# State of Child Health 2020

## Wales

RCPCH &Us
The voice of children, young people and families

RCPCH
Royal College of Paediatrics and Child Health
*Leading the way in Children's Health*

# A policy response for Wales

We've come a long way in three years. When we first published the original State of Child Health report in 2017, the key recommendations were about strategy. We stressed the need for high level strategic thinking on child health in general and on a number of specific pressing issues: childhood obesity, breastfeeding rates and how to embed children's health across the whole of government – education especially.

Fast forward to 2020 and many of these plans are in place. In 'Healthy Weight Healthy Wales' we have a long term strategy to reduce obesity with a major focus on children. There is a five year plan providing a roadmap to improving breastfeeding rates. We have commitments to include health in all government policies and there is real thought at the strategic level on improving our young people's mental health and sense of wellbeing. Much of this is articulated as a vision for health and social care in the Welsh Government's document, 'A Healthier Wales'.

However, strategy is only useful if it is implemented. The challenge ahead is to deliver all of this at pace and at sufficient scale. Once done, future iterations of this report will show that we turned a corner in 2020 and beyond delivering real improvements in child health throughout Wales.

To help make that happen, we need Welsh Government to deliver on its ambitious commitments. As we head into the countdown to an election in Wales, we also need commitments from all of the political parties in Wales to make child health a priority. We hope that the manifestos each of the parties take into that election campaign make specific pledges to drive forward the good work already happening in Wales. That will not be enough, as each party should propose ambitious new plans to meet three central overarching priorities that will make the biggest difference to children's health across Wales:

- ending child poverty and health inequalities;
- prioritising public health, prevention and early intervention;
- enhancing services for infants, children and young people.

Making these three core issues the centre of Welsh Government's aims for child health will deliver the most gain.

**Dr David Tuthill,**
**RCPCH Officer for Wales**

**Dr Ronny Cheung,**
**Clinical lead - State of Child Health**

# From the President

In 2017, our inaugural State of Child Health report was the first of its kind to bring together a snapshot of children and young people's health across the UK. Over the last three years, I'm pleased to have worked with a range of stakeholders to ensure that child health is viewed as a priority. Without renewed investment and focus, we risk stalling and worsening outcomes for children - to prevent this, these recommendations provide an incredibly important guide for policy makers. It is essential that all children have the best start to life.

**Professor Russell Viner,**
**RCPCH President**

# RCPCH&Us - Wales, 2020

We have been busy going all over Wales over the last two years to find out what children and young people think keeps them "healthy, happy and well" and to find out which topic needs to be tackled first. We want to let you know what is important to us but also what ideas we have to help everyone be as healthy as they can be. We know that you all care and we know sometimes it is difficult when there is so much to do, but, change is possible, ideas do work! They told us:

It can be hard in Wales if you are growing up without enough money or support to feel like you can be the best you. When we talked about where things are not always the same for everyone, we realised that this can affect mental health, hopes and dreams as well as physical health. We thought about ideas that don't need lots of money to help children and young people to feel hopeful about their future and to be able to get the support they need. It is important to feel safe, to have good friendships, to have the chance to meet new people, have places to go and things to do as well as access to good health advice and services that are child and youth friendly. All of this helps us to stay healthy, happy and well, both physically and mentally.

It is important to us to be part of the discussions, planning and to help make these things happen – we have lots of ideas and will help to make them come to life. If you want to find out what we think, come and ask us – or ask RCPCH &Us who are always there to help!

**#Voicematters**

# Our priorities for Welsh Government

## 1. Reduce child health inequalities

Data consistently shows that poverty and inequality impact a child's whole life, affecting their education, housing and social environment and in turn impacting their health outcomes. Our State of Child Health indicators reveal a widening gap between the health of children from wealthy and deprived backgrounds. Welsh Government should act to tackle the causes of poverty and reduce variation to ensure all children have the best start to life, wherever they are.

**Welsh Government should:**

- Acknowledge high child poverty rates, review existing programmes and publish a revised Strategy to reduce child poverty.
    - The Strategy should provide national targets to reduce child poverty rates and specific health inequality targets for key areas of child health, with clear accountability across Government.

## 2. Prioritise public health, prevention and early intervention

Focusing on prevention and delivering early intervention services for parents, children and families can lead to economic savings for the NHS and wider public services, as well as supporting children and young people to enjoy good health across their life course. For each of the State of Child Health indicators, the current trends within the data can be improved if preventative measures are put in place.

'A Healthier Wales', the Welsh Government's long term plan for health and social care, puts prevention of ill health at the heart of health and social care policy and services. Since its publication, progress has been made in designing policy and strategy to support children and young people to stay well.

**Welsh Government should:**

- Deliver, monitor and evaluate 'Healthy Weight: Healthy Wales' (2020 - 2030), 'Maternity Care in Wales: A Five Year Vision' (2019 – 2024) and the 'All-Wales Breastfeeding Plan' (2019 - 2024), bringing forward the policy, legislative, funding and public health messaging commitments made in those programmes within the stated timelines.
- Continue investment in the Healthy Child Wales Programme, to ensure all contacts with eligible children take place.

# 3. Build and strengthen local, cross-sector services to reflect local need

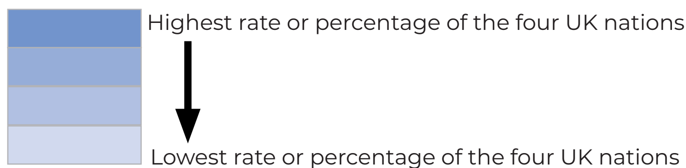
Infants, children, young people and families should have equitable access to cross-sector services, resources, advice and support within the local community to support their health and wellbeing. Services within the community may not be provided by health services but should seek to integrate where possible. Local Authorities should have adequate resource to provide services to meet the local needs of the population they serve.

We welcome Welsh Government's commitment to a 'health in all policies' approach as outlined in 'A Healthier Wales'. To deliver this, **Welsh Government should:**

- Provide renewed investment in services for children and families, which support the child's school readiness.
- Deliver and evaluate the Whole School Approach to health and wellbeing to develop resilience and support young people to enjoy good mental health.
- Resource, deliver and evaluate the next phase of the Together 4 Children and Young People programme with an emphasis on an integrated system working with Regional Partnership Boards and locally delivered services.

