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CENTRAL AND EASTERN SYDNEY
An Australian Government Initiative

Regional priority populations

2022-2024 Needs Assessment
2022 Annual Review

In this document we have used the terms Aboriginal, Aboriginal person and Aboriginal people/s when referring to Aboriginal and Torres Strait Islander peoples. We chose Aboriginal because it is inclusive of different language groups and areas within the CESPHN region where this Needs Assessment will be used. There will be some instances where the terminology will be different to our preferred terms, as we use the terminology of the data set being used.

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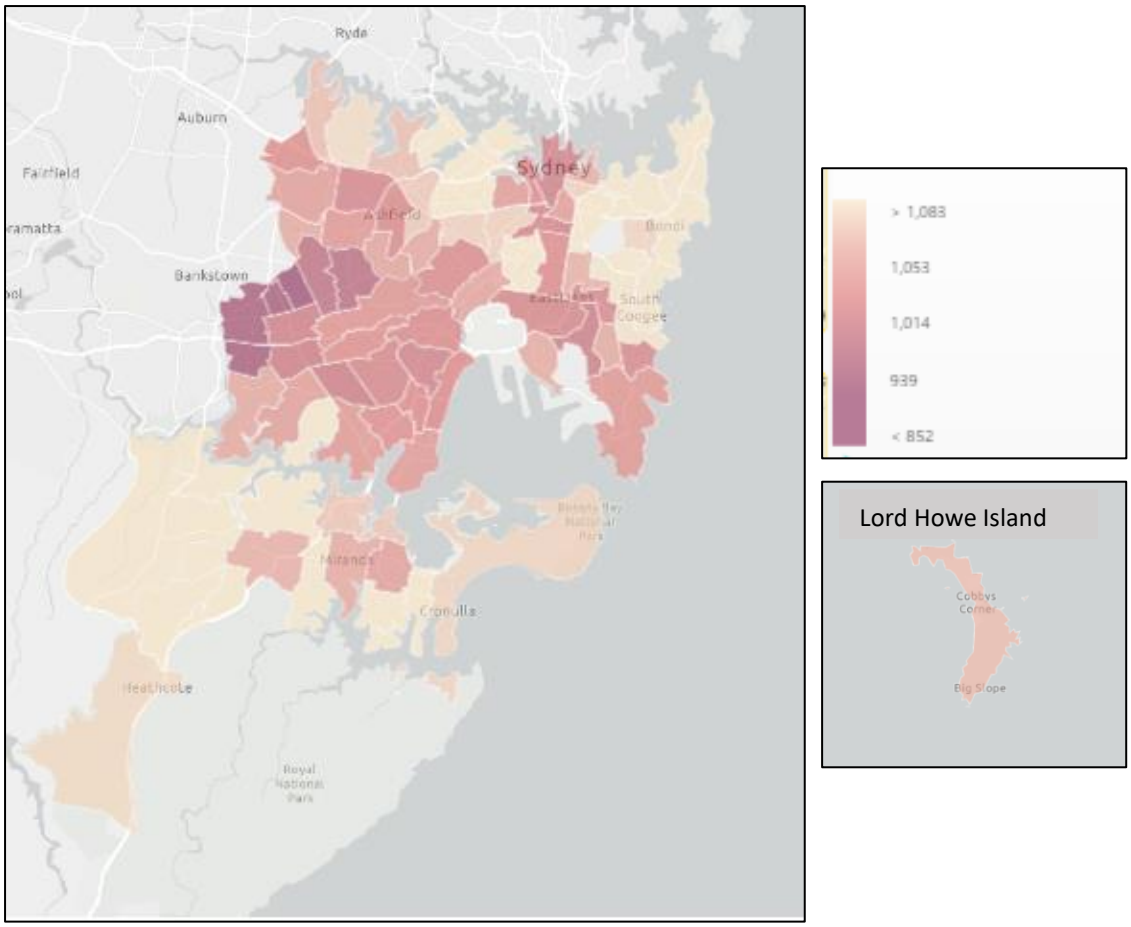
Socio-economically disadvantaged populations

The overall level of advantage in the CESPHN region is above that of the Australian average as measured by the ABS Socioeconomic Indices of Advantage and Disadvantage. Within the CESPHN region there is a gradient from east to west, with the western parts of the region relatively disadvantaged by national standards and the eastern areas relatively advantaged. However, this is not an even distribution: there are locations of considerable disadvantage as measured by factors such as low income, unemployment, and low English proficiency.(1)

Figure 1: Index of Relative Socio-Economic Disadvantage (IRSD) in the CESPHN region by SA2, 2016



Source: ABS 2018 SEIFA

There are 17 SA2s with an Index of Relative Socioeconomic Disadvantage (IRSD) value below 1,000 indicating socioeconomic disadvantage. Almost half of the most disadvantaged SA2s are in Canterbury. Other pockets of disadvantage are in Sydney Inner City, Eastern Suburbs-South, Hurstville, Botany, Strathfield-Burwood-Ashfield, and Kogarah-Rockdale.

Table 1: Most disadvantaged SA2s in the CESPHN region with an IRSD value below 1,000, 2016

SA2	IRSD
SA3 Botany	
Pagewood - Hillsdale - Daceyville	971
Mascot - Eastlakes	995
SA3 Canterbury	
Lakemba	852
Wiley Park	875
Punchbowl	881
Canterbury (South) - Campsie	930
Belmore - Belfield	939
Narwee - Beverly Hills	974
Roselands	978
SA3 Hurstville	
Riverwood	875
Hurstville	973
SA3 Kogarah - Rockdale	
Rockdale - Banksia	986
Bexley	994
SA3 Strathfield - Burwood - Ashfield	
Burwood - Croydon	991
SA3 Sydney Inner City	
Sydney - Haymarket - The Rocks	977
Redfern - Chippendale	990
SA3 Eastern Suburbs - South	
Maroubra - South	998

Source: ABS 2018 SEIFA

Health status

Generally, socio-economically disadvantaged populations are at greater risk of poor health and have higher rates of chronic health conditions, disability and death, in comparison to populations with high socioeconomic advantage.(2)

The 2017-18 National Health Survey (3) found that adults living in the lowest socioeconomic areas fared worse across a range of health risk factors and chronic health conditions compared to adults from the highest socioeconomic areas. They were:

- 3.3 times as likely to smoke daily
- 1.6 times as likely to be obese
- 1.3 times as likely to be insufficiently active
- 1.2 times as likely to have uncontrolled high blood pressure

- 2 times as likely to have chronic obstructive pulmonary disease (among people aged 45 and over)
- 2.2 times as likely to have diabetes
- 1.3 times as likely to have heart, stroke, and vascular disease
- 2.3 times as likely to die from potentially avoidable
- 3 years less life expectancy.

Service gaps

In 2019-20, the Patient Experience Survey reported that compared to people from the highest socioeconomic areas, people from areas of most socio-economic disadvantage were:

- More likely to delay or not seek care because of cost:
  - GP: 3.9% compared to 3.0%
  - After hours GP: 2.8% compared to 1.5%
  - Dental professional: 26.8% compared with 12.5%
  - Prescribed medication: 9.3% compared to 4.7%
- Less likely to report having private health insurance (33.2% compared to 76.5%)
- More likely to visit the emergency department 17.6% compared with 12.5%.(4)

Potentially preventable hospitalisations are also more common among people from areas of most socio-economic disadvantage compared to people from the highest socioeconomic areas (3,643 per 100,000 persons compared to 2,132 per 100,000 persons).(5)

The following are opportunities to address health inequities experienced by people from socio-economically disadvantaged areas:

- Improve health literacy and provide self-management support for individual health care
- Provide prevention and health promotion programs in the community
- Take action on the social determinants of health through inter-sectoral groups
- Work toward a fairer system by removing financial and other barriers to accessing services.(6)

Culturally and linguistically diverse communities

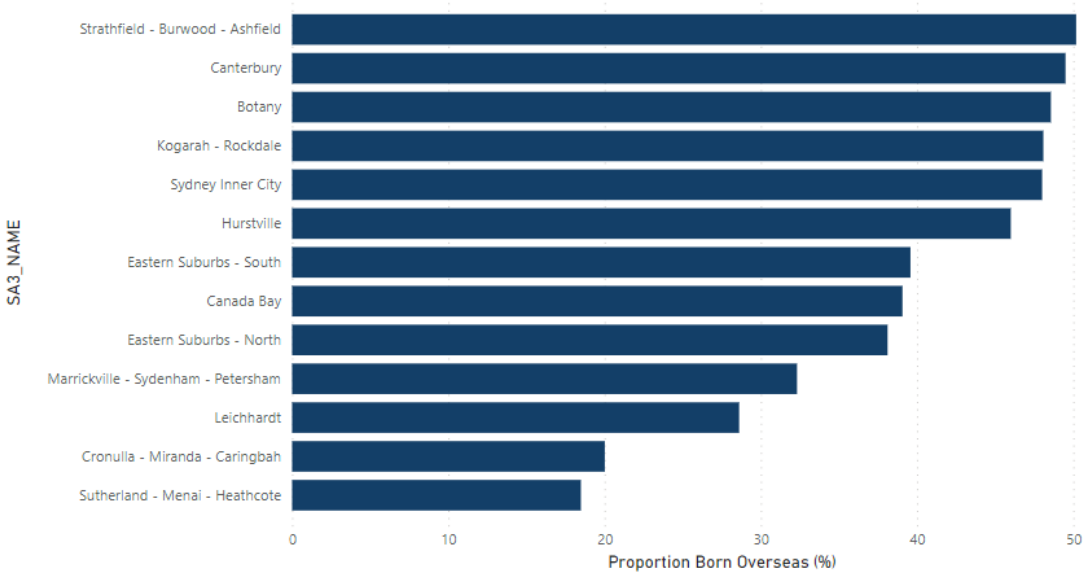
Population

There is significant cultural diversity across the CESPHN region, including diversity in language spoken and country of birth. 40.6% of residents were born overseas, 46.8% speak a language other than English at home and 6.3% do not speak English well or at all.(7)

The areas with the highest proportions of people born overseas are Strathfield-Burwood-Ashfield (50.2%), Canterbury (49.5%), , Kogarah-Rockdale (48.1%), Sydney Inner City (48%) and Hurstville (46%), compared to the NSW average of 29.3%.(8)

