

HEALTH AND WELLBEING OF PEOPLE LIVING WITH A DISABILITY

2025-2027 Needs Assessment

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Overview

Summary

People living with a disability experience high unmet health needs and poor health outcomes. Just over 18% (over 180,000) of people live with a disability within the central and eastern Sydney region. Providing appropriate and relevant primary care to people living with a disability is a key focus for CESPHN. This chapter identifies the specific health requirements, barriers to accessing services, and the support systems necessary for enhancing the quality of life for people with disabilities and their care supports.

Key issues

- Access to well-coordinated care between primary, secondary and tertiary for those with a disability
- Timely participation in preventive health and screening services for those with a disability
- Inadequate Medicare funding models can deter extended consultations for complex medical and psychosocial care. GPs may be financially disincentivised to provide long consults, home visits to group homes, and prepare care plans which are paid at a lower rate or unbillable.
- Knowledge of primary care providers and provision of tools and resources to engage in conversations about disability.
- Those from priority population groups with a disability are particularly vulnerable because of low health literacy and economic disadvantage
- Intersection between aged care and disability. For example, there is a lack of palliative care support for those in group homes. People receiving NDIS who transfer to residential aged care after age 65 will lose access to the NDIS.
- Lack of support for teenagers living with a disability experiencing poor mental health e.g. suicidal thoughts and tendencies.

Key gaps

- Lack of service navigation support tailored to the needs of those with intellectual disability
- Lack of support for people with a disability when they receive dental care
- Lack of community-based child behavioural management programs for those with ADHD and autism
- Provision of support for carers to manage their own health needs
- Need for ongoing patient-centred, multidisciplinary and integrated models of care
- Support general practices to help address financial barriers to optimal care
- Development of tailored strategies to address health inequity
- Limited mental health services available for people with intellectual disability with poor mental health
- Lack of access to NDIS and psychosocial services for people suffering from severe mental health illnesses
- People with a disability leaving incarceration lose support and access to care and are at high risk of reoffending

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Prevalence

In 2023, approximately 18.2% of the population in central and eastern Sydney had some form of disability. The prevalence of disability increases with age with 7.6% of children aged 0–14 having a disability while 50% of people aged 65 and over have a disability. About 1 in 4 (23%) reported a mental or behavioural disorder as their main condition (the condition causing them the most problems) and 3 in 4 (77%) reported a physical disorder as their main condition while 1 in 3 (32%) had severe or profound disability. In NSW of those with a disability 57.8% had a physical disability while 31.3% had a psychosocial disability, 22.9% had a sensory or speech disability and 20.9% had an intellectual disability (1).

Canterbury SA3 has the highest proportion of both males and females with any disability (2). Approximately 2 in 5 persons aged 65 years and over living within the CESPHE region have some level of disability (2). Within the CESPHE region, a total of 1,057 active NDIS participants identified as having an Indigenous status in 2024.

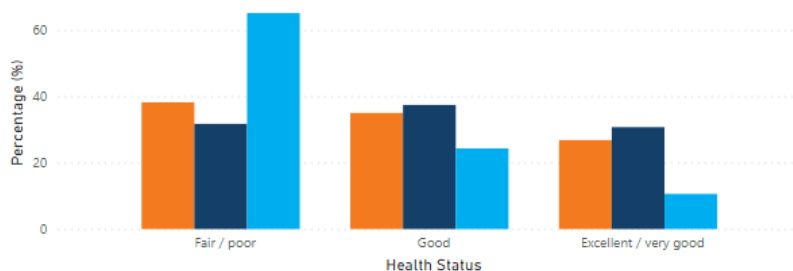
Health status and risk factors

Self-reported health status

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 (1).

Figure 1: Health status by disability status, 18-64 years, 2018

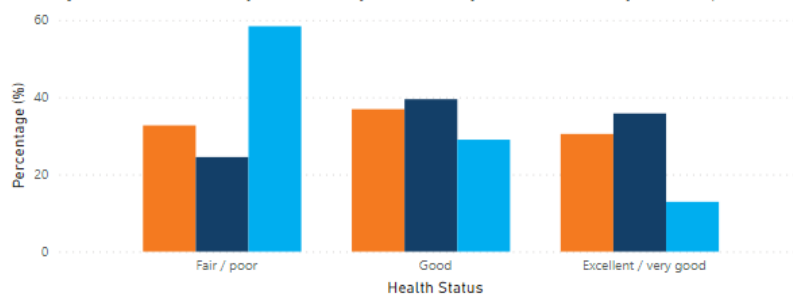
Disability status ● All with disability ● With disability - other disability status ● With disability - severe or profound



Source: AIHW, 2020

Figure 2: Health status by disability status, 65 years+, 2018

Disability status ● All with disability ● With disability - other disability status ● With disability - severe or profound



Source: AIHW 2020

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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 (1).