# At a glance: child health in Wales (2014-now)

For each of our State of Child Health indicators, we have identified whether the trend is increasing, decreasing or unchanged. Trends reflect available data that was included in the State of Child Health 2017, compared to data available as of 21 February 2020. Data throughout the report can be found at www.rcpch.ac.uk/state-of-child-health.




| | England | Wales | Scotland | Northern Ireland |
|---|---|---|---|---|
| **Mortality** | | | | |
| **Infant mortality** rate per 1,000 live births | Unchanged 3.9 to 3.9 | Decreasing 3.7 to 3.5 | Decreasing 3.6 to 3.2 | Decreasing 4.8 to 4.2 |
| **Child mortality** rate per 100,000 children aged 1-9 | Decreasing 11.9 to 9.9 | | Increasing 9.3 to 9.7 | Decreasing 12.5 to 9.7 |
| **Adolescent mortality** rate per 100,000 children age 10-19 | Decreasing 17.1 to 17.0 | | Increasing 19.5 to 24.6 | Decreasing 24.4 to 20.5 |
| **Maternal and perinatal health** | | | | |
| **Smoking during pregnancy** England and Wales: % at time of delivery. Scotland and Northern Ireland: % at first booking | Decreasing 11.7% to 10.6%* | 16.0%** | Decreasing 18.3% to 14.6%* | Decreasing 14.5% to 13.2% |
| **Breastfeeding** - % exclusively breastfeeding. England, Scotland & Northern Ireland: at 6-8 week review. Wales: at 6 week review | Decreasing 30.1% to 29.6% | Increasing 19.7% to 20.8% | Increasing 27.2% to 30.7% | Increasing 22.8% to 23.9% |
| **Prevention of ill health** | | | | |
| **Immunisations** - 5-in-1 vaccination coverage at 12 months | Decreasing 94.2% to 92.1% | Decreasing 96.6% to 95.4% | Decreasing 97.4% to 95.9% | Decreasing 97.3% to 94.8% |
| **Immunisations** - % of MMR vaccination coverage (second dose) at 5 years | Decreasing 88.6% to 86.4% | Decreasing 93.1% to 92.2% | Decreasing 93.4% to 91.2% | Decreasing 93.0% to 91.8% |
| **Healthy Weight** – % of 4-5 year olds recorded as overweight or obese | Increasing 21.9% to 22.6% | Increasing 26.1% to 26.4% | Increasing 21.8% to 22.4% | Increasing 25.1% to 26.1% |
| **Oral health** – rate of tooth extraction due to tooth decay England & Scotland: per 1,000 children aged 0-5 Wales: per 1,000 children aged 0-2 | Decreasing 3.6 to 2.8 | Decreasing 2.8 to 1.7* | Decreasing 3.6 to 2.3 | No data |
| **Injury prevention** | | | | |

| | England | Wales | Scotland | Northern Ireland |
|---|---|---|---|---|
| **Accidental injury –** rate of hospital admission due to non intentional injury per 1,000 children aged 0-4 | Decreasing 13.9 to 12.8 | Decreasing 19.1 to 16.1 | Decreasing 11.7 to 10.7 | No data |
| **Road traffic accidents –** rate of total road traffic injuries per 1,000 young people aged 17-19 | Decreasing 4.0 to 3.4 | Decreasing 4.9 to 3.4 | Decreasing 3.6 to 2.8 | No data |
| **Youth violence** incidence of injury by sharp object per 100,000 young people aged 15-19 | Increasing 36.5 to 38.3 | Unchanged 33.8 to 33.8 | Decreasing 40.7 to 38.5 | Decreasing 39.8 to 38.2 |
| **Health behaviours** | | | | |
| **Young people smoking** - England, Wales & Scotland: % of 15 year olds reporting as regularly smoking (within the previous week) Northern Ireland: % 11-16 year olds smoking within the last week | Decreasing 7.7% to 5.1% | Increasing 8.0% to 9.0% | Decreasing 8.6% to 7.0% | Decreasing 4.2% to 4.1%* |
| **Young people drinking** - England, Wales & Scotland: % 15 year olds reporting being drunk 2 or more times. Northern Ireland: % 11-16 year olds being drunk 2-3 times | Decreasing 28.0% to 26.0% | Decreasing 31.0% to 18.0%* | Decreasing 32.5% to 31.5% | Increasing 11.0% to 12.6%* |
| **Young people consuming drugs** - % of 15 year olds reporting ever having used cannabis | Increasing 19.0% to 21.0% | Increasing 17.5% to 21.0% | Decreasing 17.0% to 16.5% | No data |
| **Conceptions in young people** England, Wales & Scotland: under-18 conception rate per 1,000 females age 15-17. Northern Ireland: live birth rate per 1,000 females aged 15-17 | Decreasing 22.8 to 17.3 | Decreasing 25.5 to 19.5 | Decreasing 22.1 to 16.3 | Decreasing 6.4 to 4.7* |
| **Mental health** | | | | |
| **Mental health prevalence** - % of 5-15 year olds reporting having any mental health disorder | Increasing 9.7 to 11.2 | No data | No data | No data |
| **Mental health services** –rate of admissions to CAMHS per 100,000 children and young people aged 0-18 | 33.0** | 13.0** | 61.0** | 40.0** |
| **Suicide** –rate per 100,000 young people aged 15-24 | Increasing 6.6 to 8.1 | Increasing 4.9 to 9.7 | Increasing 9.8 to 15.1 | Increasing 17.2 to 17.8 |
| **Family and social environment** | | | | |
| **Child poverty** - % of children aged 0-18 living in relative poverty after housing costs | Increasing 29.0% to 31.0% | Unchanged 29.0% to 29.0% | Increasing 22.0% to 24.0% | Decreasing 25.0% to 24.0% |

| | England | Wales | Scotland | Northern Ireland |
|---|---|---|---|---|
| **Not in education, employment or training (NEET)** - % of NEET young people<br>England and Wales: aged 16-18<br>Scotland: aged 16-19<br>Northern Ireland: 16-24 | Decreasing<br>7.6% to 6.3%* | Increasing<br>8.1% to 8.3%* | Decreasing<br>6.5% to 3.1%* | Decreasing<br>11.5% to 10.7%* |
| **Young carers** ***– rate of young carers providing any unpaid care per week, per 1,000 young people aged 10-19 yrs | Increasing<br>25.6 to 32.3 | Increasing<br>32.1 to 39.5 | Increasing<br>31.3 to 60.1 | Increasing<br>31.8 to 45.5 |
| **Child protection** – rate of children and young people on either a child protection plan or the child protection register per 100,000 children aged 0-18 | Increasing<br>42.0 to 45.0 | Decreasing<br>50.0 to 47.0 | Decreasing<br>27.9 to 26.0 | Increasing<br>44.3 to 47.7 |
| **Looked after children (LAC)** – rate of LAC per 10,000 children aged 0-18 | Increasing<br>60.0 to 65.0 | Increasing<br>91.2 to 101.7 | Decreasing<br>150.7 to 144.4 | Increasing<br>66.2 to 71.2 |
| **Long term conditions** | | | | |
| **Asthma** - rate of emergency admission for asthma per 100,000 children aged 0-18 | Decreasing<br>205.8 to 174 | Decreasing<br>192.0 to 165.0 | Decreasing<br>203.0 to 157.2 | No data |
| **Epilepsy** - rate of emergency admission for epilepsy per 100,000 children aged 0-18 | Decreasing<br>70.0 to 66.8 | Increasing<br>87.7 to 87.9 | Increasing<br>69.2 to 73.8 | No data |
| **Diabetes** - median % HbA1c level (mmol/mol) of children and young people aged 0-25 with Type 1 diabetes | Decreasing<br>66.5 to 64.0 | Decreasing<br>68.3 to 64.5 | No data | No data |
| **Cancer** – mortality rate per 100,000 children aged 5-14 | Decreasing<br>2.6 to 2.3 | Increasing<br>2.4 to 2.5 | Increasing<br>2.5 to 2.8 | Decreasing<br>3.0 to 2.3 |
| **Disability and additional learning needs** - % of pupils in mainstream education<br>England / Northern Ireland: SEND<br>Wales: SEND / ALN<br>Scotland: ASN | Decreasing<br>17.9% to 14.6% | Decreasing<br>22.6% to 22.2% | Increasing<br>20.8% to 30.9% | Increasing<br>21.7% to 23.0% |
| **Child health workforce** | | | | |
| **Workforce –** rate of paediatric consultants per 10,000 children and young people aged 0-18 | Increasing<br>1.9 to 2.2 | Increasing<br>1.6 to 2.0 | Increasing<br>1.9 to 2.2 | Increasing<br>1.7 to 2.0 |

