

2. EXECUTIVE SUMMARY

The *New South Wales Child Health Survey 2001* has provided the first statewide data on the health and wellbeing of children aged 0–12 years, to inform health policy and planning. This report outlines the development of the survey, including the consultation process; the development of the survey instrument; and the survey methods used. A report of the results of the survey, including an outline of the final methods is available from the NSW Department of Health's website at www.health.nsw.gov.au/public-health/phb/phb.html.

The methods used for the *New South Wales Child Health Survey* were developed by the Epidemiology and Surveillance Branch (now the Centre for Epidemiology and Research) of the NSW Department of Health, in consultation with a Child Health Survey Technical Expert Group (CHSTEG), the NSW area health services, relevant branches of the NSW Department of Health, the NSW Health Survey Program Steering Committee (HSPSC), and a range of topic area experts.

The survey was designed to address information deficits and priorities for child health at the state and national levels. A comprehensive list of all possible content areas for the survey was developed, based on a review of current child health policy documents. Criteria addressing information priorities and needs, current availability of data, ability of the survey to provide reliable estimates, and the sensitivity of the topic, were used to refine the selection of content areas. The final content areas included: family functioning, social support, social capital, childhood activities, childcare–preschool or school attendance, smoking in pregnancy, smoking in the home, parental smoking messages, infant sleeping position, maternal folate, breastfeeding, nutrition, food security and hunger, sun protection, water safety, physical activity and inactivity, asthma, oral health, disability, mental health, emotional and behavioural problems, feeding and behavioural problems in infants, physical health of toddlers, health services used, immunisation,

visits to general practitioners, personal health records, child and family health services, parental support services, and home visiting (health services received in the home).

Once content areas were determined, question modules were then developed for these using, where possible, questions from existing surveys. To be included, questions needed to provide important and useful information on the content area, be suitable for telephone administration, and be reliable when reported by parents or carers ('proxy respondents') on behalf of children. Where necessary, questions were modified for telephone administration, and into Australian English. Sixty-five questions were new, as no source of current question could be identified.

Methods were mostly consistent with previous NSW Health Surveys, with the exception of specific methods regarding the sampling of children, selection of proxy respondents, ways to optimise response rates, and how to address issues of child protection. The question 'can I speak to the person who knows most about the [selected] child's health?' was used to select proxy respondents. Introductory letters were used to boost response rates, and to provide a phone number to contact the NSW Health Survey Program should a respondent so wish. Procedures were developed for use where a child was deemed 'at risk'; and so the survey introduction was modified to include a statement regarding reporting requirements, if respondents provided information that suggested that a child was being abused or neglected.

The methods used in the *New South Wales Child Health Survey* have already provided the foundation for long-term monitoring of child health in NSW. The procedures used for selecting respondents and gaining informed consent, as well as much of the interview script and many of the question modules, have been incorporated into the ongoing NSW Health Survey Program.