

9. HEALTH SERVICES

NSW Health provides a range of health care services to children and their families. Services specifically provided for children and their families, either through NSW Health, through other government departments, or through non-government or private organisations, include: child and family health services, family care centres, residential care centres, parent help telephone lines, child and family teams in community health centres, child protection services, child and adolescent mental health services, housing support services, educational support services, children's wards in general hospitals, and specialist children's hospitals. General practitioners (GPs) are key partners in the provision of primary health care services for children and their families. The *New South Wales Child Health Survey 2001* focused on: use of health services, immunisation (vaccination), visits to general practitioners, use of personal health records, child and family health services, parental support services, and home visiting services.

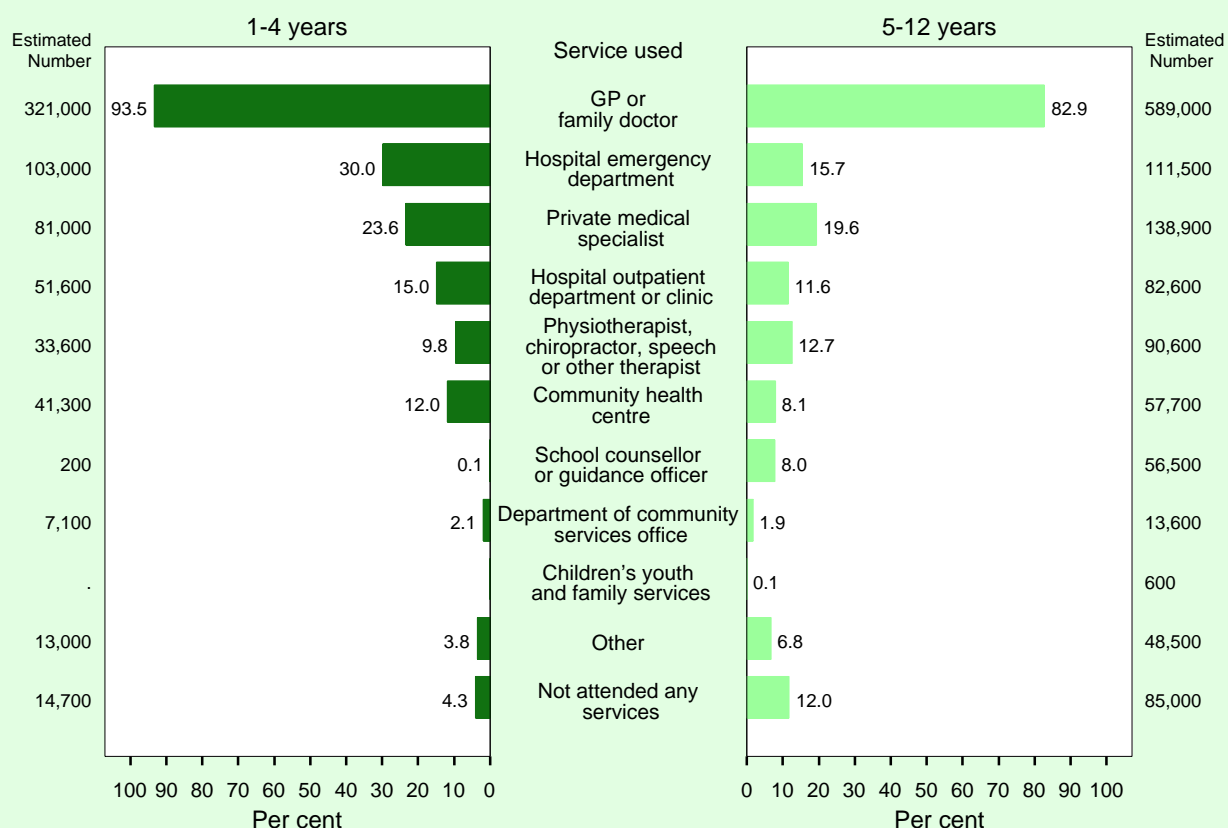
Use of health services

It has been estimated, through ongoing data collections and previous surveys, that 7.4–20.2 per cent of children aged 0–16 years attend emergency departments in a 12 month period and 18.0–32.0 per cent of children visit a GP in a two-week period.¹

In the *New South Wales Child Health Survey 2001* parents or carers of children aged 1–12 years were asked which services they had used in the last 12 months, from a list of possible services including: GPs, hospitals, community health centres, medical specialists (including paediatricians; psychiatrists; or ear, nose and throat specialists), Community services offices, services for children's behavioural and physical problems (including allied health services), parental support services (including a school counsellor or guidance officer), or other helping organisations or individuals.