* Data is not directly comparable.

**Trend data is not available; most recent data provided.

***Data on young carers is sourced from UK census data and the trend reflected is from 2001 to 2011.

# What is a priority for children and young people in Wales?

Children, young people, parents, carers and advocates took part in sessions across the UK, giving them the chance to share what keeps them "healthy, happy and well". Sessions were delivered with groups of children and young people in schools, youth projects and charity groups, as well as through one-to-one conversations in health settings. In Wales, vulnerable groups were involved including young parents, patients with long term conditions, young people within care experiences as well as children and young people from universal backgrounds.

Their ideas were collated and reviewed, identifying 12 recurring themes across the UK. Children and young people in Wales prioritised access to good quality/cheap food and drink, exercise/hobbies (places to go/things to do) and support around rights and safety as their priority areas to stay healthy, happy and well. Data in the table below presents the total responses collected from 42 children and young people in Wales; some may have discussed multiple topics that keep them 'healthy, happy and well' while some may have chosen one topic.

| **What makes you healthy, happy and well?** | UK total | **Wales** | England | Scotland | Northern Ireland |
|---|---|---|---|---|---|
| Exercise / hobbies / extra curriculars | 803 | **50** | 334 | 231 | 188 |
| Food / drink | 630 | **29** | 284 | 130 | 187 |
| Rights / safety | 179 | **21** | 76 | 68 | 14 |
| Health / healthy living | 292 | **18** | 163 | 41 | 70 |
| Belongings / material | 245 | **17** | 101 | 56 | 71 |
| Support | 310 | **17** | 111 | 96 | 86 |
| Education / school life | 217 | **17** | 89 | 53 | 58 |
| Healthcare / NHS | 254 | **11** | 96 | 28 | 119 |
| Friends | 187 | **8** | 63 | 32 | 84 |
| Family | 160 | **8** | 62 | 38 | 52 |
| Home life | 168 | **7** | 69 | 25 | 67 |
| Emotional / mental health | 312 | **3** | 137 | 84 | 88 |
| **Total responses:** | **3,757** | **206** | **1,585** | **882** | **1,084** |

*Children and young people's voice is at the heart of everything we do at RCPCH. Guided by the UNCRC, we support children and young people to have their voices heard in decisions that affect them (Article 12) and work with them to help shape services so they have the best healthcare possible (Article 24). The RCPCH &Us Network brings together children, young people up to the age of 25, their parents/carers and families to work with clinicians, decision makers and each other to educate, collaborate, engage and change to improve health services and child health outcomes.*

# Mortality

**Mortality rates are an important marker of the overall health of society and highlight trends in causes of death over time. The reasons why infants, children and young people die are complex, but with key interventions many causes of death may be prevented.**

**Neonatal mortality accounts for 70-80% of infant deaths in the UK, largely due to perinatal causes, such as maternal health, congenital malformations and preterm birth. Sudden unexplained death in infancy (SUDI) is responsible for a large number of post-neonatal deaths.**

**Cancer is the leading cause of death in children aged one to nine years.**

**Adolescence (10-19 years) is the life stage with the second highest risk of death among children and young people. The leading cause of death for this age group is accidents. The UK has not matched the recent reductions in adolescent mortality seen in comparable wealthy countries, largely due to higher rates of death from non-communicable diseases, which are chronic diseases that are not passed from person to person.**

## Infant mortality

- In 2018, the infant mortality rate was 3.5 per 1,000 live births in Wales, compared to 3.9 per 1,000 in England, 3.2 per 1,000 in Scotland and 4.2 per 1,000 in Northern Ireland.
- In 2018, the neonatal mortality rate was 2.5 per 1,000 live births in Wales, compared to 2.8 per 1,000 in England, 2 per 1,000 in Scotland and 3.2 per 1,000 in Northern Ireland.
- In 2018, the post-neonatal mortality rate was 1 per 1,000 live births in Wales, compared to 1.1 per 1,000 live births in England, 1.2 per 1,000 in Scotland and 1 per 1,000 in Northern Ireland

### Policy recommendations for Wales:

- Prioritise the care of women during pre-conception and pregnancy, including smoking cessation programmes, promotion of breastfeeding and promoting heathy weight in women of childbearing age. Welsh Government should deliver in full ‘Maternity Care in Wales: A Five Year Vision’, including implementation of the Maternity and Neonatal Network.
    - The Maternity and Neonatal Network should set and monitor targets to reduce still birth rates. The Network should ensure all Health Boards are signed up to the National Perinatal Mortality Tool, which enables clinicians to identify causation of death and disseminate learning. We welcome the Network’s Safer Pregnancy Campaign.

- We welcomed the evaluation of the Healthy Child Wales Programme in 2019, which identified barriers to implementing the programme in full across Wales. There should be renewed support to implement the recommendations identified within the evaluation report. Future evaluations of the programme should consider recommendations from the latest evidence-base, namely the 5th edition of 'Health for All Children' (2019).
- Welsh Government should ensure all Health Boards implement Growth Assessment Protocol (GAP) and gestation related optimal weight (GROW), which is designed to monitor fetal growth during pregnancy and ensure optimum outcomes at birth.
- Public Health Wales should maintain and monitor the Child Death Review Programme, which collects, analyses and interprets all infant, child and young person deaths. Welsh Government should consider whether legislation is required to give Public Health Wales powers to demand data and documents, as the National Child Mortality Database has in England.
- NHS Wales must consider the recommendations from the Neonatal Critical Care Review (England) for implementation, if they have not yet already been implemented.

**Policy recommendations for the UK:**

- UK Government should implement the fortification of flour with folic acid across the UK, to ensure women have healthy blood folate levels during their pregnancy.