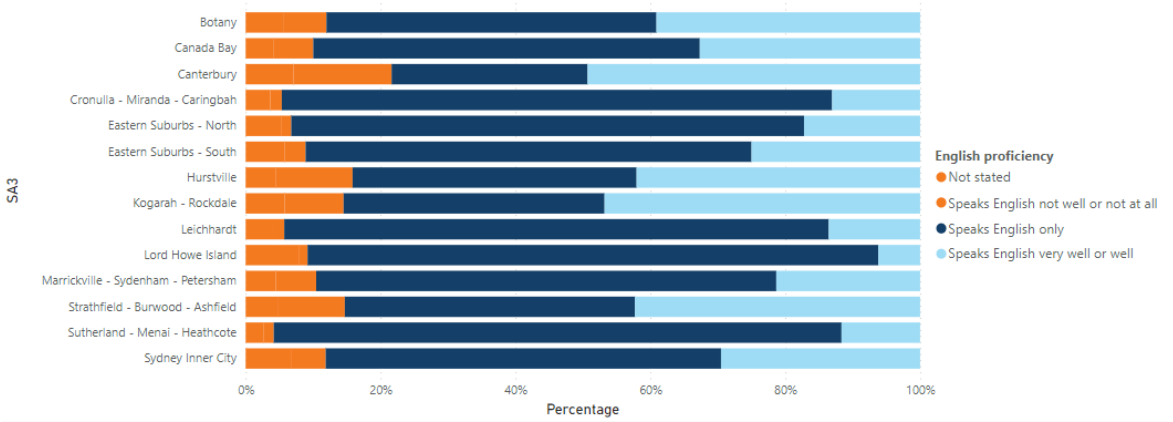
The areas with the highest proportions of people who do not speak English well or not at all are Canterbury (14.5%), Hurstville (11.3%), Strathfield-Burwood-Ashfield (10.0%) and Kogarah-Rockdale (8.7%%) and Botany (6.3%), compared to the NSW average of 4.5%.(7)

Figure 2: Proportion of people born overseas by SA3, 2021



Source: ABS, 2022

Figure 3: English proficiency by SA3, CESPHN region, 2021



Source: ABS, 2022

46.8% percent of the CESPHN population speak a language other than English at home. The top five spoken languages, other than English, in the CESPHN region are Mandarin (17.2% of residents), Cantonese (9.4% of residents), Greek (8.7% of residents), Arabic (8.2% of residents) and Nepali (4.7% of residents%). Areas with a high concentration of speakers of these languages are (7):

- **Mandarin**: 18.6% of Mandarin speakers live in Hurstville, 18.5% live in Sydney Inner City and 18.3% live in Strathfield-Burwood-Ashfield.
- **Cantonese**: 25% of Cantonese speakers live in Hurstville, 16.1% live in Strathfield-Burwood-Ashfield and 12.6% live in Kogarah-Rockdale.
- **Greek**: 22% of Greek speakers live in Canterbury, 21.6% live in Kogarah-Rockdale and 11.5% live in Hurstville.
- **Arabic**: 39.5% of Arabic speakers live in Canterbury, 21% live in Kogarah-Rockdale and 11.2% live in Hurstville.
- **Nepali**: 31.8% of Nepali speakers live in Strathfield-Burwood-Ashfield, 26.2% live in Hurstville and 23.9% live in Kogarah-Rockdale.

Other commonly spoken languages spoken across the CESPHN region include Spanish, Italian, Vietnamese, Indonesian, Portuguese, Korean, Bengali, Thai, Macedonian, Hindi, Russian, French, Tagalog, Urdu and Japanese.(1)

Refugees and asylum seekers

The CESPHN region also has a significant population of refugees and asylum seekers. In 2020-21, 75 people arrived and settled in the region on a humanitarian visa, an 81.9% reduction from the 414 people in 2016-17. Over 40% of humanitarian arrivals in 2020-21 resided in Canterbury.(9) Humanitarian visas encompass both Protection visa types (applied onshore) and Refugee visa types (applied offshore).(10)

As at June 2021, a total of 508 people who came seeking asylum by boat and were granted a Bridging Visa E resided in the CESPHN region. Approximately 72% resided in Canterbury SA3, 16% in Strathfield-Burwood-Ashfield SA3 and 12% in Kogarah-Rockdale SA3.(11) Asylum seekers and refugees can be on Protection or Refugee visa types, a Bridging Visa E (temporary visa), or awaiting a Bridging Visa E while their Protection visa

application is being processed. Each visa type confers different entitlements and eligibilities for various services, which has implications for access to health services and the health status of this population group.

International students

In September 2021, there were approximately 258,766 international students enrolled in NSW with over 76.2% enrolled in institutions in one of the four SA4s in the CESPHN region. The top five countries international students enrolled and commenced are from are China, Nepal, India, Indonesia and Thailand. Only 43,628 (35.2%) of enrolments commenced their studies.(12)

Table 2: Enrolments and commencements of international students, CESPHN region, 2021

Nationality	Enrolments	Commencements
China	71,364	26,531
Nepal	22,241	6,497
India	14,168	4,052
Indonesia	8,231	3,171
Thailand	8,037	3,337
Korea, Republic of (South)	909	412
Hong Kong	818	283
Brazil	741	320
Philippines	200	62
Kenya	36	8

Source: Department of Education, Skills and Employment, 2021

Health status

Overseas-born people generally have good health. This is particularly true for new migrants, whereby people in good health are more likely to meet the eligibility criteria and have the physical and financial means to migrate to another country. But the 'healthy migrant effect' can diminish over time, particularly among immigrants from non-English speaking backgrounds where language may act as a barrier to accessing health services and impact employment prospects that can have broader socioeconomic impacts.(13)

For immigrants from some countries – especially refugees – events prior to migration (such as exposure to violence) and after migration (such as a lack of support networks, discrimination and uncertainty about visa status) can make this community more susceptible to adverse health outcomes.

The area with the greatest concentration of people born overseas in the CESPHN region is Canterbury, with half of its residents born overseas. The population of Canterbury has the highest rates of psychological distress and people reporting fair or poor health. It is also the only area in the CESPHN region to see an increase in potentially avoidable deaths. Canterbury has the highest rates of risk factors such as smoking and low exercise, the lowest rate of bowel cancer screening, and the highest rate of children with one or more developmental vulnerability domains.

Service gaps

People from CALD backgrounds may find it difficult to access health care due to:

- Limited English language skills (and by extension low health literacy)
- Cultural barriers including a lack of provider cultural competence
- Issues with eligibility associated with visa status
- Lack of knowledge about services available and how to navigate those services.

The following strategies are needed to ensure people from CALD backgrounds have equitable access to health care services that are culturally responsive:

- Build health literacy among consumers and their carers so they can be actively involved in decisions about their health
- Ensure translation and interpreting services are available
- Provide cultural competency training for service providers
- Ensure culturally appropriate services.

Translating and Interpreting Services (TIS) National provides free interpreting services to medical practitioners and pharmacies, but not allied health professionals. To address this gap, CESPHN funds the Access to Interpreting Service for Allied Health Professionals Program. Private allied health professionals that register in the program are provided access to interpreting services from TIS National at no cost.

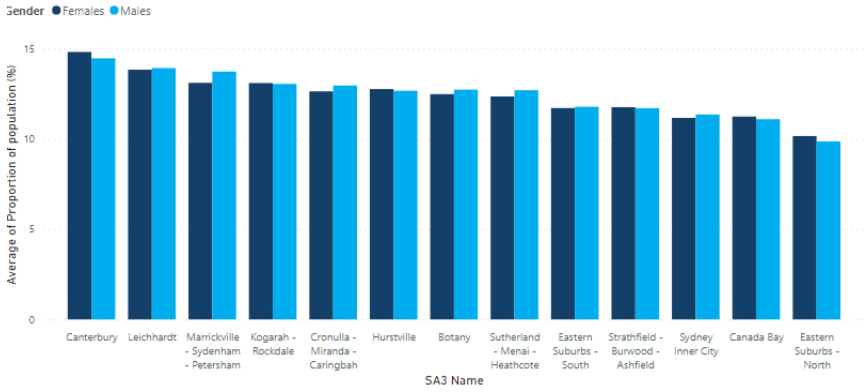
People living with a disability

Population

Prevalence

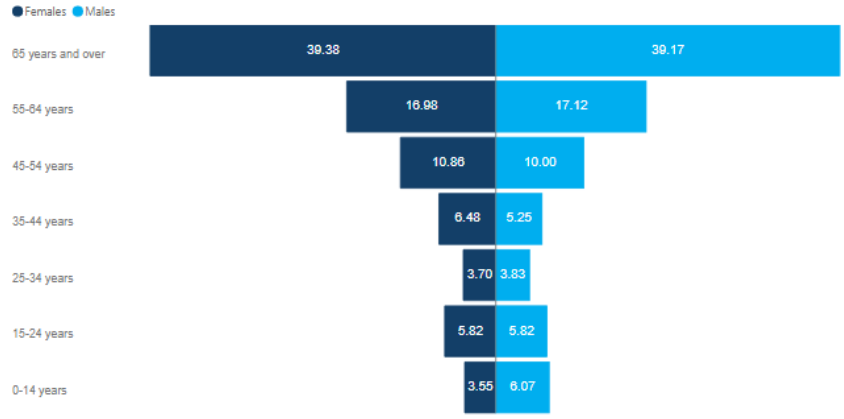
Within the CESPHN region, approximately 180,000 people live with a disability (11%). Canterbury SA3 has the highest proportion of both males and females with any disability.(14) Approximately 2 in 5 persons aged 65 years and over living within the CESPHN region have some level of disability.(14)

Figure 4: Proportion of population with disability by SA3, 2018



Source: ABS, 2018

Figure 5: Proportion of the population with disability by age and gender, 2018



Source: ABS, 2018

Disability free life expectancy

Since 2003, males and females have both seen an increase in expected years of life without disability, with females now expected to have 66.2 years of life without disability and males expected to have 63.7 years. Conversely, the number of expected years of life with disability has reduced for both genders, with females expected to have 18.7 years (down from 20.7 years), and males expected to have 17 years (down from 18.6 years).(14)

These trends are also seen when looking at expected years of life without severe or profound disability. However, this is slightly different for males when looking at expected years of life with severe or profound disability where the years have remained relatively constant between 2003 and 2018 (5.4 years to 5.5 years).

