

Chapter 7
People at risk of poor health outcomes

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Introduction

This priority area focuses on population groups within the ACT that are at higher risk of experiencing poor health outcomes. As identified in previous needs assessments completed by CHN, those populations include multicultural communities, refugees, children and young people, people experiencing or at risk of experiencing homelessness, people who have experienced family, domestic, or sexual violence (FDSV), LGBTIQA+ people, carers and people living with a disability.

Those populations were identified in research and literature as experiencing poorer social and economic determinants of health, which can negatively impact on their overall health and wellbeing. Factors such as income, education, employment, access to social support, discrimination, exclusion and stigma can all contribute to poorer health outcomes. Those populations often also experience barriers and challenges accessing appropriate primary care and healthcare support, highlighting a need for targeted action to support those communities.

As the PHN of the ACT, CHN aims to improve the experience of vulnerable population groups, to improve health and wellbeing outcomes. The primary care system could better support vulnerable communities by addressing gaps in healthcare services, commissioning services targeting these gaps, improving accessibility to current services and improving knowledge and health literacy in these vulnerable populations. CHN intends to support an integrated health care system and act as a bridge between primary, secondary and tertiary health care services by focusing on partnerships, collaborations and connections between health services. It is CHN's goal to ensure that all communities can access the right care, at the right place, at the right time, regardless of social and economic disadvantage.

Limitations

A common challenge across each vulnerable population is a lack of available data. Quality, robust data allows services, health systems and policy makers to make informed decisions to best address the needs of the population. Without available data, the likelihood of not addressing all relevant needs increases and the risk of services not being equipped to meet the needs of all people rises.

While efforts have been made to gather information from key stakeholders to ascertain the challenges facing these populations, further analysis is required. Efforts to improve the availability of data and further engagement with service providers, representatives and community members is required to ensure the needs of vulnerable communities are better understood.

Multicultural communities

The ACT has a diverse population, with over one-quarter of residents born in a country other than Australia. With this diversity in backgrounds comes an array of cultures, communities, experiences and beliefs that shape our region. Personal experiences and beliefs shape people's views around health and health care, so it is essential for the ACT health care system to cater for the entire population and provide quality care for all people.

CHN completed a Health Needs Assessment on the health and services needs of multicultural communities in 2024. Once submitted, this will be available on the CHN website. The key findings from this needs assessment have been summarised below.

Demographics

In 2021, there were 130,653 people in the ACT born overseas (1). 102,028 people were born in a predominately non-English speaking country, accounting for 22.4% of the population. The five most common non-English speaking countries of birth were:

- India (3.8% of ACT population)
- China (2.7%)
- Philippines (1.1%)
- Vietnam (0.9%)
- Malaysia (0.6%).

Approximately one quarter (24.6%) of the population in the ACT speak a language other than English at home, while 8,307 (1.9%) report poor English proficiency (1).

Health and wellbeing

Health.data

Data from the 2021 Census estimated that approximately 24% of the population born in a non-English speaking country reported having a chronic condition (1). This is slightly below the proportion of people born in Australia or an English speaking country, with 29.2% reporting a long term condition.

Health.services

Participants of focus groups representing multicultural communities highlighted key factors they consider and value when looking for primary care services (2).

- Clear.communication:
  People with low English proficiency appreciate and value providers that can provide complex information in a way that is easy to understand. This means using clear and plain English, taking extra time and using different methods of communication.
- Shared.language.and.cultural.background¿
  Seeing a medical professional who can speak the same language, or who was born in

the same country, often makes people from multicultural communities more comfortable and confident when accessing health care. While acknowledging this may not always be possible, it often leads to a more positive experience of care.

- Respect.for.confidentiality¿
  Participants highlighted confidentiality as a strength of the healthcare system. Knowing that information is private and respected improves trust and experiences of care.

- Shared.gender¿
  Some communities stated a preference for health professionals of the same gender due to cultural and religious beliefs. This highlights the importance of choice in provider, to ensure individual needs can always be met.

Barriers to care

Discussions held with community members highlighted several key barriers to accessing primary care services faced by multicultural community members in the ACT (2). While some barriers are shared across the entire population, specific challenges faced by people from multicultural communities are summarised below.

- Waiting.times¿
  Difficulties securing appointments with GPs were raised as key barriers across multiple communities. Being able to book a timely appointment is a challenge in ACT, while many also report long waiting times when attending services. Similar issues are faced with access to specialist services.

