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**C Rossiter, C Fowler, A Hesson, S Kruske, CSE Homer, L Kemp, V Schmied (2019) Australian parents' experiences with universal child and family health services, *Collegian* 26(3), pp 321-328.**

## **ABSTRACT**

### **Background**

Australian governments provide free services to promote maternal and child health, and to support parenting for families with children up to age five. Services are principally provided by dedicated child and family health nurses, but also by general practitioners, practice nurses, pharmacy nurses and midwives.

### **Aim**

This study aimed to examine the experiences of families with young children across Australia in accessing and receiving health care for well children, parenting support and advice from a range of providers.

### **Methods**

The study used quantitative and qualitative data from an online survey of 719 parents and carers with children aged up to five years.

### **Findings**

On quantitative scales, most respondents rated healthcare providers favourably for accessibility, credibility and their approach to families. However, qualitative responses revealed widely varying reactions to child and family health provision. Parents described both positive and negative experiences, highlighting elements of practice that are critical to consumer engagement.

### **Discussion**

Parents require health care and support that is accessible, consistent, affordable, encouraging, trustworthy, evidence-based and non-judgemental. Parents feel more confidence in the information and care provided by health professionals who are well-informed, resourceful and who respect their knowledge and beliefs.

## **Conclusion**

The findings demonstrate ways in which child and family health providers can engage and effectively support families with young children.

## **Key Words (6 max)**

Child and family health, infants, mothers, nurses, survey, general practitioners

## **SUMMARY OF RELEVANCE**

### **Problem**

Little is known about how parents across Australia experience services provided to support the health and development of infants and young children.

### **What is already known?**

Australian governments fund universal provision of health services for families with children aged 0-5, although not all families attend. Research with consumer representatives and with health professionals has identified the strengths and weaknesses of existing provision.

### **What this paper adds**

This study examined the perspectives of 719 parents Australia-wide about community-based healthcare for children and families. It highlighted how services can effectively engage and support parents to optimise child health outcomes.

# **Australian parents' experiences with universal child and family health services**

## **BACKGROUND**

Every year over 300,000 babies are born in Australia, of whom 42% are born to first-time mothers (Hilder, Zhichao, Parker, Jahan, & Chambers, 2014). These babies and their families are entitled to free, universally-available child and maternal health care and parenting support until they start school. However, not all families use these services for reasons including accessibility, awareness and acceptability [reference de-identified for peer review]. Moreover, even amongst families who do access formal services during these critical first years, we know relatively little about their experiences as consumers.

A majority of Australian parents receive services from child and family health (CFH) nurses and general practitioners (GPs). CFH nursing services are free; GP visits are funded either fully or partially reimbursed through Australia's universal health care system, Medicare. Other health professionals who provide CFH services include midwives (up to six weeks postnatal), practice nurses and pharmacy nurses.

CFH nurses practise in all Australian states and territories, known also as 'maternal and child health nurses' and 'child health nurses'. They are registered nurses who have post-registration qualifications in CFH and work in local health services (and in Victoria in local government) (Schmied et al., 2014). Practice nurses and pharmacy nurses do not necessarily have CFH qualifications and are employed by some GP practices and retail pharmacies respectively.

These professionals support pregnant women, infants, children and parents, providing health promotion, developmental screening, early intervention, parenting advice and referral to specialist health services as required. Although many families visit providers regularly (Goldfeld, Wright, & Oberklaid, 2003; Lansakara, Brown, & Gartland, 2010; Schmied et al., 2016), few studies have examined their opinions about these services.

The nature and scope of CFH services vary in different Australian jurisdictions (Schmied et al., 2014). Not all families receive or utilise services to the same degree. One study found that young mothers, those with low incomes or no tertiary education were less likely to receive domiciliary postnatal care services (Biro, Yelland, Sutherland, & Brown, 2012). Children from non-English speaking families and Aboriginal and Torres Strait Islander families are less likely to attend CFH services than non-immigrant and non-Aboriginal children (Bar-Zeev et al., 2013; Eapen et al., 2017; Ou, Chen, & Hillman, 2010). In some communities, children enter school developmentally vulnerable; these areas typically have fewer services (Brinkman et al., 2012). Understanding parents' experiences in using health services for their families can enhance provision and uptake.

