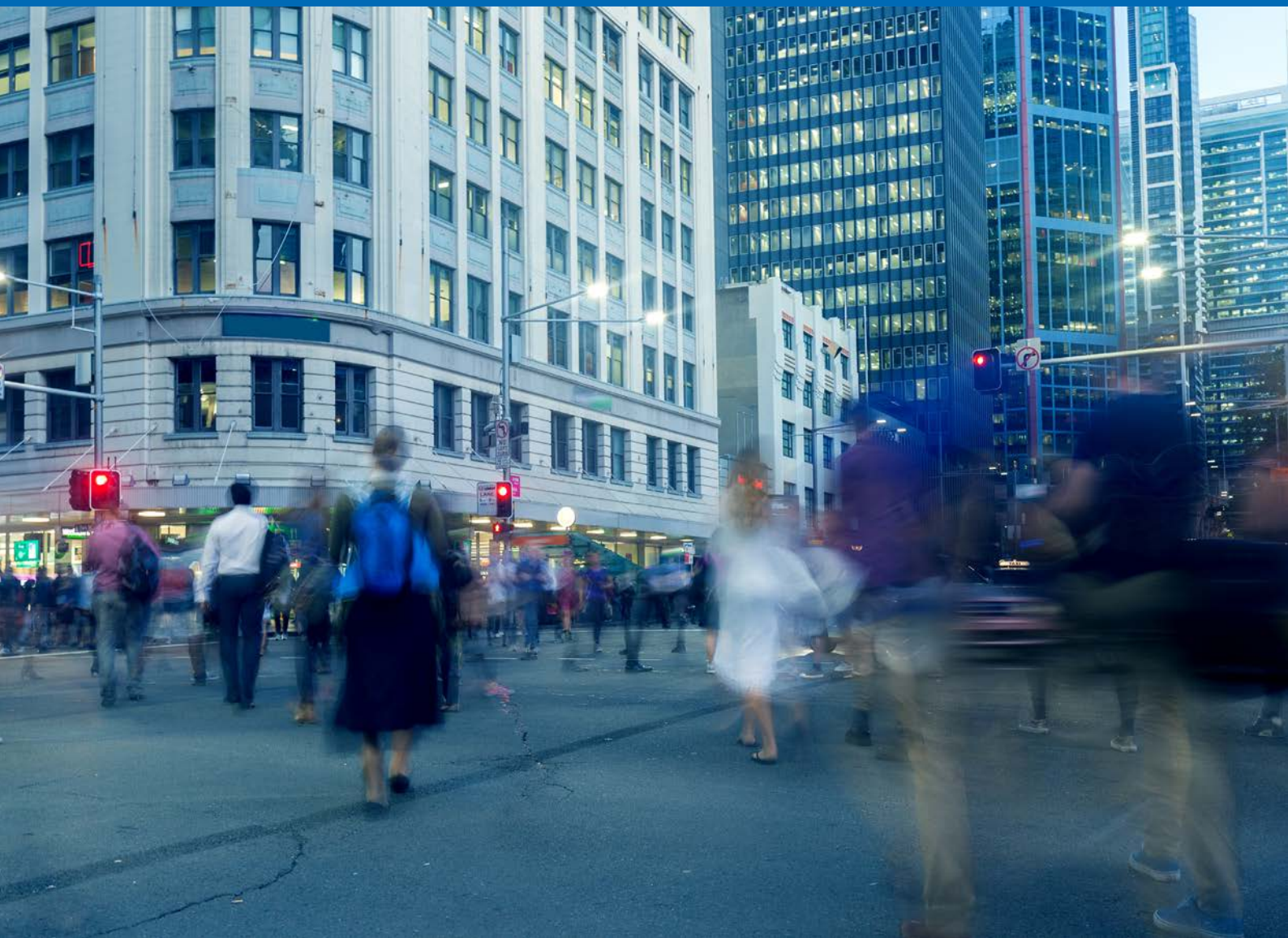

Population Profile of Priority Populations in South Eastern Sydney Local Health District

Based on 2021 ABS Census Data

March 2024



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Foreword

The South Eastern Sydney Local Health District's Exceptional Care, Healthier Lives strategy aims to deliver exceptional person-centred care tailored to meet people's individual needs and to deliver whole of system approaches to health, improvements in equity and empowerment of communities.

Delivering compassionate and respectful care to the diverse community that we serve in SESLHD requires a deep understanding of the distinctive and varied needs of the communities, especially those that face additional challenges and barriers to health care. There are groups within our communities that experience disadvantage and significant health inequities in relation to access to health services and programs, experience of health care, and health outcomes.

The purpose of the Population Profile: Priority Populations in South Eastern Sydney Local Health District is to provide our health services and programs with demographic data from the Australian Bureau of Statistics (ABS) Census 2021 to inform their service planning and development, to ensure that we are planning for the whole population.

The profiles are in line with the data collection and classification by the ABS that can be extracted at a SESLHD level. We are mindful that not all priority population groups are included in these profiles. For example, in the 2021 Census, LGBTIQ+ community data was not sufficiently captured for the purposes of this profile. However, NSW Health has recently released a **LGBTIQ+ Health Strategy 2022-2027** and SESLHD is committed to its implementation. Facilities, services and programs within SESLHD also continuously monitor and evaluate utilisation of their services and are responsive to emerging needs and populations that are not adequately captured by the Census data.

Key focus areas in the Exceptional Care, Healthier Lives strategy include partnering for healthier communities to promote health and wellness and address the impacts of the social determinants of health, and to provide person-centred care that focusses on each person's unique context. The information and data contained within each population profile is designed to help shape health services and programs to be responsive to the needs of all people, ensuring health care is accessible to all.



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Acronyms

ABS: Australian Bureau of Statistics

AEDC: Australian Early Development Census

CALD: Culturally and Linguistically Diverse

LGA: Local Government Area

LHD: Local Health District

NDIS: National Disability Insurance Scheme

SARS: Special Administrative Regions

SESLHD: South Eastern Sydney Local Health District



Aboriginal and Torres Strait Islander people

Aboriginal people represent 1.1% of the District's population.

The LGAs with the largest Aboriginal communities are

Sutherland (32% of the Aboriginal population),
Randwick (23%) and
Bayside (19%).

The number of people identifying as Aboriginal in SESLHD grew by 24% between the 2016 and 2021 census from 8,377 to 10,350 people.¹

The Aboriginal population is younger for nearly all LGAs in SESLHD, with the median age for Aboriginal people being 20-24 years compared to the non-Aboriginal population being 30-34 years.



Aboriginal people experience health inequities, including poorer access to care, poorer experience of care and poorer health outcomes. These inequities are associated with the social determinants of health, including housing, income, education, and employment, as well as the ongoing impact of colonisation, racism and discrimination.

Aboriginal people are over represented in presentations to emergency departments, with injury being the most frequent reason for presentation.² Indicators of safety and quality of care for Aboriginal people, such as length of stay for sub-acute patients and discharge against medical advice indicate that there needs to be a focus on enhancing care to be culturally safe and person-centred, to better meet the needs of individuals and communities.²

Aboriginal people are overrepresented in other demographic indicators, such as: children under 5 years, young people 12-25 years, caring for more than one person, experiencing homelessness and having disability and/or a long-term health conditions.¹

Long-term health conditions for which Aboriginal people have higher rates compared to the non-Aboriginal population include: mental health, respiratory, endocrine, and circulatory conditions.³ Long-term health conditions are responsible for more than two-thirds (70%) of the gap in disease burden between Aboriginal and non-Aboriginal Australians.⁴

Positive gains have been made in childhood vaccination. In 2020, 96.8% of Aboriginal children aged 5 years in SESLHD were fully vaccinated compared to 91.8% of non-Aboriginal children.³

1. Australian Bureau of Statistics 2022, 'Indigenous Status by LGA.'
2. South Eastern Sydney Local Health District 2021, 'Burudi Muru Yagu Aboriginal Health Plan.'
3. Australian Bureau of Statistics 2022, 'Aboriginal and Torres Strait Islander Population Summary.'
4. Australian Institute of Health and Welfare 2016, 'Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011-Summary report.'

