Royal College of Paediatrics and Child Health

Quick read
State of Child Health: Northern Ireland

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 Northern Ireland have either worsened or stalled across almost all key indicators**. The impact is felt most sharply in deprived areas.

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 evidence-based 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

"We are now at the stage where urgent action is non-negotiable, or we will be failing our babies children and young people. Despite some areas of improvement, this report highlights the stark and concerning reality of child health in Northern Ireland.

As a paediatrician, I too often see the foundations needed for a healthy childhood, and adulthood, undermined by delays in care, widening inequalities, and missed opportunities for early intervention. Since the first State of Child Health report in 2017, Northern Ireland has experienced several years without a functioning Executive. This turbulent political context, combined with an increase in the demands on paediatric services, has contributed to lengthening waiting lists, expanding inequalities and a system under immense pressure.

Day and daily I see the importance of prevention and early intervention, and it is critical that we have a sustainable system and workforce that prioritises these so that preventable health conditions do not become long-term challenges for our children and young people."

Dr Thomas Bourke
Officer for Ireland

Methodology

State of Child Health 2026 draws on analysis of nationally available data across 12 child health indicators, selected using agreed criteria to ensure they reflect priority outcomes for children and young people, are supported by robust and regularly updated datasets, and represent areas where paediatricians have both clinical insight and a role in driving change.

Data are analysed to identify trends over time and differences by key factors such as deprivation, with a particular focus on understanding and highlighting health inequalities. Each indicator combines quantitative analysis with clinical insight, including one indicator co-developed with children and young people to address gaps in routinely collected data, to provide a rounded view of both outcomes and their underlying drivers.

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. By placing children at the centre of policy, funding and service design, Northern Ireland can build a health system that gives every child the opportunity to thrive.

To improve child health outcomes in Northern Ireland, the Executive must deliver on these three priorities:

1. **Data:** Strengthen the quality, collection, and sharing of child health data, ensuring a connected and data-informed child health system that enables better understanding of child health and paediatric services, identifies gaps and need early, informs future policy and service delivery, and delivers for children.
2. **Targets:** Embed an effective accountability framework that ensures appropriate action is taken in areas where progress is lacking. This includes establishing, monitoring, and reporting on specific targets aimed at improving children's health outcomes.
3. **Investment:** Ensure equitable investment in child health services and sustained investment in the child health workforce, including the co-production and delivery of a Child Health Workforce Plan.

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

"Waiting times and access to services are a problem for children and young people with and without health conditions", Young Person, RCPCH&US Innovation Lab (NI).

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 emphasise that being seen within services does not always mean being heard or supported. They told us that support should enable them to express themselves and utilise visual tools to help explain their health and care. Their priority is for their thoughts and experiences of services to be taken seriously, listened to, and understood.

Assumptions that young people with health conditions are already supported, that those without health conditions are coping, or that help should only follow a crisis, leave many feeling unheard.

They highlighted lengthy waiting times and access to services as key concerns, as well as the need for cross-departmental collaboration when it comes to children's health and wellbeing. They stress that meaningful participation in decision-making is essential.

Overview of our key child health indicators

Across our 12 indicators, child health outcomes in Northern Ireland show signs of stagnation or decline and widening inequalities. 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
Mortality indicators underline persistent structural inequalities. Northern Ireland has seen an increase in the infant mortality rate from 4.2 per 1,000 in 2018 to 4.5 per 1,000 in 2024.

Key fact
From 2020 to 2024, the infant mortality rate in Northern Ireland was highest in areas of deprivation, with the most deprived areas having a rate of 5.2 per 1,000 births and the least deprived areas having a rate of 3.4 per 1,000 births.

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 (among children aged 1 to 15 years old) in Northern Ireland has significantly reduced from a rate of 10 per 100,000 (2018) to 7.1 per 100,000 (2024).

Key fact
Northern Ireland has seen the second most significant improvement, after Wales, in child mortality rates out of all UK nations since the previous State of Child Health report.

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, with very few routine childhood vaccines now meeting the 95% uptake target. In 2023/24, the 6-in-1 vaccine had been administered to 91% of children by their first birthday, while only 86% of children had received two doses of the MMR vaccine by age five.