Relatively little research addresses how consumers across Australia use and perceive these services. Studies on primary-level CFH services indicated that many parents utilise several sources and vary providers according to their specific needs (Goldfeld et al., 2003; Kearney & Fulbrook, 2014; Keatinge, 2006; Rossiter et al, 2018). An Australian study of GPs providing postpartum care for women found some uncertainty about how families received their services (Brodribb, Mitchell, & Van Driel, 2015).

To date, most Australian research about families' responses to CFH services has focused on specific locations (Eapen et al., 2017) or health consumers with specific needs, such as children with a disability or women receiving perinatal mental health interventions (Myors, Schmied, Johnson, & Cleary, 2014). Studies have identified that women most likely to need domiciliary postnatal support had particular difficulty accessing it (Biro et al., 2012). New mothers valued providers who were empathic, encouraging, non-judgmental and offered evidence-based advice (Corr, Rowe, & Fisher, 2015), who provided continuity of care (Rowe, Barnes, & Sutherns, 2013) and who acknowledged their experience (Sheehan, Schmied, & Barclay, 2009). Other studies highlighted barriers to service use amongst immigrant and refugee families (Riggs et al., 2012). Despite their often complex needs, women from non-English speaking backgrounds reported limited discussion with health

professionals about their own health needs (Bandyopadhyay, Small, Watson, & Brown, 2010; Lansakara et al., 2010). Local studies have demonstrated that CFH nurses helped women adjust to new parenthood (Clark, Beatty, & Fletcher, 2016), especially by new parents' groups (Strange, Bremner, Fisher, Howat, & Wood, 2016) and consolidating new knowledge (Rowe & Barnes, 2006).

This paper aims to examine the experiences of families with young children across Australia in accessing and receiving health care for well children, parenting support and advice from a range of providers. We present the findings from a large national survey of parents of children aged up to five. A previous paper (Rossiter et al., 2018) reported families' use of and preferences about different CFH service providers for primary health care. For example, families frequently visit GPs for immunisation and medical concerns; they attend CFH 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 with children under five years (44.1%) do not currently visit a CFH nurse. This paper examines the reasons for limited uptake of universal CFH services, drawing on parents' responses to open-ended questions about their experiences.

## **Research questions**

This study addressed the research questions: How do families around Australia experience the primary-level services they use for CFH and parenting support? Do they feel that CFH services are accessible, reliable and meeting their needs? Parents with a child aged five or under were eligible for the survey.

## **METHODS**

### **Instrument**

This study used an online survey of parents of children aged 0-5 to explore use and perceptions of primary-level CFH services. Survey questions were informed by consultations with consumer representatives (Hesson et al., 2018) and further refined following pilot-testing and collaboration with the project team. The current paper analyses parents' responses about accessing and receiving CFH care from different provider types. Qualitative data generated through the free-text responses to questions (Box 1) focused principally on CFH nursing services and GPs; 385 parents (53.5%) responded to at least one of these open-ended questions.

INSERT BOX 1

## **Procedure**

The online survey used Qualtrics software (Qualtrics, Utah, USA). A link was circulated to parents across Australia, via CFH consumer organisations<sup>1</sup>, internet parenting forums<sup>2</sup> and via the networks of research team and study partners. The number of potential respondents contacted is not known.

## **Analysis**

Data were transferred from Qualtrics to SPSS for analysis. This paper reports quantitative data descriptively. Responses to a 5-point rating scales were summarised using means and standard deviations, given the relatively large sample size and the capacity for a more nuanced summary than using median scores. Not all respondents completed all questions; hence the denominators vary.

Textual responses to open-ended questions were generally brief and were analysed using template analysis as a form of qualitative content analysis (Brooks, McCluskey, Turley, & King, 2015; King, 2004). Template analysis emphasises the use of hierarchical coding but

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<sup>1</sup> Australian Breastfeeding Association (ABA), Playgroup Australia, Maternity Coalition

<sup>2</sup> Raising Children Network, HubBub

balances a relatively high degree of structure in analysing textual data with the flexibility to adapt it to the needs of a particular study (Brooks et al., 2015). Previous research with consumers (Hesson et al., 2018) identified a priori themes, used to develop an initial version of the coding template. We used NVivo (v 11) to manage the open-ended responses during coding. Two authors read and re-read responses to the open-ended questions and independently allocated the data to the codes, presented below with typical excerpts to illustrate each. The results indicate the numbers of respondents who made comments relating to each topic. However, because one question asked about issues that were important to respondents (Box 1), it was not possible to enumerate positive and negative responses distinctly. For instance, descriptions of an 'ideal' health professional may have arisen from either good or bad experiences.