FIGURE 22

HEALTH SERVICES USED IN THE LAST 12 MONTHS, BY AGE GROUP, CHILDREN AGED 1–12 YEARS, NSW, 2001

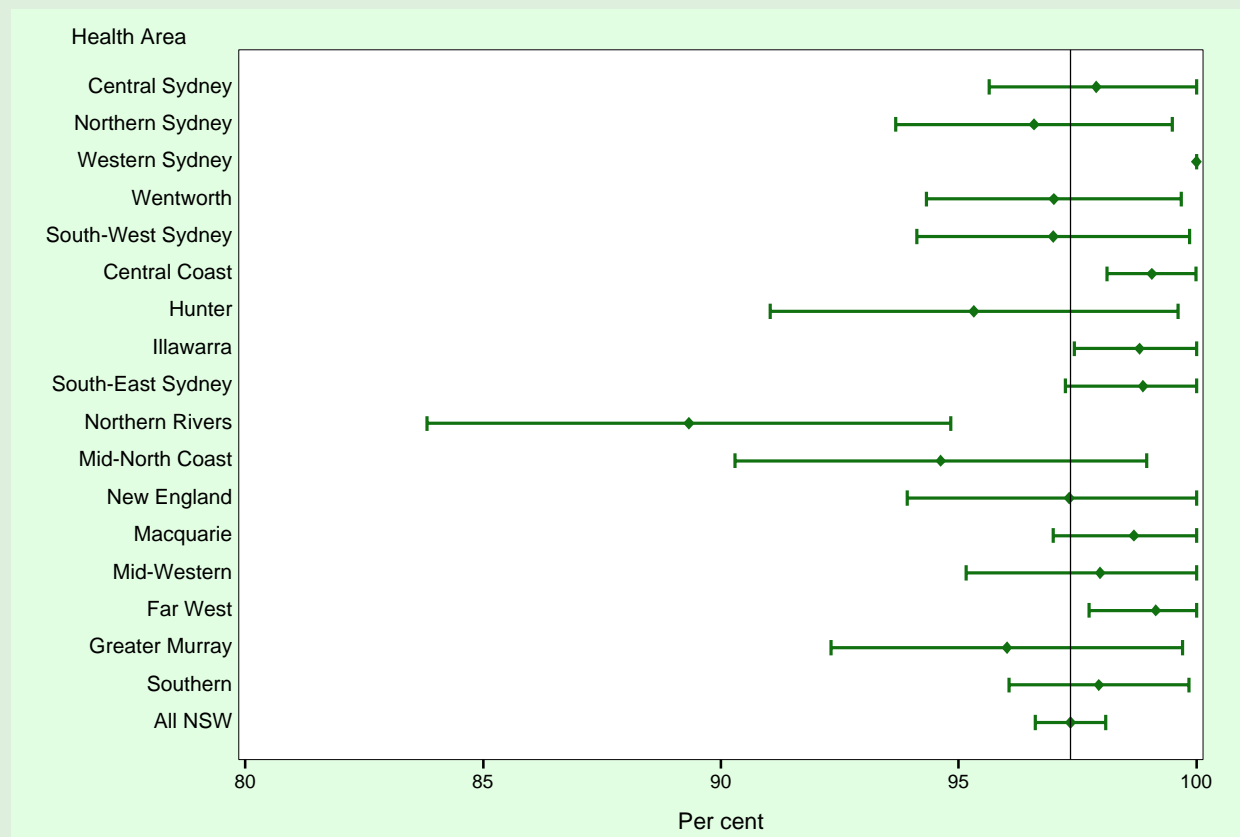


Note: Respondents could mention more than one health service. Percentages will total more than 100. Estimates based on 8689 respondents.

Source: *New South Wales Child Health Survey 2001* (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 23

STRONGLY OR GENERALLY SUPPORT IMMUNISATION PROGRAM BY AREA HEALTH SERVICE OF RESIDENCE, PARENTS OR CARERS WITH CHILDREN AGED TWO MONTHS TO FOUR YEARS, NSW, 2001



Note: Estimates are based on 3459 respondents.

Source: *New South Wales Child Health Survey 2001* (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

TABLE 11

STRONGLY OR GENERALLY SUPPORT IMMUNISATION PROGRAM BY AREA HEALTH SERVICE OF RESIDENCE, PARENTS OR CARERS WITH CHILDREN AGED TWO MONTHS TO FOUR YEARS, NSW, 2001