Carers

A carer is anyone who provides unpaid care and support to a family member or friend who lives with a disability, chronic condition, terminal illness, mental illness, alcohol or drug dependency or who are frail aged.¹

Population Profile

In SESLHD, 9% of the population over the age of 15 years are carers, with 59% of the carer population being women².

The majority of carers are aged between 50 and 59 years.

Of the total carer population, 4% are aged 80 to 99 years and 4% are aged between 12 to 25 in SESLHD.²

The Sutherland Shire has the highest percentage of carers in its total population (10%) and the highest number of carers at 22,889.

In contrast, Woollahra has the lowest carer count in SESLHD, with 5,051 carers, although this still represents over 9% of Woollahra's total population.²

A study of carers within the Central and Eastern Sydney region, identified that around 12% of adults over 45 years are carers.

Carers in this region are more likely to be female, married, speak a language other than English, have a lower income, and not be working fulltime, compared to non-carers. These carers are more likely to be current smokers, experience anxiety and psychological distress, have heart disease, report poorer quality of life and are more likely to need help with daily activities.³



Caring often starts suddenly, requiring individuals to quickly learn and adapt to their new role. Only a proportion of carers remain in these roles for many years.³

Many carers have their own health care needs and report high levels of financial stress and social isolation.⁴

Caring can be more common and intense in specific communities, including Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, LGBTIQ+ communities and among young caregivers. Over half of all Aboriginal carers look after more than one person compared to 26% of all carers. Additionally, carers from LGBTIQ+ communities, and young carers, can experience additional challenges.⁵

The onset of the COVID-19 pandemic increased the quantity and intensity of unpaid care, amplified the inaccessibility of services, and impacted the ability of carers to find information about services and support.³

1. Carers NSW 2020, 'Who are carers?'
2. Australian Bureau of Statistics 2021, 'Population: Census.'
3. Harris-Roxas, B. et al 2021, 'Understanding the carer role and challenges in Central and Eastern Sydney in Australia: a population-based linked cohort study of people aged 45 years and over,' *International Journal of Integrated Care*, vol. 22, no. S1, A1, pp. 1-8, DOI: doi.org/10.5334/ijic.ICIC21028.
4. Carers NSW 2022, 'National Carer Survey.'
5. Carers NSW 2020, 'National Carer Survey.'



Children under five years of age

Approximately five percent (5.2%) of SESLHD's population are children under 5 years of age.¹ In 2021, there were 11,815 births across the district.²

Children and families in SESLHD are linguistically and culturally diverse. Thirty two percent (32%) of children under 5 years have both parents born overseas; and 24% have either their mother or father born overseas.¹

Forty one percent (41%) of children under 5 years of age in SESLHD have both parents who were born in Australia.¹

The top ten languages spoken at home by children under 5 years of age are: Mandarin (5.09%), Cantonese (1.90%), Arabic (1.73%), Spanish (1.67%), Greek (1.60%), Nepali, (1.29%), French (1.22%), Portuguese (1.21%), Indonesian (0.82%), Russian (0.80%).¹

This reflects the language profile of second and third generation migrants as well as newly arrived families.

Aboriginal and Torres Strait Islander children under 5 years of age represent 1.71% of children within the SESLHD.¹

SESLHD had 99 children under 5 years of age on the Out-of-Home-Care Health Pathway as at December 2021, with 28% identifying as Aboriginal and 35% from culturally and linguistically diverse backgrounds.²



The 2021 Australian Early Development Census (AEDC) identified 23 suburbs in SESLHD in which children were experiencing greater levels of developmental vulnerabilities than the NSW average (21.2%).³ These suburbs included Turrella (39.1%), Peakhurst Heights (33.3%), South Hurstville (30.9%), Lilli Pilli / Dolans Bay (32.5%) and Coogee (37.5%).

Research aligned with the NSW Health First 2000 Days Framework shows that children starting school with undetected and/or under-managed health, psychosocial and developmental vulnerabilities can experience poor academic, behavioural, social and physical and mental health outcomes.⁴ This highlights the need for universal access to health and developmental surveillance and quality early childhood education and care.⁵ In practice, this means 'eliciting and attending to parents' concerns', making accurate and informative longitudinal observations on children, obtaining a relevant developmental history and ensuring timely identification and intervention for any health, wellbeing and developmental problems.⁶

Many families with young children experience multiple barriers to accessing and benefiting from health services. These include Aboriginal families, low-income families, families from culturally and linguistically diverse backgrounds, children in Out-of-Home Care, and children and families experiencing violence, abuse and neglect. Effective prevention and early intervention are the most promising strategies for changing the life trajectories of children. At a population level, this requires flexible and responsive systems that are equipped to deliver preventive interventions and respond early and effectively to emerging issues and challenges.⁵

1. Australian Bureau of Statistics 2021, 'Population: Census.'
2. South Eastern Sydney Local Health District 2021, 'Service data,' 2021.
3. Australian Early Development Census 2021, [online] Available at: www.aedc.gov.au.
4. NSW Health 2019, 'The First 2000 Days Framework.'
5. Australian Health Ministers' Advisory Council 2011, 'National Framework for Universal Child and Family Health Services.'
6. Centre for Community Child Health 2002, 'Child Health Screening and Surveillance: A critical review of the literature,' National Health and Medical Research Council. Canberra: Centre for Community Child Health.



Culturally and linguistically diverse communities

SESLHD's population remains highly culturally and linguistically diverse with a large population who were born overseas.

At the time of the 2021 Census, close to 40% of SESLHD residents were born overseas, with 30% born in a mainly non-English speaking country.^{1,2}

The top 20 mainly non-English speaking countries of birth of SESLHD residents are:

China (excludes SARs and Taiwan), Nepal, Indonesia, Philippines, India, Greece, Hong Kong, Brazil, Italy, Malaysia, Thailand, Lebanon, Vietnam, North Macedonia, Egypt, Colombia, France, Bangladesh, Germany and Republic of South Korea.¹

More than 34% of our residents speak a language other than English at home, with 5% of total residents reporting that they do not speak English well or at all.¹

The top 20 languages other than English spoken in SESLHD are:

Mandarin, Cantonese, Greek, Arabic, Spanish, Nepali, Portuguese, Indonesian, Macedonian, Italian, Russian, French, Thai, Vietnamese, Bengali, Tagalog, Hindi, German, Croatian and Japanese.¹



The health of culturally and linguistically diverse consumers can be affected by poor access to health services and lack of appropriate information to make informed decisions. Factors that can affect access to appropriate healthcare services include:

- Lack of cultural competency within health service providers
- English language proficiency and access to interpreters
- Lack of knowledge of the health care system, particularly primary health care, preventive health, community health and mental health services
- Differing knowledge of health issues, cultural practices and health beliefs
- Isolation and absence of social and family support networks
- Stigma around certain health issues
- Previous unfavourable or negative experiences with a health system, either overseas or after migration to Australia, and
- Past and ongoing experience of psychological trauma.³

People who speak a language other than English have poorer experiences of care in inpatient and Emergency Department settings and poorer safety and quality outcomes, compared with patients who speak English.^{4,5}

The use of professional interpreters for people with limited English language proficiency mitigates against adverse events, poorer patient experiences and compliance, higher hospital readmission rates, delays to theatre, and medico-legal action and associated costs.⁶

Many people from culturally and linguistically diverse backgrounds in SESLHD live with one or more chronic conditions. The top five mainly non-English speaking countries of birth for people in SESLHD with the largest absolute number of chronic conditions are: China, Greece, Italy, Egypt, and Lebanon¹.

Many people from culturally and linguistically diverse background live with diabetes in SESLHD. The top 10 mainly non-English speaking countries of birth for SESLHD residents with diabetes are China, Greece, Lebanon, Philippines, Egypt, Italy, North Macedonia, India, Hong Kong and Indonesia¹.

1. Australian Bureau of Statistics 2021, Population: Census.'

2. English-speaking countries include Australia, New Zealand, United Kingdom, Ireland, Canada, USA, South Africa, and Zimbabwe.