#### Ethical approval

The study was approved by the University of Western Sydney Human Research Ethics Committee. Information about the study appeared within the online survey; parents consented to participate by commencing the survey. Responses were anonymous.

## **RESULTS**

### **Participant demographics**

Overall, 783 Australian parents and carers responded to the survey. Of these, 719 had one or more children aged under five and are included in this study. Respondents were predominantly female (97.5%), older parents (47.3% aged 35 or older), Australian-born (84.5%), well-educated (41.8% bachelor's degree or higher) and living in two-parent families (96.2%). Most lived in cities/suburbs (64.3%) or regional centres (21.2%); the remaining 14.5% lived in rural or remote communities. There was over-representation from Victoria



(41.1%) and Queensland (32.9%), compared with the proportions of Australian families living in those states (25.3% and 19.7% respectively) (Rossiter et al., 2018).

### **Use of CFH services**

Most respondents reported using at least one formal CFH service provider. Nearly all had seen a CFH nurse at some time (92.7% of those who answered the question); 82.1% had received a home visit after their child was born. Overall, 55.9% were currently attending CFH nursing services. For well-child checks (i.e. visits for health and development screening rather than about illness or injury), 83.6% visited CFH nurses and 72% GPs, demonstrating multiple provider use. Some families received well-child checks from practice nurses (15.9%) and pharmacy nurses (11.8%) (Rossiter et al., 2018).

The parents expressed opinions about major providers of universal CFH support, rating them on three dimensions. The open-ended questions about parents' experiences as CFH service consumers elaborated the quantitative results under three major themes: accessibility of services, confidence in advice, and the personal and professional qualities of service providers. Respondents reported both positive and negative experiences, revealing more concerns than suggested by the quantitative ratings indicated in tables. Parents recounted specific past experiences with CFH nurses and GPs; some also described their 'ideal' CFH support.

#### **1. Accessibility of services**

Respondents rated the ease of access to different providers using a 5-point scale from very hard to very easy (Table 1). Over three-quarters reported ready access to CFH nurses, GPs and (especially) pharmacy nurses.

INSERT TABLE 1 HERE

Qualitative responses (160) addressed different aspects of accessibility, including physical location, affordability, information, disparities and gaps in service provision.

### **Physical location**

Parents' comments (48 in all) on physical location were divided. Several reported easy access to provider, including home visits in the early postpartum period. Conversely others had difficulty getting to appropriate services, especially if using public transport or seeking specialist support.

*The local child health clinic has weekly parent information sessions about all kinds of things that are great. You've also got access to lactation consultants, a dietitian, physiotherapist... in one place. Awesome!*

*Can get developmental check and immunisations at same time [at GP].*

*I would be happy to attend child health care clinic but the only one that was near me, closed down and I was unaware of anywhere else to go apart from my GP.*

### **Affordability**

Sixteen respondents mentioned cost considerations, impeding access for families with limited incomes.

*It is difficult to see the [CFH] Nurse for an appointment other than the government schedule. Also I have sometimes not sought advice due to the financial cost (e.g. cost of GP appointment).*

### **Service information**

Some parents (n=9) reported limited knowledge of existing healthcare providers or their own eligibility for services.

*I had no idea that there was a community centre [with CFH nurses] near my house, I had never received any information on it. I'm glad I've found it now, though, because I get a lot of use out of their services now.*

*It is very difficult to find a good child focussed GP - a list of GPs with a child focus would be helpful.*

*Parenting information and access to groups such as playgroups is easy and promoted well.*

### **Service availability**

Several respondents (n=30) highlighted gaps in the CFH support available for families, or reported closures or funding cuts.

*Hard to get appointment for [child and] family health services once child over 3 months.*

*I'm very sad that [state] has lost funding for mothers' groups, I feel that there will be a lot of new mums out there feeling very isolated. Very short-sighted from a mental health perspective.*

Waiting times were a common concern (n=39), especially for women seeking urgent breastfeeding support.