- Cost.of.services¿
  Financial constraints are a significant issue for many multicultural communities. Lack of bulk billing GP services contributes enormously and creates stress for many who rely on them to access affordable health care. This leads to avoiding care or to attend Walk in Centres or emergency departments to mitigate costs. Some in the community, such as visiting family members or international students, face even greater challenges as they are not covered by the Medicare system.

- Navigation.challenges¿
  The complexity of the health care system poses navigational challenges for people from multicultural communities. The challenge of adjusting to a new and different healthcare system is intensified by a lack of accessible and clear information about available services, technological barriers and cultural attitudes.

- Communication.barriers¿
  People with low English proficiency experience language and communication barriers when accessing healthcare. These barriers are present when speaking directly with health providers, as well as when accessing health information or completing administrative tasks related to managing their health. While interpreter services may assist with communication, availability is inconsistent, and many rely on family members or friends from their community to interpret. Interpretation by family members

or friends is not an acceptable solution to lack of professional interpreter services, as untrained translators are not qualified to translate medical terms and it can compromise consumers' privacy and autonomy to make decisions about their own health.

- Culturally.appropriate.care¿
  Culturally appropriate care is essential to meet the diverse needs of multicultural communities. However, this is a source of frustration in the ACT. Differences in expectations, practices and approaches in Australia can lead to needs not being met, impacting the level of trust in the medical system. Improving cultural competency among clinicians would contribute to ensuring that appropriate and effective care is delivered.

Identified needs

- Support primary care providers to deliver culturally competent care to people from multicultural communities.
- Enhance care navigation services for people from multicultural communities.
- Improve data collection and sharing within the ACT, to enhance the capacity to identify and address health needs in multicultural communities.

Refugees

Refugees are people who have been forced to flee their country to escape war, persecution or torture. They are a subset of a group of people from multicultural backgrounds and identified as a high priority group for the health sector nationally. The experiences and challenges that refugees face before arriving in Australia can impact their health outcomes enormously, coupled with the challenges faced with settling into a foreign environment and new health system. Understanding the impacts of these experiences on health and service accessibility is vital to determining health and service needs.

Demographics

PHIDU data reports that there were 3,560 refugees living in the ACT in 2021 (23). These numbers include permanent migrants who entered Australia under the Offshore Humanitarian Program between 2000 and 2021. This equates to 0.8% of the total ACT population.

Health and wellbeing

Health services - Companion House

Companion House is a community sector organisation that provides medical, counselling and development services to newly arrived refugees, asylum seekers and people with complex health conditions. It assists clients to access essential health care and coordinate with partner GPs around Canberra that offer bulk billing and interpreter services. In 2021-22, Companion House provided medical services for 1,289 consumers who recently arrived in Canberra (3).

The quality of care, strength in coordinating services, advocacy and the holistic and culturally sensitive approach were praised by community members who have used Companion House's services. The exceptional care provided to migrant refugees and asylum seekers is a valuable service for many who faced additional barriers to maintain their health and wellbeing.

Barriers to care

In addition to the challenges outlined above for people from multicultural communities, further barriers faced by refugees include (2):

- Transition to mainstream GP¿
  Many participants faced challenges in accessing health care after leaving Companion House. A gap is highlighted for people leaving Companion House, where they received comprehensive and coordinated care, to a new provider, where they must navigate challenges such as language barriers and finding the right service. This gap in support can lead to avoiding care and potentially worse health outcomes.

Identified needs

- Support primary care services to understand and address the needs of refugees as they transition to mainstream primary care providers.

People who have experienced family, domestic and sexual violence

Family, domestic and sexual violence (FDSV) is an umbrella term describing a wide range of behaviours and harms that can occur in family and non-family settings (1). It describes any violence that occurs in family and intimate relationships, or sexual violence that occurs in any context. Experiences of FDSV can have far ranging implications on health outcomes and service barriers that must be understood to provide effective specialist services and primary care to meet the needs of that population.

Demographics/prevalence

In the ACT, it is estimated that around 73,200 women (42%) have experienced violence since the age of 15 years (5). In 2022, approximately 9,100 (5.2%) had experienced violence in the last two years. The two-year violence rate has remained relatively stable in the ACT since 2005. The numbers and rates of sexual, physical and violence from a family member are outlined in Tables 19 and 20.

