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Australian parents' use of universal child and family health services: a consumer survey. *Health and Social Care in the Community*, 27(2), pp. 472-482.

ABSTRACT

This study aimed to explore Australian parents' use of universally available well-child health services. It used an online survey of 719 parents of children aged from birth to five years in all states and territories to examine patterns of service use and consumer preferences.

In Australia, several health professional groups provide advice to pregnant women, infants, children and parents, offering health promotion, developmental screening, parenting support, and referral to specialist health services if required. The survey examined parents' use of different child and family health providers, and their preferences for support with several common parenting issues. The study indicated that families with young children obtain primary health care from a range of service providers, often more than one, depending on children's ages and needs. Parents frequently visit general practitioners for immunisation and medical concerns. They attend dedicated child and family health nurses for parenting advice and well-child checks and prefer them as an information source for many health issues. However, a substantial proportion of parents (44.1%) do not currently visit a child and family health nurse, often because they do not perceive a need, but also sometimes because these services are unknown, inaccessible or considered unsuitable. They may seek advice from less qualified sources.

There is potential for increased collaboration between child and family health providers to ensure effective resource use and consistency of parenting information and advice. Nursing services may need to address accessibility and appropriateness of care.

Keywords

Child and family health, child development, parent support, early intervention, well-child health

What is known about this topic?

- A platform of universal child and family health services with targeted and specialist support offers the most comprehensive approach to developmental screening, assessment, parenting advice and referral to specialist services.
- Internationally, studies indicate that families use a diverse mix of services depending on accessibility.

What does this study add?

- This is the first Australia-wide study of parents' use of universal and primary health providers for well-child health care.
- Parents prefer different service providers for different child or maternal health needs.
- Despite universal provision by Australian governments, some families do not seek well-child health care, highlighting issues that services providers should address to increase accessibility and acceptability.

INTRODUCTION

The Australian healthcare system provides universal health services to promote child health and development and to support parents with young children. This is parallel to universal provision in New Zealand (Fraser, Grant & Mannix 2014), Britain (Cowley et al. 2013; Doi, Jepson & Hardie 2017), the Netherlands (Turley et al. 2018) and Sweden (Edvardsson et al. 2011; Fägerskiöld & Ek 2003). Similarly, the Australian system aims to assist all preschool aged children to achieve optimal outcomes, while ensuring that children and families with more specific needs receive additional support (Fraser, Grant & Mannix 2014; Schmied et al. 2014).

In Australia, universal child and family health services are provided free of charge by child and family health (CFH) nurses (funded by state/territory governments) (Fraser, Grant & Mannix 2014; Schmied et al. 2014). In addition, child health and development surveillance is also available from general practitioners (GPs) (funded through the national health system, Medicare) (Brodribb, Mitchell & Van Driel 2015; Jeyendra et al. 2013) and, at times, from registered nurses employed by some GP practices (Jeyendra et al. 2013; Schmied et al. 2014) and retail pharmacies (Flowers 2008; Zadoroznyj et al. 2013).

The *National Framework for Universal Child and Family Health Services* specifies the well-child health services available to all families with children from birth to eight years (Australian Health Ministers Advisory Council 2013). Using primary health care principles, universal CFH services provide parenting advice and support, undertake health promotion, monitor child growth and development, and identify children (and families) who need further assessment, referral and early intervention. Further, targeted or intensive services are provided for families facing specific problems or for children with identified health or

development needs (Australian Health Ministers Advisory Council 2013). The Framework proposes a schedule of well-child checks from birth to five years, currently varying from 5 to 12 visits in different states and territories (Brinkman et al. 2012), and emphasises empowering and including consumers and communities in delivering services (Australian Health Ministers Advisory Council 2013).

CFH nurses are registered nurses with postgraduate qualifications in CFH (Kruske & Grant 2012) and work in a similar way to health visitors in England (Cowley et al. 2007). GPs, in contrast, are generalists; their interactions with young children are largely opportunistic rather than proactive, meaning many families access them when their child is unwell and not for routine developmental screening (Jeyendra et al. 2013). GPs receive Medicare reimbursement for immunisation and the majority of parents take their babies for this purpose. The range and delivery of these universal services vary by location (state or territory; rural, regional or metropolitan) (Schmied et al. 2014).

While there is a considerable literature on providers' perceptions of their role in CFH services and some research on parents' experiences of specific or localised child health services, relatively few studies explore the range of services parents access and why. There is limited data on service use from a national perspective.

Objectives

This paper aims to explore Australian parents' use of universal CFH services and their preferences for different providers to support them and their children. It focuses on 'well-

child' services, including health promotion, developmental screening and assessment, immunisations and referral, potentially accessible to all Australian families.