Key fact
Since 2020, there has been a steady decrease in the number of children having received two doses of the MMR vaccine by age five.

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."

Asthma
In 2024/25, data suggests that there were 1,774 asthma-related acute, episode-based activities at Health and Social Care (HSC) Trusts in Northern Ireland for children and young people aged 19 and under. This is an increase from 1,666 in 23/24.

Key fact
There are an estimated 40,000 children with asthma in Northern Ireland.

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."

	**Oral health*** Examining the rate of dental fillings and extractions in under-18s in Northern Ireland, we can see a clear gap between the experiences of those in the most deprived areas and those in the least deprived areas. In 2024/25, the standardised dental filling rate per 100,000 was 30,492 for under-18's, with the rate being 22,784 in the least deprived areas and 36,688 in the most deprived areas.	**Key fact** The inequality in dental extractions rates between the least and most deprived areas has increased, rising from a 1% gap in 2020/21 to an 11% gap in 2024/25
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** Obesity remains a significant public health challenge among children and young people in Northern Ireland. Although rates among 4 to 5-year-olds have remained largely unchanged (25.28%), by the time they finish primary school, the rate has drastically increased, with over a third of 11 to 12-year-olds (34.67%) in 2023/24, classified as overweight or obese.	**Key fact** Prevalence of measured obesity among children was almost 40% higher in the most deprived areas (24.7%) compared to the least deprived areas (17.8%).
Paediatrician's insight	"We are now seeing conditions in children that were previously metabolic complications of adulthood and uncommon in paediatrics."	

	**Vaping and smoking*** There is limited data in Northern Ireland on vaping and smoking among children and young people, however a 2022 survey highlighted that while 6.6% of Year 12s had smoked, 44% had previously used an e-cigarette and 24% had stated they were a current e-cigarette user. Emerging evidence raises concerns about exposure to harmful and unregulated substances in vapes, suggesting potential links to wider substance risks.	**Key fact** The proportion of children reporting to have used an e-cigarette or smoked was higher in the most deprived areas with 26% having tried e-cigarettes compared to 19.5% of those in the least deprived areas.
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."	

	**Emotional health and wellbeing** Children and young people consistently identify waiting times and limited access to emotional health support as a major concern, along with the complexities that come with transitioning to adult services.	**Key fact** Young people want to be communicated with in age-appropriate ways that allow them to express themselves as well as understand what they are being told.
Young person's insight	"Emotional wellbeing support can change things and allow children and young people to achieve better health outcomes."	

	**Substance misuse** There is limited data in Northern Ireland on substance misuse among children and young people, however a 2022 survey noted that almost one third (31%) of young people reported having drunk alcohol, but only 4% of respondents reported having ever used drugs. Almost two thirds (64%) of Year 12s reported having drunk alcohol while only 9% reported that they had used cannabis.	**Key fact** Despite the decrease observed between 2000 and 2013, the rate of Year 12's having ever been drunk has since increased from 55% in 2013 to 63% in 2022.
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."	

	**Mental health*** The need for more streamlined mental health support for children and young people continues to rise in Northern Ireland, with recent studies estimating that 45.2% of 16-year-olds have a probable mental illness while the wellbeing of 11-year-old children is at its lowest level since 2010.	**Key fact** One in eight children and young people experienced emotional difficulties, while one in eight meet the criteria for a mood or anxiety disorder.
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."	

	**Injuries** Unfortunately, there is a lack of available data detailing emergency admissions for injury among children and young people in Northern Ireland. We encourage the Executive to strengthen data collection with consistent, Northern Ireland-wide reporting of accidental injury hospital admissions for children.	**Key fact** In 2025/26 there were 112 children killed or seriously injured in road traffic collisions in Northern Ireland, an increase of 7 from 24/25 and an increase of 30 from 23/24.
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."	

	**Early childhood development** An indicator for early childhood development is not included for Northern Ireland due to a lack of data. We would encourage the Department of Health to utilise the Healthy Child, Healthy Future framework to ensure that high-quality and consistent data sets are collected to monitor outcomes and inequalities across NI Executive departments, health services, and education.