3. New South Wales Government 2019, 'NSW Plan for Culturally and Linguistically Diverse Communities 2019-2023.'

4. Bureau of Health Information 2023, 'The Insights Series – Hospital care experiences for people who mainly speak a language other than English.'

5. South Eastern Sydney Local Health District 2020, 'Presentation to SESLHD Quality Council November 2020.'

6. South Eastern Sydney Local Health District 2016, 'Our right to know: Use of professional interpreters for surgical consent.'



People with disability

In NSW, almost one in six people, approximately 17% of the population, have a disability.¹

In 2018, the number of people in SESLHD with a disability was estimated at 116,290. This is an increase of 15.8% since 2015.¹

In 2021, 4% of people needed assistance with core activities due to disability in SESLHD.²

In 2022-2023, the number of National Disability Insurance Scheme (NDIS) participants in SESLHD is estimated at 11,641.³

The primary disabilities for NDIS participants in SESLHD include autism (33%), intellectual disability (17%) and psychosocial disability (13%).



People with a disability experience poorer general health and higher levels of psychological distress than people without disability. They also have higher rates of some modifiable health risk factors, such as poor diet and tobacco smoking, than people without disability.⁴

Disability and health have a complex relationship. Long-term health conditions might lead to disability, and disability can contribute to health problems. The nature and level of a person's disability can also influence their health. For example, it may limit access to, and participation in, social and physical activities.

Twenty four percent (24%) of adults with a disability experience very good or excellent health, compared with 65% without disability. Forty two percent (42%) of adults with disability rate their health as fair or poor.⁴

Thirty two percent (32%) of adults with disability experience high/very high psychological distress, compared with 8.0% without disability.⁴

Seventy two percent (72%) of adults with a disability have hypertension, compared with 27% of those without a disability.⁴

1. Australian Bureau of Statistics 2019, 'Disability, Ageing and Carers, Australia: Summary of Findings.'
2. Australian Bureau of Statistics 2021, 'Population: Census.'
3. National Disability Insurance Scheme 2023, 'Explore Data.'
4. Australian Institute of Health and Welfare 2022, 'People with a disability in Australia.'



People experiencing or at risk of homelessness

The Australian Bureau of Statistics uses six categories of homelessness when conducting the Census of Population and housing:

- Improvised dwellings (tents or sleeping out)
- Supported accommodation
- Staying temporarily with other households
- Boarding houses
- Other temporary lodgings
- Severe overcrowding.

Across NSW, 35,011 people were identified through the Census as experiencing homelessness. Of this population, close to 16%, were residing within SESLHD.

The greatest number of people experiencing homelessness were in the Sydney LGA, followed by Randwick and Bayside LGAs¹. People living in severely overcrowded dwellings continue to be the largest population of people experiencing homelessness, followed by people living in boarding houses.

Across these two groups, over 40% are between the age of 19 and 34, and more than 60% are born overseas.¹

The rate of homelessness in NSW has steadily increased in recent years. Between 2006 to 2016 the rate per 10,000 of the population rose from 33.9 to 50.4, an increase of nearly 49%. However, homelessness in the 2021 Census decreased by 14% to 43.4 per 10,000.¹

In 2021, there was an increase in people living in boarding houses and people in other temporary lodgings with decreases in other categories of homelessness.

Two factors may have influenced the decreased number of people experiencing homelessness in the 2021 ABS homelessness data:

- (1) The 2021 Census was conducted during a COVID-19 lockdown period when there were limitations on the ability of Census field staff to perform counts, particularly of rough sleepers in metropolitan areas, and
 - (2) during COVID-19, the NSW government provided increased assistance for people experiencing primary homelessness to access emergency accommodation in hotels.¹
-



People at risk of or experiencing homelessness are generally socio-economically disadvantaged, have increased health risks, and experience inequities in their health status and access to health services.²

In addition to this, people at risk of or experiencing homelessness often have complex care needs and require more structured care coordination and support to ensure that their health needs are addressed. There is often a broad range of interacting factors that contribute to homelessness, and therefore a holistic approach to health care, with increased integration of services, is required when working with people who may be experiencing homelessness.³

1. Australian Bureau of Statistics 2023, 'Estimating Homelessness: Census, 2021.'
2. Commonwealth of Australia, 'Bridging our growing divide: inequality in Australia The extent of income inequality in Australia.'
3. Fazel, S., Geddes, JR., Kushel, M. 2014, 'The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations,' *The Lancet*, vol. 384, no. 9953, pp. 1529–40.

People on low incomes

There are various definitions of low income, generally related to overall income and the cost of living. For this document, we consider low income as any individual with nil or negative income or income of \$499 or less per week.¹

The 2021 Census identified significant variation in income across SESLHD.

In total, 22% of people in the district reported a weekly income of \$499 or less (\$26,000 annually), compared to 8% of people reporting a weekly income of \$3,000 or more (\$156,000 annually).²

Fifty nine percent (59%) of the low-income group were women, compared with 41% of men.

The LGA with the highest percentage of low income earners was Georges River (28%), while the lowest percentage of people with low or nil income was Waverley (15%).²

The 2021 Census reported that 2.4% of people in SESLHD were unemployed and looking for full-time or part-time work, with 55% of this population being males and 45% females.²

The LGA with the highest percentage (3.5%) of people unemployed and looking for full-time or part-time work was Sydney LGA. The LGA with the lowest percentage was Sutherland Shire (1.6%).²

In SESLHD, the highest percentage (5.7%) of social housing residents were in Sydney LGA, and the lowest rate was in Woollahra (0.4%).²



The social determinants of health are the conditions which shape our lives and influence our long-term health outcomes such as low income, lack of stable housing, unemployment and job insecurity. For example, the stress associated with unemployment or underemployment can contribute to poor mental health.³

1. This is based on individual income. However, some low-income households do not necessarily have a lower level of economic wellbeing, because they may have a high level of wealth.
2. Australian Bureau of Statistics 2021, 'Population: Census.'
3. World Health Organisation 2023, 'Social determinants of health.'

People with long-term health conditions

Long-term health conditions are conditions that are diagnosed by a healthcare professional, persist for six months or longer and include health conditions that may recur from time to time, or are controlled by medication, or are in remission. ²

Thirty seven percent (37%) of SESLHD's population have one or more long-term health conditions.¹

For people aged 65 years and above, the most common long-term health condition is arthritis, affecting 25% of this age group.²

For people aged under 64 years, asthma is the most common long-term condition, affecting 6% of this age group.²

For young people aged 12-25 years, mental health conditions are the most prevalent, affecting 17% of this age group.²

For females, the most commonly experienced long-term health condition is arthritis (8%).

For men, the most commonly experienced long-term health condition is asthma (6%).

The top five countries of birth for people in SESLHD who speak a language other than English and have the highest absolute number of long term health conditions are:

China, Greece, Italy, Egypt, and Lebanon².



Long-term health conditions are the leading causes of illness, disability and death, comprising almost two-thirds of the burden of disease in Australia.³

- **Health Disparity:** Long-term health conditions are responsible for more than two-thirds (70%) of the gap in disease burden between Aboriginal and non-Aboriginal Australians.⁴
- **Rising multi-morbidities:** As the life expectancy of the population increases, so does the proportion of people living with chronic conditions. In SESLHD, the rate of multi-morbidity rises with age and reaches 30% among people aged 45 to 64 years, 65% among those aged 65 to 84 and 82% among SESLHD residents aged 85+¹. With this complexity, there is an increased need to effectively manage information between different providers, coordinate and manage care, and reduce care fragmentation.⁵
- **Diabetes:** A total of 32,320 SESLHD residents are reported to have diabetes (excluding gestational diabetes). Diabetes is a long term health condition with one of the highest hospitalisation rates in SESLHD.⁶ The largest absolute number of people with diabetes reside in Sutherland (n=8,898) followed by Bayside (n=7,719) and Georges River (n=6,700)². Bayside is the LGA with the largest proportion of its population (4%) living with diabetes. The top 10 countries of birth for people with diabetes in SESLHD who speak a language other than English are: China, Greece, Lebanon, Philippines, Egypt, Italy, North Macedonia and India, Hong Kong and Indonesia.²
- **COVID and long term health conditions:** COVID has disrupted our health systems, impacting vulnerable population groups. People with long term health conditions including cardiovascular disease, diabetes, chronic respiratory disease and cancer are at increased risk of developing more serious illness both due to and because of COVID-19.⁷ In addition, with the returning high rates of hospitalisation, it is also likely that these people might have compromised access to the acute care setting.⁶

1. South Eastern Sydney Local Health District, 'Journey to Excellence Strategy 2018-2021.'

2. Australian Bureau of Statistics 2021, 'Health: Census of population and housing: Census dictionary.'

3. Australian Health Ministers' Advisory Council 2017, 'National Strategic Framework for Chronic Conditions.'

4. Australian Institute of Health and Welfare 2016, 'Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011 – summary report.'