# Child mortality (1-9 years)

- In 2018, the child mortality rate was 9.9 per 100,000 children aged 1 to 9 in England and Wales, compared to 9.7 per 100,000 in Scotland and 9.7 per 100,000 in Northern Ireland.
- The child mortality rate in Wales is 70% higher for children in the most deprived groups than the least deprived children.

**Policy recommendations for Wales:**

- Welsh Government should undertake an impact assessment of the Cancer Delivery Plan for Wales (2016-2020), specifically looking at children and young people's cancer services, to inform planning for children's cancer services beyond 2020.

# Adolescent mortality (10-19 years)

- In 2018, the adolescent mortality rate was 17 per 100,000 children aged 10 to 19 in England and Wales, compared to 24.6 per 100,000 in Scotland and 20.5 per 100,000 in Northern Ireland.

**Policy recommendations for Wales:**

- We welcome Welsh Government's commitments within 'Healthy Weight, Healthy Wales' to expand 20mph zones and increase the number of pedestrian and cycle routes, which will provide safer environments for children and young people to walk, play and travel. Welsh Government should implement these changes within the first two-year phase, as outlined in the delivery plan.
- We welcome the Active Travel Act (Wales), but in order for the Act to be successful in increasing the number of school pupils walking or cycling to school, Welsh Government should meet the recommendations outlined by the Economy, Infrastructure and Skills Committee 2018 report on the Act.

# Maternal and perinatal health

**Good health promotion starts before birth. Maximising the health and wellbeing before, during and after pregnancy is central to efforts to improve child health outcomes. Maternal weight, wellbeing, breastfeeding and stopping smoking improve the health of both mothers and infants. We welcome recent policy focus on the first 1,000 days and adverse childhood experiences.**

**Smoking during pregnancy is a leading factor in poor birth outcomes, including stillbirth and neonatal deaths. Rates of smoking have improved over time but have currently stalled, due to variation in rates by geography, age and socio-economic status.**

**Breastfeeding has multiple benefits for mother and child, including reduced risk of gastro-intestinal problems, respiratory infections, tooth decay and reduced hospital admissions. However, breastfeeding rates in the UK remain lower than comparable high-income countries; and rates of exclusive breastfeeding at six weeks are lowest in Wales (20.8%) compared to other UK nations (30.7% at 6-8 weeks in Scotland).**

# Smoking during pregnancy

- In 2017/18, 16.0% of women were reported as smoking at the time of delivery in Wales, compared to 10.6% of women in England in 2018/19.
- In 2018/19, 13.2% of pregnant women were smoking at their first booking appointment in Northern Ireland. In 2019, 14.6% of pregnant women were smoking at their first booking appointment in Scotland.

**Policy recommendations for Wales:**

- Welsh Government should set targets to become a tobacco free generation (defined as a smoking prevalence of <5%); including smoking reduction targets for pregnant women. These targets should be monitored and reported against regularly.
- As part of the Healthy Child Wales Programme, health visitors (or other community based health professionals) should offer all pregnant women breathalyser tests to monitor smoking prevalence, alongside advice on local smoking cessation services.
- Local Authorities should introduce incentive schemes to support women to stop smoking during their pregnancy.
- We welcome NHS Wales' (Maternity and Neonatal Network) Safer Pregnancy Campaign, which includes advice on smoking during pregnancy. Resource for this campaign should be continued.

# Breastfeeding

- In 2017/18, 20.8% of women exclusively and 7.6% partially breastfed their children at the 6 week health visitor review in Wales, the lowest proportion of each of the four UK nations.
- In 2017/18, 29.6% of women exclusively and 13.1% partially breastfed their children at the 6-8 week health visitor review in England.
- In 2017/18, 30.7% of women exclusively and 11% partially breastfed their children at the 6-8 week health visitor review in Scotland.
- In 2016/17, 23.9% of women exclusively and 8% partially breastfed their children at the 6-8 week health visitor review in Northern Ireland.
- In 2010, there was a 20% difference in the breastfeeding initiation rate between the most deprived (60%) and least deprived (80%) women.

**Policy recommendations for Wales:**

- We welcomed the Welsh Government's launch of the All Wales Breastfeeding Five Year Action Plan in 2019. Resource should be provided to ensure implementation of actions within the Plan.

- We welcome local action plans for all Health Boards to support implementation, including actions for local peer support networks and an infant feeding lead for each Health Board.
- In 2020, Welsh Government should support the national steering group to oversee delivery and ensure monitoring of the Action Plan.
- The Action Plan should ensure improved data collection on breastfeeding rates; including the Plan's own recommendations for data collection at birth, 10-14 days, 6-8 weeks and 6 months.
- Welsh Government and Public Health Wales should deliver an evidence-based approach to communications around breastfeeding designed to bring about social change and normalise breastfeeding in Wales. Public health messaging campaigns should be targeted in areas with high maternal deprivation.

# Prevention of ill health

**Promoting healthy lifestyles and preventing people from becoming ill is key to reducing existing and future burden of disease and ensuring that everyone can live long and healthy lives. Early intervention in childhood fosters healthy behaviours for life, especially improvements in immunisation take up, healthier weights and better oral health.**

**Vaccination rates above 95% provide immunity and protection for wider society and can lead to the elimination of specific infectious diseases.**

**Obese children are much more likely to become obese adults, with increased chance of developing a range of other health conditions such as heart disease, stroke, high blood pressure, diabetes and cancers.**

**Tooth decay can lead to pain and time off school with loss of work for families. Dental decay is almost always preventable. Dental extractions are the most common reason for children being admitted for anaesthetic in Wales with a staggering 6070 children undergoing dental extractions under general anaesthesia in 2018.**

**Dental decay can almost always be prevented. We welcome the Designed to smile programme in Wales, and its targeting on deprived communities. However, we still have thousands of children undergoing preventable dental extractions and general anaesthetics per year in Wales.**

**Current trends in these areas can be prevented and reversed with action. We welcome the focus on prevention within Welsh Government's 'A Healthier Wales'.**

# Immunisations

- In 2018, 95.4% of children in Wales had received their 5-in-1 vaccination, compared to 92.1% in England, 95.9% in Scotland and 94.8% in Northern Ireland.
- In 2018, 92.2% of children in Wales had received the second dose of their MMR vaccination, compared to 86.4% in England, 91.2% in Scotland and 91.8% in Northern Ireland.

**Policy recommendations for Wales:**

- Public Health Wales should deliver a public health messaging campaign on the importance of childhood vaccinations and provide signposting for families on how to access vaccination services. The Welsh Government should provide additional funding for this campaign.
  - Campaigns should be broadcast through print and digital media and should target the general population.
  - Campaign messaging should target groups known to be less likely to vaccinate (for example, migrant populations, rural communities).
- Additional funding should be provided for the Healthy Child Wales Programme to develop local community practitioner and health visitor services (or other community-based services), to improve access to immunisation information and provision.
- Welsh Government and Public Health Wales should urgently publish a vaccination strategy to improve rates of childhood immunisations and ensure that Wales regains WHO measles free status.

