-child-health/infant-mortality

- Around 40% of children aged 0-4 are living in relative income poverty, underlining the profound impact that wider social and economic factors have on health outcomes[8].

These challenges are occurring against a backdrop of growing demand, increasing complexity of need, workforce shortages, mounting service pressures and persistent inequalities. At the same time, significant gaps in data and fragmented digital infrastructure continue to make it harder to understand need, track outcomes and drive improvement.

An inquiry early in the new Senedd would provide an important opportunity to assess the scale of these challenges, examine the effectiveness of current policy interventions and consider how government, public services and wider partners can work together to improve outcomes for babies, children and young people.

What should an inquiry examine?

RCPCH Wales believes an inquiry should take a whole-system view of children's health and wellbeing and examine whether Wales has the structures, investment and accountability mechanisms required to improve outcomes for babies, children and young people.

Key areas should include:

- **Prioritisation of children's health**
  Despite making up around one-fifth of the population, children have historically received less policy attention and visibility within health planning and funding than might be expected given their size and importance to the future health of the nation. Evidence from the proportion of NHS spend in England shows that spending on children's health services accounts for a significantly smaller proportion of total health expenditure than the proportion of the population made up by children[9]. Equivalent figures for the proportion of NHS Wales spend is not routinely published, making it difficult to assess whether children's health receives a proportionate share of NHS resources. Wales has an older population profile than England which suggests that the share of health spending directed towards babies, children and young people is likely to be lower than in England.

  This reflects a longstanding challenge within health systems that are largely designed around the needs of adults. While pressures in adult services are real and growing, the consequence of continuing to disproportionately weight spending towards adult services results in workforce shortages and limited capacity across child health services, restricting access to timely, preventative and joined-up care for children. As a result, opportunities to intervene during infancy, childhood and

[8] Joseph Rowntree Foundation (2025) Poverty in Wales 2025: https://www.jrf.org.uk/poverty-in-wales-2025

[9] 'Moving the needle on child health in the UK', The Lancet Child & Adolescent Health, 2026: https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(26)00198-7/fulltext

adolescence, when action can have the greatest impact over a person's lifetime as well as on future financial pressures on the NHS, are often missed.

An inquiry into children's health and wellbeing should consider whether children's health receives sufficient visibility within NHS planning and funding decisions, and whether current resource allocation arrangements adequately reflect the long-term benefits of investing in prevention, early intervention and child health services. RCPCH members feel strongly that children's health needs are often overlooked and not prioritised when it comes to budget and workforce planning in the NHS. Fairer investment in children's health services would not only improve outcomes for babies, children and young people, it would also help reduce future demand on NHS services, tackle health inequalities at their root and support a healthier, more productive population in the years ahead.

Investing in children's health is one of the most effective ways to build a healthier, fairer and more prosperous Wales. If policymakers are serious about shifting the NHS from a system primarily focused on treating illness and managing chronic conditions in later life towards one that prevents poor health and reduces inequalities, children must receive a greater share of attention and investment. Children represent 20% of Wales's population and the entirety of the nation's future workforce and communities. An inquiry would provide an important opportunity to examine whether current funding and policy arrangements adequately reflect that reality.

- **Workforce capacity**
  Children and families are increasingly affected by workforce pressures across health, mental health, community, education and social care services. Put simply, workforce numbers are insufficient to match growing demand for support or to meet the increased complexity of children's health needs. This challenge is particularly evident within the health visiting workforce, which plays a critical role in prevention, early intervention and support during the first years of life. Health visitors report growing complexity of need and rising caseloads, reflecting increasing pressures on families and wider children's services. The Institute of Health Visiting's latest State of Health Visiting Survey (2024) found that 84% of practitioners reported increased demand for support over the previous 12 months[10]. At the same time, workforce capacity has reduced, with the number of health visitors employed in NHS Wales falling from 875.5 full-time equivalent (FTE) staff in 2018 to 850 FTE staff in 2026[11]. An ageing workforce adds to these concerns, with four in 10 health visitors across the UK reporting that they intend to leave the profession within the next five years, most commonly due to retirement, but also due to concerns around career

[10] Institute of Health Visiting 'State of Health Visiting UK Survey Report' (2025): https://ihv.org.uk/wp-content/uploads/2025/01/State_of_Health_Visiting_Report_2024_FINAL_VERSION_22.01.25_compressed.pdf

[11] Staff directly employed by the NHS, nursing, midwifery and health visiting staff, by grade and area of work, StatsWales: https://stats.gov.wales/en-GB/74710e9d-9bcb-42ee-ade4-699083072dd0/filtered/4ps8ee5mgav3?page_size=25#dataset-nav

progression and the erosion of the profession's preventative public health role.