	ACT (Number)	ACT (%)	Australia (%)
Total violence	73,200	41.9	39.2
Sexual violence	43,800	25.1	22.2
Physical violence	54,500	31.2	30.8
Violence by an intimate partner or family member	46,800	26.8	27.4

Table 19: Experiences of FDSV since the age of 15 of women aged 18+; (ABS - Personal Safety, Australia, 2021-22 financial year)

	ACT (Number)	ACT (%)	Australia (%)
Total violence	9,100	5.2	6.6
Sexual violence	3,800*	2.2*	3.0
Physical violence	7,900	4.5	4.8
Violence by an intimate partner or family member	3,100*	1.8*	3.5

Table 20: Experiences of FDSV in the last two years of women aged 18+; (ABS - Personal Safety, Australia, 2021-22 financial year)

Additionally, an estimated 21.3% of women in the ACT experienced emotional abuse and 14.8% experienced economic abuse from their partner (5).

A recent survey conducted with women in the ACT by the Women's Centre for Health Matters found that (6):

- 32% of respondents had been discriminated against
- 43.9% had experienced sexual violence (6.1% in the past year)
- 28.1% had experienced domestic violence (11.6% in the past year)
- 30.5% had experienced family violence (15.1% in the past year).

These findings support ABS estimates, highlighting the extent of gendered violence and the importance of providing accessible and quality care for people who have experience violence.

Health and wellbeing

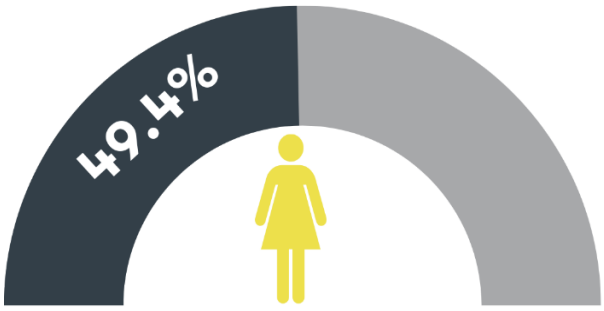
Health.outcomes

National data from 2018 estimates that violence from an intimate partner contributes 1.4% of the total burden of disease among females and contributed to around 230 deaths (7). Intimate partner violence (IPV) contributes substantially to the disease burden of the following (7):

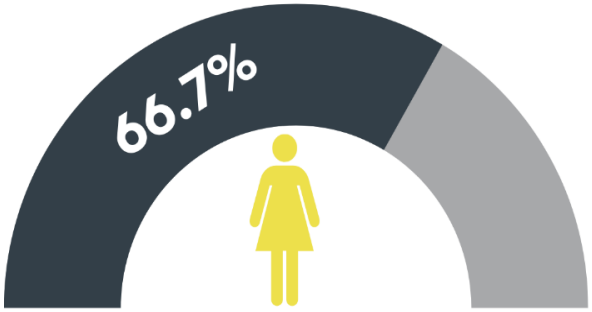
- Depressive disorders (IPV contributes to 15% of depressive disorders total burden in females)
- anxiety disorders (11%)
- early pregnancy loss (17%)
- homicide and injuries due to violence (46%)
- suicide and self-inflicted injuries (19%)
- alcohol use disorders (4%).

Experiences of FDSV can greatly impact people's mental health. Traumatic experiences can affect victim-survivors' psychology which can have short- or long-term impacts on mental health and cause behavioural changes.

In 2021-22, one in two (49.4%) females experienced anxiety or fear following an experience of partner violence from a current partner, while two in three (66.7%) experienced anxiety or fear following an experience of emotional abuse (7). The rates rise for people who experienced violence or abuse from a previous partner, highlighting the long-term effects FDSV can have on victim-survivors.



In 2021-22, 1 in 2 (49.4%) females experienced anxiety or fear following an experience of partner violence from a current partner



In 2021-22, 2 in 3 (66.7%) experienced anxiety or fear following an experience of emotional abuse

FDSV.Services

Domestic Violence Crisis Service (DVCS) and Canberra Rape Crisis Centre (CRCC)

There are numerous services across the ACT that provide support and assistance to victim-survivors of FDSV, and are working to eliminate family, domestic and sexual violence in the region.

DVCS and CRCC are two organisations that provide specialist services to victim-survivors of FDSV in the ACT. In 2021-22, DVCS reported 79,491 service contacts delivered to 4,658 clients (8), while in 2022-23, CRCC reported approximately 73,500 service contacts delivered to a total of 8,573 Canberrans (9). Around 10% of consumers across these services were from multicultural backgrounds, while DVCS reported 6% were First Nations Australians.