Table 1: Psychological distress by age and disability severity group, 2018

Psychological distress level	18-64 years			65 years +		
	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

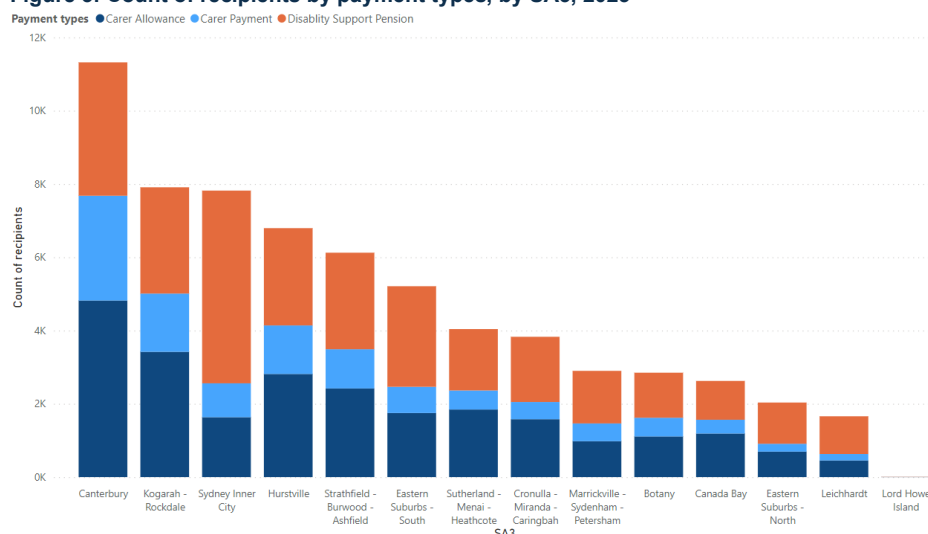
Source: AIHW, 2020

Support pensions and allowances

As at June 2023, there were approximately 29,175 individuals within the CESP HN region receiving a disability support pension, 24,720 individuals receiving a carer allowance and 11,235 individuals receiving a carer payment (3). Across the CESP HN region, Sydney Inner City SA3 had the highest number of recipients of disability support pensions (5,260), followed by Canterbury SA3 (3,640) and Kogarah-Rockdale SA3 (2,900) (3).

Canterbury SA3 had the highest number of recipients of carer payments and carer allowance (2,860 and 4,820 respectively), followed by Kogarah-Rockdale SA3 (1,590 and 3,410 respectively) (3).

Figure 3: Count of recipients by payment types, by SA3, 2023

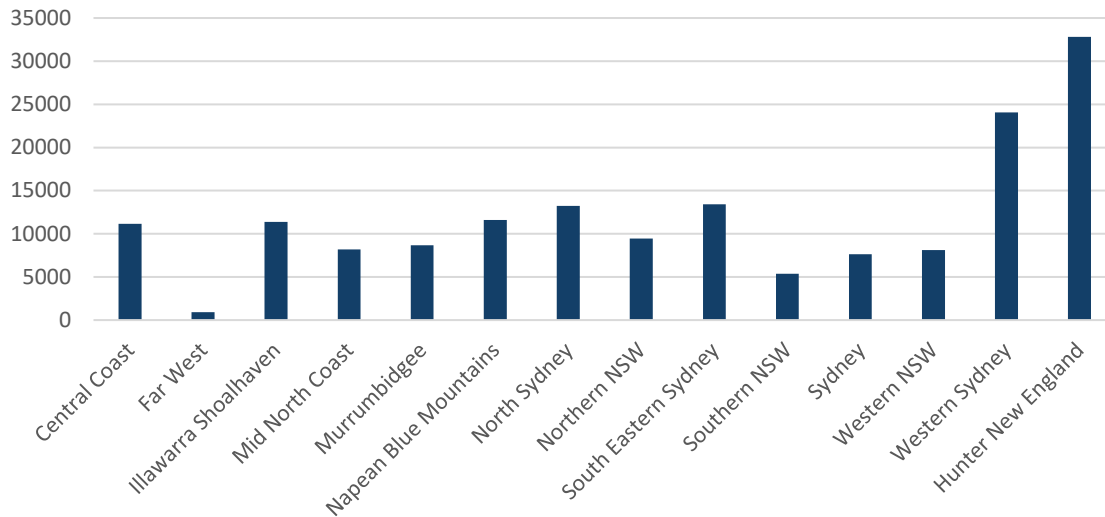


Source: DSS, 2023

National Disability Insurance Scheme participant numbers

As of June 2024, there were a total of 196,870 active participants in the NDIS across NSW, 10.7% (26,864) residing in central and eastern Sydney with 13,413 within SESLHD and 7,638 in SLHD.