*Whilst I have found the local [CFH nursing service] very informative, it has been very difficult to make contact with them. Waiting days for a return phone call, and sometimes months for an appointment. It is not easy to see them, and so I just don't.*

*Getting appointments with the GP is also very difficult unless my child is very unwell.*

**Four** parents reported frustration at the perceived schedule for CFH services, prescribing visits at specific ages.

*I feel 6 months between visits is too long (12-18 months and 18-24 months) as a lot happens during these periods.*

*Scheduled visits finish after 3.5 years – would be good to extend to assess readiness for school.*

Services for fathers were limited, in contrast with the valuable support women described through new mothers' groups. Although respondents were predominantly mothers, two noted that services did not specifically cater for fathers.

*More involvement of the father would be nice, and questions about his mental health or the mental health of his partner may be a better indicator than asking the mother.*

### **Disparities between services**

Some parents (n=14) reported varying experiences in accessing services in different locations or with second or older children.

*My first child was born in a public hospital and I was given a lot more follow up support [than with my second. Previously] I had a nurse visit my house at least twice... and was encouraged to attend... the mothers group that has proved to be my biggest support.*

*My first child was born in [state], and the health nurse services were terrible, I was so lost and scared they never helped me, I couldn't get an appointment and when I did it was just to be weighed, I didn't know when immunisation was.... Then I had my second and third in [another state] and they have been amazing. They will come to me if I can't get to them, and the service is impeccable. They help with every issue and give me answers.*

*I don't want to be excluded from a service because it is my second child. My children are five years apart and a lot of advice had changed over that time. The child health service told me I wasn't eligible because it was my second child. I needed help and advice because I couldn't remember everything about looking after a baby – and each baby is different.*

## 2. Confidence in CFH services

Respondents rated their confidence in the advice from different providers, using a 5-point scale from 'not at all confident' to 'very confident' (Table 2).

INSERT TABLE 2 HERE

Parents reported relatively high levels of confidence in the services they attended (Table 2), particularly GPs (80.8% confident or very confident). Approximately two-thirds of respondents reported feeling confident or very confident in advice from CFH nurses. Parents' comments (222 in all) demonstrated they were more confident in health professionals who provided consistent, reassuring, accurate and evidence-based information and support.

### ***Skills and knowledge***

Parents appreciated health professionals who are competent and well-resourced, enabling parents to feel confident in their advice (n=39). Several reported negative experiences of advice that the respondents found ill-informed, subjective, out-of-date, one-size-fits-all and therefore not trustworthy.

*Child health clinic nurses helped immensely with first baby – from help with breastfeeding, referral to local speech pathologist to help with breastfeeding problems, advice on settling, play, introducing solids, and also the formation of mothers group.*

*She [GP] is very approachable and has a lot of knowledge in obstetrics and child health.*

*I believe that child health services have the potential to be an excellent support for women and families. Unfortunately my personal experience has been that a lot of the*

*advice given was very prescriptive (you must do this and must not do that) and often outdated.*

*My nurse said that I was causing problems for my baby by not enforcing strict routines and feeding at night, which caused me to doubt my parenting methods.*

*The pharmacy nurse, who is also a midwife, has a plethora of information, is easy to talk to and just as skilled as the nurses from the early childhood clinic.*

Describing their ideal CFH services, parents frequently referred to reliable, up-to-date knowledge, based on current best practice. Some cited specific qualifications in CFH and participation in on-going professional education.

*I feel that the current recommendations given by the CFH nursing service do not reflect the latest research that shows that responding to a crying baby (and therefore not using sleep training techniques) is very important to that child's mental well-being and brain development.*

*GPs also seemed to be uneducated about the benefits of breastfeeding and how to identify and treat breastfeeding complications (e.g. nipple thrush). It took me a while to find a GP that I am happy to take my children to.*

*Generally GP does not have the expertise of breastfeeding advice - tend to offer help that they used with their children. No evidenced-based practice.*

*It would be good to have professionals providing consistent and reliable information, that is based on... real evidence to support the reasons why we should follow their advice. This will give us confidence that they are telling us not what they think is best, but what they know will likely be the best course of action for us to take.*

### **Information and specialist referral**

Parents appreciated careful diagnosis of potential health problems, accurate information and appropriate referral to specialist services (n=64).

