Royal College of Paediatrics and Child Health Wales

Leading the way in Children's Health

RCPCH Wales response to the Equality, Human Rights and Social Justice Committee's priorities for the Seventh Senedd

September 2026

The Royal College of Paediatrics and Child Health (RCPCH) Wales welcomes the opportunity to respond to the Equality, Human Rights and Social Justice Committee's consultation on the priorities of the Seventh Senedd.

Health inequalities are the avoidable, unfair and systematic differences in health outcomes between different groups of babies, children and young people. The drivers of health inequalities are the social, economic and environmental factors in which individuals live that have an impact on their health outcomes. This includes ethnicity, income, housing, climate change and being looked after by local authorities.

Child poverty is a major driver of health inequalities. Wales currently has the highest rates of child poverty in the UK at 32%, with the risk of income poverty rising to 46% for children aged 0-4.

As a result, systemic poverty is creating a self-perpetuating cycle with poorer health affecting educational attainment, employment opportunities and future income, increasing the likelihood that inequalities persist into adulthood and across generations.

Reducing child poverty is one of the most effective ways to reduce health inequalities and improve long-term health outcomes.

RCPCH urges the Senedd Equality, Human Rights and Social Justice Committee to:

- **Conduct an inquiry into child poverty**, setting out the need for targeted intervention, with a particular focus on the impact on a child's health and wellbeing and how to mitigate the impact of poverty to improve long term health outcomes.

Poverty and health inequalities

Children are 20% of the Welsh population and yet far too often overlooked, experiencing the highest rates of poverty out of any age group, and worsening health inequalities. This is reflected in our recent State of Child Health publication.

Nearly ten years on from the first RCPCH State of Child Health review, outcomes for children in Wales have either worsened or stalled across almost all key indicators, with poverty being a key driver of inequalities.

- The prevalence of children with obesity is approximately 75% higher in the most deprived fifth (15.6%) compared to the least deprived (8.9%).

- Children from deprived backgrounds experience higher levels of prevalence and severity of tooth decay. Nearly a third (32.5%) of children in the most deprived areas experienced tooth decay, compared to 19% in the least deprived areas; severity also showing differences.
- Children from the poorest 20% of households being four times as likely to experience serious mental health problems by the age of 11 than those in the most affluent 20% of households.
- Children aged 11-16 reporting smoking at least once a week is nearly double, 4% compared to 2.1% for those with a low Family Affluence Scale (FAS) score, compared to high.
- Children aged 11-16 reporting having tried e-cigarettes/vapes is higher for those with a low FAS score, 30.4% compared to 24.2%.
- Inequalities in infant mortality are noticeable between the most and least deprived areas, 4.7 per 1,000 live births, compared to 3.7
- Uptake in vaccinations show significant inequalities, ranging from 90.7% for children aged 3 in the least deprived areas to 79.7% in the most deprived areas, with this trend being experienced across all age groups.
- The overall rate of emergency admissions is higher for children (aged 0-4) in the most deprived areas, compared to the least deprived, 245.7 per 1,000 versus 207.6 respectively.

The statistics above show the clear link between child health and poverty, and the devasting impact poverty is having on children's lives. Children and young people have told us how poverty affects every part of their lives, including the following:

- Not enough money for healthy nourishing food, leading to a poor diet and unhealthy eating. It would be easier to get disease and get sick because of poor diet and poor hygiene. It would also be hard to sleep, which would also affect your mental health.
- Not able to afford to go to social events or sports clubs, go on holiday, or go on school trips. You might be left out.
- Can't afford good housing, could be homeless. You would be lacking basic things like electricity, or hot, clean water – leading to poor hygiene (dirty clothes, hair etc).
- You may end up being bullied or possibly becoming a bully. People might make fun of you, and you might be bullied because you can't afford clothes or have a dirty uniform.
- Poverty would result in poor mental health and could lead to depression or anxiety. You could feel angry and frustrated and might lash out at people.
- You would become vulnerable and might be exposed to 'dodgy' people and drugs. You could be forced to make bad choices and get up to trouble.

RCPCH is calling on the Welsh Government to develop a strengthened child poverty strategy with targets to address health inequalities and end the cycle of systemic child poverty in Wales.

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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