Figure 6: Expected years of life without disability by gender, trend

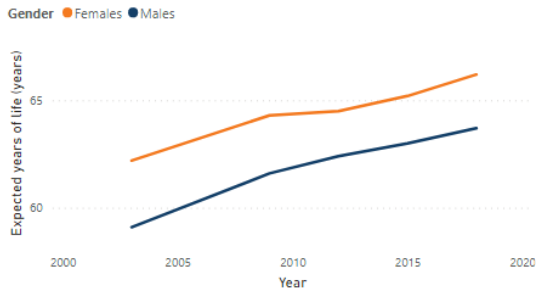


Figure 7: Expected years of life with disability by gender, trend

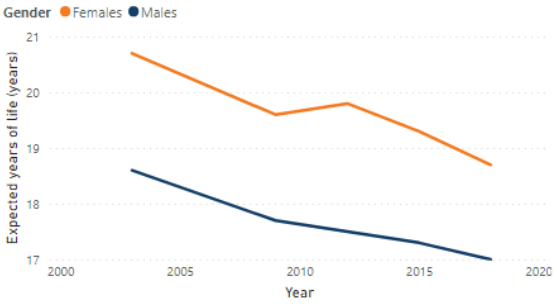


Figure 8: Expected years of life without severe or profound disability by gender, trend

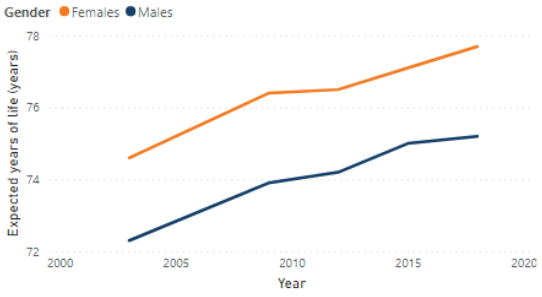
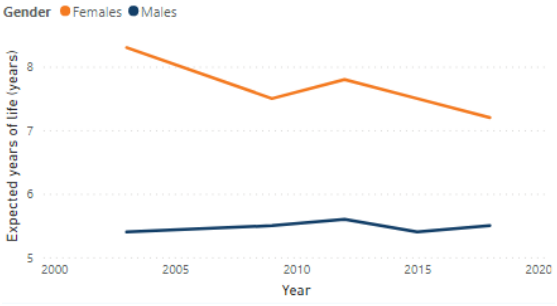


Figure 9: Expected years of life with severe or profound disability by gender, trend

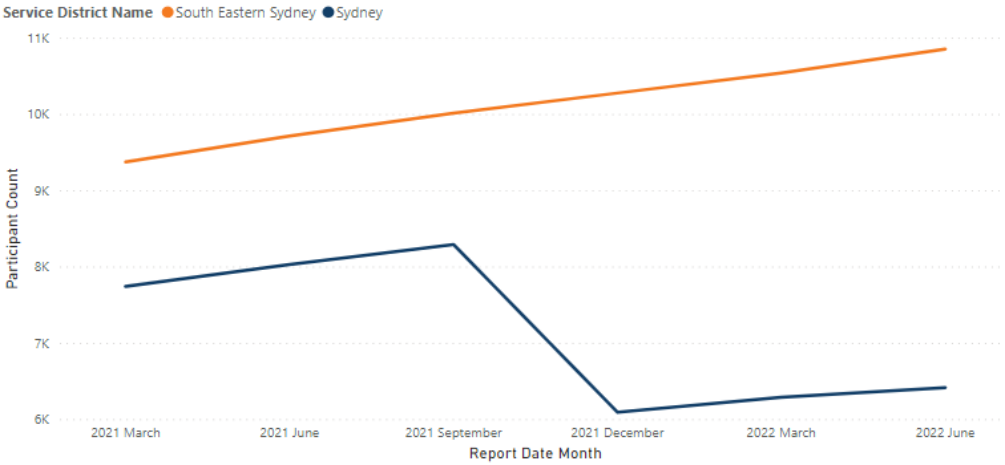


Source: ABS, 2018

NDIS participant numbers

NDIS participant numbers across service districts within the CESPHN region increased from 16,950 in December 2020, to 17,265 at 30 June 2022.(15)

Figure 10: NDIS participant count by service district, 2021-22



Source: NDIS, 2022a

Over a period of six months, 1 April to 30 September 2021, the 7-to-14-year age band made up the highest proportion of NDIS participants across the CESPHN region. Within the South Eastern Sydney service district there was a higher proportion of those aged 65+ compared to the national benchmark, and within the Sydney service district there were higher rates of those in age groups 45-54 years, 55-64 years and 65 years+ compared to the national benchmark.(16)

Table 3: NDIS participants by age band, service district and benchmark, 2021

Age band	South Eastern Sydney (%)	Sydney (%)	Benchmark (%)	SES Relative to benchmark	Sydney Relative to benchmark
0 to 6	15.2	14.1	15.4	1.0	0.9
7 to 14	22.6	20.9	25.9	0.9	0.8
15 to 18	6.9	5.6	7.8	0.9	0.7
19 to 24	8.9	7.5	8.2	1.1	0.9
25 to 34	9.2	8.4	8.9	1.0	0.9
35 to 44	8.6	9.1	8.2	1.0	1.1
45 to 54	11.2	13.2	10.0	1.1	1.3
55 to 64	12.9	16.1	11.8	1.1	1.4
65+	4.5	5.1	3.7	1.2	1.4

Source: NDIS, 2022b

In the six months, 1 April to 30 September 2021, three of the top five primary disability groups in both South Eastern Sydney and Sydney service districts had rates higher than the national benchmark figures, of note is the rate of psychosocial disability within Sydney service district which is 1.7 times the national rate. Participants with global developmental delay as their primary disability in Sydney service district participated at a rate 1.5 times the national benchmark.

More than 1 in 4 of the NDIS participants (29.4%) in the CESPHN region have autism as their primary disability, almost 1 in 7 have either an intellectual disability or psychosocial disability as their primary disability (15.5% and 14.9% respectively).(16)

Table 4: NDIS participants by primary disability, service district and national benchmark, December 2021

Primary disability	South Eastern Sydney (%)	Sydney (%)	Benchmark (%)	SES relative to benchmark	Sydney relative to benchmark
Acquired brain injury	3.0	3.0	3.2	0.9	0.9
Autism	31.4	27.5	32.9	1.0	0.8
Cerebral Palsy	3.8	3.4	3.5	1.1	1.0
Developmental Delay	4.8	4.2	8.2	0.6	0.5
Down Syndrome	2.8	2.4	2.4	1.2	1.0
Global Developmental Delay	2.0	3.1	2.1	1.0	1.5
Hearing Impairment	5.9	5.5	4.8	1.2	1.2
Intellectual Disability	15.9	15.2	16.8	0.9	0.9
Multiple Sclerosis	2.6	2.0	1.8	1.4	1.1
Psychosocial disability	12.2	17.6	10.5	1.2	1.7
Spinal Cord Injury	1.5	1.3	1.1	1.4	1.2
Stroke	1.7	2.1	1.5	1.2	1.4
Visual Impairment	2.5	2.4	1.9	1.3	1.3
Other Neurological	4.9	4.9	4.1	1.2	1.2
Other Physical	3.5	3.8	3.9	0.9	1.0
Other Sensory/Speech	0.3	0.5	0.6	0.5	0.9
Other	1.1	1.0	0.9	1.2	1.0

Source: NDIS, 2022b

Demographic data shows that within our service districts we have higher proportions of CALD participants compared to the national benchmark, however a lower proportion of participants who identify as Aboriginal and/or Torres Strait Islander. The rate at which people did not state Aboriginal status is 1.3 times the national rate for both service districts in our region.(16)

Table 5: NDIS participants by level of function, service districts and National benchmark, December 2021

Level of function	South Eastern Sydney (%)	Sydney (%)	Benchmark (%)	SES relative to benchmark	Sydney relative to benchmark
1 (High)	8.2	7.3	9.4	0.9	0.8
2 (High)	0.4	0.2	0.2	1.9	1.1
3 (High)	4.4	4.2	5.1	0.9	0.8
4 (High)	8.9	7.3	6.4	1.4	1.1
5 (High)	6.1	5.6	6.9	0.9	0.8
6 (Medium)	19.4	18.6	21.7	0.9	0.9
7 (Medium)	6.2	4.9	5.6	1.1	0.9
8 (Medium)	5.0	6.4	6.6	0.8	1.0
9 (Medium)	0.8	0.6	0.5	1.6	1.1
10 (Medium)	10.2	12.7	11.0	0.9	1.2
11 (Low)	3.6	3.2	3.5	1.0	0.9
12 (Low)	16.9	20.7	14.6	1.2	1.4
13 (Low)	8.0	6.4	6.5	1.2	1.0
14 (Low)	2.0	1.8	1.8	1.1	1.0
15 (Low)	0.0	0.1	0.0	1.0	2.7

Source: NDIS, 2022b

Table 6: Demographic details relative to benchmark by service district, December 2021

Service district	Aboriginal (%)	Non-Aboriginal (%)	Aboriginal status not stated (%)	CALD (%)	Non-CALD (%)
South Eastern Sydney (%)	3.7	74.2	22.1	15.0	85.0
Sydney (%)	3.9	73.1	23.0	21.1	78.9
Benchmark (national avg) (%)	7.0	75.5	17.5	9.5	89.4
SES Relative to benchmark	0.5	1.0	1.3	1.6	1.0
Sydney Relative to benchmark	0.5	1.0	1.3	2.2	0.9

Source: NDIS, 2022b

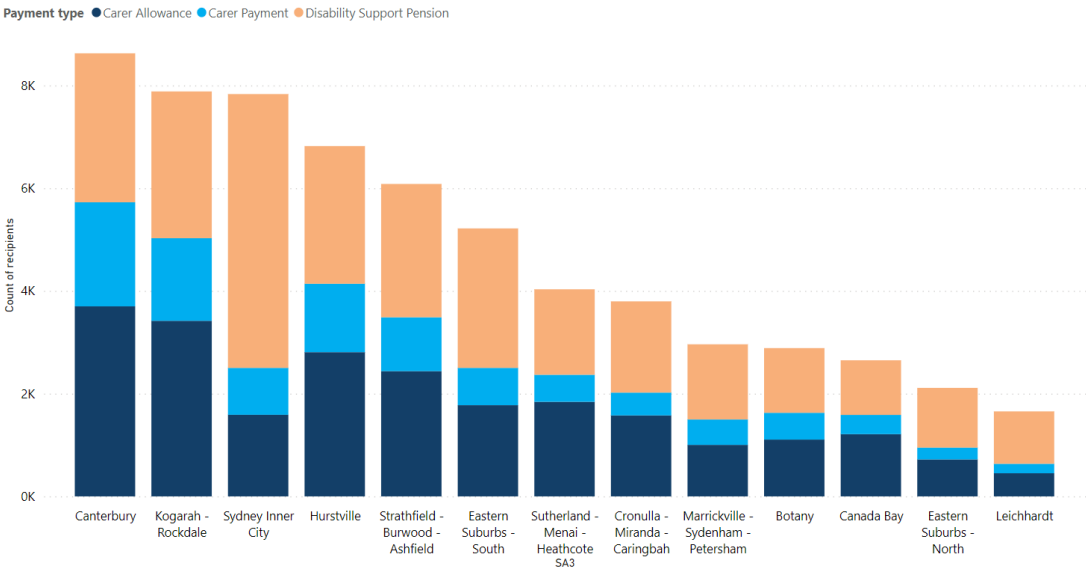
Support pensions and allowances

As at March 2021, there were approximately 28,519 individuals within the CESPHN region receiving a disability support pension, 23,668 individuals receiving a carer allowance and 10,446 individuals receiving a carer payment.(17)

Across the CESPHN region, Sydney Inner City SA3 had the highest number of recipients of disability support pensions (n=5,331), followed by Canterbury SA3 (n=2,900) and Kogarah-Rockdale SA3 (n=2,857).(17)