It is felt across the sector that crisis centres providing services to victim-survivors of FDSV are oversubscribed. providers and their staff are affected by high staff turnover, long waiting lists, burnout, stress and vicarious trauma. Ensuring services are resourced and equipped to continue to provide those vital services are essential for health and wellbeing outcomes in the ACT. A recent review of DVCS and CRCC commissioned by the ACT Government suggested a focus on strengthening infrastructure, collaboration and partnerships with external partners, coordination between services and cultural competency to improve the current crisis response to victim-survivors in ACT (10).

Primary care services

While crisis services are integral for victim-survivors of FDSV, stakeholders also place a great deal of importance on mainstream primary care services as the 'other layer' of healthcare for victim-survivors of FDSV. The significance of primary care providers, such as GPs and allied health professionals, to be trained and prepared to recognise potential signs of FDSV, respond to disclosures in a trauma-informed way and provide adequate information and care is noted. Services, such as CHN's FDSV Pilot program which is connecting link workers with general practices to support integration of care for victim-survivors of FDSV, are working to ensure primary care services can provide quality care for these individuals.

Barriers to care

Barriers to care highlighted throughout stakeholder consultations are detailed below.

- Reluctancy.to.seek.care¿
  People who have experienced FDSV are often reluctant to access health care services due to past experiences and a mistrust in health services. Those poor experiences, fear of judgement and fear of being misunderstood mean people avoid care, impacting health outcomes. It is vital to ensure primary care providers understand the needs of FDSV victim-survivors to prevent further poor experiences. Safety concerns, such as perpetrators keeping track of healthcare records or the risk of being followed to appointments, may also contribute to reluctance.

- Access.to.gender.sensitive?equity.oriented.and.trauma.informed.care¿
  Stakeholders felt there is a lack of services across ACT equipped to provide trauma informed care for victim-survivors of FDSV. Matching the service delivered to the needs of the consumer so they receive quality care is important for people in this population, to prevent potential reluctance to attend, or avoiding, services.

- Access.to.crisis.support¿
  As highlighted earlier, crisis services in the ACT are oversubscribed. Long wait times and lack of timely service may force people seeking services back into a dangerous environment and cause further harm. It is essential to ensure crisis services are well resourced and prepared for the demand they will receive.

- Accessible.primary.care¿
  Factors affecting the entire population of the ACT in accessing primary care services – such as cost, transport, waiting times – are also key considerations for victim-survivors of FDSV. It should be a goal for the ACT primary care system to make sure all Canberrans can access the services they need when they need them.

Identified needs

- Improve access to gender sensitive, equity oriented and trauma informed care for victim-survivors of FDSV.

- Improve access to crisis support services for people experiencing FDSV and enhance integration of care between primary care services and crisis support services.

Homelessness

People experiencing homelessness, or people at risk of homelessness, are among the most socially and economically disadvantaged populations in Australia (11). People who are experiencing homelessness face a range of personal, social, financial and structural challenges, which impact their health and wellbeing and their capacity to engage with the healthcare system and other services. Providing care and support to mitigate these socioeconomic challenges is imperative to assist people in this population to manage their health and wellbeing.

Demographics

In 2021, there were an estimated 1,777 homeless persons living in the ACT, an increase of 11.3% from the total number in 2016 (1,596 people) (12). The rate of homelessness in the ACT is improving, decreasing from 48.7 per 10,000 population in 2011 to 39.1 per 10,000 population in 2021, with ACT now experiencing the second lowest rate of homelessness of all states and territories.

