Royal College of Paediatrics and Child Health

Quick read
State of Child Health: Scotland

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, the evidence shows that **many key child health indicators in Scotland have either worsened or shown limited progress in recent years.** Our latest analysis highlights that the impact is felt most sharply in deprived communities and among ethnic minority groups.

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

"Every child should have the opportunity to grow up healthy and thrive. Yet the latest State of Child Health findings show that too many children and young people in Scotland continue to experience poorer outcomes, with the greatest burden falling on those living in the most disadvantaged communities. While there are areas of progress, longstanding inequalities remain deeply entrenched and too many indicators show little or no improvement. Addressing these challenges will require sustained investment and a renewed focus on prevention. By prioritising children's health and tackling inequalities, Scotland can give every child the best possible start in life and create a healthier future for generations to come."

Dr Lynn Macleod
RCPCH Officer for Scotland

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 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 Scotland, the Scottish Government must deliver on these three priorities:

1. **Data:** Strengthen the quality, collection, linkage and sharing of child health data through standardised national reporting to support a connected, data-informed child health system that improves understanding of population need and service pressures, identifies gaps early, informs policy and workforce planning, enables transparent monitoring, and delivers better outcomes for children and young people.

2. **Targets:** Establish a national accountability framework for children's health, underpinned by clear, measurable targets across the 12 State of Child Health indicators and focused on reducing inequalities. Progress should be monitored and publicly reported on a regular basis, with action taken where outcomes are deteriorating or inequalities are widening. Existing targets are fragmented and inconsistent, limiting sustained national action and accountability.

3. **Investment:** Ensure investment in children's health services and workforce is aligned with population need and addresses the inequity in funding between child and adult health services. This should be supported by a national child health workforce strategy to address staffing pressures and ensure services can deliver timely, coordinated care.

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

"My wish for child health is for every child to be able to get the support they need – no matter their circumstances", Young Person, RCPCH&US Innovation Lab (Glasgow).

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 priority is for their thoughts and experiences of services to be taken seriously, listened to, and understood. Many young people highlighted that current systems can increase harm, particularly where access to support is restricted by high thresholds for care. Assumptions that young people with health conditions are already supported, that those without health conditions 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 Scotland.

Spotlight: Insight from families

There is a clear public expectation that more action is needed to improve children's health and access to care.

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

- 55% of Scottish parents with children under 18 believe the Scottish Government is doing too little to support child health.
- Long waiting times are seen as the biggest barrier to children and young people receiving the care they need, with 40% of Scottish parents with children under 18 identifying this as the NHS issue with the greatest impact.

* Conducted by YouGov between 26 August to 1 September 2026. Total unweighted sample size of 1098 adults in Scotland (16+).

Overview of our key child health indicators

Across our 12 indicators, child health outcomes in Scotland 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 continue to highlight persistent inequalities. Poverty and adverse socioeconomic conditions increase maternal risk factors for poor pregnancy outcomes, and the accumulation of these risks contributes to inequalities in infant mortality.

Key fact
Infant mortality in Scotland fell from 4.0 deaths per 1,000 live births in 2023 to 3.5 in 2024, the rate remains higher than in 2018, when it stood at 3.2 per 1,000 live 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**
Social and economic disadvantage in early childhood is closely linked to higher child mortality and poorer health outcomes. Without action to reduce inequalities in child mortality, cycles of disadvantage will persist.

Key fact
Despite an overall reduction in child mortality since 2018, progress has been uneven. In 2024, Scotland had the highest child mortality rate of all four UK nations, at 10.1 deaths per 100,000 children.

Paediatrician's insight

"Child mortality is not inevitable. We must act on the inequalities that continue to cost young lives."

Immunisations*
Vaccination coverage has fallen below recommended levels and remains a significant concern. Very few routine childhood vaccines now meet the 95% uptake target. Data in 2025 revealed that uptake of the second dose of the MMR vaccine at age five was 89.7%, a decline from 92% in 2020 and far below the 95% threshold.

Key fact
Significant inequalities in immunisation uptake persist. In 2025, the gap in uptake of two doses of the MMR vaccine by age five between children living in the most and least deprived areas in Scotland was 8.9 percentage points, compared with 10.3 percentage points in 2024.

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 five. Evidence suggests that over a quarter (27%) of five year olds in Scotland had obvious tooth decay (2024/25). This figure has remained unchanged since 2020, demonstrating limited progress in improving children's oral health.