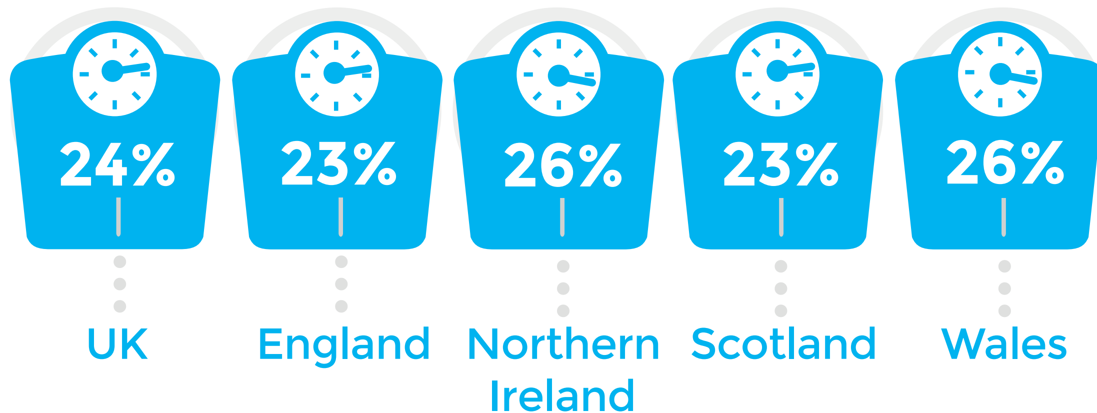
**Policy recommendations for the UK:**

- The National Institute for Health Research (NIHR) should commission UK-wide research into methods to improve vaccination uptake amongst families who make a conscious decision not to vaccinate their child.

# Healthy weight

- In 2017/18, 26.4% of 4-5 year olds in Wales were recorded as either overweight or obese, the highest proportion of overweight or obese reception aged children of each of the four UK nations. In comparison, 22.6% of 4-5 year olds in England were recorded as either overweight or obese, 22.4% in Scotland and 26.1% in Northern Ireland in 2018/19.
- In 2017/18, the most deprived children aged 4-5 years in Wales were 1.4 times more likely to be overweight or obese than the least deprived.

## Healthy weight | 4-5 year olds overweight or obese




### Policy recommendations for Wales:

- We welcome and support Welsh Government's 'Healthy Weight, Healthy Wales' strategy, to prevent and reduce childhood obesity in Wales. Welsh Government should ensure full implementation of the delivery plan, which provides a roadmap of necessary actions for the first two years of implementation. The following actions should be delivered at pace and subsequently evaluated:
  - A ban on advertising, sponsorship and promotion of products high in fat, sugar and salt HFSS products in public spaces including sporting events, family attractions and leisure centres should be implemented by 2030 and subsequently evaluated, starting with the transport network in the first delivery phase.
  - A review of planning and licensing opportunities and the creation of healthier environments, including limiting hot food takeaways near schools (within 400 metres). There should be consideration of expanding this to other locations with a high child footfall (e.g. leisure centres, parks, hospitals).
  - Build daily physical activity into the school day in line with the UK Chief Medical Officers' 2019 Physical Activity Guidelines. The quality of physical education, or other physical activity, provided should be monitored by Estyn. We welcome Estyn's commitment to a Whole School Approach, considering physical activity.
  - Create active environments, by providing funding for Local Authorities to maintain and expand on current sports and leisure facilities available for children and young people.
  - Maintain and expand provision for free breakfast within primary schools, including access to fruit or vegetables. Welsh Government should publish revisions to the Healthy Eating in Schools (Nutritional Standards and Requirements) (Wales) Regulations and deliver an effective framework for monitoring compliance and intervening where the regulations are not being met.
  - Advocate and lobby the UK Government to further restrict advertising of products HFSS in broadcast and on-line settings, which are non-devolved. All HFSS advertising between 17:30 and 21:00 should be restricted, with no exemptions.

  - Set out expectations of the pace of reformulation of HFSS products, with a view to using Welsh taxation powers to bring about further change.
- The National Child Measurement Programme (NCMP) should be maintained across Wales. Welsh Government should consult on expanding their programmes to collect data at exit of primary school, which also provides an intervention for this age group who are more likely to be overweight or obese. NCMP data should be embedded within electronic health records.

# Oral health

- In 2017/18 in Wales, 1.7 per 1,000 children aged 0-2 years had a general anaesthetic for dental extraction.
- In 2018/19, 2.8 per 1,000 children aged 0-5 years had a tooth extraction due to tooth decay in England, compared to 2.3 per 1,000 children in Scotland in 2017/18.
- In 2013, 41% of 5 year old children in Wales had obvious tooth decay, compared to 31% of 5 year old children in England and 40% in Northern Ireland. In 2018, 29% of 5 year old children in Scotland had obvious tooth decay.

**Policy recommendations for Wales:**

- Welsh Government should commission a review into the factors affecting access to primary, secondary and emergency dental care, with a view to addressing inequalities in Wales.
- We welcome Designed to Smile, which provides support programmes for children and families to enable them take up positive oral health habits (e.g. through supervised tooth brushing schemes). Welsh Government should ensure sufficient funding and resource for Designed to Smile to continue.
- Designed to Smile should provide a public health campaign to to raise awareness of factors contributing to poor oral health (i.e. diet / tooth brushing) and how to access services in a timely manner (i.e. Dental Check by One).
- Welsh Government should resource and support fluoridation of public water supplies, particularly for areas where there is a high prevalence of tooth decay.

# Injury prevention

**Accident prevention requires different interventions for different age groups.**

**Non-intentional injuries in children under five years of age are a leading cause of death and disability; especially from falls, poisonings and drowning, which can all be prevented with improved child safety measures.**

**For older age groups, risky behaviours such as driving and involvement in violent activity each contribute to serious and fatal injuries. Globally, road traffic accidents are a leading cause of death among young people, but rates in the UK are lower than comparable high-income countries. We welcome Welsh Government's target to reduce 40% of the number of young people killed or seriously injured on Welsh roads, as outlined within The Road Safety Framework.**

**Youth violence impacts individuals, families, communities and society and rates of physical injury are increasing in England. We welcome the move toward public health approaches to tackling youth violence across the UK, as demonstrated in Cardiff University's violence reduction unit and the research that has been produced from them.**

## Accidental injury

- In 2018/19, the rate of hospital admissions due to unintentional injury was 16.1 per 1,000 children aged 0-4 in Wales, compared to 12.8 per 1,000 in England. In 2017/18, the rate was 10.7 per 1,000 in Scotland.
- The top three reasons for admission in Wales were: foreign body, striking against / by other objects, foreign body and exposure to unspecified objects.