METHODS

This exploratory study utilised an online cross-sectional survey of parents of young children, including structured and open-ended questions about awareness, use and preferences for CFH services. Questions were developed based on consumer representatives' responses during consultations in an earlier study (Hesson et al. 2018). They were refined through collaboration with research team members, and pilot-tested with a small sample (8) of targeted respondents. Question wording is included in the relevant tables.

The study was approved by a university Human Research Ethics Committee. Parents consented to participation by answering the first question in the online survey and submitting their responses.

The study used a convenience sample of adults who were parents and carers of children up to five years old. The survey link was circulated nationally through CFH consumer organisations, online parenting forums¹ and through the networks of research team members and health service partners. An unknown number of potential respondents saw the link, so it is not possible to calculate a response rate. The survey ran from August 2012 to February 2013.

¹ Raising Children Network, HubBub, Tresillian website

We use 'CFH nurse' to embrace several terms used in different Australian jurisdictions. Their scope of their practice is described elsewhere (Schmied et al., 2014). 'Practice nurses' are registered nurses employed by GPs to provide some services (such as immunisation) to individuals and families. 'Pharmacy nurses' are employed by shopfront pharmacies to assist parents. The two latter groups typically do not have CFH qualifications (Zadoroznyj et al. 2013).

The survey was administered via the Qualtrics online survey site, then transferred to SPSS for analysis. Descriptive data are reported as percentages of the respondents answering each item. Responses to Likert-type rating scales are summarised by means and standard deviations. Although the data was ordinal and skewed, the sample was relatively large and median scores were all within one standard deviation of the mean. Comparisons between groups on categorical variables use chi-squared analysis with Cramer's V. Comparison of means for continuous variables uses students' t-test, with statistical significance set at 0.05. The survey also generated qualitative data from open-ended questions about why parents chose to visit health providers (GPs and CFH nurses) about their children's development and well-being. Selected excerpts indicate typical responses under each of the categories described.

RESULTS

In total, 783 parents and carers from across Australia responded to the survey, including 719 with at least one child under five. Table 1 summarises the characteristics of these 719 parents and compares them with national data where available. Respondents were on average older than the Australian birthing populations; higher proportions had tertiary

qualifications and held private medical insurance. More than half the sample (409) had only one child aged under five; of these, over two-thirds (69.4%) were first time parents (the remainder also had older children). Over one-third of the sample (269 or 37.4%) had children under one year. Nearly half the respondents were members of parenting consumer organisations (274 out of the 576 who answered this question).

The total number of respondents varies, as indicated, because some parents skipped questions.

(Table 1 here)

Use of universal CFH services

The survey asked respondents who they had attended for well-child health checks – defined as care for a child who is not ill or injured, including health and development screening – and immunisations (Table 2).

(Table 2 here)

Most respondents indicated they attended either CFH nursing services and GPs for well-child checks; 50.6% used both. A small proportion saw practice nurses or pharmacy nurses for well-child checks. Similarly, 15% of respondents reported visiting a midwife, probably referring to check-ups in the immediate postpartum period as midwives' scope of practice does not encompass ongoing care of infants and mothers. 'Other' providers included medical specialists, emergency departments, complementary medicine practitioners, lactation consultants, parenting organisations and consumer groups. We analysed the data to ascertain if there were different patterns of service use between first-time parents and

other respondents, and found no statistically significant differences by number of children in the use of various providers for well-child checks.

For immunisation, the majority visited either GPs or practice nurses (Table 2). In some Australian states, CFH nurses are not accredited to immunise children. Further analysis of immunisation choices suggested that first-time parents were less likely to attend GPs (chi-square=4.125, 1df, p=0.042) and practice nurses (chi-square=4.237, 1df, p=0.040) than other parents. There were no other statistically significant differences in immunisation provider by number of children.

Nearly all respondents (92.7%) indicated that they had at one time seen a CFH nurse, and most (82.1%) had received a postnatal home visit, in keeping with government recommendations. Over one-half (402=55.9%) were currently visiting a CFH nurse, including 253 who reported seeing a regular nurse on most or all visits. Contact with CFH nurses was related to children's ages: 70.7% of respondents with children aged under six months currently visited a CFH nurse, compared with 48.3% of those with children aged 3-5 years. However, there appeared to be no statistically significant difference in these proportions by number of children.

We compared service use by parents not currently attending CFH nursing services with those who were. There was no apparent difference in visits to GPs for well-child checks. However, parents not currently using CFH services were more likely to visit practice nurses (17.7% compared with 11.4%, chi-square=5.638, 1df, p=0.018) and pharmacy nurses (15.8% compared with 6.5%, chi-square=16.235, 1df, p<0.001).