Canterbury SA3 had the highest number of recipients of carer payments and carer allowance (n=2,026 and n=3,700 respectively), followed by Kogarah-Rockdale SA3 (n=1,608 and 3,419 respectively).(17)

Figure 11: Count of recipients by payment types, by SA3, June 2022



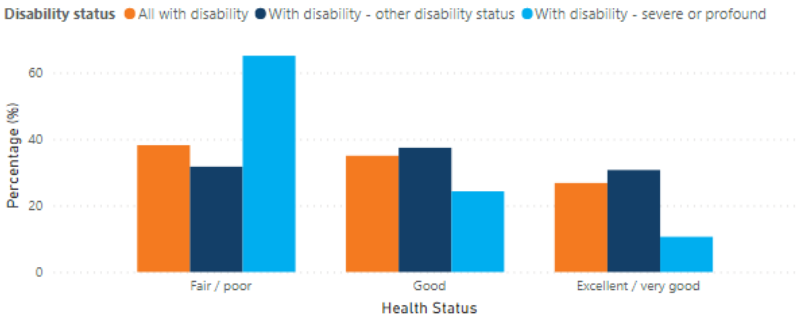
Source: DSS, June 2022

Health status and risk factors

Self-reported health status

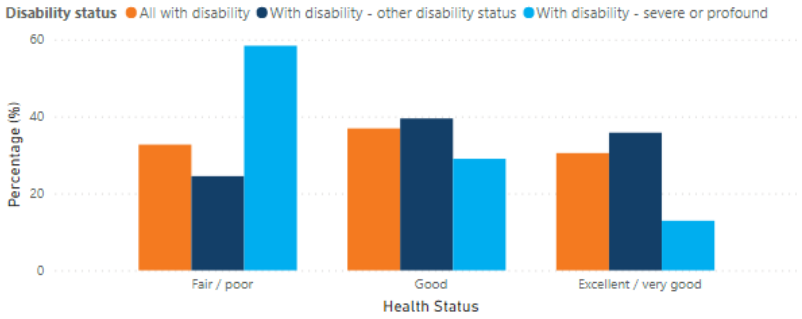
National level data shows that those with severe or profound disability report poorer health status than all people with disability and those with other disability status. This is true for both 18-64 year old age group and 65 years+ age group.(18)

Figure 12: Health status by disability status, 18-64 years, 2018



Source: AIHW, 2020

Figure 13: Health status by disability status, 65 years+, 2018



Source: AIHW,2020

Persons aged 18-64 years with severe or profound disability have higher levels of psychological distress (K10 scores) compared to persons aged 65 years and over with severe or profound disability.(18)

Table 7: Psychological distress by age and disability severity group, 2018

	18-64 years			65 years +		
Psychological distress level	All disability	With disability – other disability status	With disability – severe or profound	All disability	With disability – other disability status	With disability – severe or profound
Low distress level	33.2	37.7	15.9	57.0	64.5	32.7
Moderate distress level	24.5	25.9	18.8	24.5	22.7	30.3
High distress level	21.2	19.8	27.2	12.5	9.1	23.2
Very high distress level	20.9	16.6	38.5	6.1	3.6	13.5

Source: AIHW, 2020

Modifiable health risk factors

Individuals with a disability have higher rates of modifiable risk factors across all age groups and genders compared to those without disability, with the exception of exceeding alcohol consumption guidelines.(18)

Access to services

Assistance with activities

Nationally, an estimated 1.5 million people need assistance with core activities.(7)

Approximately 542,000 people aged 0-64 years require assistance with health care, 473,000 people received assistance, and 100,000 people did not have their health care assistance needs fully met. Approximately 700,000 people aged 65 years and over require assistance with health care, 617,000 people received assistance, and 98,000 people did not have their health care assistance needs fully met.(14)

Table 8: Estimated assistance needs for individuals with profound core activity limitation, nationally, by age groups, 2018

	Aged 0–64 years			Aged 65+ years		
	Needed (%)	Received (%)	Not fully met (%)	Needed (%)	Received (%)	Not fully met (%)
Cognitive or emotional tasks	69.9	66.5	33.5	33.5	29.7	5.6
Communication	45.1	42.3	19.6	16.8	14.7	1.1
Health care	63.4	58.6	11.9	83.4	75.7	10.3
Household chores	39.1	37.9	10.7	73.5	70.9	13.7
Meal preparation	31.3	29.7	6.7	42.6	40.2	3.9
Mobility	83.9	79.1	20.5	89.4	82.9	14.8
Property maintenance	35.6	31.8	9.0	65.2	58.1	14.7
Reading or writing tasks	24.3	23.0	4.7	33.4	30.3	2.9
Self-care	69.2	64.3	15.3	61.5	53.5	8.2
Transport	42.3	40.4	9.4	80.0	76.3	8.7

Source: ABS, 2018

In NSW, an estimated 780,000 people living with a disability need assistance with at least one activity. Approximately 400,000 people require assistance with health care with an estimated 345,000 people receiving assistance with health care.(14)

Table 9: Estimated assistance needs for those with profound core activity limitation in NSW, by age groups, 2018

	Aged 0–64 years		Aged 65+ years	
	Needed (%)	Received (%)	Needed (%)	Received (%)
Cognitive or emotional tasks	66.1	61.3	34.4	33.5
Communication	40.8	39.7	21.5	17.5
Health care	63.4	57.8	82.3	72.9
Household chores	43.5	41.9	67.3	62.4
Meal preparation	36.9	32.2	37.6	38.3
Mobility	87.3	80.3	88.5	80.4
Property maintenance	38.4	33	62	51.2
Reading or writing tasks	26.1	26.8	28.5	23.5
Self-care	72.9	70.1	60.3	52.4
Transport	44.9	44	75	72.8

Source: ABS, 2018

Access to health services

Nationally, of people with disability living in households:

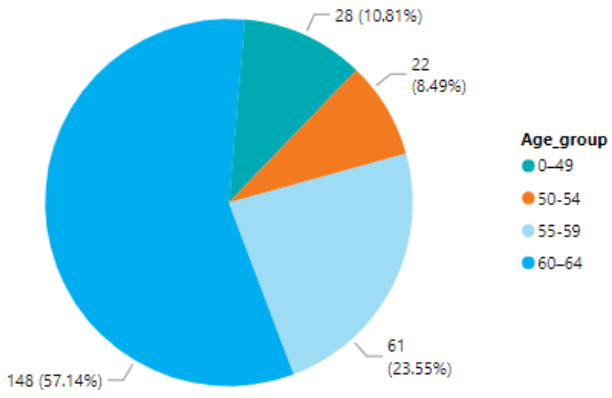
- 6% aged 64 years and under with a severe or profound disability delayed seeing or did not see a GP due to cost

- 26.8% aged 15-64 years with a severe or profound disability waited longer than they felt acceptable to see a GP
- 5% aged 64 years and under with a severe or profound disability delayed seeing or did not see a medical specialist due to cost
- 38.3% aged 15-64 years with a severe or profound disability waited longer than they felt acceptable to see a medical specialist
- 21.5% of those with a profound or severe disability delayed seeing, or did not see, a dental professional due to cost
- 11% aged 64 years and under with a severe or profound disability who attended a hospital emergency department thought the care could have been provided by a GP
- 5.7% aged 64 years and under with a severe or profound disability attended a hospital emergency department because their GP does not have required equipment/facilities
- 26.4% aged 64 years and under, with a severe or profound disability, who saw 3 or more health professionals for the same condition felt the health professional did not help coordinate care
- 12.8% aged 5 to 64 years with a severe or profound disability had difficulty accessing medical facilities (including GP, dentist, hospital).(18)

People aged under 65 in aged care

At 30 June 2021, 259 individuals aged under 65 years were in residential aged care in the CESPHN region; 250 were permanent residents.(19) 10 of the 259 residents (3.9%) identified as Aboriginal, 9 were aged 50 years and older (all 9 were in permanent care), one resident in respite care identified as Aboriginal and was aged 0-49 years.(19)

Figure 14: Residents in aged care under 65 years, by age group, June 2021



Source: AIHW, 2020

MBS utilisation

A recent report from the ABS has shown that 95.6% of NDIS participants used at least one MBS service in 2019-20, compared to 87.1% of the total population. NDIS participants whose primary disability was multiple sclerosis had the highest proportion of MBS use (99.6%), followed by participants whose primary disability was stroke (98.7%).(20)

NDIS participants had an average of 21 MBS subsidised visits in 2019-20, compared to 18.4 MBS subsidised visits for the total population. NDIS participants whose primary disability was psychosocial had, on average, 40.5 MBS subsidised services in 2019-20, followed by participants whose primary disability was multiple sclerosis with 38.1 visits.(20)

Providers

Across the six months of 1 April to 30 September 2021, the average number of participants per provider under NDIS was:

- Relatively equal to the national benchmark for South Eastern Sydney service district
- Below the national benchmark for Sydney service district for all age groups, with the exception of 0-6 years.(16)

The average number pf participants per provider under NDIS was highest for those with a primary disability of global developmental delay in South Eastern Sydney and hearing impairment in Sydney service district.

Table 10: Average number of participants per provider by age group, service district and benchmark, December 2021

Age band	South Eastern Sydney	Sydney	Benchmark	SES relative to benchmark	Sydney relative to benchmark
0 to 6	8.7	7.4	7.6	1.1	1.0
7 to 14	8.0	5.1	8.0	1.0	0.6
15 to 18	2.7	1.8	3.7	0.7	0.5
19 to 24	2.7	2.1	3.0	0.9	0.7
25 to 34	2.2	1.9	2.8	0.8	0.7
35 to 44	2.0	1.8	2.4	0.8	0.8
45 to 54	2.2	2.1	2.6	0.8	0.8
55 to 64	2.4	2.2	2.9	0.8	0.8
65+	1.4	1.2	1.6	0.9	0.8

Source: NDIS, 2022b

Table 11: Average number of participants per provider by service district and benchmark, December 2021

Primary disability	South Eastern Sydney	Sydney	Benchmark	SES relative to benchmark	Sydney relative to benchmark
Acquired brain injury	1.1	1.0	1.5	0.7	0.7
Autism	7.2	5.1	8.0	0.9	0.6
Cerebral palsy	1.5	1.4	1.5	1.0	0.9
Developmental delay	8.0	4.9	6.4	1.2	0.8
Down syndrome	1.4	1.2	1.5	0.9	0.8
Global developmental delay	4.1	3.1	3.0	1.4	1.1
Hearing impairment	5.4	5.4	4.7	1.1	1.2
Intellectual disability	3.1	2.2	3.9	0.8	0.6
Multiple sclerosis	1.4	1.4	1.6	0.8	0.9
Psychosocial disability	2.8	2.8	3.3	0.9	0.9
Spinal cord injury	1.1	1.2	1.2	0.9	1.0
Stroke	1.2	0.9	1.2	1.0	0.7
Visual impairment	2.6	2.0	2.1	1.3	0.9
Other neurological	1.7	1.3	1.7	1.0	0.7
Other physical	1.7	1.4	2.0	0.8	0.7
Other sensory/speech	1.6	2.2	2.2	0.7	1.0
Other	1.3	0.8	1.2	1.1	0.7