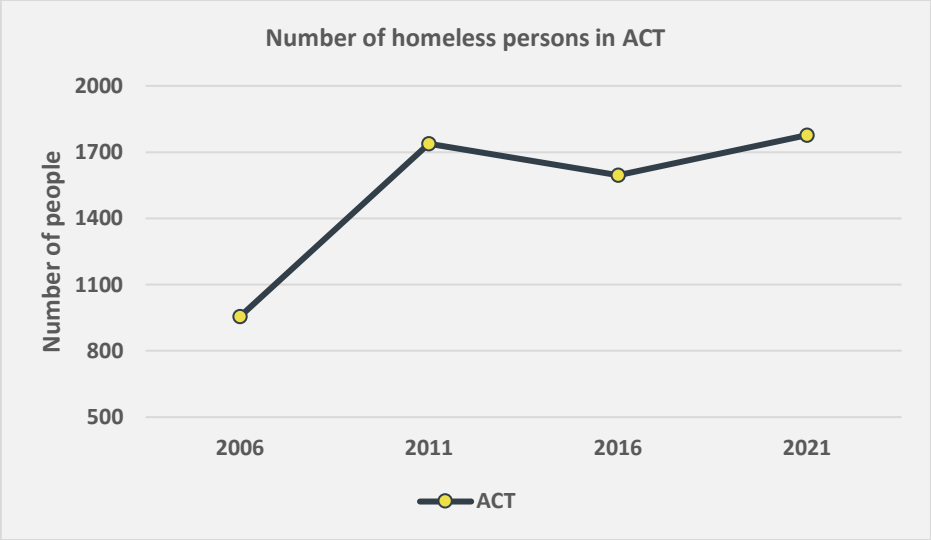


Figure 80: Number of homeless persons in ACT 2006-2021; (ABS 2023, Estimating Homelessness: Census)

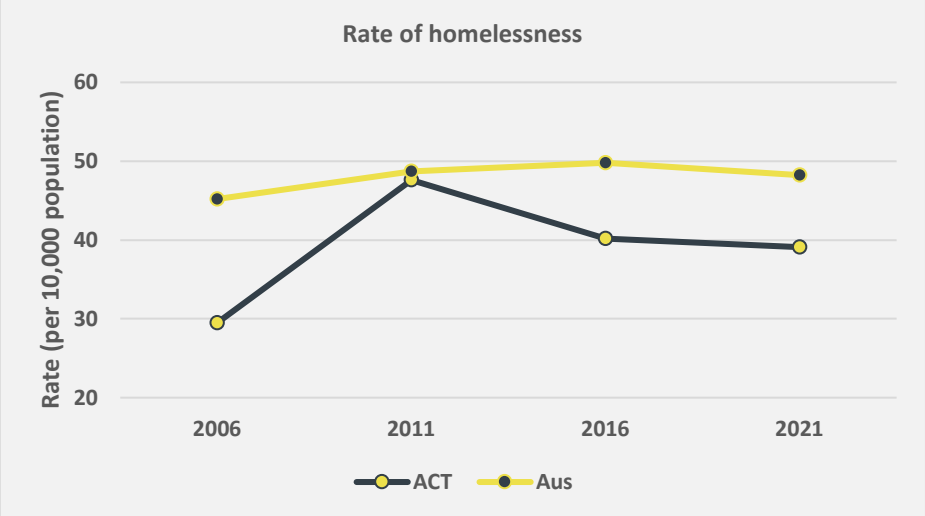


Figure 81: Rate of homelessness per 10,000 population in ACT and Australia 2006-2021; (ABS 2023, Estimating Homelessness: Census)

The highest proportion of people who are homeless were aged 25-34 years, while 12.3% of the homeless population were aged 55+ years (12).