Reasons for attending CFH nurses

Parents responded to the open-ended question: 'Why do you choose to visit the child and family health nurse? Please specify the reasons that you usually choose to see a child and family health nurse about your child/ren's development and well-being.' The most common reason, given by 178 of the 381 who answered this question, was in order to obtain regular development checks, immunisation, advice about health concerns and referral to specialist providers if required. Typical responses include:

'Regular checks on weight, height and development. First point of call if my child is slightly unwell.'

'Nice to have an up-to-date and accurate record of my child's milestones.'

Seventy-seven respondents referred to the specific knowledge that CFH nurses possess, given their specific focus on infants, children and mothers:

'Very knowledgeable / breastfeeding advocates / good quality advice / no judgement.'

'I feel that child and family health nurses have the best background and experience.'

'More knowledge re development than GP. Seem to have more time than GP.'

'Specialist in childhood development. Check on my own mental health.'

'Free, different/complementary help to GP or paediatrician.'

Several parents (n=47) referred to a sense of trust or reassurance fostered by their CFH nurses:

'I like seeing the same nurse as she knows our history and has been a really excellent support.'

'Much better understanding of your child vs GP; empathy; always come away feeling that I am doing the right thing.'

'I feel very supported and that the nurses don't judge you or rush you. They seem to be very up to date.'

Other parents were influenced by the fact that CFH nursing services are provided free

(n=44):

'I feel it's a pretty valuable free resource and I may as well take advantage! I like knowing my child's doing well.'

'This is a free service, where I can consult with professionals who deal with babies and small children.'

Some respondents (n=39) mentioned that they attend CFH nurses because visits are scheduled or mandated:

'For the mandated check-up periods. Otherwise I don't go.'

'I only use them for the health checks stipulated in the book – weighing, measuring and developmental.'

'Mandatory visits, but would like to visit more frequently or when I have issues/concerns.'

Respondents who reported not currently attending CFH nursing services indicated why not, using possible reasons presented in the survey (Table 3). The most common responses were

that their children were developing well and they did not feel the need to continue visiting the CFH nurse. 'Other' reasons were that they preferred their GP, that CFH services were not convenient (in location and/or time) and that they had found the advice inconsistent, out-dated or counter to their own parenting values.

(Table 3 here)

Reasons for attending GPs

Parents responded to the question: 'Why do you choose to visit the GP about your child's development and well-being?' Their reasons for attending GPs for well-child visits revolved around personal and professional qualities and relationships or specific medical knowledge. The most common response, from 90 of the 248 who answered this open-ended question, was that they trusted their GP and valued her/his knowledge of their children's health and medical history.

'I have an established relationship, he respects me and listens to me.'

'I trust my GP & his manner during my pregnancy and since my child was born have been excellent.'

'My GP is a Chinese national as my family are. My family feel comfortable talking to my GP.'

'They know my child which is important to me due to her heart condition.'

'Because I have found one who I can trust with good professional information and care.'

Several respondents found GPs more accessible than other providers especially if they could combine well-child checks with other visits (e.g. immunisation) (n=60); a few mentioned financial accessibility (n=7).

'GP manages all the vaccinations; too hard to get appointment with child health nurse (have to wait).'

'I'm already there for something else so I ask him any questions I have.'

'Because all the child and family health clinics in our area are only open 1 day a week.'

'Immunisations are done at same visit, and they bulk bill so I'm not out of pocket.'

Other respondents sought their GP's specialist skills and knowledge (n=34):

'Our GP is a paediatrician, hence has sound knowledge about developmental milestones.'

'I feel that they are more knowledgeable about serious problems such as vitamin deficiency and reflux.'

Some parents specifically mentioned the GP's personal qualities (n=20) or that they preferred her/him to other providers (n=17)

'Good rapport with me and my children. Non-judgemental. Knowledgeable.'

'My GP respects me as a mother, is gentle with my baby, and I appreciate her interest and knowledge.'

'Understands our parenting philosophy, information is generally consistent and up-to-date.'

'Trusted long-term family GP and bad experiences with health nurses and phone lines.'

'They are much kinder and more supportive than MCHN [CFH nurses]. More consistency. More, wider knowledge.'

A few reported not knowing where else to go for check-ups (n=18).

'My understanding is that is where I should go if I need to see someone outside the government schedule.'

'It's the only place I know to go.'

Potential CFH providers

Parents indicated which providers they would consider using in four hypothetical but common situations (e.g. a febrile child, infant feeding concerns), using a 10-point scale from very unlikely (1) to very likely (10). Responses are summarised using a mean score out of 10 and standard deviation for each potential provider listed (Table 4). In all, 673 parents responded to at least part of this question, although none rated all providers for all situations. (Table S1 provides further details including standard deviations and number of respondents for each option.)