5. O'Callaghan, C., Osborne, J., Barr, M., Conway, D., Harris-Roxas, B. 2022, 'Implementation of the Integrated Care for People with Chronic Conditions (ICPCC) program in SESLHD.'

6. NSW Health 2023, 'NSW Combined Admitted Patient Epidemiology Data and ABS population estimates (SAPHaRI).'

7. Australian Institute of Health and Welfare 2022, 'Chronic Conditions and Multimorbidity.'



New and emerging communities

In the five-year period from 1 July 2017 and 30 June 2022, a total of 42,637 newly arrived migrants settled in SESLHD, with most arriving under Skilled and Family Reunion Migration Programs and a small number arriving as Humanitarian entrants.

The large drop in new arrivals compared to that previously reported (64,257 between 1 July 2012 and 30 June 2017) can largely be attributed to the COVID-19 pandemic, which resulted in Australia's border closure over a period of two years and a large drop in international student numbers. In SESLHD, the University of New South Wales campus in Kensington was largely unoccupied during 2020-2022, which has had a significant impact on the number of new arrivals to SESLHD.¹

The top 10 mainly non-English speaking countries of birth from which new arrivals came included

China (n=6,889); Nepal (n=5,079); India (n=2,385); Brazil (n=1,730); Philippines (n=1,469); Indonesia (n=1,463); Italy (1,218); Vietnam (n=1,020); France (n=981) and Thailand (n=700).¹

As a result of the Russian-Ukrainian conflict, SESLHD has become home to increasing numbers of Ukrainian arrivals.



The key issues for new and emerging communities include:

- Lack of cultural competency within health service providers
- Language barriers to accessing health services
- Low levels of health literacy
- Difficulties navigating the health system
- Access to bilingual General Practitioners (GPs)
- Cost of health care, including medications
- Family living arrangements that can impact on health of community members including overcrowding, pressures of familial parenting arrangements and domestic and family violence, and
- Impact of migration journeys, stress associated with migration and settlement and the impact of torture and trauma for people of refugee and refugee-like backgrounds.

Spotlight on Mongolian Community

The Mongolian community is a new and emerging community in SESLHD with increased numbers noted in the 2016 Census.

A Needs and Assets Assessment of this community was conducted in 2022 by the Centre for Primary Health Care and Equity, University of NSW. Priority areas of concern included: accessing health care; language support; maternal, child and family health; emotional well-being and mental health; hepatitis testing and treatment; women's health; and other health concerns such as work-related injuries and environmental irritants.

The Multicultural Health Team, along with other key services across SESLHD are currently addressing many of the areas identified including:

- Working with the community and service providers to translate key health information.
- Continued monitoring of interpreter usage statistics including demand for Mongolian language and advocacy for the employment of additional Mongolian speaking interpreters.
- An update of patient facing interpreter promotional resources to include Mongolian language.
- Providing direct support to the community via a Mongolian Mother's Group to increase health literacy around mental health, antenatal care, child development, women's health and accessing appropriate services.

1. Department of Home Affairs 2023, 'Settlement Database'.



Older people

Sixteen percent (16%) of SESLHD'S population is over the age of 65 years. The proportion of the district's population aged 65 years and over has increased by 14% between 2016 and 2021 compared with a 2% increase for people below 65 years. The highest rate of growth was in the 70-74 year age group (23.9%); followed by 75-79 years (22.5%) and thirdly 80-84 years (14.5%).¹

Woollahra LGA has the highest proportion (21%) of residents aged 65 years and over within SESLHD. The LGAs with the highest rate of growth of persons aged 65 years and over between 2016 and 2021 were Sydney (19%); Georges River (17%) and Sutherland (17%).¹

Fifty nine percent (59%) of SESLHD residents over 65 years and 69% of people over 85 years reported having one or more long term health conditions. Seventeen percent (17%) of SESLHD residents over 65 years and 45% over the age of 85 years identified that they required assistance with core activities. Approximately 9% of SESLHD's population identified as providing unpaid assistance to a person with a disability, a health condition or due to old age.¹

Around half of one percent (0.5%) of residents over 65 years within SESLHD identified as Aboriginal, with the highest proportion of Aboriginal persons aged 65 years or over residing in the Sydney (1%) and Randwick LGAs (1%).¹

The top 4 mainly non-English speaking countries of birth for people over 65 years in the district are: China, Greece, Italy and North Macedonia.

The top four languages spoken at home other than English for residents over age 65 years are: Greek, Cantonese, Mandarin and Arabic.¹



In 2060-61, 23% of the Australian population is projected to be over 65, an increase of 7% from 2020-21.²

The prevalence of chronic health conditions and rate of hospitalisation increases markedly with age. In 2017-18, people aged 65 years and over reported two or more chronic health conditions from a select list (51%) compared to people aged 15-44 years (12%).³

People aged 65 years and over comprised over 43% of all NSW public hospital separations in 2020-21.⁴

1. Australian Bureau of Statistics 2021, 'Population: Census'
2. The Treasury, 2021, '2021 Intergenerational Report.'
3. Australian Institute of Health and Welfare 2019, "Australia's welfare snapshots 2019."
4. Australian Institute of Health and Welfare 2023, 'Admitted Patient Care 2020-21, 3.'



Women

Women represented 50.7% of the total population of SESLHD.
Of these women:

- 13% were aged between 15 and 25 years
- 31% between 25 and 45 years
- 24% between 45 and 65 years and
- 17% were aged over 65 years.¹

Over 39% of women in SESLHD were born overseas with 30% of women born in mainly non-English speaking countries. More women than men report using a language other than English at home, and speaking English either not well or not at all. The majority of women born overseas in mainly non-English speaking countries were from: China, Philippines, Indonesia, Nepal, Greece, India, Thailand and Brazil.¹

Aboriginal people represent 1% of the SESLHD population, with 49.5% being women. The largest number of Aboriginal women live in the Sutherland LGA followed by Randwick and Bayside LGAs.¹

Five percent (5%) of women in SESLHD require assistance with core activities. LGAs with the greatest number of women requiring assistance with core activities are Sutherland, Bayside and Georges River.¹

More women (10%) than men (7%) over the age of 15 years were providing unpaid assistance to a person with a disability.¹

Nine percent (9%) of women in SESLHD report having negative or nil incomes compared to 7% of men. Twenty six percent (26%) of women had a total personal income of less than \$499 per week compared to 19% of men.¹



Monash University's Women's Health and Wellbeing Scorecard 2020 indicates that women continue to experience poorer health outcomes compared to men in the domains of mental health, physical and social functioning and bodily pain.²

Aboriginal women have poorer health outcomes than non-Aboriginal women for a range of health conditions including diabetes, coronary heart disease, breast, cervical and ovarian cancer.³ Aboriginal women have significantly higher rates of smoking during pregnancy.⁴ Aboriginal women are also more likely to be hospitalised due to family violence than other Australian females and have a rate of hospitalisation due to intentional self-harm over three times higher than non-Aboriginal women.^{5,6}

Participation rates in cancer screening programs are lower for Aboriginal women, women living with a disability, lesbian and bisexual women and trans and gender diverse people.⁷

Women from culturally and linguistically diverse communities, particularly those from mainly non-English speaking countries, face challenges in accessing and engaging with health services due to differing cultural practices and beliefs, social isolation, experience of trauma, language barriers and poorer health literacy.⁵

Younger women are more likely to be hospitalised for intentional self-harm, experience high levels of psychological distress and experience more physical or sexual violence than women in any other age group.⁸

Women who live with a disability and lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ+) women are also at increased risk of physical and sexual violence.⁹

Older women are at increased risk of falls, social isolation and homelessness.¹⁰

1. Australian Bureau of Statistics 2021, 'Population: Census.'
2. Australian Institute of Health and Welfare 2023, 'Health Status and Outcomes.'
3. Australian Institute of Health and Welfare 2023, 'Pregnancy and birth outcomes for Aboriginal and Torres Strait Islander women: 2016-2018.'
4. Australian Institute of Health and Welfare 2023, 'Family, domestic and sexual violence.'
5. Australian Institute of Health and Welfare 2023, 'Suicide and self-harm monitoring.'
6. Australian Institute of Health and Welfare 2023, 'Early Detection and early treatment.'
7. NSW Health 2019, 'NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023.'
8. Australian Human Rights Commission 2019, 'Older Women's Risk of Homelessness: Background Paper'
9. Australian Institute of Health and Welfare 2015, 'Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities.'