Key fact
Oral health inequalities remain stark in Scotland. In 2024, 84% of children in the least deprived areas had no obvious tooth decay, compared with just 60% of children in the most deprived areas.

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."

Early childhood development

The Scottish Government's Early Child Development Transformational Change Programme aims to reduce the proportion of children with developmental concerns at 27 to 30 months from 18% to 13.5% by 2030. In 2024/25, developmental concerns were recorded for 16.5% of children at their 27 to 30 month review. Following an increase from 14.3% in 2019/20 to almost 18% in 2021/22 and 2022/23, rates have remained relatively stable.

Key fact

Socioeconomic inequalities in early childhood development remain persistent. At the 27 to 30 month review, children living in Scotland's most deprived areas are 14.8 percentage points more likely to have a developmental concern recorded than children living in the least deprived areas.

Paediatrician's insight

"Progress in early childhood development has stalled, and inequalities remain stark. We need sustained action to give every child the best start in life."

Obesity

Obesity remains a significant problem among children and young people in Scotland. In 2024/25, 24% of 4 to 5 year olds were overweight or living with obesity. Rates have not changed significantly in any of the four nations since this was first examined in the 2017 State of Child Health report.

Key fact

Obesity remains strongly linked to deprivation. In 2024/25, children living in Scotland's most deprived areas were twice as likely to be at risk of obesity (16%) as those living in the least deprived areas (8%) and were more likely to be at risk of being overweight (14% compared to 12%).

Paediatrician's insight

"We are now seeing conditions in children that were previously metabolic complications of adulthood and uncommon in paediatrics."

Vaping and smoking*

In 2026, vaping continues to be more common than smoking, with 18% of 11 to 17-year-olds reporting that they had tried vaping, compared with 15.2% who had tried smoking. Ever smoking was more common among boys than girls, with 18.7% of boys reporting having ever smoked compared with 11.5% of girls.

Key fact

In 2026, 5.6% of 11-17-year-olds identified as current vapers, compared with 3% who identified as current smokers.

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 on the ward was a six year-old with severe bronchiectasis found using their parents' vape."

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."

Mental health*

The need for mental health support among children and young people in Scotland has risen substantially over the past decade. Services have struggled to keep pace with growing demand, leaving CAMHS, neurodevelopmental services and community paediatric services under sustained pressure.

Key fact

At the end of March 2026, 4,791 children and young people were waiting to start CAMHS treatment, an increase of 18% compared to the previous quarter and 2.5% compared to March 2025.

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."

Asthma

Progress in reducing emergency admissions for childhood asthma has reversed in recent years. After falling from 181.6 per 100,000 children in 2014/15 to 115.7 per 100,000 in 2022/23, admissions increased to 157.4 per 100,000 in 2024/25.

Key fact

In 2024, children and young people in the most and least deprived areas had similar rates of asthma (11% and 12% respectively). While this suggests a narrowing of inequalities, it reflects rising asthma prevalence rather than improved outcomes.

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 in Scotland show uneven progress. The proportion of 15-year-olds who report having been drunk has declined among males, falling from 30% in 2013/14 to 26% in 2021/22, while rates among females have remained largely unchanged at around one-third (33% in 2013/14 and 32% in 2021/22).

Key fact

Cannabis use among 15-year-olds in Scotland has increased in recent years, rising from 14% to 16% among females and from 20% to 23% among males between 2017/18 and 2021/22.

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. The number of emergency admissions for unintentional injury has fallen from 7,733 in 2015/16 to 5,167 in 2024/25 among children aged under 15.

Key fact

In Scotland children and young people living in the most deprived areas had a 45% higher rate of admissions due to unintentional injury compared with those in the least deprived areas in 2023-24.

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."

* Immunisations, smoking, vaping, injuries and mental health 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.