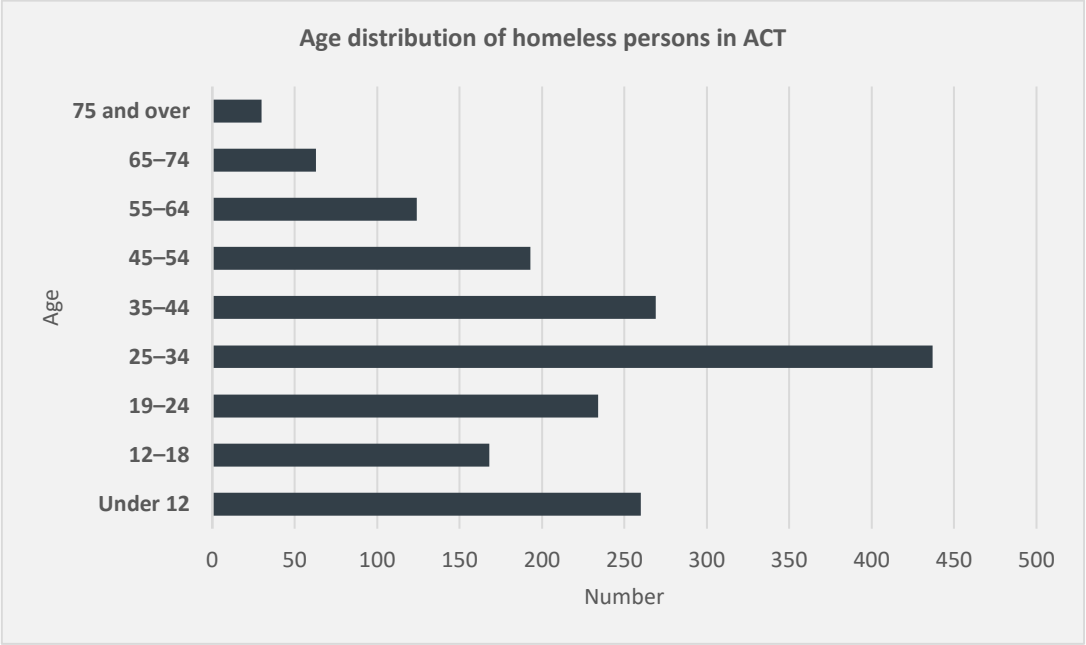


Figure 82: Age of homeless persons in ACT 2006-2021; (ABS 2023, Estimating Homelessness: Census)

The homeless population in 2021, comprised (12):

- 1,040 (58.5%) males
- 126 (7.1%) First Nations Australians
- 69 (3.9%) who needed assistance with core activities.

There were 59 rough sleepers in the ACT, which is a rate of 1.3 people per 10,000 population, giving ACT the second lowest rate of rough sleepers of all states and territories. Almost half (48.6%) were living in supported homeless accommodation, with the rest living in other temporary housing or dwellings (12).

Health and wellbeing

Homelessness.services

Data show that 3,900 people sought assistance from specialist homelessness services in 2022-23 (13). This rate of one in 116 people receiving homelessness assistance is lower than the national rate (one in 95). The top three reasons for seeking assistance were (13):

- Housing affordability stress (49%)
- housing crisis (48%)
- financial difficulties (47%).

In recent years, the average duration of accommodation and the duration of support provided to those seeking services has increased significantly and are well above the national rate (14).

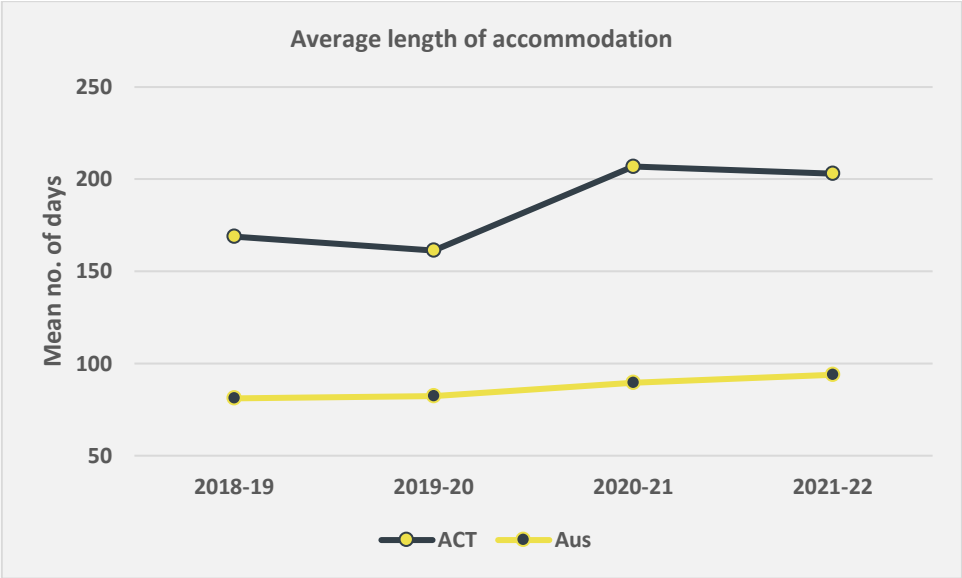


Figure 83: Average length of accommodation at homeless services ACT and Australia; ACT Health - ACT Homelessness Data Snapshot 2023)