Young people in SESLHD

Young people, aged between 12 and 25 years, represent 17% of SESLHD's population.¹

Almost two percent (1.8%) of young people in SESLHD are Aboriginal.

The highest number of Aboriginal young people in SESLHD live in Sutherland (34% of all Aboriginal young people in SESLHD), followed by Randwick (21% of Aboriginal young people) and Bayside (19% of Aboriginal young people).¹

Between 2016 and 2021, the Aboriginal youth population has increased (1.4% to 1.8%).²

The growing number and proportion of Aboriginal young people in SESLHD reflects national trends that indicate the Aboriginal population is younger than Australia's broader population.¹

With 24% of young people in the district born overseas, SESLHD's youth population is culturally and linguistically diverse. 72.5% of this group arrived in Australia between 2011-2020¹. Following this period, the COVID 19 pandemic and country border closures had a significant impact on young people arriving in Australia. Only 1% of overseas born young people in SESLHD arrived in 2021 and there was a significant decline in the overseas born youth population of SESLHD between the 2016 and 2021 census (31% to 24%).¹

In 2021, 1.7% of 12-25 year olds in SESLHD required assistance with everyday activities. Nineteen percent (19%) of young people in the district report having a long term health condition. Of those with long term health conditions, 35% of young people have asthma and 26% are living with a mental health condition.¹

4% of SESLHD's youth population are young carers who provide unpaid care to a person with a disability or health condition.¹

SESLHD has a small population of young parents (0.6% of young people).¹



Adolescence and young adulthood are critical and dynamic periods in a person's life, marked by major psychosocial and physical changes. Young people experience a range of unique health and wellbeing issues that differ from those of younger children and older adults.

Although most young people self-report being in excellent, very good or good health, some young people, particularly those from vulnerable and priority populations, experience poorer health and wellbeing outcomes and increased barriers to accessing health services.³ These include young people who are Aboriginal, those experiencing homelessness, LGBTIQ+ young people, those with an Out-of-Home Care experience, young people under justice supervision, young refugees or newly arrived migrants, young people with disabilities or chronic health conditions, young carers and young parents as well as young people who have experienced family, peer or intimate partner violence.⁴

This life stage offers an important opportunity for health services to intervene early with health issues and to be accessible and responsive to the needs of young people.

Nearly seven percent (6.8%) of all young people in SESLHD report having a long term mental health condition. Mental health challenges remain a key issue for young people nationally. They account for the predominant cause of the burden of disease for 15 to 24 year olds, with suicide the leading cause of death among young people.^{5,6} Rates of psychological distress experienced by young people are also increasing, with over one quarter (26.6%) of young people reporting psychological distress in 2020 compared with one in five (18.6%) in 2012.⁷

The COVID-19 pandemic has had a particular impact on the health and wellbeing of young people. Compared with older age groups, young people have experienced high rates of psychological distress, social disconnection, educational disruption, unemployment, housing stress and family and domestic violence.⁸

Over recent years, vaping has emerged as a significant health issue for young people. One third of young people, 32% of all 14 to 17 year olds⁹ and 32.7% of 16 to 24 year olds have ever used vaping products. Daily and regular use among the 16-24 year age group has doubled in recent years from 4.5% in 2019-2020 to 11% in 2020-2021.¹⁰

1. Australian Bureau of Statistics 2021, 'Population: Census.'

2. Australian Bureau of Statistics 2016, 'Census of Population and Housing, ABS 2016.'

3. NSW Health 2023, 'NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence.'

4. NSW Health 2017, 'NSW Youth Health Framework 2017-2024.'

5. Australian Institute of Health and Welfare 2016, 'Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011.'

6. Australian Institute of Health and Welfare 2022, 'Deaths in Australia.'

7. Kos, R., Reily, N., Connell, C., Hall, S., Yip, D., Hudson, J., O'Dea, B., Di Nicola, K., Christie, R. 2021, 'Psychological Distress in Young People in Australia Fifth Biennial Youth Mental Health Report: 2012-2020.' Mission Australia: Sydney, NSW.

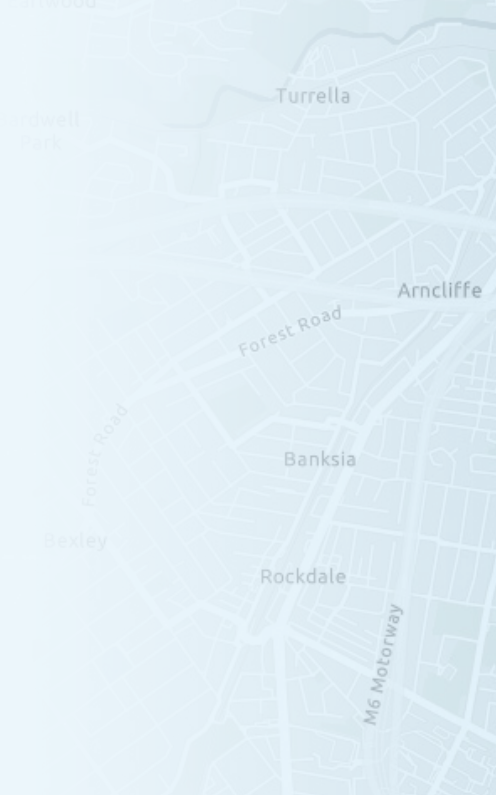
8. Australian Institute of Health and Welfare 2021, 'COVID-19 and the impact on young people.'

9. Watts, C., Egger, S., Dessaix, A., Brooks, A., Jenkinson, E., Grogan, P., Freeman, B. 2022, 'Vaping product access and use among 14-17-year-olds in New South Wales: a cross-sectional study.' Australian and New Zealand Journal of Public Health, 46: 814-820.

10. NSW Health 2023, 'HealthStats NSW (2019-20 to 2020-21).'

Bayside

Bayside LGA is home to
19% of the District's population.¹



Aboriginal people

In 2021, 1,956 people (1.2%) in the Bayside LGA identified as Aboriginal, which accounts for 19% of Aboriginal people in SESLHD.¹

Carers

In Bayside LGA, 14,698 people (8%) provided unpaid assistance to a person with a disability, health condition, or due to old age, and 58% of these carers were female. Of all carers in SESLHD, 19% reside in the Bayside LGA.¹

Children under five years of age

There are 9,986 children aged under 5 years in the Bayside LGA representing six per cent (6%) of the population.¹