*My CFH nurse helped pick up physical, hearing, speech & visual issues with our 3rd child. So glad we had them to help us along the way.*

*I found it really difficult to find any health professional that really knew what they were talking about regarding breastfeeding support, or was willing to refer me to people they knew were good.*

*An excellent GP who listens is the gate to all the rest. I have gone there with hearing concerns for one child and speech for another and gotten referred to excellent health professionals she knew in the area; we got excellent treatment and the issues are resolved.*

### **Consistency and continuity**

Respondents frequently referred to consistent parenting advice from health professionals (n=61), with negative comments outweighing positive. Many reported confusion because of conflicting information from providers.

*Due to a lack of consistency with the different CFH nurse I have seen, I don't entirely trust the information they give me.*

*All have been very supportive and helpful, we just don't trust what anyone tells us anymore, as everyone tells us different things, [based on] what worked for their own kids.*

Some parents felt that continuity of carer was essential, to avoid the time taken in re-telling their personal or medical circumstances.

*I want the person I see to remember that we are a same-sex, two mum family and not feel the need to explain ourselves ALL the time!*

*Trusted source of information, consistency of the GP seen (as opposed to different child and health nurses)*

*Seeing the same person is important because my daughter has a long medical history and it eats too much time out of appointments having to explain the situation to each new health care professional that I see.*

A few respondents welcomed a range of opinions, feeling confident to use these to inform their own parenting decisions.

*Overall, my experience with the nurses at community centre has been fantastic.*

*They can give differing information but you quickly learn to use the bits that best suit you.*

*I think all health professionals need more education around interpersonal communication and counselling, most of us don't want a specific answer to a problem but rather a range of options.*

### **3. Health professionals' practice**

Parents rated the approach of different health professionals, using a five-point scale from 'not true at all' (=1) to 'completely true' (=5) (Table 3). Mean ratings closer to 5 indicate greater agreement with the statement for that provider.

INSERT TABLE 3 HERE

Table 3 indicates relatively strong support for the statements for all providers, with means generally over 4.0. Most respondents rated them relatively highly in communication skills – listening, explaining clearly and answering questions. Qualitative responses gave further insight into the qualities that parents valued, favouring health providers who were supportive, non-judgemental, positive, professional and respectful. In all 189 parents



commented about service providers' qualities; comments were overlapping, although we summarise them under the following headings.

### ***Supportive and professional care***

Many respondents appreciated health professionals who were encouraging, compassionate, practical and culturally sensitive, or alternately, provided examples of those who lacked these qualities.

*I had difficulty establishing breast-feeding... My CFH nurse was fantastic. Normally I wouldn't allow someone to tell me what to do, but she managed to do so in such a way that I felt empowered rather than chastened... she was great!!!*

*With my first son, due to my low milk supply was not gaining weight and the community [CFH] nurse said she would have to report me to DOCS [child protection agency], not the nicest thing when you have a new son and did not know you had a supply issue.*

*I cannot speak more highly of my CFH nurse – she was wonderful, kind, warm, supportive, non-judgmental, she made herself available to me whenever I needed help, she always followed up with information when she said she would.*

*Child Health Nurses and doctors that we have seen have been sometimes... out of touch, negative, scare-mongering and inflexible.*

### ***Taking time and listening***

Parents valued careful listening and accurate explanations. They did not appreciate providers who were rushed, rude or dismissive.

*I was previously in a very abusive relationship when I had my daughter. Not only did I find health centre nurses to be hard to get in with and always rushed and booked back to back, but looking back my nurse never reached out to me on a personal*

*level. It was my GP who eventually picked up on something not being right and pushed for me to talk about things.*

*I have received an excellent service (particularly from CFH nurse and family services and my GP). However, I have some friends who have not. Much of this has related to the interpersonal skills of the staff, rather than the information provided.*

Health professionals' ability to focus on the needs of parents as well as children were also vital. Respondents recounted varied experiences of providers' concern for their own well-being.

*The appointments are too short if you need assistance with emotional issues etc.*

*The CFH nurses were helpful for child checks but I would have liked them to provide information and support on personal adjustment issues, balancing work and care, managing my relationship with my partner, thinking about changes to my sense of self – issues that arose more in the 2nd and 3rd year after the birth.*

### **Non-judgemental and respectful care**

Several comments related to parents feeling respected or 'judged' by service providers.