Source: NDIS, 2022b

Utilisation plan budget

In the six months of 1 April to 30 September 2021, South Eastern Sydney and Sydney service district participants utilised their approved plans in line with national utilisation rates. Across Sydney service district utilisation rates were below national utilisation rates for all age groups 15 years and older.(15)

Individuals whose primary disability was ABI, stroke or visual impairment had lower utilisation rates of their approved plans in both South Eastern Sydney and Sydney service districts compared to national utilisation rates.(15)

Table 12: Utilisation plan budget by service district, March 2022

Service district	Active participants with approved plans	Average plan budget ($)	Utilisation (%)
South Eastern Sydney	10,540	74,000	76
Sydney	6,286	74,000	73
New South Wales	156,992	70,000	76
Australia	518,668	68,000	75

Source: NDIS, 2022a

Table 13: Utilisation plan budget by service district, age bands, December 2021

Age Band	South Eastern Sydney (%)	Sydney (%)	New South Wales (%)	Australia (%)
0 to 6	75	76	65	61
7 to 14	80	81	73	70
15 to 18	76	78	71	69
19 to 24	72	66	74	73
25 to 34	77	72	78	78
35 to 44	76	73	78	78
45 to 54	76	74	79	78
55 to 64	76	71	77	76
65 +	71	69	74	73
All Ages	**76**	**73**	**76**	**75**

Source: NDIS, 2020a

Table 14: Utilisation of plan budget by service district, primary disability group, December 2021

Disability Group	South Eastern Sydney (%)	Sydney (%)	New South Wales (%)	Australia (%)
ABI	74	71	78	77
Autism	78	76	74	72
Cerebral palsy	78	82	80	80
Developmental delay	69	73	57	52
Global developmental delay	69	73	64	60
Hearing impairment	53	57	56	52
Intellectual disability	80	77	80	80
Multiple sclerosis	74	73	73	72
Other	75	70	71	70
Other neurological	72	71	73	73
Other physical	74	65	70	68
Other sensory/speech	67	69	60	57
Psychosocial disability	73	66	73	71
Spinal cord injury	76	77	79	78
Stroke	66	68	73	73
Visual impairment	66	70	73	72

Source: NDIS, 2022a

Workforce

NDIS Provider growth

In the six months, 1 April to 30 September 2021, provider growth in both service districts within the CESPHN region was generally in line with the national benchmark for most age bands. The lowest provider growth was seen in the 19 to 24 year and 65+ age bands in Sydney service district, which had 0.6 times the national benchmark in provider growth.

In the six months, 1 April to 30 September 2021, there was zero provider growth in South Eastern Sydney and Sydney service districts where the primary disability was hearing impairment or “other sensory/speech”, zero growth was also seen in South Eastern Sydney service district where the primary disability was global developmental delay. (16)

Provider growth in both service districts varied across (and within) both high level of function and low level of function ends of the spectrum.(16)

Table 15: Provider growth by primary disability, service district and benchmark, December 2021

Primary disability	South Eastern Sydney (%)	Sydney (%)	Benchmark (%)	SES relative to benchmark	Syd relative to benchmark
Acquired brain injury	6.6	17.1	8.6	0.8	2.0
Autism	9.1	7.8	9.0	1.0	0.9
Cerebral palsy	3.5	9.5	8.3	0.4	1.2
Developmental delay	21.4	16.7	18.1	1.2	0.9
Down syndrome	5.7	5.9	7.4	0.8	0.8
Global developmental delay	0.0	15.4	10.7	0.0	1.4
Hearing impairment	0.0	0.0	6.5	0.0	0.0
Intellectual disability	9.9	7.2	8.5	1.2	0.8
Multiple sclerosis	8.5	9.1	8.5	1.0	1.1
Psychosocial disability	10.5	10.3	10.8	1.0	1.0
Spinal cord injury	10.8	13.6	9.4	1.1	1.4
Stroke	8.9	10.0	11.6	0.8	0.9
Visual impairment	9.1	11.1	10.3	0.9	1.1
Other neurological	7.9	11.6	12.1	0.7	1.0
Other physical	8.3	12.9	9.2	0.9	1.4
Other sensory/speech	0.0	0.0	3.8	0.0	0.0
Other	26.3	14.3	23.9	1.1	0.6

Source: NDIS, 2022b

Table 16: Provider growth by level of function, service district and benchmark, December 2021

Level of function	South Eastern Sydney (%)	Sydney (%)	Benchmark (%)	SES relative to benchmark	Syd relative to benchmark
1 (High)	9.5	5.0	13.9	0.7	0.4
2 (High)	0.0	0.0	5.1	0.0	0.0
3 (High)	8.3	5.6	8.2	1.0	0.7
4 (High)	6.5	0.0	10.5	0.6	0.0
5 (High)	9.1	9.1	10.2	0.9	0.9
6 (Medium)	12.5	9.7	8.7	1.4	1.1
7 (Medium)	5.5	4.5	10.8	0.5	0.4
8 (Medium)	11.3	12.5	8.3	1.4	1.5
9 (Medium)	4.8	9.1	8.8	0.5	1.0
10 (Medium)	9.3	10.6	9.4	1.0	1.1
11 (Low)	5.3	4.8	7.9	0.7	0.6
12 (Low)	8.6	10.2	10.4	0.8	1.0
13 (Low)	12.3	6.9	10.5	1.2	0.7
14 (Low)	4.7	8.5	8.3	0.6	1.0
15 (Low)	0.0	0.0	7.5	0.0	0.0

Source: NDIS, 2022b

NDIS Provider shrinkage

In the six months of 1 April to 30 September 2021, provider shrinkage was highest in the 19-to-24-year age band within South Eastern Sydney service district, sitting at 1.5 times the national benchmark rate. Within the Sydney service district, provider shrinkage was highest in the 35 to 44 year age band and 25 to 34 year age bands, sitting at 1.6 times and 1.7 times the national benchmark respectively.(16)

Provider shrinkage within the South Eastern service district was highest in the primary disability group of cerebral palsy; with the shrinkage rate 1.5 times the national benchmark. Sydney service district saw the highest provider shrinkage in the primary disability group of “other physical”; with the shrinkage rate 1.4 times the national benchmark. Significant shrinkage was also seen in Sydney where the primary disability was down syndrome or global developmental delay, where rates were 1.9 times the national benchmark.(16)

Table 17: Provider shrinkage by age band, service district and benchmark, December 2021

Age band	South Eastern Sydney (%)	Sydney (%)	Benchmark (%)	SES relative to benchmark	Syd relative to benchmark
0 to 6	2.5	5.4	8.6	0.3	0.6
7 to 14	15.4	11.0	16.1	1.0	0.7
15 to 18	21.1	25.8	18.7	1.1	1.4
19 to 24	23.6	20.4	16.1	1.5	1.3
25 to 34	19.3	26.8	15.5	1.2	1.7
35 to 44	23.3	26.9	17.3	1.3	1.6
45 to 54	22.6	21.5	17.8	1.3	1.2
55 to 64	17.3	20.4	18.2	1.0	1.1
65+	17.9	15.3	18.2	1.0	0.8

Source: NDIS, 2022b

Table 18: Provider shrinkage by primary disability, service district and benchmark, December 2021

Primary disability	South Eastern Sydney (%)	Sydney (%)	Benchmark (%)	SES relative to benchmark	Syd relative to benchmark
Acquired brain injury	18.7%	22.9%	17.6%	1.1	1.3
Autism	14.0%	17.7%	14.3%	1.0	1.2
Cerebral palsy	29.4%	19.0%	19.3%	1.5	1.0
Developmental delay	7.1%	0.0%	7.4%	1.0	0.0
Down syndrome	22.6%	29.4%	15.4%	1.5	1.9
Global developmental delay	0.0%	15.4%	8.1%	0.0	1.9
Hearing impairment	0.0%	26.7%	15.7%	0.0	1.7
Intellectual disability	19.9%	24.2%	16.7%	1.2	1.5
Multiple sclerosis	20.3%	27.3%	18.5%	1.1	1.5
Psychosocial disability	16.8%	17.1%	17.1%	1.0	1.0
Spinal cord injury	18.9%	9.1%	20.1%	0.9	0.5
Stroke	20.0%	20.0%	19.4%	1.0	1.0
Visual impairment	13.6%	11.1%	13.8%	1.0	0.8
Other neurological	15.8%	15.8%	21.0%	0.8	0.8
Other physical	20.0%	32.3%	22.7%	0.9	1.4
Other sensory/speech	0.0%	0.0%	8.6%	0.0	0.0
Other	15.8%	14.3%	18.1%	0.9	0.8

Source: NDIS, 2022b

Table 19: Provider shrinkage by level of function, service district and benchmark, December 2021

Level of function	South Eastern Sydney (%)	Sydney (%)	Benchmark (%)	SES relative to benchmark	Syd relative to benchmark
1 (High)	0.0	5.0	6.7	0.0	0.7
2 (High)	0.0	0.0	17.9	0.0	0.0
3 (High)	20.8	16.7	12.2	1.7	1.4
4 (High)	22.6	10.0	13.5	1.7	0.7
5 (High)	16.4	25.0	11.5	1.4	2.2
6 (Medium)	18.2	8.3	14.3	1.3	0.6
7 (Medium)	26.0	20.5	15.4	1.7	1.3
8 (Medium)	12.7	22.5	14.2	0.9	1.6
9 (Medium)	4.8	27.3	16.3	0.3	1.7
10 (Medium)	18.7	23.3	16.9	1.1	1.4
11 (Low)	17.1	30.6	15.7	1.1	1.9
12 (Low)	18.4	23.6	19.2	1.0	1.2
13 (Low)	17.2	20.6	18.9	0.9	1.1
14 (Low)	30.6	11.9	19.3	1.6	0.6
15 (Low)	50.0	0.0	14.1	3.5	0.0

Source: NDIS, 2022b

Forecast workforce needs

The Department of Social Services (DSS) have forecast the workforce needs by postcode under the NDIS by 2023. The forecast estimates:

- Home-based support workers
- Community-based support workers
- Occupational therapists, speech pathologists and physiotherapists, and
- Others, which includes health and non-health related workforce.

Within the CESPHN region, postcodes 2035 and 2036 are both in the top five postcodes for forecast estimates for home-based and community-based support workers, Occupational Therapists, Speech Pathologists and Physiotherapists.(21)

The following visuals use the below colour scale to identify the forecast level by postcode.