Figure 4. NDIS participants in NSW by LHD, September 2024



Source: NDIS, 2024

Of all active participants in the CESP HN region in 2024, the highest proportion of participants are within the 0-14 aged groups. Of note, the Canterbury-Bankstown LGA 0-14 age groups have the highest proportion of active participants, representing 13.78% of the total CESP HN participants. Of all active participants in the central and eastern Sydney region in 2024, the primary disabilities included autism (7898), psychosocial disability (3305) and intellectual disability (3249).

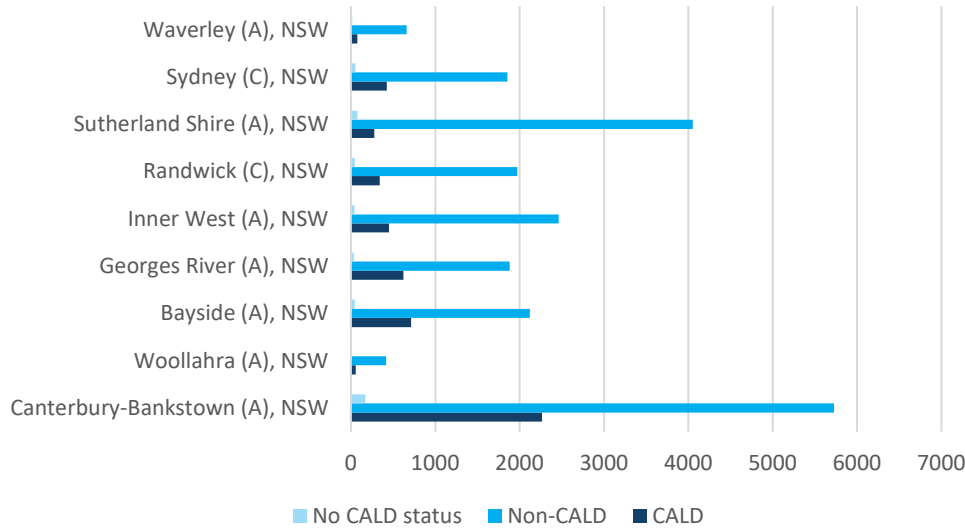
CALD participants

In 2024, there were a total of 21,741 NDIS participants that identified as from a CALD background in NSW, representing a total of 10.8% of the total NSW participants. This has grown by an annual rate of 14.2% between 2020 and 2024. (4)

The highest number of CALD participants within the CESP HN region is located within the Canterbury-Bankstown Area with a total of 2,264 participants as of June 2024.

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Figure 5. Active number of NDIS participants by LGA and CALD status, CESP HN, 2024



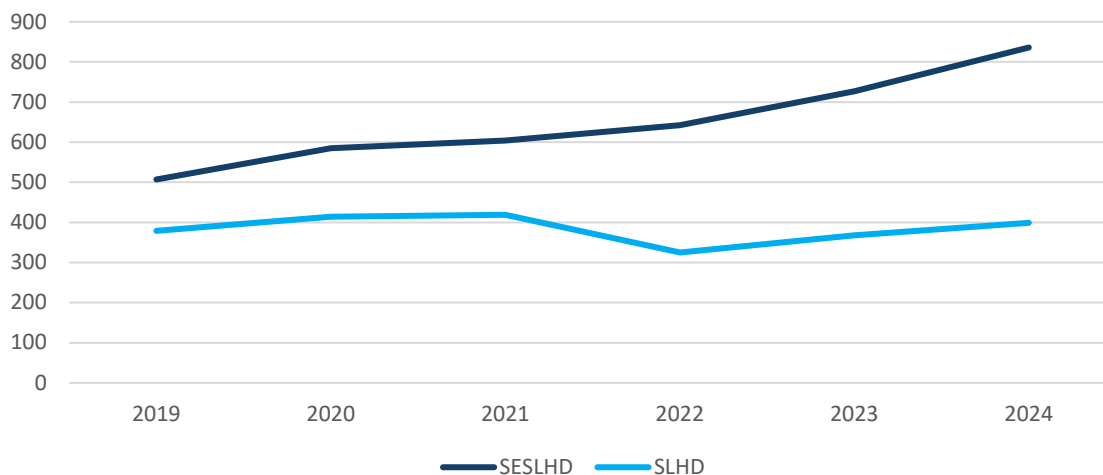
Source: NDIS, 2024

Supported independent living participants

Supported Independent Living (SIL) is a type of support funded by the National Disability Insurance Scheme (NDIS) in Australia. SIL is designed for individuals with higher support needs who require significant assistance throughout the day, including overnight support. This support can include help with personal care, cooking, cleaning, and other daily activities. SIL funding is typically used for: Personal care: Assistance with bathing, dressing, and grooming; Household tasks: Help with cooking, cleaning, and laundry; Skill development: Support to build independence in daily activities.