Cultural and linguistic diversity

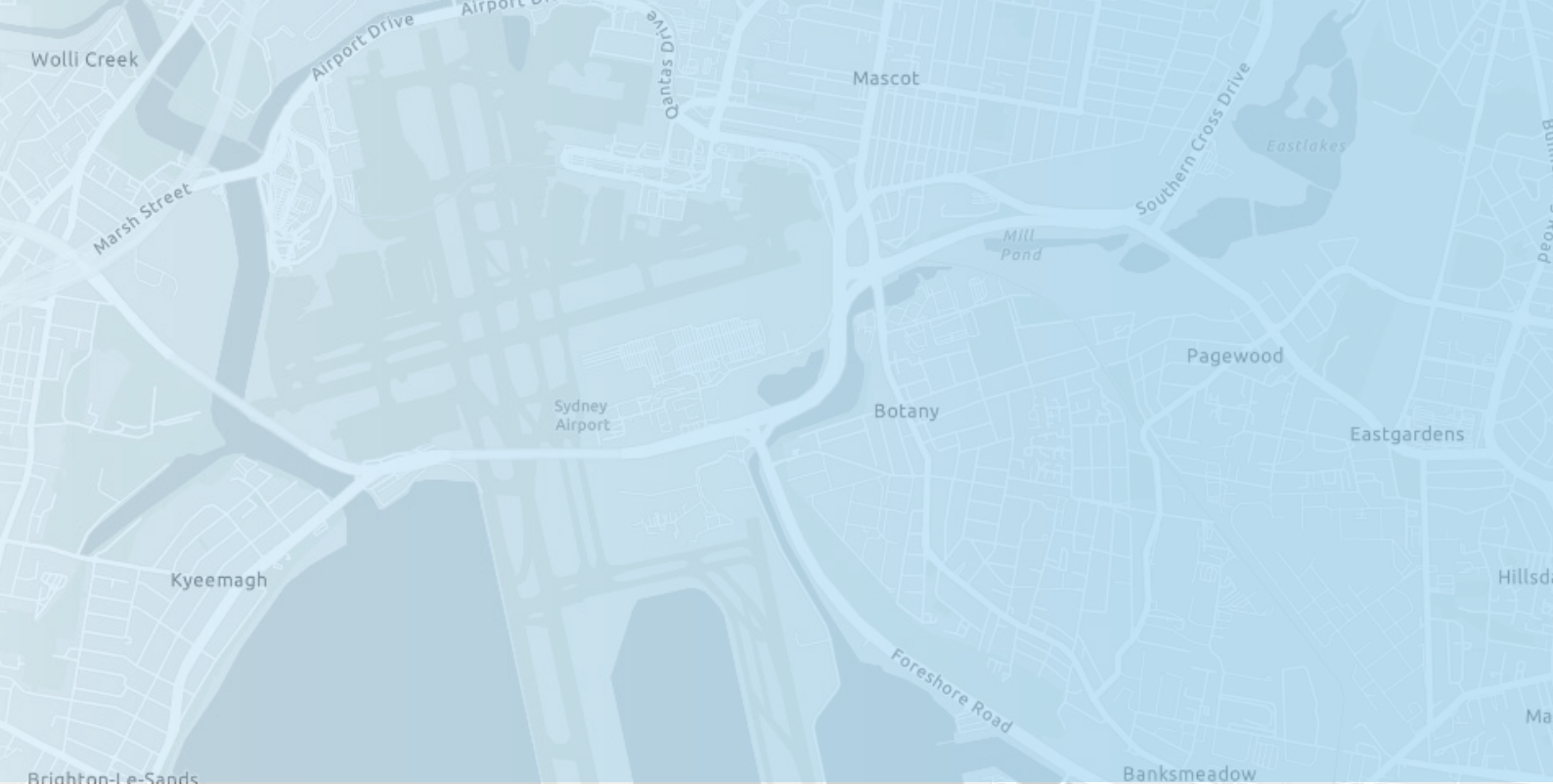
84,014 people in the Bayside LGA (51%) were born overseas.^{1,5}

The top 10 mainly non-English speaking countries of birth for residents of Bayside LGA are:

China (16%); Nepal (6%); Indonesia (6%); Greece (5%); Philippines (5%); Lebanon (4%); North Macedonia (4%); India (4%); Bangladesh (3%); and Brazil (3%).^{1,4, 5}

90,040 people in the Bayside LGA (55%) speak a language other than English at home.¹

The top 10 languages other than English spoken at home for residents of Bayside LGA are: Mandarin (13%); Greek (12%); Arabic (11%); Cantonese (7%); Spanish (6%); Nepali (5%); Macedonian (5%); Indonesian (5%); Portuguese (5%); and Bengali (3%).⁵



People with disability

The 2021 Census identified that 8,849 people living in the Bayside LGA (5%) need assistance with core activities.¹

People experiencing or at risk of homelessness

On Census night 2021, a total of 5,488 people across SESLHD were identified as experiencing homelessness, 16% of whom were residing in the Bayside LGA.¹

People on low incomes

44,578 people in Bayside LGA (25%) have an income of \$499 or less per week.¹ Over one fifth (22%) of people in the District with a low income reside in the Bayside LGA.¹

Older people

26,000 residents in the Bayside LGA (15%) are aged 65 and over and 3,802 (2%) are aged 85 and over.¹

Women

Just over fifty per cent (50.15%) of the population of Bayside LGA are female.¹

Young People

29,555 residents in the Bayside LGA (17%) are aged between 12 and 25 years.¹

1. Australian Bureau of Statistics 2021, 'Population: Census'

Georges River

The Georges River LGA is home to **17%** of the District's population.¹

Aboriginal people

In 2021, 1,034 people (0.7%) in the Georges River LGA identified as Aboriginal, which accounts for just under ten percent (9.9%) of Aboriginal people in SESLHD.¹

Carers

In the Georges River LGA, 14,257 people (9%) provided unpaid assistance to a person with a disability, health condition, or due to old age, and 58% of these carers were female.¹

Of all carers in SESLHD, 18% reside in the Georges River LGA.¹

Children under five years of age

There are 7,632 children aged under 5 years in the Georges River LGA, representing six per cent (5%) of the population.¹