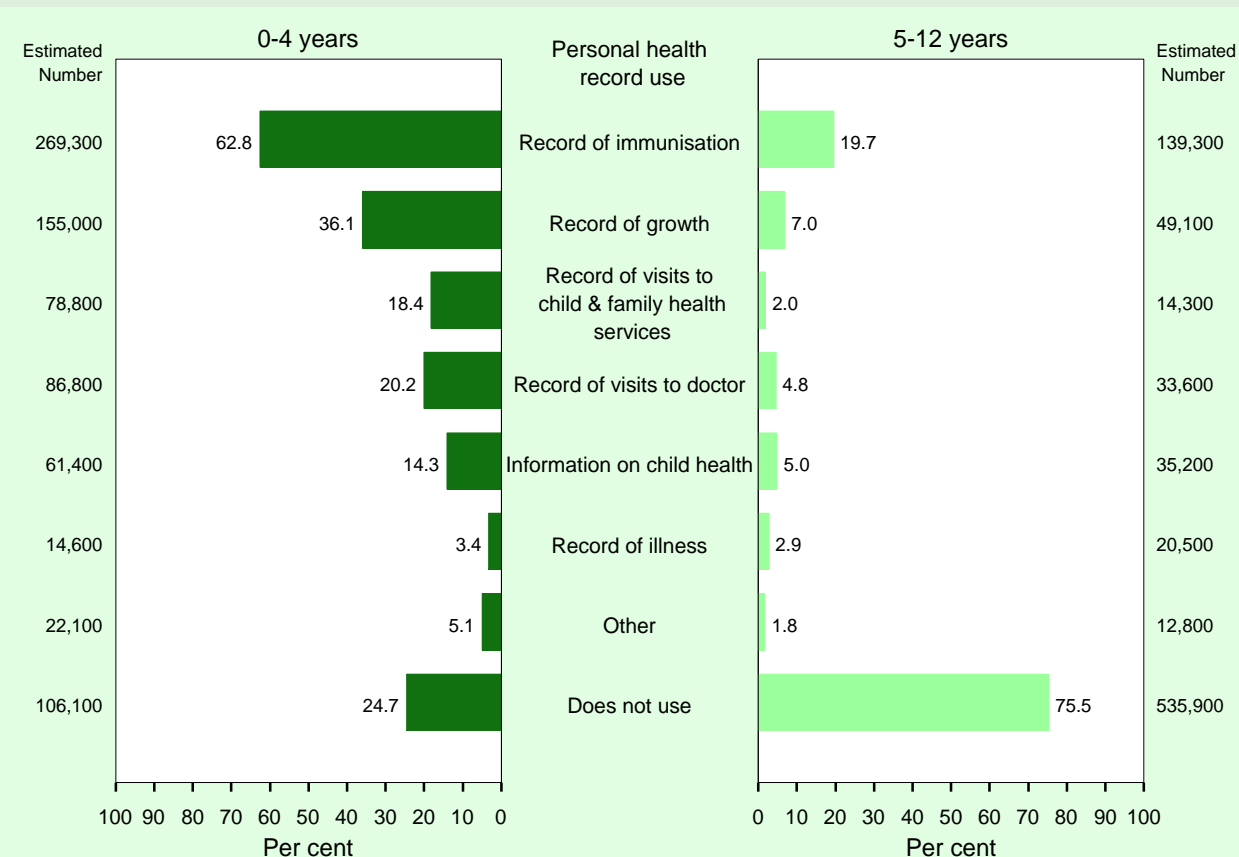
Health Area	Per cent	LL 95% CI	UL 95% CI	Estimated Number	Health Area	Per cent	LL 95% CI	UL 95% CI	Estimated Number
Central Sydney	97.9	95.6	100.0	27600	Northern Rivers	89.3	83.8	94.8	13300
Northern Sydney	96.6	93.7	99.5	41100	Mid-North Coast	94.6	90.3	99.0	14000
Western Sydney	100.0	100.0	100.0	43200	New England	97.3	93.9	100.0	11000
Wentworth	97.0	94.3	99.7	56900	Macquarie	98.7	97.0	100.0	7400
South-West Sydney	97.0	94.1	99.9	49400	Mid-Western	98.0	95.2	100.0	3200
Central Coast	99.1	98.1	100.0	23500	Far West	99.1	97.7	100.0	11300
Hunter	95.3	91.0	99.6	18000	Greater Murray	96.0	92.3	99.7	17300
Illawarra	98.8	97.4	100.0	34200	Southern	97.9	96.1	99.8	11500
South-East Sydney	98.9	97.2	100.0	22200	All NSW	97.4	96.6	98.1	405200

Note: Estimates are based on 3459 respondents.

Source: *New South Wales Child Health Survey 2001* (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 24

CURRENT USE OF PERSONAL HEALTH RECORD (THE 'BLUE BOOK') BY AGE GROUP, PARENTS OR CARERS OF CHILDREN AGED 0–12 YEARS, NSW, 2001



Note: Respondents could mention more than one use. Percentages will total more than 100. Estimates based on 9425 respondents.

Source: *New South Wales Child Health Survey 2001* (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

A majority (90.5 per cent) of parents or carers reported the child had attended at least one of the listed services in the last 12 months, with the most frequented service being a GP or family doctor (86.4 per cent). There was very little difference in the reported use of services by males compared with females; however, the proportion of children who had used a service was higher among children aged 0–4 years (95.7 per cent) compared with those aged 5–12 years (88.0 per cent) (Figure 22).

Reference

1. Williamson M, Jorm L, Cardona M, Chey T. *Blacktown Health Survey 1993*. Sydney: Western Sydney Area Health Service, 1994.

Immunisation (vaccination)

Despite a reduction in national incidence of vaccine-preventable diseases in children, since the introduction of immunisation, a range of vaccine-preventable diseases—such as pertussis, measles, mumps, rubella,

haemophilis influenza type B, hepatitis B and tetanus—remain a problem in Australia. The overall aim of the NSW immunisation program for children is to reduce the incidence of vaccine-preventable diseases in children that may cause significant morbidity and mortality. Vaccination coverage in children can be monitored using information from the Australian Childhood Immunisation Register (ACIR).

Monitoring the level of support for the immunisation program, sources of information about immunisation and providers of immunisation services assist in planning efficient and effective immunisation programs that will be used by parents or carers at the appropriate time in a child's development.

In the *New South Wales Child Health Survey 2001*, parents or carers of children aged two months to four years were asked three questions regarding immunisation: which service providers they used for immunisation services; whether they support the immunisation program; and, for

those who do not support the program, what sources they use to get information about immunisation. The majority (85.8 per cent) of children aged two months to four years were reported to have been immunised by a local doctor (66.0 per cent) or by a general practitioner in a medical centre (19.8 per cent).

Over 97.4 per cent of parents or carers of children aged two months to four years reported supporting the immunisation program (81.6 per cent reported that they strongly support it; 15.8 per cent reported that they generally support it). This varied by area health service, with respondents from Western Sydney reporting the strongest support for the immunisation program (100.0 per cent) and Northern Rivers reporting the lowest level of support (89.3 per cent) (Figure 23, Table 11).

Non-supporters of the immunisation program reported the main sources of information they accessed were health professionals (62.0 per cent) and the electronic and print media (52.1 per cent).