*Some of the statistics differ from those presented in the main State of Child Health report, as more up-to-date alternative figures were available at the time of publication.

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	• Establish and fund a Northern Ireland-wide Child Death Review (CDR) system. • Fully implement the refreshed Healthy Child, Healthy Future Framework, including enhanced universal and targeted antenatal and early years contacts (especially during the first 1,000 days), new developmental reviews and improved early identification pathways for additional needs. • Increase investment in the maternity and early years workforce to ensure delivery of the enhanced visiting schedule of Healthy Child, Healthy Future is viable and recognise that the delivery of targeted support requires strengthened midwifery, health visiting and family nurse capacity. • Deliver and fund targeted services that prioritise families in the most disadvantaged areas, supported by enhanced health visiting capacity, early intervention and referral pathways.	NI Executive, Department of Health
Child mortality	• Establish and fund a multi-disciplinary Child Death Overview Panel to undertake reviews of all child deaths in Northern Ireland and make evidence-based recommendations that inform policy development and help improve services. • Strengthen safeguarding medical leadership and capacity through sustained workforce investment, including in safeguarding and forensic medical specialists, to ensure timely expert and clinical input, and an effective multi-agency approach for children and families. • Deliver clear and integrated pathways from early identification to specialist assessment within acute paediatric services to support earlier diagnosis and improved outcomes. • Strengthen support for children and young people experiencing poor mental health through investment in crisis pathways, workforce expansion, and targeted provision for high-need communities, including youth services, mentoring programmes, mental health support and safe spaces for children and young people.	NI Executive, Department of Health, Health and Social Care Trusts

Indicator	Recommendation	For attention of
Immunisations	• Increase investment in the Healthy Child, Healthy Future child health promotion programme to increase compliance with the Northern Ireland regional immunisation schedule, including prioritising investment in the health visitor service for NI. • Deliver and provide long-term funding for evidence-based public communication campaigns promoting routine childhood immunisation. These should be accessible to all, delivered through multiple channels, and include targeted outreach to underserved groups, including migrant communities, rural populations and families in the most deprived areas. • Assess the feasibility of establishing a single unique identifier for children and young people to support consistent and appropriate information sharing across health, social care and education services, enabling more integrated, holistic care. Alongside this, the Northern Ireland Executive should consider digitising the Red Book to allow parents and child health professionals easy access to a child's vaccination records. • Ensure campaigns and service models are tailored to vulnerable and underserved groups, including migrant communities, rural populations and families in deprived areas, to help reduce inequalities in uptake.	NI Executive, Department of Health, Public Health Agency
Early childhood development	• Implement and fund the refreshed Healthy Child, Healthy Future framework. This must include focus on the first 1,000 days; stronger support during pregnancy, improved pathways for early identification of health and wellbeing concerns, targeted support and family centred interventions for those with additional needs, and consistent pathways between maternity, health visiting, school nursing and early intervention services. • Ensure all Health and Social Care Trusts use unified systems, with the collection of high-quality, consistent data enabled through Encompass, to monitor outcomes and inequalities. • Expand targeted support for families, including peer support, targeted local support in areas of high deprivation and public facing breastfeeding promotion that aligns with the early years focus on nutrition and equity.	NI Executive, Department of Health, Public Health Agency

Indicator	Recommendation	For attention of
Oral health	• Fund and fully implement the Children's Oral Health Improvement Plan. • Improve access to early years oral health information through investment in and expansion of programmes such as pre-school oral health education, as well as integrating early years services with routine oral health guidance and referrals for families at risk of poor oral health outcomes. • Ensure the timely publication of Northern Ireland wide paediatric oral health indicators, including dental extraction rates and inequalities monitoring, to guide future service planning.	NI Executive, Department of Health, Health and Social Care Trusts
Obesity	• Provide full multi-year funding for the new Healthy Futures Obesity Strategic Framework (2025). • Align obesity prevention with the Healthy Child, Healthy Future early years model and ensure that nutrition and physical activity guidance are consistently delivered by health visitors and early years practitioners. • Develop, implement and invest in child-centred healthy living strategies, including the promotion of initiatives that enable affordable healthy eating, active travel and physical activity. • Fund regional, evidence-based child weight management services, with consistent access across all HSC Trusts, and strengthen weight management pathways for children already living with obesity. Local authorities and HSC Trusts should commission targeted programmes in high-risk areas, including community nutrition initiatives, subsidised physical activity opportunities and enhanced early family support.	NI Executive, Department of Health, Health and Social Care Trusts
Emotional health and wellbeing	• Invest in universal, early, and inclusive emotional wellbeing support across systems without requiring diagnosis.	NI Executive, Department of Health, Department of Education