These pressures are symptomatic of a wider challenge facing children's health services. While policymakers rightly seek to shift healthcare towards prevention and earlier intervention, the workforce most closely associated with delivering that ambition has often experienced declining capacity. The current workforce supporting children's health and wellbeing needs are overstretched and at risk of burnout. The latest General Medical Council (GMC) annual survey of trainees and trainers reported that 47% of trainees in paediatrics and child health rated the intensity of their workload as very heavy or heavy. Half of all trainees said their work was emotionally exhausting to a high or very high degree and over two fifths said they were exhausted in the morning at the thought of another day at work[12].

These workforce pressures are not only professional but can also be personal. Many of our members are themselves parents, carers of family members of babies, children and young people who rely on the same overstretched services. Difficulties assessing timely support for their own children can add to pressures staff already face at work. At the same time, sustained high workloads, stress and emotional and physical exhaustion can have a significant effect on wellbeing and family life. When staff are running on empty for prolonged periods, this can contribute to rising absences from work, difficulties with retention and reduced capacity across services.

A sustainable workforce is essential if Wales is to meet these challenges head on and improve outcomes for the youngest in our society. The Committee may wish to explore workforce planning, recruitment, retention and capacity across services supporting babies, children and young people. Members may want to consider paying particular attention to whether workforce planning and investment decisions are adequately supporting the preventative services that help identify needs early, reduce inequalities and prevent more serious health problems developing later in childhood and adulthood.

- **The impact of inequalities on children's health and wellbeing**
  Health inequalities are evident across many child health indicators, including obesity, oral health, immunisation uptake and infant mortality. Children growing up in poverty and deprivation consistently experience poorer outcomes. In Wales, nearly a third (31%) of children are living in relative income poverty. Research carried out by the Joseph Rowntree Foundation suggests this figure rises to 40% for our youngest children[13].

  Poverty is one of the strongest drivers of poor health outcomes for babies, children and young people in Wales. Children growing up in the most deprived communities are significantly more likely to experience worse health, educational and social

[12] General Medical Council National Training Survey 2025 results: https://www.gmc-uk.org/cdn/documents/national-training-survey-2025-results-report_pdf-111657596.pdf
[13] Joseph Rowntree Foundation (2025) Poverty in Wales 2025: https://www.jrf.org.uk/poverty-in-wales-2025

outcomes. Obesity rates are nearly twice as high among children living in the most deprived areas compared with the least deprived[14], while the gap in the rates of tooth decay between children living in the most and least deprived remains significant and has not changed over time[15]. Children from poorer backgrounds are more likely to be persistently absent from school[16] and are more likely to have experienced multiple adverse childhood experiences (ACEs)[17]. Taken together, these inequalities demonstrate that where a child grows up continues to have a profound impact on their health and wellbeing, reinforcing the need for action that tackles the root causes of disadvantage as well as its consequences.

An inquiry should examine not only the social and economic drivers of poor health, but also whether the structure and delivery of health services can compound existing inequalities, with some groups of children facing greater barriers to accessing timely and appropriate care than others. The Committee may wish to consider how the Welsh Government, NHS Wales and wider public services can reduce inequalities and improve outcomes for the most disadvantaged children, including by considering the impact of poverty and deprivation as well as whether service design, access arrangements and resource allocation may also be playing a role.

- **Access to services and service pressures**
  An inquiry should examine inequity in access to healthcare across Wales and the impact that waiting times, workforce shortages and service pressures are having on babies, children, young people and families.

  While there has been encouraging progress in reducing the longest waits for children and young people over the past year, significant challenges remain. In May 2026, 5,478 pathways for 0-18 year olds had been waiting more than one year and 288 had been waiting more than two years. Although this represents a substantial improvement from May 2025, when the equivalent figures were 8,357 and 715 respectively, the latest figures show there has been a small increase in both one-year and two-year waits compared with the previous month. Nationally, more than 53,000 patient pathways for babies, children and young people remained open in May 2026[18].