(Table 4 here)

Parents would consider consulting different CFH providers according to their needs and the presenting problem (Table 4). For a child with a fever, the most likely source of advice was a GP, followed by family or friends, and phone advice services. For children's sleeping problems, family and friends were the most likely source, followed by the Internet and CFH

nurses. CFH nurses were also a common information source about infant or child feeding issues, second to consumer organisations, especially the Australian Breastfeeding Association. Family and friends remain a trusted source of advice on social and emotional concerns; respondents were also likely to consult GPs and 'other' health professionals, probably mental health professionals such as counsellors. There were few statistically significant differences between first-time parents and other respondents, although first-time parents appeared more likely to seek advice on sleeping issues from online sources and less likely to respond 'no-one'. They were more likely to seek advice on social or emotional well-being from consumer organisations.

Preferred sources for parenting support and health promotion

In addition to indicating whether they would consider seeking help from various health professions, respondents also selected their single preferred provider for guidance on several common parenting and health issues (Figure 1). The number of parents who responded varied according to the issue (for more detail see Table S2).

(Figure 1 here)

For all issues listed, when asked to nominate just one source of advice, respondents rated CFH nurses most preferred. First-time parents showed similar patterns of preference. Other preferences varied with nature of the issue. GPs were the second most preferred for immunisation (slightly ahead of CFH nurses for parents with more than one child, 45.8% c.f. 45.1%), mental health support and for speech and language development. Amongst 'other' providers, midwives were second-most preferred source of information on breastfeeding (31.8%) and young children's needs (38.8%). Respondents gave second preference to

parent and consumer organisations for information on safety issues (16.4%) and on supporting development through play (16.3%).

DISCUSSION

To our knowledge, this is the first national study of parents' use and experience of universal CFH services across Australia. Results indicate that parents receive support from a range of providers. Often, they seek advice from more than one provider and their choice appears to be related to the family's needs and specific issues. Attendance for well-child checks decreases as children grow older.

These findings are consistent with Australian studies and those from other countries, emphasising the variety of sources that parents use for different types of parenting support (Börjesson, Paperin & Lindell 2004; Gildea, Sloan & Stewart 2009; Kearney & Fulbrook 2014; Rowe & Barnes 2006; Russell & Drennan 2007). One study identified that parents used different healthcare providers depending on the severity of their child's illness (Keatinge 2006). A diary-based study of 173 families with first-born infants in Victoria calculated a mean of 35.7 visits to health services in the first year, principally to CFH nurses and to GPs; while half the GP visits were for an unwell child, others were not specifically illness-related (Goldfeld, Wright & Oberklaid 2003). A Queensland study found that more parents accessed CFH nurses for developmental assessment at four months than GPs, although at 18 months, parents accessed both CFH nurse and GPs in similar proportions. Notably 40% of parents in this study did not attend any provider for the 18-month assessment (Kearney & Fulbrook 2014), which accords with our finding of reduced contact with CFH nurses amongst parents with older children. Two Australian studies reported that over 95% of mothers had

contact with either a GP or CFH nurse with regard to their own health at least once during the first six weeks (Schmied et al. 2016) to three months (Lansakara, Brown & Gartland 2010) postpartum; most contacted both these professionals at least once in this period. Thus, the current research confirms trends identified in earlier, more localised studies: the majority of this group of families visit mainstream primary healthcare providers, especially CFH nurses and GPs, and often both. Small proportions also rely on a variety of other providers.

Over the past five years there have been some important developments in redesigning policies and services related to universal and targeted CFH services. Victoria, for example, has conducted a large-scale trial of nurse home visiting (Goldfeld et al. 2017); elsewhere other services continue to struggle to ensure universal provision to all children (Josif et al. 2017).

While this study describes diverse sources of parenting support, it does not specifically explore the individual circumstances which influence families' specific choice of health professional. CFH nurses remain the most common provider for well-child checks (Table 2), and are frequent cited as likely sources of support with sleeping, settling and feeding issues (Table 4). Although parents may vary their choice of provider according to the nature and severity of the need, the respondents stated that they would prefer to receive information from CFH nurses on a range of parenting and health promotion issues, and situations common to families with young children (Figure 1). Qualitative data indicate that parents valued the specialist CFH knowledge, that the service is free or convenient, or the nurse's personal and professional qualities. However, some respondents attended other providers,

either to supplement CFH nurses, or because they did not currently perceive the need for parenting advice and support. Some reported finding CFH services inaccessible or inappropriate (Rossiter et al. 2018); some only visited because they believed that it is mandatory to attend at certain developmental stages, although interestingly the service is voluntary.