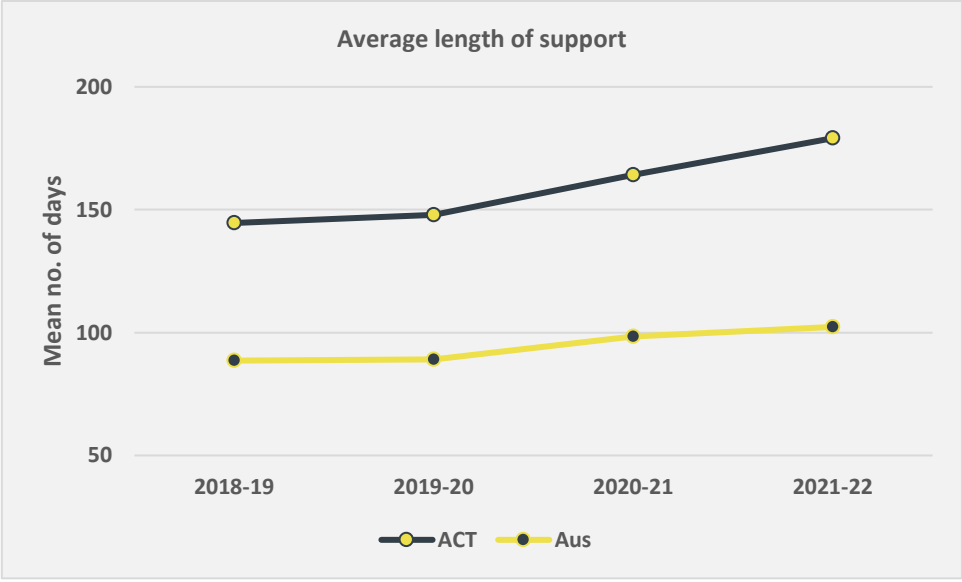


Figure 84: Average length of support from homeless services ACT and Australia; (ACT Health - ACT Homelessness Data Snapshot 2023)

Of those seeking assistance in 2021-22, a proportion have a high level of complexity and vulnerability, including (14):



Barriers.to.care

Stakeholders who participated in the ACT Health Homelessness Commissioning Insights Report in 2022 identified a number of key themes, barriers to care and service gaps in the homelessness sector. Many challenges faced in the sector are likely to impact people's ability to access primary care services, as set out below.

- Housing.and.accommodation¿
  Housing and accommodation shortages throughout the ACT create a lack of clear pathways out of homelessness. The mean length of support and accommodation provided by services in the ACT is evidence of the lack of pathways out of homelessness. Safe and affordable housing provides a stable platform for people to address other support needs and increase the likelihood of people engaging with primary care services.

- Support.for.clients.with.high.levels.of.complexity.and.vulnerability¿
  Increasing support for people with high levels of complexity, including mental health and AOD issues, will improve integration and care for people in homeless populations. Better equipped homelessness services can assist with integrating and coordinating services, including better access to health services.

- Coordination.with.health.services¿
  Improving relationships between the homelessness sector and health services was highlighted as a challenge that would greatly improve health outcomes if addressed. The ability for homelessness services to identify and address health needs for people seeking services and linking them to relevant providers could address numerous accessibility barriers to primary care.

Identified needs

- Improve integration of primary care services and homelessness support services to enhance accessibility and delivery of primary health care services.

LGBTIQA+ people

LGBTIQA>

LGBTIQA+ is an acronym that stands for lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and other terms used to describe diverse experiences of gender, sexuality and sex characteristics. The acronym is evolving, and different acronyms may be used to describe different populations. Acronyms used in the source material of data and research are used in this report.

The diverse experience under the LGBTIQA+ umbrella is also acknowledged, with the understanding that data, experiences and needs may not always represent the entire population, which may vary for both cohorts and people within the population.