Visits to general practitioners

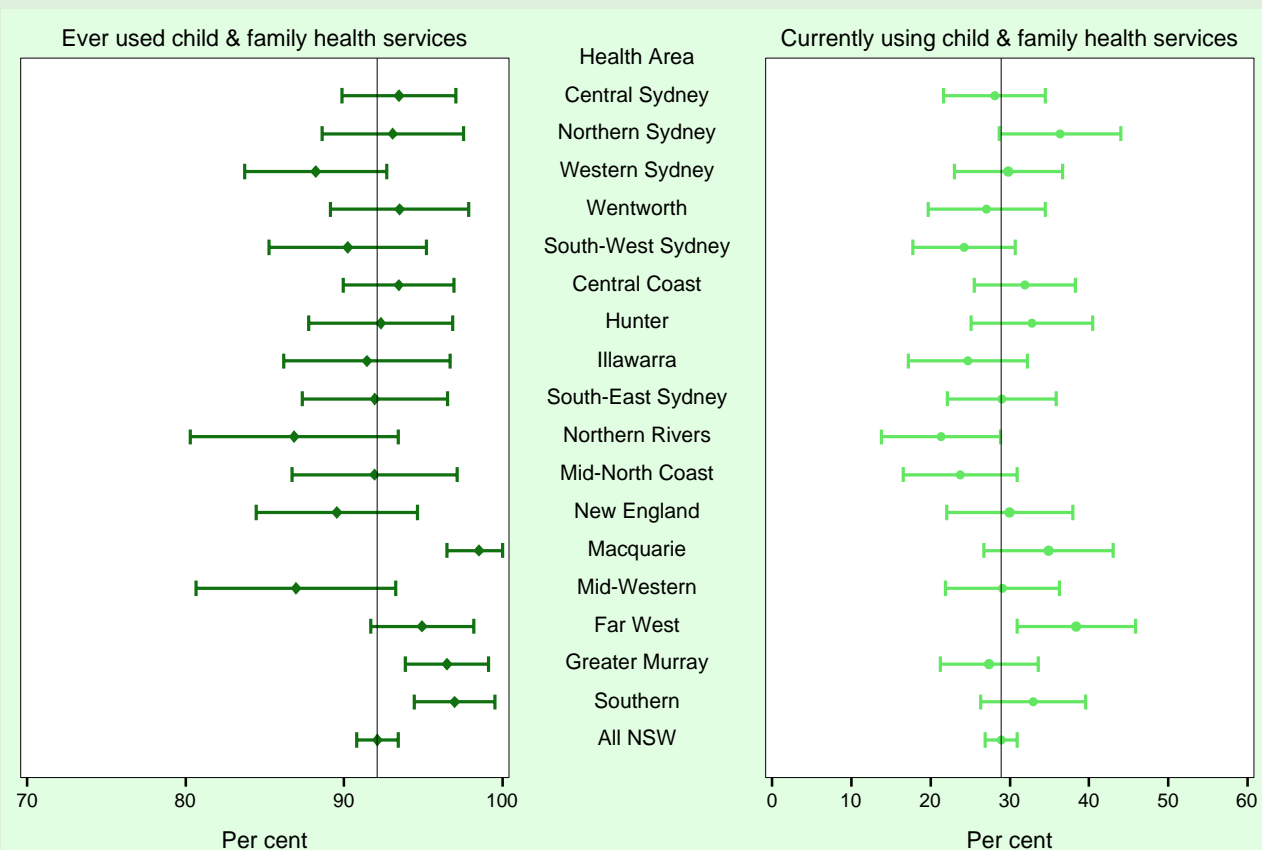
General practitioner (GP) consultations are a major source of health care for children. In Australia in 1995, 15.7 per cent of these consultations were for children aged less than 15 years, although this age group accounted for 21.5 per cent of the population.¹ Children aged less than one year, 1–4 years, and 5–14 years, accounted for two per cent, 5.8 per cent, and 7.9 per cent, of consultations respectively.

In the *New South Wales Child Health Survey 2001*, parents or carers of children aged 0–12 years were asked who they normally consult about their child's general health problems (a doctor in a medical centre, a GP or local doctor, a doctor at a hospital, or someone else) and whether the child usually sees the same doctor or different doctors at the same or different centres.

More than three-quarters of parents or carers (77.7 per cent) reported that their children usually use a GP or local

FIGURE 25

EVER USED AND CURRENT USE OF CHILD AND FAMILY HEALTH SERVICES, BY AREA HEALTH SERVICE OF RESIDENCE, CHILDREN AGED 0–4 YEARS, NSW, 2001



Note: Estimates for ever used child and family health services based on 3537 respondents. Estimates for current use of child and family health services based on 3298 respondents who had ever used child and family health services.

Source: *New South Wales Child Health Survey 2001* (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

TABLE 12

EVER USED AND CURRENT USE OF CHILD AND FAMILY HEALTH SERVICES, BY AREA HEALTH SERVICE OF RESIDENCE, CHILDREN AGED 0–4 YEARS, NSW, 2001

Health Area	Per cent	LL 95% CI	UL 95% CI	Estimated Number	Per cent	LL 95% CI	UL 95% CI	Estimated Number
Ever used child & family health services					Currently using child & family health services			
Central Sydney	93.5	89.9	97.0	27700	28.1	21.7	34.5	7800
Northern Sydney	93.1	88.6	97.5	41400	36.3	28.6	44.0	15000
Western Sydney	88.2	83.7	92.7	38200	29.8	23.0	36.6	11400
Wentworth	93.5	89.1	97.9	57600	27.1	19.7	34.4	15600
South-West Sydney	90.2	85.3	95.2	46800	24.2	17.7	30.7	11300
Central Coast	93.4	89.9	97.0	22500	31.9	25.5	38.3	7200
Hunter	92.3	87.8	96.9	18300	32.8	25.1	40.4	6000
Illawarra	91.4	86.2	96.7	32600	24.7	17.2	32.2	8000
South-East Sydney	91.9	87.4	96.5	21100	29.0	22.1	35.8	6100
Northern Rivers	86.9	80.3	93.4	13800	21.3	13.8	28.8	2900
Mid-North Coast	91.9	86.7	97.1	14000	23.7	16.6	30.9	3300
New England	89.6	84.5	94.7	10600	30.0	22.0	37.9	3200
Macquarie	98.5	96.5	100.0	7800	34.9	26.7	43.1	2700
Mid-Western	87.0	80.7	93.3	2900	29.1	21.9	36.2	900
Far West	94.9	91.7	98.2	11000	38.4	30.9	45.9	4200
Greater Murray	96.5	93.9	99.1	17400	27.4	21.2	33.6	4800
Southern	97.0	94.4	99.5	11500	32.9	26.3	39.6	3800
All NSW	92.1	90.8	93.4	395100	28.9	26.9	31.0	114200