The current study also identified GPs as a regular source of support, the most common provider of immunisation (Table 2), and advice on child illness and social or emotional problems (Table 4). Several respondents used the opportunity of medical-related visits to obtain well-child checks from GPs. However, GPs are not necessarily specialists in well-child health care. A recent survey of GPs in Queensland (Brodribb, Mitchell & Van Driel 2015) and a Victorian study (Alexander, Brijnath & Mazza 2014) found clinical practices including preventative health care were varied and inconsistent. Women also report that GP clinics are busy with limited consultation time and competing priorities, often not addressing maternal health needs (Corr, Rowe & Fisher 2015).

Parents who do not access CFH nursing services were more likely to seek help from practice nurses working with GPs or pharmacy nurses. As with many GPs, these nurses do not have specialist qualification in CFH and are arguably filling a gap in the public provision of CFH services including accessibility and continuity of carer (Zadoroznyj et al. 2013).

Across four common situations (Table 4), many respondents would seek help from their family or friends. A qualitative study of middle-class Australian mothers described balancing

expert information from CFH nurses with that from informal sources: families, friends, books and the Internet (Rowe & Barnes 2006). Schmied et al (2016) reported that a majority of women indicated that they were most likely to seek help for social and emotional concerns from their partners, their family or friends and a lower proportion reported they would use a GP or mental health professionals. Another Australian survey of 590 women experiencing significant perinatal emotional distress reported that 30.3% women saw a mental health professional; 42.6% a GP; but 90.3% sought help from their partner, family or social network (Reilly et al. 2014).

For many parents, the relationship with health professionals influences their choice of provider as illustrated by the qualitative responses in the previous section. While parents responded to questions about specific providers – CFH nurses and GPs – the recurring themes are common to all health professionals and demonstrate why parents value their chosen providers. The current findings concur with those in earlier studies of families' views of parenting support services. In addition to professional skills and competence, and specialist knowledge, parents' preferences are influenced by qualities of trust, reassurance and acceptance of parenting choices.

Limitations

The survey link was accessible only to parents over 18 with Internet access, who read and understood English. We posted advertisements about the study on websites of relevant consumer organisations and parenting forums, and used personal networks. This recruitment strategy may have led to the relatively small sample size nationally. The process possibly contributed to a sample skewed towards parents who were female, older, well-

educated, Australian-born and living with partners (Table 1). This limits the extent to which findings were generalisable to all Australian families with young children.

Further research is required to reach a broader range of Australian families to examine whether there are differences in use and access to CFH services for different population subgroups. In particular, future studies should focus on the responses of families under-represented in the current survey, including younger parents, Indigenous families, single parents, and immigrant and refugee families. This may require more focussed or sensitive research methods than an online survey.

The survey did not ascertain whether respondents' children had any risk factors that might increase families' need for support from primary health providers. The sample contained disproportionate numbers of responses from two states, with consequent under-representation from other jurisdictions. Overall, more than 90% lived in three most populous states (which account for less than 80% of the national population of families with children). Given that CFH provision varies by state, this may have given greater emphasis to parents' responses to models of care in NSW, Victoria and Queensland.

The survey identified which health professionals the parents visited for CFH support, but not how often they attended. Several respondents did not state their likelihood of using some providers (Supplementary Table 1). However, non-response probably indicates that parents

were unlikely to consider using them in that situation. Further, some provider categories are overlapping. For instance, some telephone helplines are staffed by CFH nurses, other health professionals or volunteers. The category 'online advice' combines evidence-based information from health professionals or government departments with unverified posts from lobby groups or "Dr Google".

CONCLUSIONS

This study documents the use of health professionals and services among 719 parents with children under five across Australia, describing current usage and preferences for well-child and parenting support. Notwithstanding the sample limitations, it is the first nation-wide overview of parents' utilisation of health professionals for advice, developmental screening, health promotion and support. It revealed that families use a range of providers and often more than one for primary health care. They vary their use according to circumstances and their personal responses to individual health professionals. Parents' choices of health provider are influenced by personal and professional qualities. Regardless of discipline, parents respond positively to healthcare service providers who have up to date specialist knowledge of CFH issues, and who offer convenient, reassuring and respectful care.

CONCLUSIONS FOR PRACTICE

The qualitative findings highlight the aspects of service provision that encourage families to attend primary health services. Parents' responses can help health professionals identify the skills and qualities to facilitate providing care most effectively for families with young children.

The results indicate the potential for increased collaboration between CFH nursing and GP services to ensure the most effective use of resources and to reduce the burden on the health care system from service duplication. This may also help ensure better access and consistency of health care information offered to parents by different providers.