**Policy recommendations for Wales:**

- Local Authorities should implement in full NICE public health guideline [PH30] 'Unintentional injuries in the home: interventions for under 15s'.
- Welsh Government should work with the Royal Society for the Prevention of Accidents (RoSPA) to develop a national strategy for accident prevention in Wales.

## Road traffic accidents

- In 2017, the rate of road traffic injuries was 3.4 per 1,000 young people aged 17-19 years in Wales, compared to 3.4 per 1,000 in England and 2.8 per 1,000 in Scotland.

- In 2017, the rate of fatal or serious road traffic accidents was 47.7 per 100,000 young people aged 17-19 years in Wales, compared to 37.7 per 100,000 in England and 36.4 per 100,000 in Scotland.
- In 2017 in Great Britain, males aged 17-19 years were 1.5 times more likely to be involved in a fatal or serious road accident than females.

**Policy recommendations for Wales:**

- We welcome Welsh Government's commitments within 'Healthy Weight, Healthy Wales' to expand 20mph zones and increase the number of pedestrian and cycle routes, which will provide safer environments for children and young people to walk, play and travel. Welsh Government should implement these changes within the first two-year phase, as outlined in the delivery plan.
- We welcome the Active Travel Act (Wales), but in order for the Act to be successful in increasing the number of school pupils walking or cycling to school, Welsh Government should meet the recommendations outlined by the Economy, Infrastructure and Skills Committee 2018 report on the Act.

**Policy recommendations for the UK:**

- UK Government should devolve power to Welsh Government to allow the introduction for of Graduated Driving Licence schemes for novice drivers in Wales.

# Youth violence

- In 2017, the rate of children aged 10-14 years who were injured by a sharp object was 13 per 100,000 in Wales, compared to 21.2 per 100,000 in England, 14.9 per 100,000 in Scotland and 14.4 per 100,000 in Northern Ireland.
- In 2017, the rate of children aged 15-19 years who were injured by a sharp object was 33.8 per 100,000 in Wales, compared to 38.3 per 100,000 in England, 38.5 per 100,000 in Scotland and 38.2 per 100,000 in Northern Ireland.
- In 2017, the rate of young people aged 20-24 years who were injured by a sharp object was 48.8 per 100,000 in Wales, compared to 49.9 per 100,000 in England, 53.7 per 100,000 in Scotland and 53.6 per 100,000 in Northern Ireland.
- In 2017, males aged 20-24 in Wales were 8.9 times more likely to suffer from injury by a sharp object than females the same age.

**Policy recommendations for Wales:**

- Welsh Government should adopt a preventative, multi-agency public health approach to tackling youth violence. A public health approach should incorporate: exposure to available services, prevention of youth violence, reducing risk factors which make young people vulnerable to violence, and increased work with communities. The approach should draw on comparable schemes (e.g. Violence Reduction Unit Scotland).
- Local Authorities should be provided with additional funding for youth services. Youth services should provide multi-disciplinary services (e.g. healthcare, mental health services, youth workers and police) and be prioritised in areas with high levels of deprivation.

# Health behaviours

**Healthy behaviours are fostered early in life; conversely young people who experiment with smoking, alcohol and drugs are more likely to continue these habits into later life, with detrimental impacts on their physical and mental health.**

**Smoking impacts the health of young people throughout their lives, with earlier initiation linked to increased levels of smoking and dependence, a lower chance of quitting and higher mortality. Alcohol and drug use are some of the leading risk factors for overall burden of disease in the UK.**

**Similarly, teenage pregnancy is associated with poor outcomes for young women and their children, including poorer education attainment and poorer mental health for the mother and low birth weights for their infants.**

## Smoking in young people

- In 2018, 9% of 15 year olds in Wales self-reported as regular smokers (smoking within the last week), compared to 5.1% in England and 7% in Scotland.
- The proportion of regular smokers in Wales was the same for males and females in 2018 (9%).
- In 2016, 4.1% of 11-16 year olds in Northern Ireland self-reported as having smoked within the last week

**Policy recommendations for Wales:**

- Welsh Government should set targets to become a tobacco free generation (defined as a smoking prevalence of <5%). England and Scotland have set similar targets to be achieved by 2030.

- Welsh Government should prohibit all forms of marketing of e-cigarettes to children and young people, for example by marketing sweet flavours.
- We welcomed the extension of smoke-free areas in 2019 to cover hospitals, schools and near playgrounds. Welsh Government should deliver the provisions in the Public Health (Wales) Act relating to smoking and clearly set out how these will be implemented and enforced. Bans on smoking in public places should be considered in other locations with a high child footfall (e.g. outside leisure centres and parks) again with clear guidance on enforcement.

# Alcohol and drug use in young people

- In 2018, 18% of 15 year olds in Wales self-reported as having been drunk at least four times. In the same year, 26% of 15 year olds in England and 31.5% in Scotland self-reported having been drunk two or more times.
- The proportion of young people being drunk at least four times in Wales was higher for females (19%) than for males (17%) in 2018.
- In 2016, 13% of 11-16 year olds in Northern Ireland self-reported as having been drunk two to three times.
- In 2018, 21% of 15 year olds in Wales self-reported as ever having tried cannabis, compared to 21% in England and 16.5% in Scotland.
- The proportion of young people ever having tried cannabis in Wales was higher for males (22%) than for females (20%) in 2018.

**Policy recommendations for Wales:**

- In Wales, we welcome the Public Health (Minimum Price for Alcohol) (Wales) Act, which sets the minimum price for alcohol as 50p per unit. As well as helping children's health, it will also reduce adult ill-health from liver disease. The Act should be implemented in March 2020 and regularly reviewed, and the minimum price adjusted accordingly.

# Conceptions in young people

- In 2018, the under-18 conception rate was 19.5 per 1,000 females aged 15-17 years in Wales, compared to 17.3 per 1,000 in England and 16.3 per 1,000 in Scotland.
- In 2017, the live birth rate was 4.7 per 1,000 females aged 15-17 in Northern Ireland.

**Policy recommendations for Wales:**

- Welsh Government should provide extra funding for Local Authorities to expand and deliver sexual health services.

# Mental health

**Early intervention in mental health problems is key to reducing the damage caused by them. Half of adult mental health problems start before the age of 14 and 75% start before the age of 24. Therefore, improving children and young people's mental health should be everyone's responsibility; professionals should be able to identify concerns to signpost to services and resources before they reach crisis or suicide.**

**Increased public discourse on mental health is aimed at reducing stigma around discussing mental health concerns and improving understanding of individual experience. As more young people are able to recognise their mental health and wellbeing, there should be adequate services available to meet growing demand.**

## Prevalence of mental health conditions

- In 2017, 11.2% of children and young people aged 5-15 in England reported having any mental health disorder. 5.8% of these were emotional disorders, 5.5% behavioural disorders and 1.9% hyperactivity disorders.
- There is no comparable mental heath prevalence data available for Wales.