Note: Estimates for ever used child and family health services based on 3537 respondents. Estimates for current use of child and family health services based on 3298 respondents who had ever used child and family health services.

Source: *New South Wales Child Health Survey 2001* (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

doctor, while one in five (19.2 per cent) usually saw a doctor in a medical centre. Most children were reported to visit the same doctor (80.6 per cent) or the same practice (15.4 per cent), when usually seeing a doctor. The pattern of GP use was similar for children aged 0–4 years compared with children aged 5–12 years.

References

1. Australian Institute of Health and Welfare. *Australia's health 1998: The sixth biennial health report of the Australian Institute of Health and Welfare. (Morbidity and Treatment Survey)*. Canberra: AIHW, 1998.

Personal health records: The 'blue book'

In NSW, all children born since January 1988 have been issued with a personal health record (known in NSW as the 'blue book') by a nurse at the hospital where the child was born.¹ The personal health record is a booklet, usually maintained by the parent or carer of the child in association with a range of health care providers—particularly child and family health services and general practitioners. The personal health record details a child's growth and development and contains information on immunisation, health visits, growth, teething, crying, feeding, and toilet training.

In the *New South Wales Child Health Survey 2001*, parents or carers of children aged 0–12 years were asked whether the child had a personal health record (the 'blue book')

and the previous and current use of the personal health record.

Most parents or carers (94.0 per cent) reported their child has a personal health record. The proportion was slightly higher for children aged 0–4 years (98.3 per cent) than for children aged 5–12 years (91.5 per cent). There were some minor variations in reported personal health record ownership among area health services; however, in all areas, reported ownership was over 91 per cent (ranging from 91.7 per cent in the South Eastern Sydney Health Area to 98.3 per cent in the Hunter Health Area).

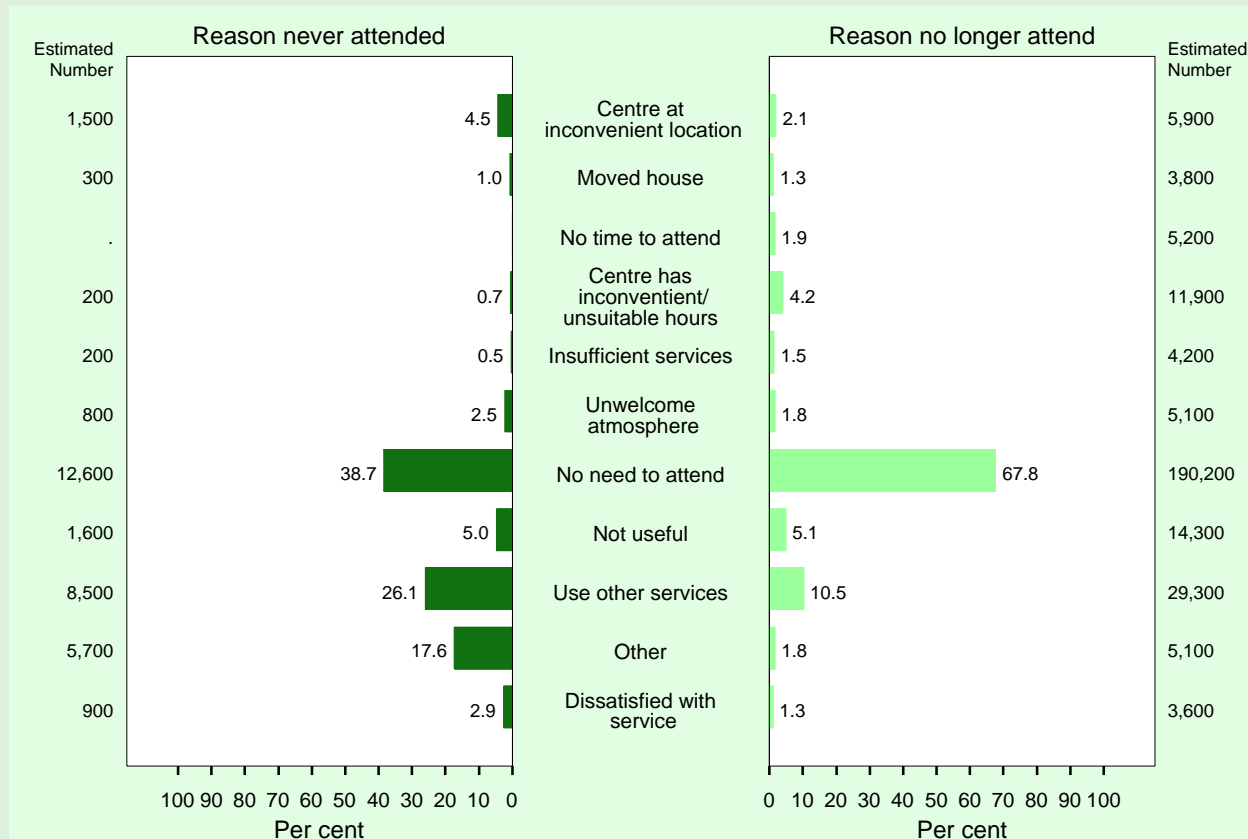
The proportion reporting having a personal health record was similar to that reported in a previous evaluation of personal health record use in NSW in 1992 (93.0 per cent). In that study, 78.0 per cent of parents were able to produce the personal health record for the interviewer.²