*Our local service has been very helpful. I do worry about being judged about my parenting style, but I don't feel that the CFH nurses have judged me at all.*

*[I was] pigeonholed as a 'single mother' and her whole attitude was skewed from that point onwards. My second foray into the maternal nurse system found me being judged once again as my 18-month-old preferred to use sign language than focus on speech.*

*You get treated like an idiot if you question anything and would like an explanation of your options. You're expected to do as you are told and if you want more information,*

*then you get treated like you are wasting their time (GPs and obstetricians and even some hospital midwives).*

Some respondents recounted specific CFH services that they particularly valued, including parent help lines, internet sites, drop-in clinics, non-government organisations and, in particular, new parent groups.

## **DISCUSSION**

Many parents disclosed personal accounts of their experiences using CFH services and their opinions about service delivery. Their accounts add to our understanding of quantitative data on the services parents use and prefer (Rossiter et al, 2018). The responses from this nation-wide sample confirm findings from smaller-scale Australian studies of parents and from consumer representatives. The critical elements of CFH provision are: advice and support that are accessible, consistent, affordable, trustworthy, evidence-based and non-judgemental (Clark et al., 2016; Rowe et al., 2013) (Rossiter et al., 2018). Parents respond favourably to well-informed, encouraging, resourceful providers who respect their clients' knowledge and beliefs (Corr et al., 2015; Fenwick et al., 2013; Sheehan et al., 2009).

These findings also correspond with international research which emphasises the value of timely responsive support, especially for parents experiencing psychosocial stresses or problems (Brook & Salmon, 2017; Cowley et al., 2015). Respondents often cited examples related to support with breastfeeding and with personal health issues particularly mental health.

The open-ended questions illuminated parents' personal reactions as consumers of CFH services, shedding light on their quantitative ratings. But the results also highlighted discrepancies between quantitative and qualitative responses. Parents' numerical ratings

indicated general satisfaction with accessibility and providers' professional practice (Tables 1 and 3). However, accessibility alone does not constitute quality care. Further, some respondents were unable to secure timely support with breastfeeding, risking premature weaning (Burns & Schmied, 2017). The qualitative data suggest several negative and sometimes painful experiences, and the potential for parenting problems to magnify without effective support, potentially requiring more intensive healthcare services. The survey question wording (Box 1) encouraged parents to focus on specific previous experiences and several used the opportunity to recount grievances about past encounters. These parents may have sought alternative help and subsequently found more satisfactory providers (as demonstrated in their rating scores).

Consumers' reported confidence in CFH services (Table 2) indicates considerable divergence. Although a majority felt confident in the information received, rates varied between providers. Of particular concern, over one-third of respondents (35%) felt less than confident in advice from CFH nurses. Another Australian study identified that parents' sense of confidence and empowerment from CFH nurses was more important than accessibility to perceived support (Eronen, Pincombe, & Calabretto, 2010), highlighting the potency of interpersonal relations with health professionals. Our qualitative findings illustrate reasons for limited confidence in nurses among some respondents, and point to essential considerations for CFH nursing services.

A recent study of paediatricians and CFH nurses working in early parenting services identified increasingly complex needs amongst the families referred to residential services. In particular, mothers appear reluctant to disclose mental illness (Fowler, Schmied, Dickinson, & Dahlen, 2017). These issues have major implications for providers who aim to support mothers in the community, and add another layer to the provision of sensitive, effective health care for families.

Several respondents experienced discrepancies in CFH services between jurisdictions, highlighting the need for a more consistent approach nationally to supporting families in the early years of parenting. This calls for a national approach to universal CFH services, which has also been emphasised by health professionals and policy makers (Brinkman et al., 2012; Eapen et al., 2017; Schmied et al., 2011). Knowing that they can receive good quality evidence-based support regardless of location, may encourage parents to access CFH services regularly and with assurance.

### **Strengths and limitations**

The sample was self-selected and effectively limited to parents linked with parenting organisations or online forums. Consequently, it may have attracted parents with particularly strong feelings about CFH services. Respondents were predominantly female, English-speaking and well-educated, potentially limiting the applicability of findings to more diverse families. In particular, the survey largely excluded the opinions of fathers. The sample contained disproportionate responses from two states. The small numbers from elsewhere limited our capacity to analyse responses by jurisdiction.

However, this study gave voice to parents with young children from across Australia. Whereas several Australian studies have focused on the experiences of families with newborns, this survey encompassed the perspectives of parents with older infants and children, and reflected the differing circumstances of participating families. The comprehensive sample combined data from first-time and experienced parents, whose children ranged from newborns to school-starters, with and without specific health problems. Further, respondents lived in regions of Australia with diverging systems of CFH support; their access to services may also be limited by distance from metropolitan areas.

