

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](http://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.