Past and current use of the personal health record

Overall, 46.0 per cent of parents or carers of children aged 0–12 years reported currently using the personal health record (76.5 per cent for children aged 0–4 years and 26.2 per cent for children aged 5–12 years). The main reported current use of the personal health record was to record immunisation (36.0 per cent), and growth (16.9 per cent). The use of the book for recording immunisation and growth was higher for children aged 0–4 years (62.8 per cent) compared with children aged 5–12 years (19.7 per cent) (Figure 24).

FIGURE 26

REASON NEVER OR NO LONGER ATTENDED CHILD AND FAMILY HEALTH SERVICES, CHILDREN AGED 0–4 YEARS, NSW, 2001



Note: Estimates for reasons no longer attending child and family health services based on 2221 respondents. Estimates for reasons never attended child and family health services based on 225 respondents.

Source: *New South Wales Child Health Survey 2001* (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Reference

1. NSW Department of Health Public Affairs Web site at www.health.nsw.gov.au/health-public-affairs/mhcs/publications/658.html, accessed 8 May 2002.
2. Bailey FK, Nossar V, Jeffs DA, Smith W, Chey T. *An evaluation of the NSW Personal Health Record 1992*. Sydney: NSW Department of Health, 1992.

Child and family health services (baby health centres or early childhood health services)

Maternity and child and family health services have a particularly important role to play in providing information and support for parents and carers of children aged 0–4 years, in relation to health and wellbeing and family or environmental factors that affect children.

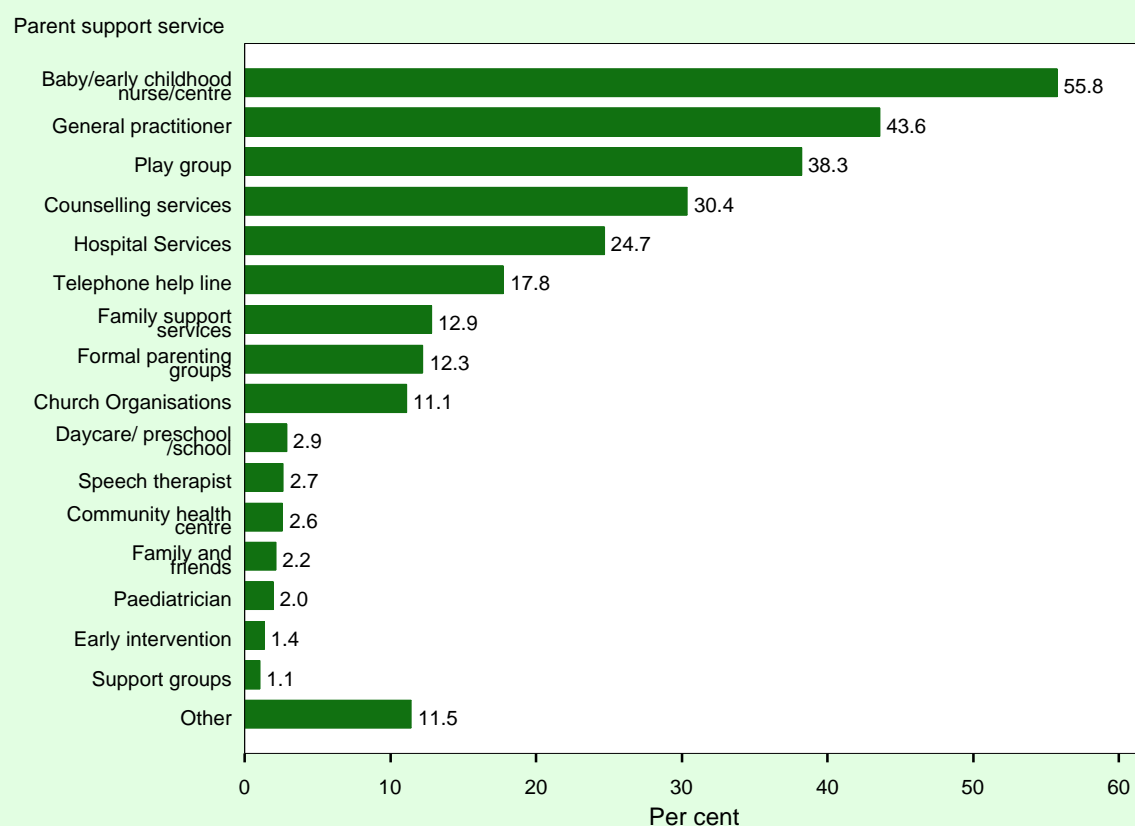
In the *New South Wales Child Health Survey 2001*, parents or carers of children aged 0–4 years were asked if they had ever attended a child and family health service; and, if not, why they had never attended. If they had ever used

a child and family health service, they were also asked how long they had used the service; if they currently used the service; and, where applicable, why they no longer attended the service.

Attendance and age at first visit

Most (92.1 per cent) parents or carers of children aged 0–4 years reported they had attended child and family health services (with 0.3 per cent yet to attend their first visit); however, only 28.9 per cent were currently using child and family health services. The reported ever use of child and family health services varied between area health services, from 87.0 per cent in the Mid Western Health Area to 98.5 per cent in the Macquarie Health Area, while current use varied from 21.3 per cent in the Northern Rivers Health Area to 38.4 per cent in the Far West Health Area (Figure 25, Table 12).

