Royal College of Paediatrics and Child Health

Quick read
State of Child Health: Wales

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 Wales 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 makes 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

"This report exposes the shocking state of child health and the deepening inequalities experienced by families across Wales. The impact of this is devastating and long-lasting; limiting the life opportunities for our youngest generations before they even have a chance. As paediatricians we cannot afford to accept this as the status quo. Poor health and inequalities are not inevitable.

With a commitment to develop a child health plan, the new Welsh Government must now deliver bold, evidence-driven intervention to improve outcomes for babies, children and young people. Without urgent action, we'll lose a generation to poor health, preventative conditions and missed opportunities."

Dr Dana Beasley, Dr Lizzy Nickerson
RCPCH Co-Officers for Wales

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 is analysed to identify trends over time and differences by key factors such as deprivation and, where available, ethnicity, 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. To improve child health outcomes in Wales, the Welsh Government must deliver on Plaid Cymru's manifesto commitment to develop a **Children's Health Plan**.

A Children's Health Plan must be evidence-based, data-driven and developed with insight from clinicians and from children and young people. It should focus on three priorities:

1. **Data:** Strengthen the quality, collection and sharing of child health data, prioritising accessible, transparent and standardised reporting across public services.

2. **Targets:** Develop an overarching measure for children's health to track outcomes, monitor trends and inform action to improve child health. This should sit alongside robust, meaningful targets to support improvements in children's health and reduce inequalities.

3. **Investment:** Guarantee equitable investment in child health services relative to adult care, by delivering a Child Health Investment Standard that recognises the growing complexity of paediatric needs.

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

"My wish for child health is for young people to feel heard", Young Person, RCPCH&US Innovation Lab (Cardiff).

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. Their desire for services is to be taken seriously, listened to and understood. 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 highlighted pressures in education settings, a lack of safe community spaces, and barriers to early support as key concerns. 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 Wales.

Spotlight: Insight from families

A poll* conducted by YouGov on behalf of RCPCH shows:

- Less than a third (**27%**) of respondents feel the Welsh Government are doing enough to support child health.
- Only **18%** of respondents believe the Welsh Government's NHS spending on child health is 'about right.
- Around two-thirds (**68%**) of respondents believe the cost-of-living crisis is having a negative impact on child health. *Breakdown: **33%** believe the cost of living crisis is having the same negative impact now compared to a year ago **35%** believe it's having more of a negative impact.*

* Conducted by YouGov between 10-14 August 2026. Total weighted sample size of 1049 people in Wales, aged 16+.

Overview of our key child health indicators

Across our 12 indicators, child health outcomes in Wales 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
Mortality indicators underline persistent structural inequalities. Infant mortality in Wales has remained largely unchanged at 3.5 deaths per 1,000 live births in 2024, the same rate as in 2018.

Key fact
Infant mortality is highest in areas of deprivation, with 4.7 deaths per 1,000 live births in 2024, compared to 3.7 in the least deprived areas.

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 1-15 years old) has significantly improved in Wales since 2018, falling from 13 per 100,000 children to 6.4.

Key fact
Wales has seen the most significant improvement in child (1-15 years old) mortality rates of all UK-nations since the previous State of Child Health report and now has the lowest rate across all four nations, followed by Northern Ireland at 7.1 per 100,000.

Paediatrician's insight

"While the statistics appear to have improved, we must continue to monitor trends. Any death of a child is devastating, and we need to ensure we are doing everything possible to reduce avoidable child mortality."

Immunisations
Vaccination coverage has fallen below recommended levels and remains a significant concern. Very few routine childhood vaccines now meet the 95% uptake target. The most recent data (2024) shows uptake of the MMR 2nd dose sits at 89.5%, a decline from 92% in 2020 and far below the 95% threshold .

Key fact
The inequality gap in immunisation uptake by five years of age increased in 2024/25 compared to 2023/24, from 8.4 percentage points to 9.7, the largest gap in inequality since the reporting began.

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."

Oral health
Oral health reflects similar patterns of stalled progress and inequality with the prevalence of tooth decay evident from the age of 5. Evidence suggests that over a quarter (27%) of 5-to-6 year olds in Wales had obvious tooth decay (2024/25).

Key fact
Children living in the most deprived areas were nearly twice as likely to have tooth decay (37.6%) compared to children in the least deprived areas (19.8%) 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."

	**Emotional health and wellbeing** 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** 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."	

	**Obesity** Obesity remains a significant problem among children and young people in Wales. In 2024/25, 27.3% of 4–5 year olds were overweight or living with obesity. This is the highest prevalence recorded in Wales to date and the highest rate among all UK nations.	**Key fact** Prevalence of measured obesity among children was approximately 75% higher in the most deprived areas (15.6%) compared to the least deprived (8.9%).
Paediatrician's insight	"We are now seeing conditions in children that were previously metabolic complications of adulthood and uncommon in paediatrics."	

	**Mental health** The need for mental health support among children and young people in Wales has risen substantially over the past decade, with an estimated 135,000 children and young people living with a diagnosable mental health condition; around 1 in 6 aged 8 to 10; 1 in 5 aged 11 to 16, and 1 in 4 aged 17 to 24.	**Key fact** The proportion of eight to-24-years-olds estimated to have a mental health condition has doubled over the past 20 years, increasing from 1 in 10 in 2004 to 1 in 5 in 2023, with prevalence increasing with age..
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."	