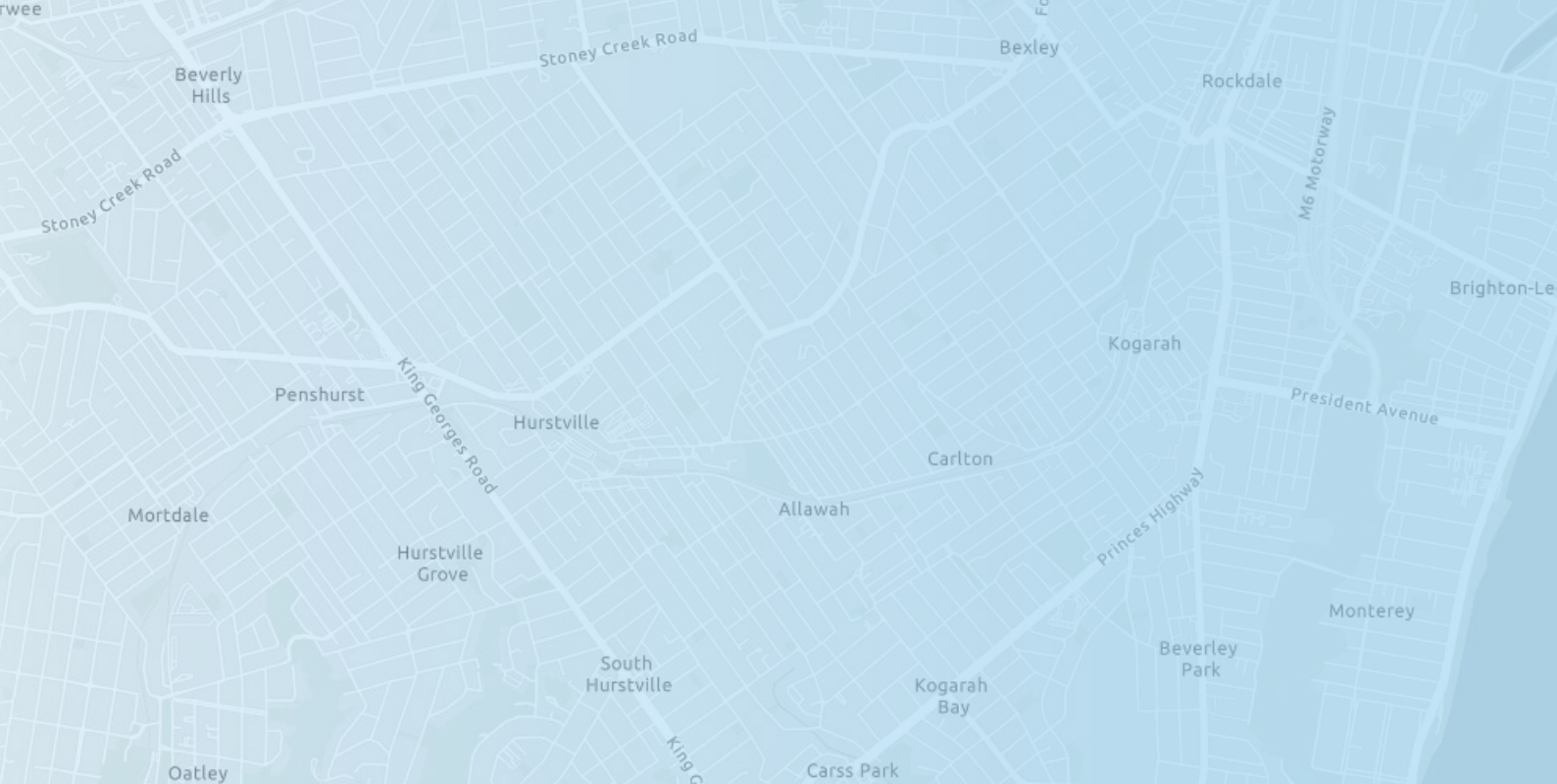
Cultural and linguistic diversity

70,000 people in the Georges River LGA (48%) were born overseas.¹

The top 10 mainly non-English speaking countries of birth for residents of Georges River LGA are: China (33%); Nepal (14%); Hong Kong (6%); Philippines (4%); Greece (4%); India (3%); North Macedonia (3%); Lebanon (3%); Indonesia (3%); and Malaysia (2%).¹

80,937 people in the Georges River LGA (56%) speak a language other than English at home.¹

The top 10 languages other than English spoken at home for residents of the Georges River LGA are: Mandarin (24%); Cantonese (18%); Nepali (11%); Greek (10%); Arabic (7%); Macedonian (4%); Spanish (2%); Italian (2%); Indonesian (2%); and Tagalog (2%).



People with disability

The 2021 Census identified that 8,136 people living in the Georges River LGA (5%) need assistance with core activities.¹

People experiencing or at risk of homelessness

On Census night 2021, a total of 5,488 people across SESLHD were identified as experiencing homelessness, 9% of whom were residing in the Georges River LGA.¹

People on low incomes

42,372 people in the Georges River LGA (28%) have an income of \$499 or less per week.¹ Over one fifth (21%) of people in the district with a low income reside in the Georges River LGA.¹

Older people

26,356 residents in the Georges River LGA (17%) are aged 65 and over and 4,228 (3%) are aged 85 and over.¹

Women

Just over fifty per cent (50.7%) of the population in the Georges River LGA are female.¹

Young People

27,094 residents in the Georges River LGA (18%) are aged between 12 and 25 years.¹

1. Australian Bureau of Statistics 2021, 'Population: Census'

Randwick, Sydney (part), Waverley and Woollahra LGAs

Thirty-eight per cent (**38%**) of SESLHD's population reside in the LGAs of Randwick, Sydney (part), Waverley and Woollahra.¹

The City of Sydney LGA is geographically located across two LHDs – SESLHD (42% of the population) and Sydney LHD (58% of the population).

Aboriginal people

In 2021, 4,089 people in the LGAs of Randwick, Sydney (part), Waverley and Woollahra (1.2%) identified as being Aboriginal, which accounts for 40% of Aboriginal people in SESLHD.¹

Carers

In the LGAs of Randwick, Sydney (part), Waverley and Woollahra, 27,370 people (7.9%) provided unpaid assistance to a person with a disability, health condition, or due to old age, and 58% of these carers were female. Of all carers in SESLHD, 35% reside in the LGAs of Randwick, Sydney (part), Waverley and Woollahra.¹

Children under five years of age

There are 16,172 children aged under 5 years in the LGAs of Randwick, Sydney (part), Waverley and Woollahra, representing five per cent (5%) of the population.¹

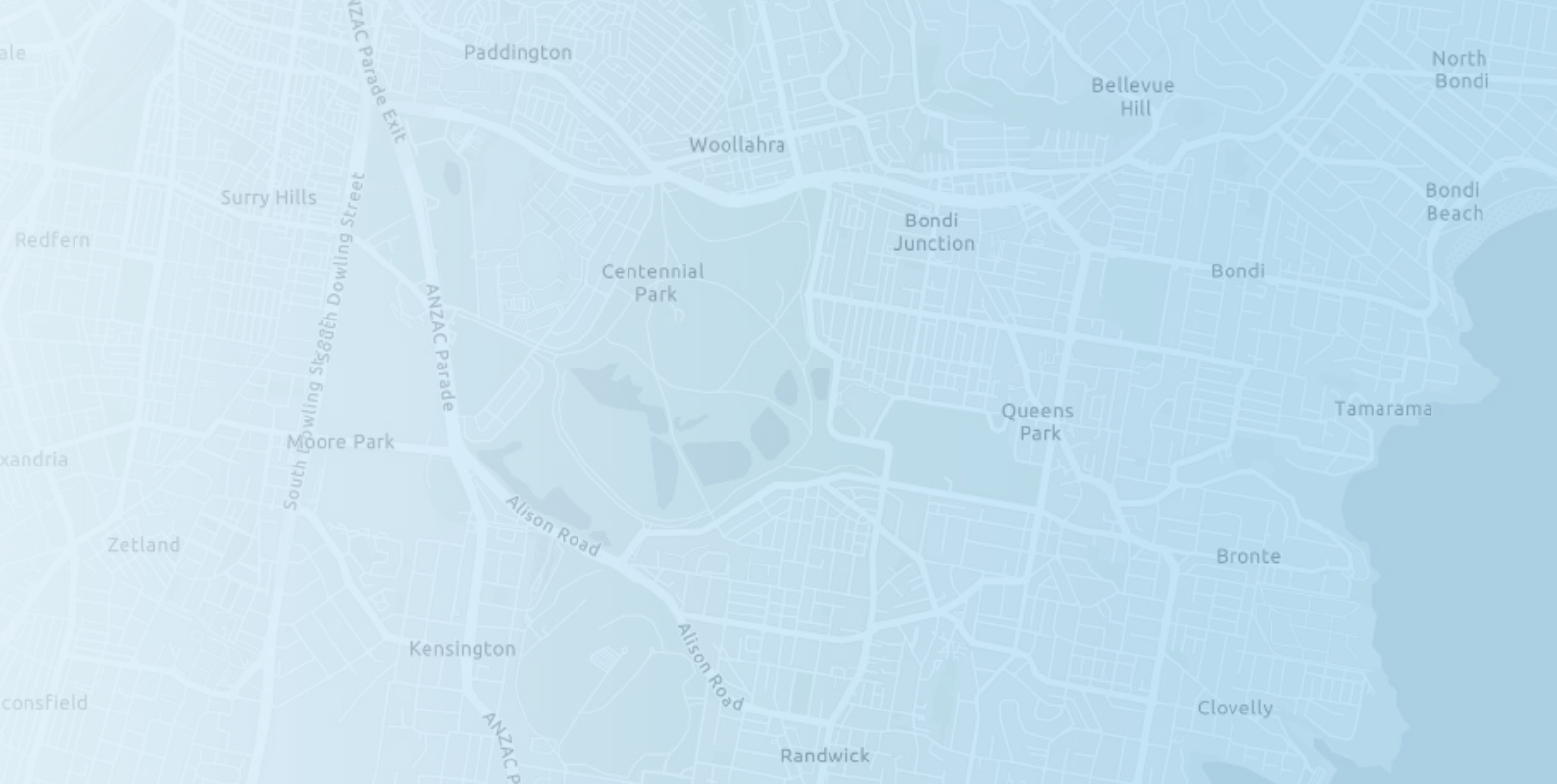
Cultural and linguistic diversity

The LGAs of Randwick, Sydney (part), Waverley and Woollahra are culturally and linguistically diverse with 142,561 people (44% of the population) born overseas.¹

The top 10 mainly non-English speaking countries of birth for residents in the LGAs of Randwick, Sydney (part), Waverley and Woollahra are: China (14%); Indonesia (5%); Brazil (5%); India (4%); Thailand (4%); France (4%); Hong Kong (4%); Malaysia (4%); Philippines (3%); and Italy (3%).¹