The age of the child at first visit to the child and family health service varied from one week to 23 months; 37.2 per cent of infants attended their first visit at the age of

FIGURE 27**TYPES OF PARENTAL SUPPORT SERVICES, PARENTS WITH CHILDREN AGED 1–12 YEARS WHO USED A SUPPORT SERVICE, NSW, 2001**

Note: More than one service could be named. Percentages will total more than 100. Estimates are based on 2224 respondents.

Source: *New South Wales Child Health Survey 2001* (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

one week; and over 78 per cent of infants had had their first visit by four weeks of age.

Reason for non-attendance or no longer attending child and family health services

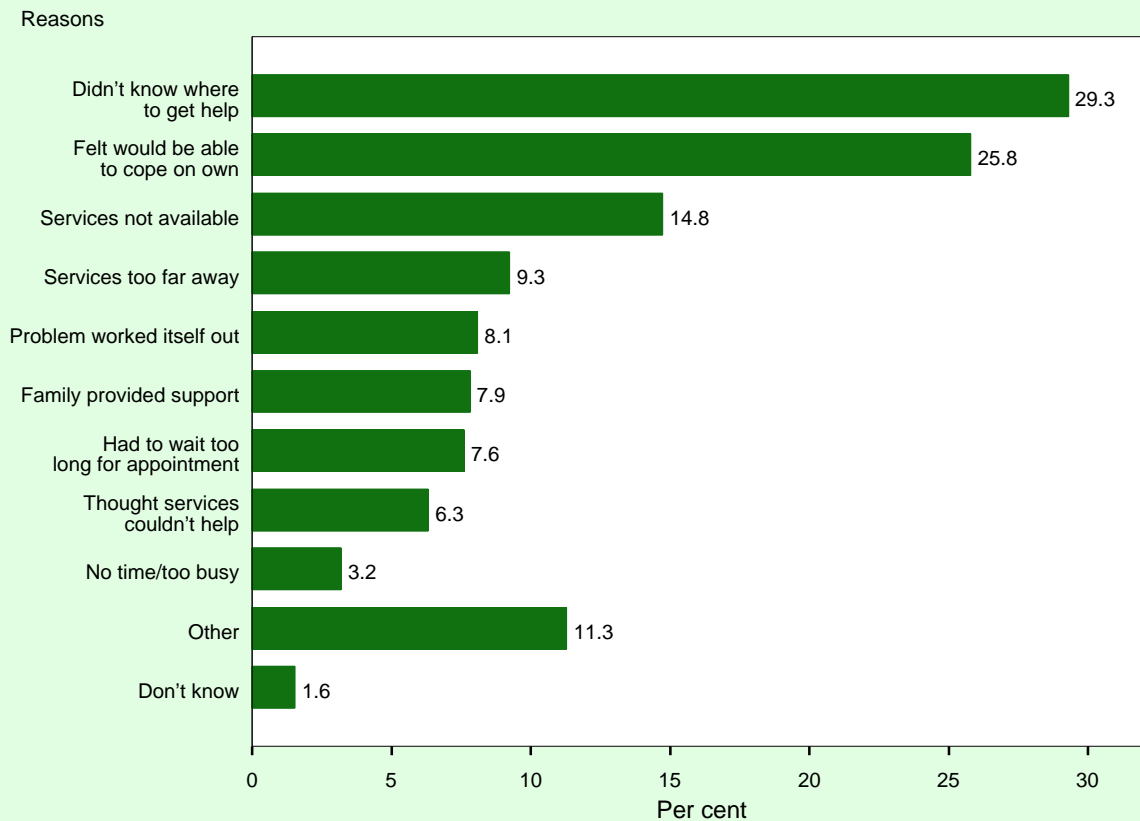
A minority (7.0 per cent) of all parents or carers reported never having attended a child and family health service. The main reasons reported by parents or carers, of children aged 0–4 years who never attended child and family health services, was that they felt they did not need to attend (38.7 per cent) or they used other services (26.1 per cent). The main reason cited by the 71.0 per cent of parents or carers who had ceased to attend child and family health services was that they felt they no longer needed to attend (67.8 per cent) or they used other services (10.5 per cent) (Figure 26).

Parental support services

Parental support services include playgroups; health services such as home visiting services and child and

family health services; and community, church, and school services. In the *New South Wales Child Health Survey 2001* parents or carers of children aged 1–12 years were asked to report about their need for support services; whether they used such services; the types of services used; and the reasons for not accessing parental support services when they needed them.

Just over two-thirds (68.6 per cent) of parents or carers reported that they needed parental support services. Of parents or carers who reported they needed services, 81.0 per cent reported accessing the services. The services that were most likely to be used were: early childhood nurses or child and family health services (55.8 per cent), general practitioners (43.6 per cent), playgroups (38.3 per cent), and counselling services (30.4 per cent) (Figure 27). The reported reasons for not accessing parental support services when needed included: not knowing where to get help (29.3 per cent), feeling that they should be able to cope on their own (25.8 per cent), and reporting that services were either not available (14.8 per cent) or too far away (9.3 per cent) (Figure 28).

FIGURE 28**REASON DID NOT ACCESS PARENTAL SUPPORT SERVICE, PARENTS WITH CHILDREN AGED 1–12 YEARS WHO HAD NOT USED A SUPPORT SERVICE WHEN NEEDED, NSW, 2001**

Note: Respondents could mention more than one reason. Percentages will total more than 100. Estimates are based on 510 respondents.