The notable minority not currently using CFH nurses suggests that services may need to examine issues of accessibility and appropriateness of care. This highlights the need for further research into the formal or informal resources this group of parents uses for parenting support and advice; and into the quality and appropriateness of the resources used.

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TABLES

Table 1: Characteristics of respondents, compared with Australian population

Item	Sample n	Sample %	Australian population*
<i>State of residence (A) [N=717]</i>			
New South Wales	118	16.5%	32.9%
Victoria	295	41.1%	25.3%
Queensland	236	32.9%	19.7%
Western Australia	18	2.5%	10.1%
South Australia	15	2.1%	7.2%
Tasmania	14	2.0%	2.2%
Australian Capital Territory	14	2.0%	1.7%
Northern Territory	7	1.0%	0.9%
<i>Age (B) [N=719]</i>			
18 – 24	21	2.9%	16.3%
25 – 34	369	51.3%	60.2%
35 – 44	313	43.5%	22.1%
45+	16	2.2%	0.2%
<i>Gender(C) [N=713]</i>			
% female	701	97.5%	50.6%
<i>Location (C)[N=718]</i>			
City (including suburbs)	462	64.3%	69%
Regional centre	152	21.2%	-
Country town	75	10.4%	-
Small rural community	26	3.6%	-
Remote area	1	0.1%	-
Other	2	0.3%	-
<i>Diversity (C)</i>			
Born in Australia [N=718]	621	86.5%	69.8%
Uses English only [N=716]	630	88.0%	76.8%

Indigenous [N=717]	0	0	2.5%
Indigenous partner [N=717]	4	0.6%	-
<i>Family structure (A) [N=719]</i>			
Married or de facto relationship	692	96.2%	73.8%
Same sex partnership	8	1.1%	-
<i>Number of children <5</i>			
One	409	56.9%	
Two	273	38.0%	
Three	32	4.5%	
Four	5	0.7%	
<i>First time parents</i>			
One child only	284	39.5%	
<i>Age of children² [N=719]</i>			
Under 6 months	139	19.3%	
6 – 12 months	130	18.1%	
12 months – 3 years	393	54.7%	
3 – 5 years	286	39.8%	
<i>Employment (D) [N=712]</i>			
Full-time	109	15.3%	59.7%
Part-time	276	38.8%	28.7%
Casual	33	4.6%	-
Unemployed	12	1.7%	5.6%
Home duties	269	37.8%	
Student	13	1.8%	
<i>Highest level of education (E) [N=713]</i>			
No formal education	9	1.3%	-
Year 12	125	17.5%	31.9%
College or vocational certificate/diploma	281	39.4%	25.3%
Bachelor degree	103	14.4%	24.2%

² Some respondents had more than one children, so percentages total more than 100%

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Postgraduate degree	138	19.4%	5.6%
Other postgraduate qualification	57	8.0%	2.9%
<i>Private health insurance (F) [N=717]</i>	505	70.4%	57.1%
<i>Consumer involvement</i>			
Member of consumer organisation [N=576]	274	47.6%	
Previous involvement in evaluation of CFH services [N=574]	56	9.8%	

**Comparison sources indicated by letters A-F*

(A) Families with children (couple family with children + one parent family), not necessarily families with children <6 (ABS Australian Census of Population and Housing 2011)

(B) Women giving birth in 2012 (ABS Births Australia 2015). NB Current sample included some fathers and non-parent carers.

(C) Census data refer to individuals, not parents of children <6 (ABS Australian Census of Population and Housing 2011)

(D) Census data refer to individuals 15+in the labour force (ABS Australian Census of Population and Housing 2011)

(E) Census data refer to females 25-44 as this was most comparable to the sample. Those in this age group without post-school education are included under 'Year 12', although not all may have finished 13 years of education (ABS Australian Census of Population and Housing 2011)

(F) Proportion of people 18+ (ABS Australian Health Survey 2011-12)

N = Number of respondents for the relevant question in consumer survey.

Table 2: CFH providers consulted for well-child checks and for immunisations, percentages

Provider	“Who have you visited for checks for your well child?” %	“Who have you visited for your child’s immunisations?” %
CFH nurse	83.6%	20.6%
General practitioner	72.0%	70.3%
Practice nurse	15.9%	24.5%
Midwife	15.0%	-
Pharmacy nurse	11.8%	-
Private provider	9.0%	-
Paediatrician	2.2%	1.5%
Local government immunisation service	-	36.0%
Other	4.0%	-
Choose not to immunise	-	4.3%
Total respondents* = 100%	642	656

*N = those who indicated at least one provider for this category. Some respondents ticked more than one option, so percentages do not add up to 100%.