90,762 people in the LGAs of Randwick, Sydney (part), Waverley and Woollahra (28%) speak a language other than English at home.¹

The top 10 languages other than English spoken at home for residents in the LGAs of Randwick, Sydney (part), Waverley and Woollahra are: Mandarin (16%); Spanish (8%); Cantonese (7%); Greek (7%); French (6%); Portuguese (5%); Russian (5%); Indonesian (4%); Italian (4%) and Thai (4%).¹



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|---|--|
| People with disability | The Census identified that 11,470 people in the LGAs of Randwick, Sydney (part), Waverley and Woollahra (3.3%) need assistance with core activities. ¹ |
| People experiencing or at risk of homelessness | On Census night 2021, a total of 5,488 people across SESLHD were identified as experiencing homelessness. 70% were residing within the LGAs of Randwick, Sydney (part), Waverley and Woollahra, mostly (44% of the total) in Sydney LGA. ¹ |
| People on low incomes | 64,887 people in the LGAs of Randwick, Sydney (part), Waverley and Woollahra (19%) have an income of \$499 or less per week. ^{1,7} Thirty-two per cent (32%) of people in the district with a low income reside in the LGAs of Randwick, Sydney (part), Waverley and Woollahra. ¹ |
| Older people | 49,485 residents in the LGAs of Randwick, Sydney (part), Waverley and Woollahra (14%) are aged 65 and over and 7312 (2%) are aged 85 and over. ¹ |
| Women | Fifty-one per cent (51%) of the population in the LGAs of Randwick, Sydney (part), Waverley and Woollahra are female. ¹ |
| Young People | 54,904 residents in the LGAs of Randwick, Sydney (part), Waverley and Woollahra (16%) are aged between 12 and 25 years. ¹ |

1. Australian Bureau of Statistics 2021, 'Population: Census'

Sutherland



The Sutherland LGA is home to one quarter (**26%**) of the SESLHD's population¹

Aboriginal people

In 2021, 3,271 people (1.4%) in the Sutherland LGA identified as Aboriginal, which accounts for 32% of the SESLHD's Aboriginal population.¹

Carers

In the Sutherland LGA, 22,900 people (10%) provided unpaid assistance to a person with a disability, health condition, or due to old age, and 59% of these carers were female. Of all carers in SESLHD, 29% reside in the Sutherland Shire area.¹

Children under five years of age

There are 13,312 children aged under 5 years in the Sutherland Shire area, representing six per cent (6%) of the population.¹

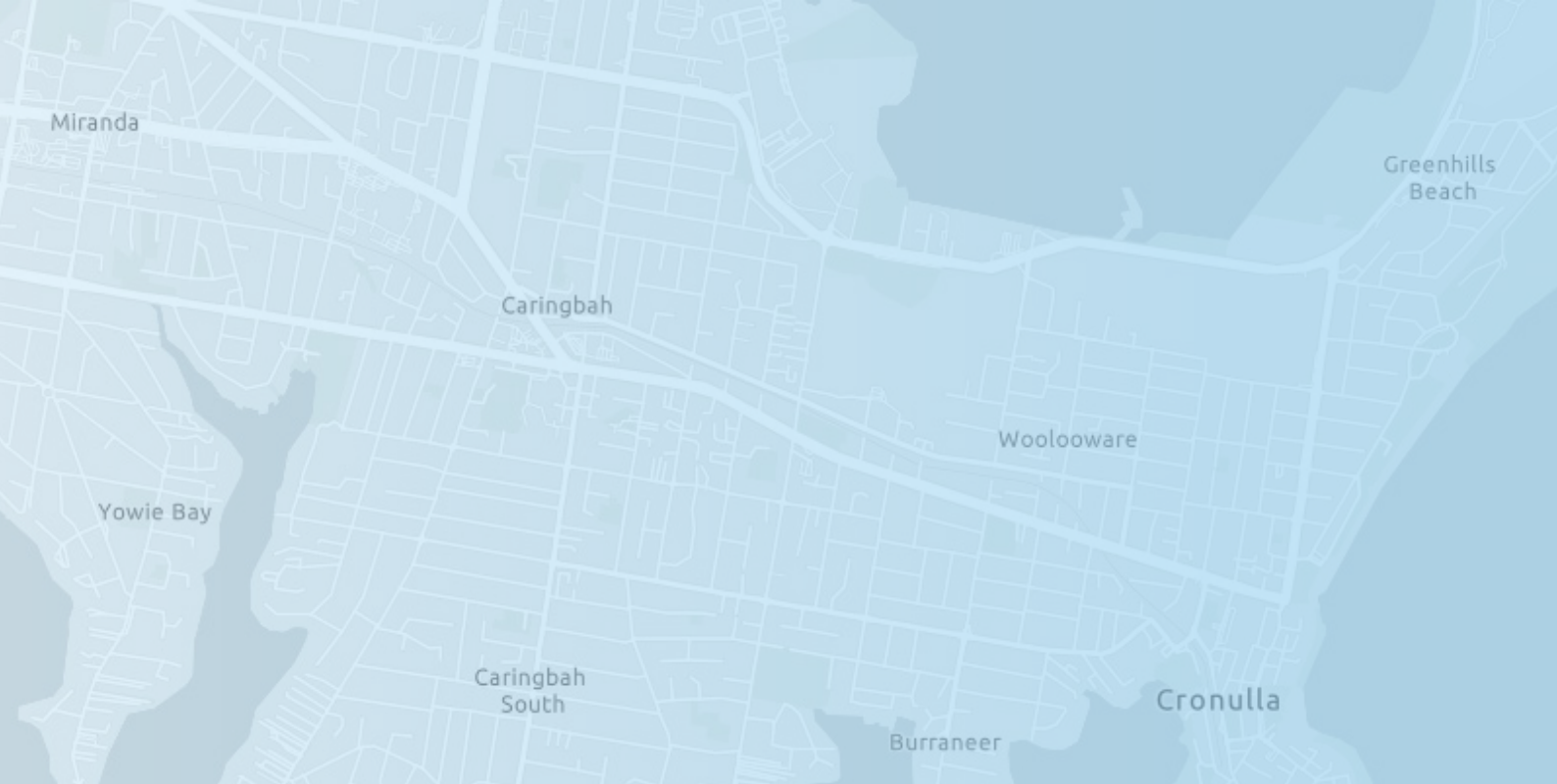
Cultural and linguistic diversity

44,222 people in the Sutherland LGA (20%) were born overseas.¹

The top 10 mainly non-English speaking countries of birth for residents of the Sutherland LGA are: China (13%); Philippines (5%); Italy (4%); India (4%); Greece (4%); Egypt (3%); Germany (3%); Hong Kong (3%); Brazil (3%) and North Macedonia (3%).¹

31,658 people in the Sutherland LGA (14%) speak a language other than English at home.¹

The top 10 languages other than English spoken at home for residents of the Sutherland Shire LGA are: Greek (13%); Mandarin (12%); Cantonese (7%); Arabic (7%); Spanish (6%); Italian (5%); Russian (4%); Macedonian (4%); Portuguese (3%); and Croatian (2%).



People with disability

The 2021 Census identified that 10,370 people living in the Sutherland LGA (4.5%) need assistance with core activities.¹

People experiencing or at risk of homelessness

On Census night 2021, a total of 5,488 people across SESLHD were identified as experiencing homelessness. 5% of whom were residing in the Sutherland LGA.¹

People on low incomes

50,705 people in the Sutherland LGA (22%) have an income of \$499 or less per week.¹ One quarter (25%) of people in SESLHD with a low income reside in the Sutherland LGA.

Older people

43,232 residents in the Sutherland Shire area (19%) are aged 65 and over and 6,428 (3%) are aged 85 and older.¹

Women

Fifty-one per cent (51%) of the Sutherland Shire's population are female.¹

Young People

38,496 residents in the Sutherland Shire area (17%) are aged between 12 and 25 years.¹

1. Australian Bureau of Statistics 2021, 'Population: Census'