## Mental health services

- In 2016/17, the rate of mental health admissions for young people under the age of 18 was 13 per 100,000 in Wales, compared to 33 per 100,000 in England, 61 per 100,000 in Scotland and 40 per 100,000 in Northern Ireland.
- In 2016/17, the rate of available mental health beds for young people under the age of 18 was 3 per 100,000 in Wales, compared to 11 per 100,000 in England, 10 per 100,000 in Scotland and 9 per 100,000 in Northern Ireland.
- In 2016/17, the average length of stay on CAMHS inpatient wards was 99 days in Wales, compared to 72 days in England, 50 days in Scotland and 52 days in Northern Ireland.

## Suicide

- In 2018, the suicide rate for young people aged 15-24 was 9.7 per 100,000 in Wales, compared to 8.1 per 100,000 in England, 15.1 per 100,000 in Scotland and 17.8 per 100,000 in Northern Ireland.
- In 2018 in the UK, 3.5 times more males aged 20-24 ended their own life than females of the same age.

**Policy recommendations for Wales:**

- The Together 4 Children and Young People programme and the Ministerial Group delivering the recommendations made in the Mind Over Matter' (2018) report, provide structures to improve children and young people's mental health services. We welcome continued funding for Together 4 Children and Young People which should continue beyond 2021. In particular, we welcome commitments to work with Regional Partnership Boards to understand current provision and enhance early help and support; and to implement the Neurodevelopmental (ND) pathway and standards developed during the first phase, working coherently to deliver ALN Act provisions and an enhanced response for children and young people with ND.
- Welsh Government should resource and support these programmes to ensure delivery of a whole system approach and support the 'missing middle' who need services but do not meet the criteria for Child and Adolescent Mental Health Services (CAMHS)services. This system should incorporate education and a Whole School Approach, early intervention, community based support and targeted support for vulnerable groups.
- Welsh Government should continue to resource Time to Change Wales, which provides a national campaign to reduce stigma of mental health problems (delivered by Mind Cymru and Hafal).
- Welsh Government should collect data on prevalence of mental health conditions in children and young people and report this at a minimum of every three years.
- We welcome the NHS Benchmarking Unit's data collection on the performance of CAMHS services across the UK. All Health Boards should report their data into the benchmarking data collection.

# Family and social environment

**Child health outcomes are the product of complex, inter-connected social, economic, personal and political factors. An individual child's health is inevitably influenced by the world and environment around them, not only by the quality of care they receive from the health system, but also by the services they are able to access and by their family's lifestyle.**

**Too many children and young people grow up in families that are experiencing poverty and deprivation. Data from State of Child Health demonstrates that child health outcomes are significantly impacted by their socio-economic status and geographical variation. It is not only children's health which may be impacted, but also their educational and social outcomes.**

**Certain groups of young people may be particularly vulnerable to poorer outcomes – young carers and children within the child protection system**

**– and require targeted support to ensure they have a healthy and happy childhood. The impact of adverse childhood experiences in later life has been well documented and researched; all children deserve equal opportunities and we welcome the policy focus on preventing exposure to adverse childhood experiences (ACEs) through programmes such as the First 1,000 Days Collaborative at Public Health Wales.**

**Adoption of cross-governmental approach to 'child health in all policies' recognises that child health should be considered in all decisions at both national and local levels and we welcome the shift toward health in all policies approach in Welsh Government.**

# Child poverty

- In 2017/18, 22% of UK children were living in poverty before housing costs, 30% after housing costs.
- In 2017/18, 29% of children in Wales were living in poverty after housing costs, compared to 31% in England, 24% in Scotland and 24% in Northern Ireland.
- In 2017, 7.8% of UK children were living in persistent poverty.

**Policy recommendations for Wales:**

- Welsh Government should acknowledge high child poverty rates, review existing programmes and publish a revised Strategy to reduce child poverty. The Strategy should provide national targets to reduce child poverty rates and specific health inequality targets for key areas of child health, with clear accountability across Government.
- Welsh Government should provide renewed investment in services for children and families, which support the child's school readiness.

# Education, employment or training

- In 2018, 4.1% of young people aged 16-17 and 12.9% of young people aged 20-24 were not in education, employment or training in the UK.
- In 2018, 8.3% of young people aged 16-18 in Wales were not in education, employment or training.

**Policy recommendations for Wales:**

- Local Authorities should be resourced to provide health and wellbeing hubs, designed for children and young people.

# Young carers

- Latest available census data from 2011 shows the rate of young carers aged 0-9 was 4.1 per 1,000 in Wales, compared to 3.3 per 1,000 in England, 3.1 per 1,000 in Scotland and 3.8 per 1,000 in Northern Ireland.
- In 2011, the rate of young carers aged 10-19 was 39.5 per 1,000 in Wales, compared to 32.3 per 1,000 in England, 60.1 per 1,000 in Scotland and 45.5 per 1,000 in Northern Ireland.
- In 2011, the rate of young carers aged 20-24 was 58.9 per 1,000 in Wales, compared to 49 per 1,000 in England, 44.1 per 1,000 in Scotland and 78.7 per 1,000 in Northern Ireland.
- In Wales in 2011, 18.9% of young carers aged 0-9 that provided more than 50 hours of care per week reported that their health was 'not good'.

**Policy recommendations for Wales:**

- Welsh Government should deliver the recommendations made by the Health, Social Care and Sport Committee in its 2019 report 'Caring for our future', including providing guidance and resource to ensure that young carers receive annual health assessments.
- We welcome the introduction of national Young Carers ID cards, to enable young carers to access multi-agency support. ID cards must be made available for all young carers aged 0-18.

# Children in the child protection system

- In 2018, the rate of children under the age of 18 on the child protection register was 47 per 100,000 in Wales, compared to 47.7 per 100,000 in Northern Ireland and 26 per 100,000 in Scotland.
- In Wales, the most common reason for being on the child protection register was emotional abuse (43.2%).

**Policy recommendations for Wales:**

- Welsh Government should publish an impact assessment report from the National Action Plan Preventing and Responding to Child Sexual Abuse by the end of 2022.
- We welcome Public Health Wales' adverse childhood experiences (ACEs) hub, which should be regularly updated with information and resources.

# Looked After Children

- In 2018, the rate of Looked After Children (LAC) under the age of 18 was 101.7 per 10,000 in Wales, compared to 71.2 per 10,000 in Northern Ireland and 144.4 per 10,000 in Scotland in 2017. In 2019, the rate was 65 per 10,000 in England.

**Policy recommendations for Wales:**

- Where possible, Local Authorities should provide local pathways, agreed by multi-agencies, which improve access to support and services for LAC young people. The offer of services should be available for young people up to the age of 25, to ensure transition services for care leavers are considered.
- Welsh Government should provide adequate funding to Local Authorities to resource and commission annual health assessments for LAC for children and young people up to the age of 25.