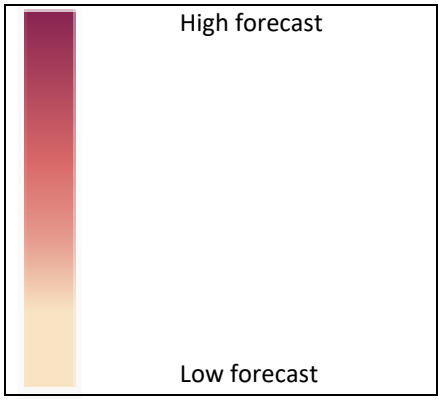
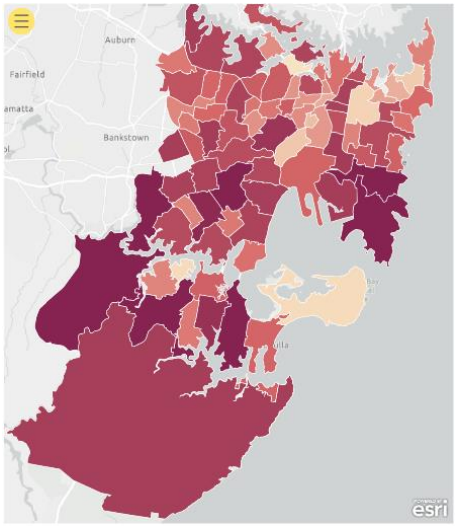


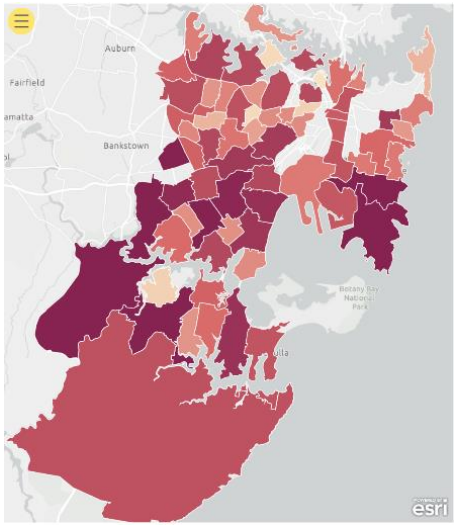
Figure 15: Forecast home-based support workers by postcode



Top 5 postcodes:
- 2036
- 2035
- 2232
- 2234

Source: DSS, 2020

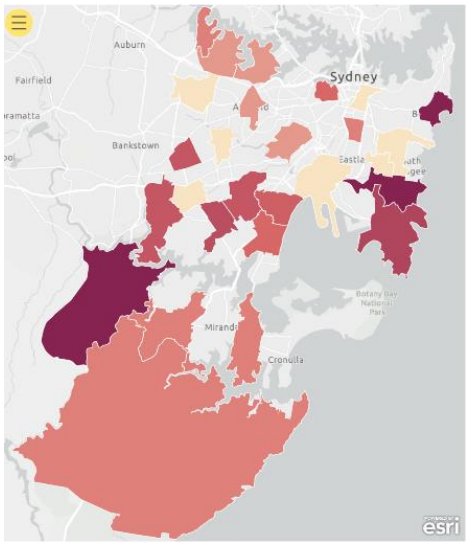
Figure 16: Forecast community-based support workers by postcode



Top 5 postcodes:
- 2036
- 2035
- 2195
- 2220
- 2210

Source: DSS, 2020

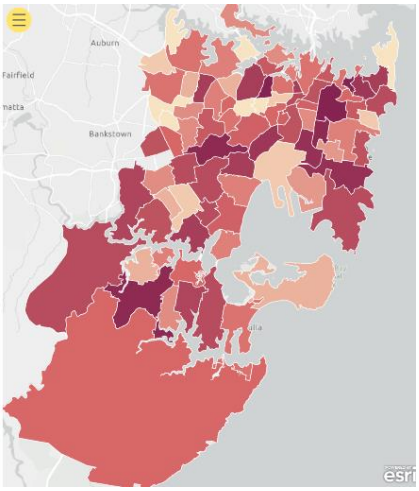
Figure 17: Forecast OTs, SPs and Physios by postcode



Top 5 postcodes:
- 2026
- 2234
- 2035
- 2036
- 2220

Source: DSS, 2020

Figure 18: Forecast estimates Jobs-Other by postcode



Top 5 postcodes:
- 2028
- 2038
- 2021
- 2033
- 2206

Source: DSS, 2020

People experiencing domestic and family violence

Population

The 2016 ABS Personal Safety Survey found 1 in 6 Australian women and 1 in 16 men have been subjected to physical and/or sexual violence by a current or previous cohabiting partner. Domestic violence often happens repeatedly – more than half (54%) of women and 65% of men experienced more than one incident.(22)
Groups most at risk include:

- Aboriginal women
- Young women
- Pregnant women
- Women from CALD backgrounds
- Women with disabilities
- Women experiencing financial hardships
- Women and men who experienced abuse or witnessed domestic violence as children.

Few people who experience domestic violence report the incident to police – only 17% of women and 4% of men who experienced violence by their current partner contacted the police.

Between January 2021 – December 2021, there were 5,535 domestic violence related assault incidents recorded in the CESPHN region. Sydney LGA ranked highest in the CESPHN region with 1,061 recorded incidents (426.6 per 100,000 population) and ranked 58 out of 120 LGAs in NSW.(23)

Table 20: Number of recorded domestic violence related assault incidents by Local Government Area: number, rate and rank, January 2021 to December 2021

LGA	No. of incidents	Rate per 100,000 population	CESPHN Rank	NSW Rank
Sydney	1,061	426.6	1	58
Bayside	619	341.1	2	74
Canterbury-Bankstown	1,283	337.3	3	75
Sutherland Shire	686	295.2	4	87
Strathfield	126	263.8	5	92
Georges River	411	256.4	6	95
Burwood	101	247.1	7	96
Waverley	176	237	8	97
Randwick	361	230.5	9	99
Inner West	441	218.4	10	100
Woollahra	124	208.6	11	103
Canada Bay	146	151.2	12	111

Source: NSW Bureau of Crime Statistics and Research 2021

Service gaps

GPs and allied health professionals have an important role to play in addressing DFV in our community as they are often the first point of contact for people experiencing domestic violence due to physical injuries and mental health issues resulting from the violence. It is estimated that full time GPs see up to five women per

week who have experienced some form of intimate partner abuse.(24) Only one in 10 women experiencing DFV are asked about it. Victim survivors are two times more likely to disclose their experience if asked.

Barriers preventing health professionals from identifying and providing support to patients experiencing domestic and family violence include a reluctance to interfere, victim blaming attitudes, fear of offending patients, not knowing what to do, inadequate training, lack of time, lack of referral options, victim accompanied by child or partner and language and cultural barriers.

The 2021 DFV Health Professional Survey reported the following key findings:

- 58% feel confident to appropriately respond and provide support
- >40% do not know of local support services available
- 72% have seen at least one patient who has experienced coercive control in last 3-months
- 74% have seen at least one patient who has experienced physical or sexual abuse in last 3-months
- 37% respondents' practices have no policies or procedures related to DFV
- 39% were not sure if practices have policies or procedures related to DFV.

CESPHN is one of six PHNs funded by the Australian Government Department of Health to address DFV. CESPHN's DFV Assist service provides training to GPs, allied health professionals and practice staff to enhance their capacity to identify and appropriately respond to DFV presentations from patients or colleagues. Training is offered in-practice as well as through continuing professional development (CPD) events.

DFV Assist will also provide a referral support service exclusively for health professionals to better support their patients and colleagues experiencing DFV by:

- Facilitating appropriate local referral pathways.
- Providing secondary consultations (guidance and advice for supporting specific patients).
- Supporting in-practice quality improvement such as development of relevant policies and procedures.

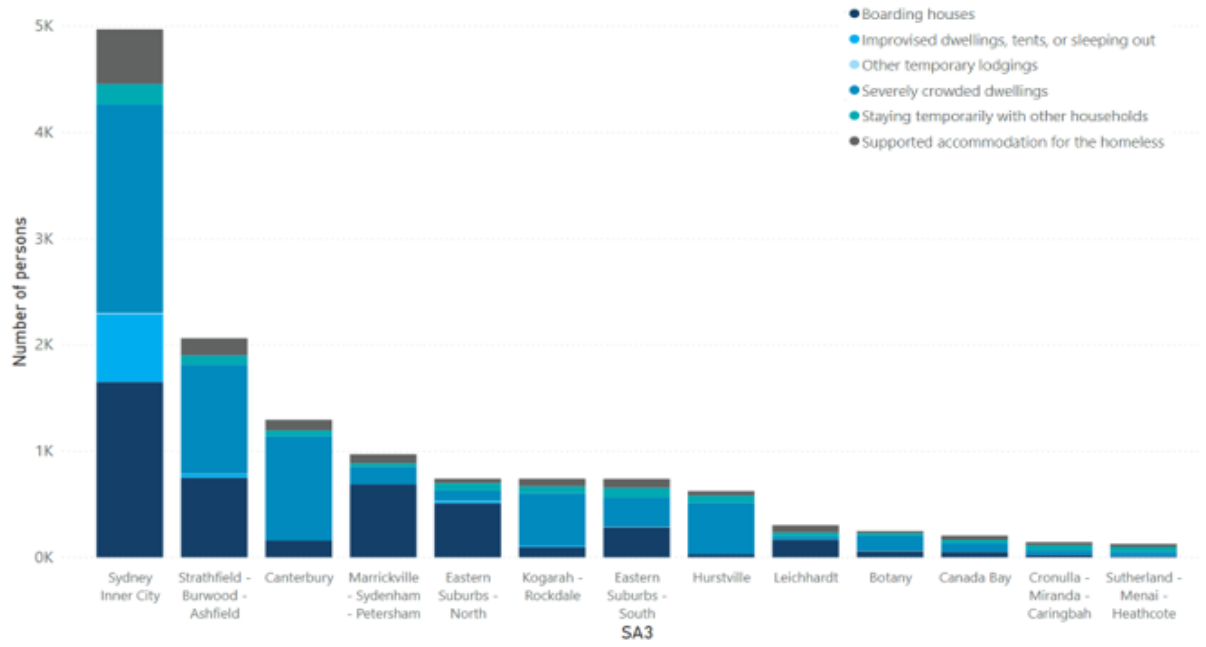
People experiencing homelessness or at risk of homelessness

Population

On Census night in 2016, 13,180 people were experiencing homelessness in the CESPHN region, equating to 35% of the state's homeless population. The highest numbers of people experiencing homelessness were located in Sydney Inner City (4,979 people), followed by Strathfield-Burwood-Ashfield (2,070 people) and Canterbury (1,295 people).(25)

There were 4,476 people living in boarding houses within the CESPHN region, accounting for 65.3% of all NSW boarding house residents and 25.6% of boarding house residents across Australia.(25)

Figure 19: Number of people experiencing homelessness in the CESPHN region by homeless operational group and SA3, 2016



Source: ABS 2018 Homelessness

In 2020-21, 8,013 people in the CESPHN region received specialist homelessness services that can include short-term advice and information, meals, shower/laundry facilities, financial advice and counselling or legal services.(26) Sydney Inner City had the highest number of clients receiving specialist homelessness services (2,939 clients), followed by Canterbury (757 clients) and Strathfield-Burwood-Ashfield (742 clients).(27)

Men are a highly represented population experiencing homelessness as are Aboriginal people. Other population groups at particular risk of homelessness include those who have experienced family and domestic violence, young people, children on care and protection orders, people leaving health or social care arrangements, and people aged 55 or older.(28)

Homelessness is caused by a range of economic, social and personal circumstances such as poverty and financial disadvantage, the undersupply of affordable housing, domestic and family violence and mental health and substance use issues.(29) Factors that reduce rates of homelessness include employment, community

connectedness, and an effective service system with early intervention.