** NRS data used for infant and child mortality indicators instead of ONS data used for State of Child Health report.

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 and Child mortality	• Strengthen the National Hub for Child Death Review to ensure consistent collection, analysis and use of data, with greater transparency, clear accountability and systematic translation of learning into policy and practice. • Require active Health Board engagement in the Child Death Review Programme, including full participation in reviews and clear responsibility for implementing identified learning and service improvements. • Embed learning from child deaths within the Early Child Development Transformational Change Programme to strengthen prevention in the pre-birth to three period and address the root causes of poor outcomes. • Refresh The Best Start plan with a stronger focus on reducing inequalities in maternal and infant outcomes, ensuring equitable access to continuity of care and addressing workforce capacity.	Scottish Government, National Hub for Child Death Review, Health Boards
Immunisations	• Increase investment in vaccination services and workforce capacity to improve access to flexible appointments, particularly for families in rural and remote areas. • Establish a single unique identifier for children and young people to support information sharing across health, social care and education, enabling more integrated care. • Implement a fully digital Red Book to improve access to vaccination records and support responsive care. • Deliver a sustained public health campaign with accessible vaccine information across multiple channels to build confidence in vaccination.	Scottish Government, Public Health Scotland, NHS Scotland
Oral health	• Increase dental service capacity to ensure all children have a dental appointment by age one. • Expand the Childsmile programme to deliver supervised toothbrushing in all nurseries and primary schools, improving oral health and reducing inequalities.	Scottish Government, Health Boards
Early childhood development	• Provide dedicated funding for community-based family support programmes that offer parents and carers structured guidance on behaviour management, sleep, toileting, diet and healthy routines. • Increase investment in primary and community health services, alongside comprehensive enhancements to paediatric training for all healthcare professionals.	Scottish Government, Health Boards, Local Authorities
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.	Scottish Government

Indicator	Recommendation	For attention of
Obesity	• Fund local authorities to maintain and expand access to sports and leisure facilities including preserving green spaces, swimming pools and community leisure facilities. • Expand BMI data collection in primary schools to include additional age points. • Deliver on the commitment to provide universal free school meals for all children in primary school. • Deliver and strengthen HFSS promotion restrictions to reduce children's exposure to unhealthy food environments.	Scottish Government, Health Boards, Local Authorities
Mental health	• Introduce a protected increase in CAMHS funding to improve access, reduce waiting times and prevent children and young people reaching crisis point while waiting for support. • Expand investment in community-based mental health services, ensuring support is accessible, age-appropriate and inclusive of third sector provision. • Establish a fully resourced national neurodevelopmental pathway for children and young people to ensure timely access to support and consistent multidisciplinary care across Scotland. • Improve crisis and acute mental health care by ensuring paediatric and emergency settings are safe and therapeutic and end unsuitable placements in adult wards or services far from home.	Scottish Government, Health Boards
Vaping and smoking	• Use devolved powers under the Tobacco and Vapes Bill to restrict vape flavours to tobacco, mint, and menthol, and require standardised packaging. • Require vaping products to be kept out of sight and behind the counter in retail settings. • Expand smokefree legislation to additional outdoor public spaces and extend these protections to make those areas vape free. • Establish dedicated smoking and vaping cessation services for young people to provide early intervention and support.	Scottish Government, Health Boards
Asthma	• Reduce children's exposure to traffic-related air pollution by expanding Low Emission Zones to more towns and cities, strengthening existing schemes. • Strengthen air quality monitoring and alert systems, with a focus on children's settings, including expanding monitoring in and around schools, nurseries and healthcare settings. • Improve air quality by reducing emissions from domestic wood burning through public awareness campaigns, restrictions on new stoves and support for cleaner heating alternatives.	Scottish Government, Health Boards and Local Authorities

Indicator	Recommendation	For attention of
Substance misuse	• Continue and strengthen Minimum Unit Pricing for alcohol, including ongoing evaluation of its level and impact to reduce alcohol-related harm. • Strengthen regulation of alcohol marketing to reduce children and young people's exposure. • Improve education on the risks of alcohol and drug use through age-appropriate learning and public health campaigns. • Increase investment in accessible alcohol and drug-free recreational spaces and activities that support wellbeing and reduce substance-related harm.	Scottish Government, and Local Authorities
Injuries	• Fully implement the National Primary School Swimming Framework across all local authorities to ensure every child leaves primary school able to swim and with basic water safety skills. • Expand targeted support for families in high risk or deprived areas, where children are disproportionately affected by accidental injuries. • Improve road safety and safe travel for adolescents through targeted campaigns on school bus safety and emerging risks such as e-scooters.	Scottish Government and Local Authorities

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

About RCPCH Scotland

The Royal College of Paediatrics and Child Health (RCPCH) works to transform child health through knowledge, innovation and expertise. We have over 1300 members in Scotland. 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 developmentand the maintenance of professional standards.

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Published in 2026 by
Royal College of Paediatrics and Child Health
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RCPCH
Royal College of Paediatrics and Child Health Scotland
Leading the way in Children's Health