Indicator	Recommendation	For attention of
Mental health	• Implement a coordinated, multi-agency model to address fragmented pathways and inconsistent access, including full and urgent delivery of the Northern Ireland Mental Health Strategy 2021–2031, supported with multi-year funding and cross government prioritisation of children's mental health. • Address long waiting lists, workforce retention challenges, and variability between Trusts by ensuring statutory mental health services, including CAMHS and Eating Disorder Services, receive funding proportionate to the child health population as outlined in the Northern Ireland Mental Health Strategy. • Strengthen specialist pathways for children with additional vulnerabilities including learning disabilities, neurodevelopmental needs, co-occurring substance use, children in care and children engaged in the youth justice system. • Address data and accountability gaps through transparent waiting time standards, regular public reporting, and independent monitoring of progress against the Mental Health Strategy.	NI Executive, Department of Health, Department of Justice, Department of Education
Vaping and smoking	• Ensure the effective implementation of the Tobacco and Vapes Act and examine areas where devolved powers should be used to ensure there are no gaps in the marketing and sale of vape products in NI, particularly where products are designed or promoted in ways that appeal to young people. This should include prohibiting flavoured vaping products and be consistent with the wider public health emphasis on harm prevention and concerns raised in early intervention frameworks. • Fund and effectively deliver evidence-based smoking prevention programmes and initiatives within education settings, youth provision and community programmes. For example, by utilising the role of school nursing teams and wellbeing education as strengthened through the refreshed Healthy Child, Healthy Future framework.	NI Executive, Department of Health, Department of Education

Indicator	Recommendation	For attention of
Asthma	• Join the National Asthma and COPD Audit Programme (NACAP) or publish equivalent regional data, with action planning requirements aligned to England, Scotland and Wales. • Strengthen primary care asthma pathways in line with updated Healthy Child, Healthy Future early intervention priorities, embedding asthma education and inhaler technique checks within routine school nurse and health visitor contacts. • Establish Northern Ireland-wide reporting of childhood asthma emergency admissions.	NI Executive, Department of Health, Public Health Agency, Health and Social Care Trusts
Substance misuse	• Introduce a minimum unit price (MUP) for alcohol in Northern Ireland. • Ensure consistent delivery and funding of early intervention substance use education across schools and youth services so that it is available to all young people. • In line with the Northern Ireland Mental Health Strategy 2021–2031, provide trauma-informed early intervention for adolescents affected by substance use, including those with additional vulnerabilities such as poverty, trauma, or care-experienced young people. This should include stronger referral and partnership pathways between education, youth work, community addiction services, voluntary organisations, and CAMHS to ensure rapid access to support.	NI Executive, Department of Health, Department of Education, Department for Communities
Injuries	• Publish and implement a successor to the Northern Ireland Home Accident Prevention Strategy 2015-2025. • Embed structured home safety assessments and advice into routine health visiting contacts under the Healthy Child, Healthy Future 2025 framework, particularly during the first 1,000 days. Complement this with expanded targeted support for families in high-risk and deprived areas, including home safety equipment schemes, hazard reduction programmes and enhanced health visiting support. • Strengthen data collection with consistent, Northern Ireland wide reporting of accidental injury hospital admissions for children. • Improve road safety and promote safe travel for adolescents with targeted campaigns including school bus safety and addressing the dangers of e-scooters.	NI Executive, Department of Health, Public Health Agency, Health and Social Care Trusts

About RCPCH

The RCPCH works to transform child health through knowledge, innovation and expertise with responsibility 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.

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Quick read:

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