On 30 June 2021, there were 31,962 social housing residential dwellings across the CESPHN region. This accounted for 20.8% of the NSW social housing residential dwellings.(30) Fifteen percent (15%) of general applicants for social housing in NSW were for allocation zones within the CESPHN region and one-third (31.3%) of priority applicants in NSW were for allocation zones within the CESPHN region. Of the general applicants, there is an expected minimum 5 to 10 years wait for a social housing property for allocation zones within the CESPHN region. (31)

A high proportion of social housing in the CESPHN region is high density, apartment towers. This poses particular risk for spread of COVID-19 to residents of these dwellings.

Table 21: Applicants on NSW Housing register, CESPHN region, as at June 2021

Allocation zone	General Applicants	Priority Applicants
Inner City	626	267
Eastern Suburbs	995	222
Leichhardt/Marrickville	1,045	353
Canterbury	694	108
Inner West	1,159	260
Sutherland	498	151
St George	1,408	282
Riverwood	200	18
NSW	**44,127**	**5,308**

Source: Communities and Justice, 2021

Health status

Data from the 2015 Homelessness Inner City Registry Week showed people experiencing homelessness in the Sydney LGA had been homeless for an average of 5.3 years and had complex health and social needs.(32) Of the survey participants:

- 72% reported problematic alcohol and other drug use
- 53% reported a serious mental illness
- 49% reported a history of trauma (including emotional, physical, psychological, sexual or other trauma)
- 35% reported having a disability
- 29% reported having a brain injury.

Service gaps

People experiencing homelessness or at risk of homelessness have more complex needs and face more barriers to accessing services compared to the general population. Identified gaps in the service system include:

- Integration of the service system
- Access to primary care
- Access to post-crisis support and support for people experiencing secondary and tertiary homelessness
- Geographical reach of assertive outreach services

- Innovative models of care that deliver flexible, integrated care
- Workforce that routinely delivers respectful person-centred care.(29)

The Intersectoral Homelessness Health Strategy 2020-2025 (29) is a collaboration between CESPHN, St Vincent's Health Network, Sydney Local Health District, South-Eastern Sydney Local Health District, Department of Communities and Justice, and City of Sydney to improve health outcomes and access to health care among people experiencing homelessness in the central and eastern Sydney region. The Strategy includes five priority action areas:

- Improving access to the right care at the right time
- Strengthening prevention and public health
- Increasing access to primary care
- Building workforce capability
- Establishing collaborative governance and shared planning.

Actions under the Strategy include the development of a coordinated response to disease prevention among people experiencing or at risk of homelessness. A pilot assessment tool will also be developed for early identification of people at risk.

Partnerships between housing services, health services and other organisations will be strengthened as well as broader support for assertive outreach services including street-based outreach.

Primary care will be enhanced through the provision of continuing professional development for primary health professionals. General practices and allied health working with people experiencing homelessness will receive practice support and GP Registrars will be supported to work in homelessness health clinics during their training. There will be a high focus on building leadership and workforce capability with targeted training to address gaps in workforce development.

Lesbian, Gay, Bisexual, Transgender, Intersex and Queer communities

Population

Data from the 2021 Census indicates that the CESPHN region has a high concentration of same sex couples living together in the region (n=7,526), representing 14.5% of same sex couples living together in Australia. Sydney Inner City SA3 had the highest number of same sex couples for both male and female, representing 68.3% of same sex couples in the CESPHN region. There is no formal estimate on the number of people who identify as transgender in the region. (33)

Health status

People who identify as lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) experience a significant amount of stigma and discrimination which can have an impact on their health outcomes and health service encounters, particularly in relation to mental health. It is important to note that there is considerable diversity within the LGBTIQ community with specific health needs and health service needs.

The 2021 Snapshot of Mental Health and Suicide Prevention Statistics for LGBTIQ People found that compared to the general population, LGBTIQ people experience higher levels of psychological distress than the general population:

- 83.3% of LGBTIQ young people aged 16 to 17 years reported high or very high levels of psychological distress (compared with 27.3% in the general population)
- 57.2% of LGBTIQ people aged 18 years and over reported high or very high levels of psychological distress.(34)

The 2019 National Drug Strategy Household Survey found that in comparison to heterosexual people, gay, lesbian or bisexual people were:

- 1.5 times as likely smoke daily
- 1.5 times as likely to exceed the lifetime risk guideline to reduce the harm from drinking alcohol
- 9.0 times as likely to have used inhalants in the previous 12-months
- 3.9 times as likely to have used meth/amphetamines in the previous 12-months
- 2.6 times as likely to have used ecstasy in the previous 12-months.(35)

Respondents of the Sydney Women and Sexual Health (SWASH) Lesbian, Bisexual and Queer Women's Health Survey 2020 were more likely to drink alcohol (86%) and drink at levels that put them at risk of lifetime harm (48%), compared to women in general (71% and 25% respectively).(36) Results from the same survey also highlighted the need for increased cancer screening efforts for this cohort. Of the survey respondents:

- 37% were overdue for a cervical screen
- 31% of 50–69-year-olds were overdue for a mammogram, and
- 41% of 50–74-year-olds were overdue for a bowel screen.(36)

The Gay Community Periodic Survey: Sydney 2022 reported the proportion of non-HIV-positive participants who reported testing for HIV in the previous 12-months decreased between 2021 and 2022 (to 62.0% from 66.2%).(37)

Awareness of pre-exposure prophylaxis (PrEP) increased among all survey participants between 2018 and 2022 (from 86.7% in 2018 to 94.8% in 2022), with the proportion of non-HIV-positive participants who reported using PrEP in the six months prior to the survey also increasing over the same period (23.9%, 33.5%).(37)

Testing rates for sexually transmitted infections (STIs) declined between 2018 and 2022 for both non-HIV-positive (77.6%, 63.6%) and HIV-positive participants (89.8%, 81.6%). Covid-19 is likely to have affected STI testing frequency since 2020 and this effect remained in 2022.(37)

In 2022, non-HIV-positive participants commonly reported that their last HIV test was at a general practice (51.9%) or a sexual health clinic or hospital (34.7%). The proportions of non-HIV-positive persons who most recently tested at a general practice or at home increased between 2019-2022, while the proportions who last tested at a sexual health clinic, hospital or community-based service decreased.(37)

The 2018 Australian Trans and Gender Diverse Sexual Health Survey (38) reported that 69.3% of respondents had ever been tested for STIs, of whom 57.6% had been tested in the year prior to this survey. It was noted that experiences of gender insensitivity within sexual health care were associated with frequency of testing, meaning that participants with experiences of gender insensitivity were less likely to have been tested recently and reported testing less often.(38)

Service gaps

LGBTIQ people can experience barriers to health care services as a result of discrimination and a lack of understanding of the specific health needs, which may prevent this cohort from receiving appropriate care and achieving good health outcomes.

Gender affirming health care

Clients of ACON continue to report misgendering and lack of basic awareness in primary care services around gender affirming care. Building the capacity of mainstream/general practice services to deliver gender affirming health care and increasing access to specialist providers is crucial to improving the health and wellbeing of trans and gender diverse (TGD) people.(38)

In 2019, there was a sudden loss of access to specialist care for hormone therapy from a Sydney-based endocrinologist. GPs in the CESPHN region have noted an increase in the number of TGD patients seeking hormone therapy in the primary health care setting and have expressed willingness to prescribe and monitor hormone therapy for TGD patients but have raised the need for training and guidelines.

CESPHN has continued to offer education opportunities to upskill GPs to offer gender affirming health care. Furthermore, in 2019 CESPHN and HealthPathways launched a clinical pathway 'Transgender and Gender Diversity' to support GPs to plan and manage the health needs of TGD patients.

Access to primary care services

CESPHN has consulted ACON on their recent experiences of delivering services to the gender and sexuality diverse communities during the COVID-19 pandemic. It was noted that a lack of access to LGBTIQ inclusive GPs or no pre-existing relationships with a GP is a critical gap in people accessing health services and support.

Telehealth has proven to be clinically effective, with high levels of client engagement and retention. For some clients, their engagement in telehealth counselling has been the first time they have sustained a clinical engagement, as it has enabled them to feel safer and more secure. For other clients seeking AOD counselling, they are hesitant or reject telehealth options, indicating their preference for in-person services despite there being an unknown (and possibly lengthy) delay due to lockdown.

People in contact with the criminal justice system

Population

NSW has the largest prisoner population with 13,336 adults and 294 juveniles in custody in the June quarter 2022.(39) Prisoners in NSW are predominately male (93.5% adults and 93.3% juveniles) and there is an over representation of Aboriginal persons (29% of adults and 51.1% of juveniles in custody).(39) The majority (51%) of the prisoner population is aged 25 to 39 years and 15.4% are non-English speaking.(40)

In recent years, there has been a steady decline in the number of Aboriginal young people aged 10-17 years in custody in NSW from 145 young Aboriginal people in December 2015 to 121 in December 2019. Over the same period the number of non-Aboriginal young people in custody has remained stable.(41) However, between the periods of June 2021 and June 2022, NSW custody statistics indicated that the rate of young people in custody who identify as Aboriginal increased from 36.5% to 51.5%. This includes an 125% increase in young Aboriginal female detainees and 31.9% increase in young Aboriginal male detainees.(39)

The prisoner population is fluid with people constantly entering and being released from the system. This constant movement means that the health issues of people in custody become the health issues of the community. In 2021, 18,726 individuals were released from NSW adult correctional centres.(39) Data from the NSW Bureau of Crime Statistics shows that 23.7% of adults found guilty in court in 2020 reoffend in the following 12 months.(42) The CESPHN region becomes the place of residence for approximately 19% of all people exiting custodial settings in NSW.(43)

Health status

Inmates have a complex and diverse health profile. They have higher levels of mental health disorders, alcohol and other drug use, chronic conditions, communicable diseases and disability. The most recent NSW inmate health survey found the following health concerns and issues commonly reported by prisoners:

- 23% of men and 29% of women described their health as either fair or poor
- 27% reported having three or more health conditions
- 20% had been diagnosed with hepatitis C
- 86% were smokers
- 13% of inmates had been diagnosed with an alcohol use disorder
- Cannabis was the most common drug ever used (82%), followed by methamphetamine (67%), amphetamines (57%), and cocaine (50%)
- 60% of prisoners have been diagnosed with a mental illness; of these, 55% were diagnosed between the ages of 18-24, and almost half reported having no previous contact with a mental health clinician
- Almost half of prisoners had received some form of psychiatric care prior to their current period of incarceration

- A significantly higher proportion of women in prison suffered from schizophrenia (29%) compared to 1% of the general population, and approximately 23% of the prison population were on psychotropic medications
- 18% had made at least one suicide attempt at some stage throughout their lifetime.(44)

Service gaps

Upon release many ex-prisoners face barriers accessing basic services. A vast number of prisoners are released into society without identification or Medicare cards, and with little support or planning, especially those who are released without parole. More than half (54%) of prison discharges expected to be homeless on release from prison, with 44% planning to sleep in short term or emergency accommodation, 2% planning to sleep rough, and 8% did not know where they would sleep.(45) Older prisoners face barriers in receiving aged care on exiting, as RACFs are often cautious to provide housing and care for these clients upon release. Other vulnerable groups include people who have a cognitive impairment, people who have a mental illness, Aboriginal people, and women with dependent children.