	**Vaping and smoking*** Smoking among children and young people has decreased with 4.5% of females and 5.2% of males regularly smoking by aged 15 (2023) down from 2021, but this is offset by rising e-cigarette use. Approximately 38.9% of males and 48.7% of females aged 15 reported having ever used vapes in 2023, a rise from 34.3% and 42.6% respectively in 2021.	**Key fact** Among 15-year-olds,13.2% of females and 8.7% of males identify as daily e-cigarette users.
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
The most recent figures from 2024 show a 378% rise in the number of children aged between five and 14 in being admitted to hospital in September (110) compared to August (23).

Key fact
There are an estimated 59,000 children with asthma in Wales.

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. The proportion of children drinking alcohol has steadily declined since 2021 but remains high with 64.6% of females and 56.4% of males aged 15 reporting drinking alcohol. Cannabis use has seen limited progress and remains high with 17.8% of females and 15.1% of males aged 15 reporting having used cannabis in their lifetime.

Key fact
Of children aged 11-16 reporting drinking alcohol in 2023, 30% reported getting drunk at age 13 or younger.

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. The rate of emergency admissions for accidental injury has fallen from 19.0 per 1,000 in 2014/15 to 8.4 in 2025/26 among children aged 0-4 age. The rate of accidental injury remains higher than non-accidental injury, 8.4 per 1,000 compared to 0.06 for children aged 0-4 in 2025/26.

Key fact
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.

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 Wales due to a lack of data. This is in part due to the discontinuation of the Foundation Phase Profile in 2022 and the absence of an agreed national measure for assessing early childhood developmental outcomes. We want to see the development of a single shared definition of child development across Welsh Government departments, health services and education.

*Smoking, vaping and substance misuse 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 analysis.

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	• Address inequalities by implementing the All-Wales Maternity and Neonatal Assurance Assessment recommendations. • Develop a Long-Term Workforce Plan for child health based on demand, gaps, and retention needs. • Strengthen access to early years services in the first 1,000 days, including Flying Start and the Healthy Child Wales Programme.	Welsh Government Health Education and Improvement Wales
Child mortality	• Strengthen safeguarding leadership and workforce capacity to support at-risk and vulnerable children. • Strengthen multi-agency partnership working to enable early risk identification and timely intervention. • Maintain and support the Child Death Review Programme in Wales. • Translate child death learning into evidence-based prevention across health, education, and social care.	Welsh Government, Public Health Wales, Child Death Review Programme
Immunisations	• Provide accessible, culturally appropriate, and translated vaccine information. • Expand community-based vaccination delivery to reach underserved groups and increase uptake. • Establish a unique child identifier to enable integrated information sharing across services. • Expand access to and awareness of the digital Red Book.	Welsh Government, Public Health Wales, NHS Wales
Early childhood development	• Address gaps in child development data through a shared national definition. • Invest in early years play and development. • Invest in the health visiting workforce and family support closer to home to deliver the Healthy Child Wales Programme. · Embed the Public Health Wales Best Start in Life Framework for Action across all system levels.	Welsh Government, NHS Wales, Digital Health and Care Wales, Health Education & Improvement Wales
Oral health	• Increase dental capacity so all children see a dentist by age one and regularly thereafter. • Embed oral health promotion within early years health and social care services. • Continue funding the Designed to Smile programme in nurseries and schools.	Welsh Government, Health Boards
Emotional health and wellbeing	• Invest in universal, early, and inclusive emotional wellbeing support across systems without requiring diagnosis.	Welsh Government

Indicator	Recommendation	For attention of
Obesity	• Continue free primary school meals and expand to secondary pupils, ensuring the highest nutritional standards are adhered to. • Fund access to sports, leisure facilities, and green spaces, and promote physical activity in schools. • Deliver a successor to Healthy Weight Healthy Wales with strengthened early intervention and specialist services.	Welsh Government, Health Boards
Mental health	• Implement the Mental Health and Wellbeing Strategy 2025–2035 with annual reporting. • Expand early mental health support, including School-In Reach teams in all schools and colleges. • Increase CAMHS funding to improve access and reduce waiting times. • Ensure timely access to neurodevelopmental services through early intervention in close partnership with educational settings.	Welsh Government
Vaping and smoking	• Implement Public Health Wales measures to reduce vaping among young people. • Introduce standardised, non-branded vape packaging with clear health information. · Provide dedicated smoking and vaping cessation services for young people	Welsh Government, Health Boards
Asthma	• Ensure every child with asthma has a Personalised Asthma Action Plan. • Expand smoke-free and vape-free areas with effective enforcement. • Invest in prevention to reduce health inequalities, including air quality and housing improvements.	Welsh Government and Local Authorities
Substance misuse	• Continue Minimum Unit Pricing for alcohol in Wales. • Strengthen action to reduce children's exposure to alcohol marketing. • Commission research on alcohol pricing impacts on children and vulnerable groups. • Continue measures to reduce alcohol marketing exposure and improve education on harms.	Welsh Government and UK Government
Injuries	• Establish a standardised publicly-accessible database for reporting accidental injuries. • Expand targeted support to reduce injury risk in deprived communities. • Improve adolescent road safety through targeted campaigns. • Maintain the 20mph speed limit in areas where children are present.	Digital Health and Care Wales, Welsh Government and Local Authorities

Quick read:

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

Royal College of Paediatrics and Child Health Wales

Leading the way in Children's Health

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