# Long term conditions

**Many long term conditions develop during childhood. More children are presenting with multiple morbidities with added complexity too, which need tailored management.**

**Asthma is the most common long term condition among children and young people, and is among the top ten reasons for emergency hospital admission of children in the UK. Epilepsy is the most common long-term neurological condition of childhood, although diagnosis is not always straightforward. Diabetes is increasingly common among young people in the UK. While 90% of diabetes cases are Type 1, Type 2 diabetes is increasingly prevalent.**

**Childhood cancers are varied, and incidence rates have increased by 15% in the UK since the 1990s. Although, technological innovations and clinical trials have dramatically advanced cancer care and more children are surviving for longer.**

**Children with disabilities and learning difficulties are identified and supported through the education system with learning provision. However, there are difficulties in interpreting these data due to subjective thresholds, and the lack of data on children who are not in formal education.**

**Children and young people with long term conditions are more likely to develop mental health problems and may have poorer education outcomes. Young people with long term conditions should be empowered with self-management tools to control their health condition as they become adults. This is particularly important for young people as they navigate the transition from child to adult health services.**

# Asthma

- In 2017/18, the rate of emergency admissions to hospital for asthma was 165 per 100,000 under 19 year olds in Wales, compared to 174 per 100,000 in England and 157.2 per 100,000 in Scotland.
- In 2018, there were 20 asthma mortalities in the UK for children aged 0-14, 19 of which were in England and Wales.
- In 2017, there were 22 asthma mortalities in the UK for young people aged 15-24, 18 of which were in England and Wales.

**Policy recommendations for Wales:**

- NHS Wales should support the ongoing establishment of a UK wide clinical network for asthma. Appropriate support and resources should be provided to support key network functions at national and regional levels. The network should include links to mental health, education and transition and include input from both multidisciplinary professionals and family/young person engagement.
- All units across Wales must engage with the Royal College of Physician's National Asthma and COPD Audit Programme (NACAP).

# Epilepsy

- In 2017/18, the rate of emergency admissions to hospital for epilepsy was 87.9 per 100,000 under 19 year olds in Wales, compared to 66.8 per 100,000 in England and 73.8 per 100,000 in Scotland.

**Policy recommendations for Wales:**

- NHS Wales should support the ongoing establishment of a UK wide clinical network for epilepsy. Appropriate support and resources should be provided to support key network functions at national and regional levels. The networks should include links to mental health, education and transition and include input from both multidisciplinary professionals and family / young person engagement.
- All Health Boards across Wales should engage with the Epilepsy12 National Audit Programme.
- Health Boards in Wales should invest in sufficient epilepsy specialist nurses to ensure children and young people are supported across the health and education pathways. Unnecessary acute admissions and emergency department attendance should be decreased and there should be reduced avoidable epilepsy deaths.

# Diabetes

- In 2017/18, the median HbA1c (mmol/mol) value was 64.5 in Wales and 64 in England.

**Policy recommendations for Wales:**

- NHS Wales should support the ongoing establishment of a UK wide clinical network for diabetes. Appropriate support and resources should be provided to support key network functions at national and regional levels. The networks should include links to mental health, education and transition and include input from both multidisciplinary professionals and family / young person engagement.
- All paediatric diabetes units in Wales should engage with the National Paediatric Diabetes Audit (NPDA).
- NHS Wales should ensure that digital capacity in primary care and across child health professionals is strengthened with the necessary IT systems so that information on a child's weight is accessible to all child health professionals who need it, to enable early identification of type 2 diabetes.

# Cancer

- In 2017, the cancer mortality rate for children aged 0-4 was 2.5 per 100,000 in Wales, compared to 2.9 per 100,000 in England, 2.9 per 100,000 in Scotland and 2.6 per 100,000 in Northern Ireland.
- In 2017, the cancer mortality rate for children aged 5-14 was 2.5 per 100,000 in Wales, compared to 2.3 per 100,000 in England, 2.8 per 100,000 in Scotland and 2.3 per 100,000 in Northern Ireland.
- In 2017, the cancer mortality rate for young people aged 15-19 was 4.1 per 100,000 in Wales, 3.3 per 100,000 in England, 4.3 per 100,000 in Scotland and 4.2 per 100,000 in Northern Ireland.

**Policy recommendations for Wales:**

- Welsh Government should implement recommendations from the Cross Party Group on Hospices and Palliative Care 2018 Inquiry 'Inequalities in access to hospice and palliative care', which relate to paediatric palliative care services. Recommendations include: access to out-of-hours services and increased resourcing of community nursing.
- Welsh Government should undertake an impact assessment of the Cancer Delivery Plan for Wales (2016-2020), specifically looking at children and young people's cancer services, to inform planning for children's cancer services beyond 2020.

# Disability and additional learning needs

- In 2019, 22.2% of young people enrolled in education in Wales had an identified Additional Learning Need (ALN).
- In 2018, 14.6% of young people enrolled in education in England had an identified Special Educational Needs and Disability (SEND).
- In 2019, 30.9% of young people enrolled in education in Scotland had an identified Additional Support Need (ASN).
- In 2019, 23% of young people enrolled in education in Northern Ireland had an identified SEND.

**Policy recommendations for Wales:**

- We welcome and support delivery of the ALN transformation programme and commitment for every Health Board to have a Designated Educational Clinical Lead Officer (DECLO).

# Workforce

**A child health workforce of sufficient number and skill is crucial to efforts to improve the health of children and young people in the UK: not simply paediatricians, but also children's nurses, health visitors, mental health professionals, primary care and allied health professionals. Currently, demand for child health services outstrips capacity and is a barrier for young people accessing high quality care.**

- In 2017, there were 2 paediatric consultants per 10,000 children and young people (CYP) in Wales, compared to 2.2 per 10,000 CYP in England, 2.2 per 10,000 CYP in Scotland and 2 per 10,000 CYP in Northern Ireland.
- In 2018, there were 463 CYP per fully qualified GP in Wales, compared to 489.7 CYP per fully qualified GP in England. In 2017, there were 339.3 CYP per fully qualified GP in Scotland and 471.8 CYP per fully qualified GP in Northern Ireland.

## Policy recommendations for Wales:

- We welcome the publication of Health Education and Improvement Wales 'Healthier Wales: Our Workforce Strategy for Health and Social Care' (2019) in draft form. The strategy should be expanded to make explicit recommendations for the child health workforce, which espouses a coherent and consistent approach to planning. The strategy should:
  - Consider the breadth of the child health workforce including medical, midwifery, nursing, allied health professionals, pharmacists, health visitors and school nurses.
  - Address the recruitment and retention of the healthcare workforce.
  - Ensure their healthcare workforce data is robust, reliable and comprehensive.
  - Be based around robust and proactive modelling, to better match the changing needs of children and young people with the training and recruitment of our future child health workforce.

**State of Child Health 2020:**
Wales

Published March 2020

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in England and Wales (1057744)and in Scotland (SCO38299)