Table 3: Reasons for not currently visiting CFH nurse, families with children <5

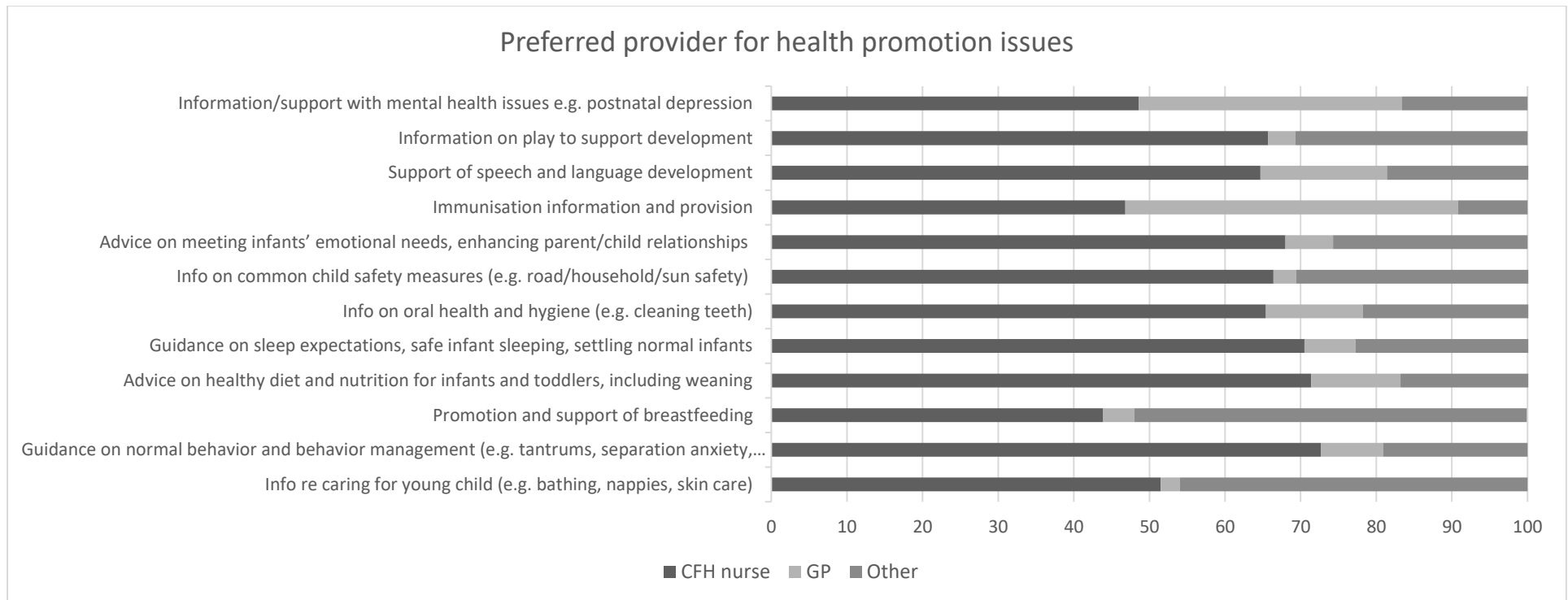
“Could you describe why you don’t use a CFH nurse?”	% of respondents
My baby/child is growing well	38.2%
I used to attend, but don’t think I need to see them any more	27.4%
I have older children and don’t need CFH nurse for my youngest child/ren	21.8%
Most of what the CFH nurse tells me, I already know	19.9%
Didn’t have a good experience when I used them	18.0%
Not sure what services are provided	12.3%
Didn’t know CFH nurses were available to me	12.3%
Difficult to get an appointment	10.7%
Feel uncomfortable using CFH nurse	6.3%
N = 100%*	317

*Respondents could give more than one answer.

Table 4: Likelihood of seeking advice from providers, mean rating in each potential situation

"[In the following situations], who would you seek advice from? Please rate between 1 and 10, with 1 meaning you are very unlikely to seek advice from that person and 10 meaning you are very likely to seeking advice from this source."				
Provider	Child with fever	Child with sleeping issues	Infant feeding or child eating issues	Concern re family's social or emotional well-being
	Mean	Mean	Mean	Mean
Family and/ or friends	6.9	7.4	7.0	7.1
GP	8.5	5.1	6.0	6.6
CFH nurse	5.2	7.0	7.3	5.2
Practice nurse	5.0	3.6	3.9	2.9
Pharmacy nurse	4.5	2.9	3.1	2.1
Midwife	4.3	4.3	5.8	3.0
Consumer organisation	3.8	5.2	7.4	3.7
On-line	5.9	7.1	6.8	6.0
Paediatrician	4.7	4.5	4.7	2.6
Other health professional	2.5	2.9	2.5	6.7
Phone helpline	6.3	4.4	4.9	4.6
Alternative or complementary practitioner	3.3	3.3	3.0	3.1
No-one	2.1	2.2	1.6	2.8

Figure 1: Preferred provider for health promotion issues



Supplementary Table S1: Likelihood of seeking advice from providers, mean rating (standard deviation) in each potential situation, and number of respondents who answered each option.