As of June 2024, there were a total of 1,235 participants living in SIL facilities across the CESP HN region, growing by a rate of 6.87% annually from 2019 (5).

Figure 6. Active SIL participants by LHDs, CESP HN, 2019-2024



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Source: NDIS, 2024

National Disability Insurance Scheme Providers

Within the CESP HN region, there were a total of 27,129 NDIS providers active as of June 2024. The highest number of providers were located within the Canterbury-Bankstown LGA, proportional to the total number of active participants in the area (4). Provider growth reflects numbers of providers receiving higher payments over the period whereas provider shrinkage reflects those receiving payments that are 25% or less than the previous period.

Table 2: Number of active NDIS providers, provider growth and provides shrinkage by LGA, CESP HN, 2024

LGA	Active providers	Provider growth	Provider shrinkage
Canterbury-Bankstown	5,867	5	59
Woollahra	822	1	60
Bayside	3,262	4	58
Georges River	2,878	4	56
Inner West	3,320	4	58
City of Randwick	2,921	4	60
Sutherland Shire	3,560	3	59
City of Sydney	3,121	4	63
Waverley	1,378	3	61

Source: NDIS, 2024

Access to services

Through CESP HN's internal and external consultations, accessibility to primary and acute care systems was identified as a crucial need in the care of people with a disability.

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 with 5% not seeing a medical specialist because of 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
- 26.8% aged 15-64 years with a severe or profound disability waited longer than they felt acceptable to see a GP, with 38.3% waiting longer than they felt acceptable to see a medical professional with 21.5% delaying or not seeing a dental professional because of cost
- 12.8% aged 5 to 64 years with a severe or profound disability had difficulty accessing medical facilities (including GP, dentist, hospital) (1).

Younger people aged under 65 with a disability in aged care facilities

At 30 June 2022, 178 individuals aged under 65 years with a disability were in residential aged care in the CESP HN region; 175 were permanent residents (6). Eight of the 175 residents (4.6%) identified

as Aboriginal, all of whom were aged 50 years and older and were in permanent care (6). Just over 15% of those with a disability living in residential aged care were aged 0-54 years.

MBS utilisation

Of NDIS participants 95.6% 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%) (7).

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 (7).

CESPHN's current work

The provision of primary care that is relevant and sensitive to people with a disability is a key focus area of CESPHN. Our current work includes implementing Project GROW. CESPHN launched Project GROW in 2021 as part of the Primary Care Enhancement Program (PCEP) to address barriers to equitable health care faced by people with intellectual disability. The PCEP is an initiative under the [National Roadmap for Improving the Health of People with Intellectual Disability](#).

The activities in Project GROW aim to:

- increase the capacity of primary care providers to deliver accessible and inclusive, quality healthcare to patients with intellectual disability
- increase health literacy and participation of the community and disability support sectors in preventative health measures and primary care initiatives for people with intellectual disability
- establish mechanisms to improve primary care data, and data collection to advance service planning and delivery for people with intellectual disability.

The Connect and Thrive program led by Flourish Australia supports people with severe mental illness and reduced psychosocial functional capacity who are not receiving support through the NDIS with one-on-one psychosocial support and group support programs.

Opportunities

- Investment in programs to improve health literacy and service knowledge
- Need for ongoing patient-centred, multidisciplinary and integrated models of care
- Opportunities in workforce development and training
- Support general practices to help address financial barriers to optimal care
- Development of tailored strategies to address health inequity
- Develop strategies to address needs of people living with a disability who are older, members of multicultural communities, impacted by alcohol and other drugs or exiting the Justice system.
- Encourage and support disability-focused health clinics and services
- Increase the availability and capacity of mental health services for people with intellectual disability with poor mental health
- Lead an annual disability roundtable: to bring together key stakeholders in health and primary care and the broader disability sector to showcase progress and highlight areas to prioritise for further intervention
- Advocate for disability needs during development of the Single Digital Patient Record
- The reform of the National Disability Insurance Scheme and the implementation of recommendations from the Disability Royal Commission will provide opportunities for new and existing partnerships to progress local initiatives.

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