### **CONCLUSION**

This study adds to the Australian and international literature exploring consumer perspectives on primary healthcare support for families with young children. The universal CFH system aims to optimise health outcomes for children and to support parents with the many significant transitions in the period between their child's birth and starting school. The sample of 719 parents generally rated services favourably for accessibility and approach, although they were not universally confident in the information received. However, the gaps in the sample suggest the need for more targeted research on the experiences of other parents: fathers, younger parents, and those who are not connected to existing parenting groups or forums.

Respondents' qualitative responses illustrate elements of professional practice that underpin good quality care and effectively engage families, a valuable reminder for individual clinicians, as well as CFH policy-makers.

## **ACKNOWLEDGMENTS**

The authors are grateful to all the parents who responded to the CHoRUS online survey.

This study was funded by the Australian Research Council as a Linkage Grant.

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TABLES:

**Table 1: Ease of access to CFH service providers, percentages**

<b>“How easy is it for you to access ...?”</b>	<b>CFH nurse</b>	<b>GP</b>	<b>Pharmacy nurse</b>
Very hard	1.3%	0.7%	0%
Hard	3.7%	5.6%	0%
Somewhat easy	14.1%	13.8%	12.5%
Easy	33.5%	31.2%	17.5%
Very easy	47.4%	48.7%	70.0%
<i>Total = 100%*</i>	<b>382</b>	<b>269</b>	<b>40</b>

\*N= those who report using each type of provider and who answered the question on access.

**Table 2: Confidence in advice from universal CFH service providers, percentages**

<b>“How confident are you in the information ... offers you as a parent?”</b>	<b>CFH nurse</b>	<b>GP</b>	<b>Practice nurse</b>	<b>Pharmacy nurse</b>
Not at all confident	1.6%	0%	1.7%	0%
Unconfident	10.0%	5.2%	6.8%	2.6%
Somewhat confident	23.4%	14.1%	18.6%	28.2%
Confident	29.9%	37.8%	35.6%	35.9%
Very confident	35.2%	43.0%	37.3%	33.3%
<i>Total = 100%*</i>	<i>598</i>	<i>270</i>	<i>59</i>	<i>39</i>

\*N= those who report using each type of provider and who answered the question on confidence.

**Table 3: Feelings about universal CFH service providers, mean ratings and standard deviations**

<b>“Please score the following statements about your most recent visit to...”</b>	<b>CFH nurse – mean rating (standard deviation)</b>	<b>GP – mean (SD)</b>	<b>Practice nurse – mean (SD)</b>
<b>1=not at all true 5= completely true</b>			
Respected my parenting skills	4.3 (1.09)	4.5 (0.71)	4.3 (0.81)
Listened to me	4.3 (1.06)	4.5 (0.78)	4.3 (0.81)
Answered my questions	4.3 (1.05)	4.5 (0.80)	4.2 (0.97)
Cared about me	4.1 (1.15)	4.3 (0.91)	4.1 (0.97)
Respected my family’s parenting choices	4.2 (1.13)	4.5 (0.81)	4.4 (0.79)
Respected my knowledge of my child	4.3 (1.10)	4.5 (0.76)	4.4 (0.83)
Gave me consistent and useful information	4.0 (1.22)	4.3 (0.90)	4.2 (0.87)
Built my parenting confidence	3.9 (1.29)	4.0 (1.07)	4.0 (1.06)
Explained things clearly	4.2 (1.02)	4.5 (0.77)	4.3 (0.94)
Built confidence about my child’s health	4.1 (1.20)	4.3 (0.97)	4.2 (0.95)
Supported and encouraged me	4.2 (1.18)	4.2 (1.07)	4.2 (0.93)
<i>Total = 100%*</i>	<i>373 – 380</i>	<i>268 – 270</i>	<i>56 – 58</i>

\*N is the number of respondents who reported using each service provider for well-child checks and who rated each statement. N varies for each statement.

FIGURES:

**Box 1: Survey questions about experiences with CFH services**

*Please outline any issues that are important to you in your interactions with healthcare professionals*

*Please write briefly about your experiences accessing services for your children and family ... particular positive or negative experiences you have had.*