Source: *New South Wales Child Health Survey 2001* (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Home visiting (health services received in the home)

A growing body of evidence shows that—where professionals provide services to families within their own home—improvements in socialisation, health and education outcomes, can be achieved.¹ Families in the United Kingdom, who were supported at home by volunteers, had improved family functioning.¹ The Cottage Care Community Project, a volunteer home visiting program in Sydney, found that families receiving visits from a volunteer recorded increased levels of family functioning, reduced numbers of subsequent pregnancies, higher immunisation levels, and accessed a greater number of other services.¹

In the *New South Wales Child Health Survey 2001*, parents or carers of children aged 0–4 years reported on use of home visiting services. Home visiting services were defined as ‘having someone, such as a nurse or a volunteer, visit you in your home to provide you with support or advice in caring for a child’. Respondents were asked

about whether they had had a home visit, who had visited them, the age of their child at the first home visit, the number of home visits they had received, and the acceptability of having someone visit them in their home. Parents or carers who had not received a home visit were asked how they would feel having a health professional visit them in their home.

Overall, 36.3 per cent of parents or carers of children aged 0–4 years reported they had received a home visit. For people who received a home visit, the main person reported to attend home visits was a health professional (49.9 per cent), early childhood nurse or midwife (37.3 per cent), followed by a nurse (3.6 per cent), lactation consultant (3.3 per cent), social worker or counsellor (1.9 per cent), speech therapist or physiotherapist (1.1 per cent), and teacher (0.4 per cent). Most parents or carers (95.3 per cent) reported that they received their first home visit when their child was aged less than one month. Of the parents or carers who reported having a home visit, 25.1 per cent had one visit, 50.7 per cent had 2–4 visits, and 24.3 per cent had five or more visits.

The majority (97.5 per cent) of parents or carers who reported they had received a home visit said that the home visit was acceptable. However, only three-quarters (74.8 per cent) of parents whose children did not have a home visit reported that they would be comfortable having a health professional visit them in their home.

10. CONCLUSION

The primary goals of the *New South Wales Child Health Survey 2001* were to describe child health in NSW, and to provide baseline information to monitor the NSW Government's *Families First* initiative and other child health initiatives. The survey highlighted some important issues for action, to improve child health and wellbeing in NSW, and for ongoing monitoring of progress.

Information on social capital and social support suggests that families with children are reasonably well-connected through community and school networks, although parents in urban areas reported more concerns about safety in their neighbourhood, and less involvement in community activities. A high proportion of children aged 3–5 years attended pre-school, long day-care, or other formal care, as recommended in the *Families First* initiative for all children before they start school.

Australian guidelines recommend that all infants should be breastfed at birth and that breastfeeding should continue for up to 12 months, complimented by solid food. However, the survey showed that, although most women initially breastfeed, the majority of women cease breastfeeding between 4–6 months, and a minority continue breastfeeding past 12 months. This may be related to a range of factors including social and work-related pressures and the degree of acceptance of breastfeeding in the wider community.

Obesity has recently been highlighted as a significant issue for Australian children, with almost one-quarter of children considered to be overweight or obese. The survey showed that children have a low intake of vegetables, and that a high proportion of fruit intake is consumed as fruit juice—which is not ideal, due to its reduced fibre and added sugar content. The potential substitution of milk with juice and soft drink, and the relatively high intake of hot chips and french fries, are also of concern in childhood diets. The time spent playing computer games and watching television, as measures of sedentary activities, is also of concern. The survey also highlighted that a surprising proportion of families had experienced issues to do with food security, which can limit the availability of nutritionally-appropriate food, potentially influencing malnutrition, obesity, or psychological wellbeing. The NSW Minister for Health has announced a NSW Childhood Obesity Summit, to be held between 10–12 September 2002, which will bring

Reference

1. The *Families First* Resource Kit, NSW Cabinet Office 2000. Web site at www.parenting.nsw.gov.au, accessed 24 April 2002

together stakeholders from across government, the private sector, and the community, to develop an action plan for childhood obesity in NSW.

To prevent skin cancer, public health messages focus on protecting children from ultraviolet radiation. The survey showed that while children less than five years of age are relatively well-protected from the sun, children five years of age and over were less likely to wear a broad-brimmed cap with a flap or protective clothing, with more reliance on often or always wearing sunscreen. The use of sunscreen alone is not ideal, since it has time-limited effectiveness and can wear off with physical activity and exposure to water.

While it is recommended that all children have a dental check-up in their pre-school years, in order to identify oral health problems and issues with oral cavity development, the survey showed that a very high proportion of children under five years of age have never seen a dentist.

While most parents and carers had used child and family health services at some time, a high proportion did not currently use them, mainly because they felt they no longer needed such services. The survey showed that about half of all families had had health services provided in the home (a home visit) by a health worker. This proportion is expected to increase, with the rollout of universal home visiting as part of the *Families First* initiative. Encouragingly, the survey identified that most families who had infants or young children with serious physical, emotional, or behavioural problems, had accessed services. As such, these services are probably a useful place to research such issues.

Areas of child health and wellbeing that will be monitored on an ongoing basis, as part of the NSW Health Survey Program, include: family functioning; social capital; childcare, preschool, and school attendance; smoking in pregnancy; smoking in the home; infant sleeping position; folate intake during pregnancy; breastfeeding; nutrition; sun protection; injury; physical activity; asthma; oral health; disability; diabetes; health status; emotional and behavioural problems; health service use; attitudes to childhood immunisation; use of the personal health record; and parental support services.