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[14] NHS Wales Child Measurement Programme 2024-25: https://publichealthwales.nhs.wales/services-and-teams/child-measurement-programme/

[15] 'Tooth decay in young children in Wales continues to fall, but inequalities remain' Public Health Wales (2026): https://publichealthwales.nhs.wales/news/tooth-decay-in-young-children-in-wales-continues-to-fall-but-inequalities-remain/

[16] 'Not in school: pupil absence' article, Senedd Research (2024): https://research.senedd.wales/research-articles/not-in-school-pupil-absence/

[17] 'Adverse childhood experiences and engagement with healthcare services: Findings from a survey of adults in Wales and England', Public Health Wales (2024) https://phw.nhs.wales/reports/adverse-childhood-experiences-and-engagement-with-healthcare-services-findings-from-a-survey-of-adults-in-wales-and-england/

[18] NHS waiting lists: pathways waiting 26 weeks, 36 weeks, one year and two years, StatsWales (accessed 03/08/26): https://stats.gov.wales/en-GB/3ef3a1d8-1467-4afe-ad60-4fc3d92228a1/filtered/eabgx8l2kg35?page_size=25#dataset-nav

Delayed access to assessment, diagnosis and treatment can have an outsized impact on children because there is often a limited window in which intervention can deliver the greatest benefit[19]. Long waits affect a child's physical health, emotional wellbeing, educational attainment and development, while also placing significant pressure on families.

Reducing waiting times must remain a priority for the Welsh Government but the committee may wish to consider whether efforts around improving access and reducing waits are suitably child-centred. Current waiting time standards are largely designed around adult services and do not adequately reflect the distinct health and developmental needs of babies, children and young people. For a child, a delay of months can mean missed developmental milestones, prolonged absence from education, or lost opportunities for early intervention at a critical stage of life. An inquiry into children's health and wellbeing should therefore consider not only overall waiting list performance, but also the specific consequences of delays for babies, children and young people and the actions needed to ensure timely access to care. This could include consideration of whether existing performance measures appropriately capture the impact of delays on children and whether child-specific waiting times standards should be introduced.

Particular attention should also be paid to access to mental health, neurodevelopmental, community paediatric and preventative services, where early intervention can be critical in improving outcomes and reducing the need for more intensive support later in life. This should be considered alongside the role of education services, recognising that effective early intervention often depends on close collaboration between health and education professionals.

- **Quality and availability of child health data**
  Both clinicians and policymakers require better data to understand outcomes, plan services and monitor progress. Current arrangements remain fragmented, with inconsistent data collection and reporting across the system.

  Despite growing recognition of the importance of data and digital transformation across the NHS, child health services have often lagged behind other parts of the system. While there have been notable successes, including the roll out of digital growth charts across NHS Wales[20] and the ongoing digitalisation of paediatric inpatient records[21], significant gaps remain.

  At present, there is limited routinely collected and publicly available data on many aspects of children's health and healthcare. Important areas such as community

[19] 'Long delays in NHS care causing serious damage to children's health across UK', The Guardian, 5 September 2024: https://www.theguardian.com/society/article/2024/sep/05/long-delays-in-nhs-care-causing-serious-damage-to-childrens-health-across-uk?CMP=Share_iOSApp_Other

[20] 'All health care professionals benefit from the new Digital Paediatric Growth Chart Wales system', Digital Health and Care Wales, 15 December 2025: https://dhcw.nhs.wales/news/latest-news/all-health-care-professionals-benefit-from-the-new-digital-paediatric-growth-chart-wales-system/

[21] 'Paediatric inpatient documents to go digital', Digital Health and Care Wales, 20 April 2023: https://dhcw.nhs.wales/news/latest-news/paediatric-inpatient-documents-to-go-digital/

health services, school readiness, health needs within schools, childhood disability, paediatric waiting lists by service type, and much of the wider child health workforce are not comprehensively measured or reported. As a result, it can be difficult to identify where pressures exist, assess whether services are meeting need or determine where redesign and investment could have the greatest impact.

Poor digital infrastructure also places an unnecessary burden on both staff and families. RCPCH members frequently report frustration with outdated IT systems, poor interoperability and continued reliance on paper-based records. These challenges can result in wasted clinical time, duplication of effort and families having to repeatedly share the same information with different professionals because systems are unable to communicate with one another. The consequences are not merely administrative. In 2024, the Welsh Government acknowledged that the continued use of paper records within the Healthy Child Wales Programme limited the accuracy of data collection[22]. More than 57,500 contacts that should have been offered through the programme were not recorded as taking place, and in around one-fifth of cases the reason for the missed contact was either missing or invalid data[23]. This raises important questions about whether some children and families are receiving the support to which they are entitled.