"[In the following situations], who would you seek advice from? Please rate between 1 and 10, with 1 meaning you are very unlikely to seek advice from that person and 10 meaning you are very likely to seeking advice from this source."					
Provider	Child with fever	Child with sleeping issues	Infant feeding or child eating issues	Concern re family's social or emotional well-being	N of respondents rating each provider (range across four situations)
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	
Family and/ or friends	6.9 (2.8)	7.4 (2.5)	7.0 (2.6)	7.1 (2.6)	582 – 616
GP	8.5 (2.1)	5.1 (2.9)	6.0 (2.9)	6.6 (2.8)	498 – 659
CFH nurse	5.2 (3.1)	7.0 (2.9)	7.3 (2.9)	5.2 (3.2)	444 – 578
Practice nurse	5.0 (3.1)	3.6 (2.8)	3.9 (2.9)	2.9 (2.6)	310 – 459
Pharmacy nurse	4.5 (2.7)	2.9 (2.5)	3.1 (2.7)	2.1 (1.9)	287 – 459
Midwife	4.3 (3.3)	4.3 (3.3)	5.8 (3.4)	3.0 (2.7)	307 – 396
Consumer organization	3.8 (3.0)	5.2 (3.3)	7.4 (3.1)	3.7 (3.0)	337 – 525
On-line	5.9 (2.8)	7.1 (2.5)	6.8 (2.6)	6.0 (2.9)	461 – 575
Paediatrician	4.7 (3.5)	4.5 (3.3)	4.7 (3.3)	2.6 (2.5)	288 – 412
Other health professional	2.5 (2.4)	2.9 (2.5)	2.5 (2.4)	6.7 (3.0)	313 – 487
Phone helpline	6.3 (3.1)	4.4 (3.1)	4.9 (3.3)	4.6 (3.1)	361 – 553
Alternative or complementary practitioners	3.3 (3.0)	3.3 (2.9)	3.0 (2.9)	3.1 (2.9)	324 – 377
No-one	2.1 (2.5)	2.2 (2.4)	1.6 (1.7)	2.8 (2.9)	254 – 290

Supplementary Table S2: Preferred provider for health promotion issues, percentages

“Who would you prefer to receive information from? Please tick one per line”									
Issue / topic	CFH nurse	GP	Midwife	Practice nurse (at GP)	Consumer or parent org	Pharmacy nurse	Other	NA	N =100% (in row)
Info re caring for young child (e.g. bathing, nappies, skin care)	51.5	2.5	38.8	1.2	2.1	0.6	1.9	1.4	515
Guidance on normal behavior and behavior management (e.g. tantrums, separation anxiety, toilet-training)	72.7	8.2	2.5	1.2	9.9	3.9	0.8	0.8	513
Promotion and support of breastfeeding	43.9	4.1	31.8	0.6	14.6	2.0	2.1	0.8	512
Advice on healthy diet and nutrition for infants and toddlers, including weaning	71.4	11.8	2.7	1.4	7.1	3.3	1.2	1.2	510
Guidance on sleep expectations, safe infant sleeping, settling normal infants	70.5	6.8	9.8	1.6	6.3	2.7	1.4	1.0	512
Info on oral health and hygiene (e.g. cleaning teeth)	65.4	12.8	0.8	2.4	3.5	13.0	0.8	1.4	508
Info on common child safety measures (e.g.	66.4	3.0	0.8	1.2	16.4	8.7	2.6	1.0	506

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road/household/sun safety)									
Advice on meeting infants' emotional needs, enhancing parent/child relationships	68.0	6.3	5.5	1.2	9.3	7.5	1.4	0.8	506
Immunisation information and provision	46.8	44.0	1.6	3.3	1.0	2.5	0.6	0.2	511
Support of speech and language development	64.7	16.7	0.8	1.0	4.8	10.1	1.2	0.8	504
Information on play to support development	65.7	3.6	1.2	1.6	16.3	7.2	2.2	2.2	502
Information/support with mental health issues e.g. postnatal depression	48.6	34.8	4.5	0.8	3.4	5.9	1.6	0.4	506