There are few organisations that provide support specific to the needs of ex-prisoners. Post-release transitional services based on a flexible, through-care outreach model of long-term, wrap-around support, a housing first approach and strong interagency partnerships need to be developed to ensure basic needs are met, and appropriate referral pathways into primary health care, LHD services, and other support services are made.

Remote populations

Lord Howe Island

Lord Howe Island is 700km north-east of Sydney. It has a small population of residents (445people in 2021) and fluctuations in the population due to the tourism industry. There is a slightly higher proportion of female residents (52.3%) than males (49.7%).(7) The median age of residents is 46 years.

Lord Howe Island has one medical facility service, Gower Wilson Memorial Hospital, providing primary, secondary and tertiary care for residents and visitors. The service has three inpatient beds currently used for acute medical and/or surgical admissions. Complex cases are transferred to the mainland.

SESLHD Clinical Service Plan encompasses Lord Howe Island. This includes their responsibilities for the Gower Wilson Memorial Hospital, from which the general practice services operate. CESPHN continues to support SESLHD in the delivery of health services, particularly in relation to general practice accreditation to ensure access to MBS incentives, medical software and using MBS items for management of vulnerable groups.

References

1. Australian Bureau of Statistics. 2033.0 - Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA) Canberra: ABS; 2016 [Available from: https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/2033.0.55.001Main+Features12016?OpenDocument.
2. Australian Institute of Health and Welfare. Australia's health 2020: health across socioeconomic groups. Australian Institute of Health and Welfare,; 2020.
3. Australian Bureau of Statistics. National Health Survey: First results 2017-18 Canberra: Australian Bureau of Statistics,; 2018 [Available from: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#articles.
4. Australian Bureau of Statistics. Patient Experiences in Australia: summary of findings 2019-2020 Canberra: Australian Bureau of Statistics,; 2020 [Available from: https://www.abs.gov.au/statistics/health/health-services/patient-experiences-australia-summary-findings/2019-20.
5. Australian Institute of Health and Welfare. Disparities in potentially preventable hospitalisations across Australia: exploring the data. Australian Institute of Health and Welfare,; 2020.
6. Sydney Local Health District. A framework for improving health equity. Sydney: NSW Health,; 2017.
7. Australian Bureau of Statistics. Census 2021 2022 [cited 2022 28 June]. Available from: https://www.abs.gov.au/census.
8. Australian Bureau of Statistics. 1410.0 - Data by Region Canberra: ABS; 2018 [Available from: https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1410.02012-17?OpenDocument.
9. Department of Home Affairs. Settlement data reports financial year 2020-2021 2021 [Available from: https://www.data.gov.au/dataset/ds-dga-8d1b90a9-a4d7-4b10-ad6a-8273722c8628/distribution/dist-dga-b7e95faf-4b74-4bbd-bc3d-b067544ce942/details?q=.
10. Department of Home Affairs. Refugee and humanitarian program. Protection visas (onshore) Canberra: Department of Home Affairs; 2019 [Available from: https://immi.homeaffairs.gov.au/what-we-do/refugee-and-humanitarian-program/onshore-protection
11. Department of Home Affairs. Illegal Maritime Arrivals on Bridging E visa 2021 [Available from: https://www.homeaffairs.gov.au/research-and-stats/files/illegal-maritime-arrivals-bve-30-jun-2021.pdf.
12. Department of Education SaE. International student enrolments by ASGS SA4 region 2021 [Available from: https://internationaleducation.gov.au/research/datavisualisations/Pages/region.aspx.
13. Australian Institute of Health and Welfare. Australia's health 2018: in brief. Canberra: Australian Institute of Health and Welfare; 2018.
14. Australian Bureau of Statistics. Disability, Ageing and Carers, Australia: Summary of Findings 2018 [Available from: https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release#key-statistics.
15. National Disability Insurance Scheme. Data and Insights 2022 [Available from: https://data.ndis.gov.au/data-downloads.
16. National Disability Insurance Scheme. Market monitoring 2021 [Available from: https://data.ndis.gov.au/reports-and-analyses/market-monitoring/market-monitoring-nsw.
17. Department of Social Services. DSS Payment Demographic Data 2022 [Available from: https://data.gov.au/dataset/ds-dga-cff2ae8a-55e4-47db-a66d-e177fe0ac6a0/details?q=dss.
18. Australian Institute of Health and Welfare. People with disability in Australia 2020 [Available from: https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/data.
19. Australian Institute of Health and Welfare. GEN: People using aged care 2022 [cited 2022 10 October]. Available from: https://www.gen-agedcaredata.gov.au/Topics/People-using-aged-care.
20. Australian Bureau of Statistics. Characteristics of National Disability Insurance Scheme (NDIS) participants, 2019: Analysis of linked data 2021 [Available from:

https://www.abs.gov.au/articles/characteristics-national-disability-insurance-scheme-ndis-participants-2019-analysis-linked-data#data-download.
21. Department of Social Services. NDIS Demand Map [Available from: https://blcw.dss.gov.au/demandmap/.
22. Australian Bureau of Statistics. 2016 Personal Safety Survey. Canberra: ABS; 2017.
23. Research. NBoCSa. Domestic violence statistics for NSW. 2022 [Available from: https://www.bocsar.nsw.gov.au/Pages/bocsar_pages/Domestic-Violence.aspx.
24. Hegarty K, Gleeson S, Brown S, Humphreys C, Wheeler J, Hooker L, et al. Early engagement with families in the health sector to address domestic abuse and family violence: policy directions. Safer Families Centre; 2020.
25. Australian Bureau of Statistics. Census of population and housing: estimating homelessness, 2016 Canberra: ABS; 2016 [Available from: https://www.abs.gov.au/ausstats/abs@.nsf/mf/2049.0.
26. Australia Institute of Health and Welfare. Specialist Homelessness Services to Collection data cutes 2011-12 to 2019-20. Canberra: Australia Institute of Health and Welfare; 2020.
27. Welfare. AIoHa. Specialist Homelessness Services Collection data cubes
2011–12 to 2020–21. Canberra: AHIW; 2021.
28. Australian Institute of Health and Welfare. Homelessness and homelessness services: Australian Institute of Health and Welfare; 2021 [Available from: https://www.aihw.gov.au/reports/australias-welfare/homelessness-and-homelessness-services.
29. South Eastern Sydney Local Health, Sydney Local Health District, St Vincent's Health Network, Central and Eastern Sydney Primary Health Network, Department of Communities and Justice - Sydney SESa, Northern Sydney District, et al. Intersectoral Homelessness Health Strategy 2020-2025. Sydney, NSW; 2020.
30. Justice. NGDoCa. Social Housing Residential Dwelling Dashboard. 2021 [Available from: https://public.tableau.com/app/profile/facs.statistics/viz/Social_Housing_Residential_Dwellings/Dashboard.
31. Justice. NGDoCa. Expected waiting times 2021 [Available from: https://www.facs.nsw.gov.au/housing/help/applying-assistance/expected-waiting-times.
32. NSW H. Inner City Sydney Registry Week 2015 Report. Sydney: Homelessness NSW; 2016.
33. Statistics. ABo. Selected family characteristics - Same-Sex Couple Indicator. TableBuilder:
Findings based on use of ABS TableBuilder data. 2021.
34. Australia LH. Snapshot of mental health and suicide prevention statistics for LGBTIQ+ people. Pyrmont: LGBTIQ+ Health Australia; 2021.
35. Australian Institute of Health and Welfare. National drug strategy household survey 2019: Australian Institute of Health and Welfare; 2019 [Available from: https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/data.
36. Mooney-Somers J, Deacon RM, Anderst A, Ryback LSR, Akbany AF, Philios L, et al. Women in contact with Sydney LGBTIQ communities: report of the SWASH Lesbian, Bisexual and Queer Women's health survey 2016, 2018, 2020. Sydney: Sydney Health Ethics, University of Sydney.; 2020.
37. Broady T, Chan C, Bavinton B, Mao L, Molyneux A, Delhomme F, et al. Gay Community Periodic Survey: Sydney 2022. Sydney: Centre for Social Research in Health, UNSW Sydney.; 2022.
38. Callander D, Wiggins J, Rosenberg S, Cornelisse V, Duck-Chong E, Holt M, et al. T he 2018 Australian Trans and Gender Diverse Sexual Health Survey: Report of Findings. Sydney, NSW: T he Kirby Institute, UNSW Sydney; 2019.
39. Research. NBoCSa. Custody Statistics: NSW Bureau of Crime Statistics and Research; 2022 [Available from: https://www.bocsar.nsw.gov.au/Pages/bocsar_custody_stats/bocsar_custody_stats.aspx.
40. Tang H, Corben S. NSW Inmate Census 2019. Sydney: Corrective Services NSW; 2020.
41. Donnelly N, Ramsey S, Poynton S, Fitzgerald J. Understanding the decline in Aboriginal young people in custody in NSW from 2015 to 2019 (Bureau Brief No. 153). Sydney: NSW Bureau of Crime Statistics and Research; 2021.

42. NSW Bureau of Crime Statistics and Research. Long-term re-offending rates of adults and young people in NSW 2022 [Available from: https://www.bocsar.nsw.gov.au/Pages/bocsar_publication/Pub_Summary/BB/BB162-Summary-Long-term-reoffending-rates-in-NSW.aspx.
43. Network CaESPH. Alcohol and other Drugs Needs Assessment. Sydney: Central and Eastern Sydney Primary Health Network; 2016.
44. NSW Justice Health. Network Patient Health Survey Report. 2015.
45. Australian Institute of Health and Welfare 2019. The health of Australia's prisoners. Canberra: Australian Institute of Health and Welfare; 2018.