The fragmentation of data systems creates a significant risk of duplication and inefficiency, with professionals often required to record or request the same information multiple times across different platforms. In addition, challenges in communication and information sharing between disparate systems can create safeguarding risks, where important information is not readily accessible to the professionals responsible for supporting and protecting children. In 2023, a joint Healthcare Inspectorate Wales (HIW), Estyn and Care Inspectorate Wales rapid review of child protection arrangements found that inadequate communication and information-sharing systems were creating risks for children, with some professionals unaware whether child protection arrangements were in place[24]. In many settings, handwritten records were still being used and were, at times, found to be illegible.

The challenge is compounded by the fact that children interact with a wide range of services, including health, education, childcare and social care. Yet different systems often use different identifiers for the same child, making it difficult to link information and build a complete picture of need. This can hinder joined-up care, create inefficiencies and increase the risk that emerging health or safeguarding concerns are missed.

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[22] Healthy Child Wales Programme: quality report, Welsh Government (2025): https://www.gov.wales/healthy-child-wales-programme-quality-report-html

[23] Healthy Child Wales Programme 2024 evaluation, Welsh Government (2025) https://www.gov.wales/healthy-child-wales-programme-2024-html#173508

[24] 'Rapid review of child protection arrangements', Care Inspectorate Wales, Estyn and Healthcare Inspectorate Wales (2023): https://www.hiw.org.uk/system/files/2023-09/20230928Rapid%20Review%20of%20Child%20Protection%20Arrangements%20EN.pdf

An inquiry should therefore consider:

- the quality and availability of child health data;
- opportunities to improve digital infrastructure and information sharing between health, care, education and other services that support BCYP;
- UK and international evidence of progress towards a consistent child identifier to enable safer and more effective information sharing across services
- the development of meaningful child health outcome measures and performance indicators; and
- accountability arrangements to ensure sustained improvement in children's health

Wales can no longer afford to be left in the dark about the state of child health. Better data and modern digital infrastructure are essential not only for improving strategic planning and service delivery, but also for ensuring that babies, children, young people and families receive safe, joined-up and timely care. The Committee may wish to examine progress against previous recommendations, including HIW's 2023 call for a centralised and accessible system capable of capturing all health information relating to children, as well as opportunities to learn from developments elsewhere in the UK, including recent legislative moves towards single patient records and the use of consistent identifiers to improve information sharing[25]. Investment in data and digital infrastructure should be viewed not as an administrative exercise, but as a prerequisite for improving health outcomes and reducing inequalities for babies, children and young people across Wales.

A long-term strategy for children's health

RCPCH Wales was pleased to see a commitment in Plaid Cymru's 2026 Senedd election manifesto to developing a targeted children's health plan as part of a wider new Public Health Strategy and Framework for Wales[26]. We understand that the Welsh Government plan to take forward this commitment in autumn 2026. Such a plan should be underpinned by robust data, clear targets and a commitment to equitable investment in children's health services.

An inquiry would provide an opportunity for the Committee to consider how a long-term strategic approach could improve outcomes and create greater accountability for children's health and wellbeing across government.

[25] The NHS Modernisation Bill includes provisions to introduce a single patient record which will allow staff across the NHS in England to see a patient's full medical history and improve coordinated care: https://www.gov.uk/government/news/better-patient-care-as-nhs-set-to-introduce-single-patient-record

[26] 'For Wales: 2026 Manifesto', Plaid Cymru (2026): https://www.partyof.wales/trin_y_pethau_syn_achosi_salwch_nid_dim_ond_y_symptomau

Conclusion

RCPCH Wales strongly encourages the Committee to undertake an inquiry into children's health and wellbeing as an early priority in the Seventh Senedd.

Such an inquiry would build on the recommendations of the previous Committee, provide much-needed scrutiny of children's health services and help establish whether current arrangements are sufficient to meet the needs of babies, children and young people in Wales.

The evidence is clear that too many child health outcomes are moving in the wrong direction, inequalities remain entrenched and opportunities to intervene early are being missed.

If Wales is serious about improving educational attainment, reducing inequalities and building a healthier future, it must start by improving children's health. An early inquiry into children's health and wellbeing would provide the Committee with an important opportunity to examine the barriers facing children and families across Wales and identify the actions needed to deliver lasting change. Babies, children and young people simply deserve better.

About the Royal College of Paediatrics and Child Health (RCPCH)

RCPCH works to transform child health through knowledge, innovation and expertise. 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. We have over 25,000 members with around 600 members in Wales.

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