Demographics

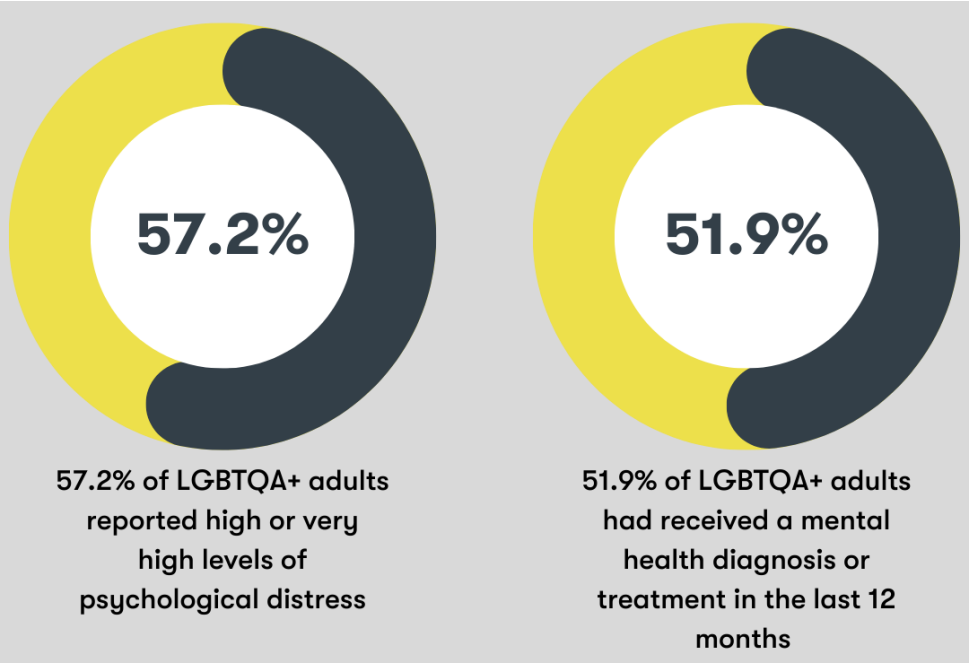
There is a critical gap in research estimating how many people in Australia are lesbian, gay, bisexual, transgender and intersex (LGBTIQ) (15). While the exact proportion is unknown, varying reports have estimated that 3-11% of the Australian population identifies as lesbian, gay, bisexual, transgender or intersex (15,16).

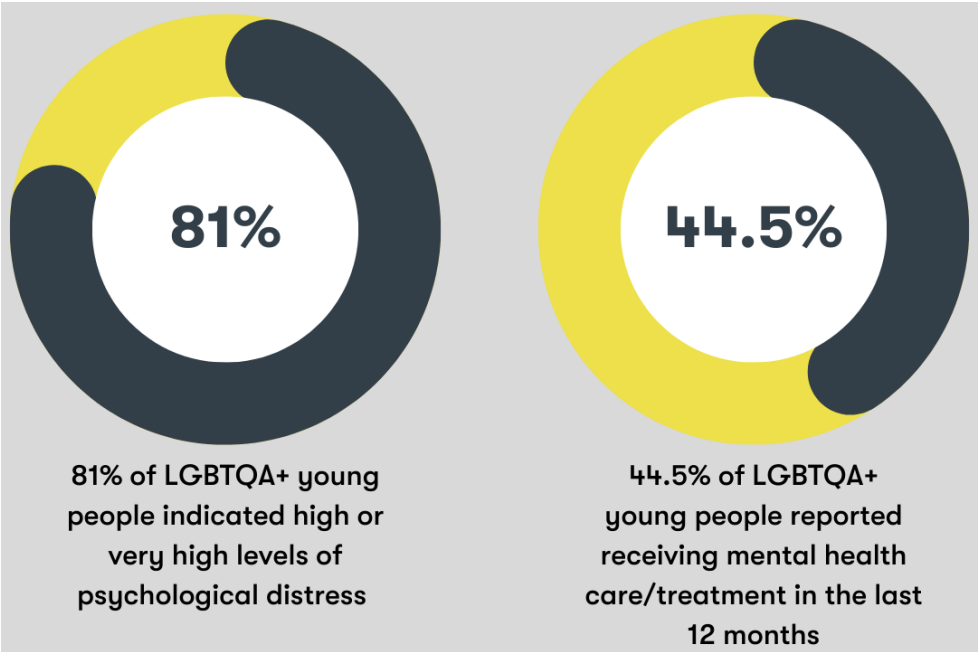
Questions covering sexual orientation and gender planned to be included in the 2026 ABS Census will improve available data and knowledge to support policy and decision making.

Health and wellbeing

Mental.health

Mental health disparities are seen among LGBTIQA+ people relative to the general population, as a result of prejudice, stigma and discrimination experienced in everyday life (17). When compared to non LGBTIQA+ people, LGBTIQA+ people experience higher rates of psychological distress, conditions such as depression and anxiety, and demonstrate high rates of suicidal ideation and suicide attempts (17).





Research has shown:

- 57.2% of LGBTQA+ adults reported high or very high levels of psychological distress (4x greater than the general population) (18)
- 51.9% of LGBTQA+ adults received a mental health diagnosis or treatment in the preceding 12 months (18)
- 80.4% of LGBTQA+ young people in the ACT indicated high or very high levels of psychological distress (81% of respondents in Australia) (19,20)
- 54.1% of LGBTQA+ young people in the ACT reported receiving mental health care/treatment in the preceding 12 months (44.5% of respondents in Australia) (19,20).

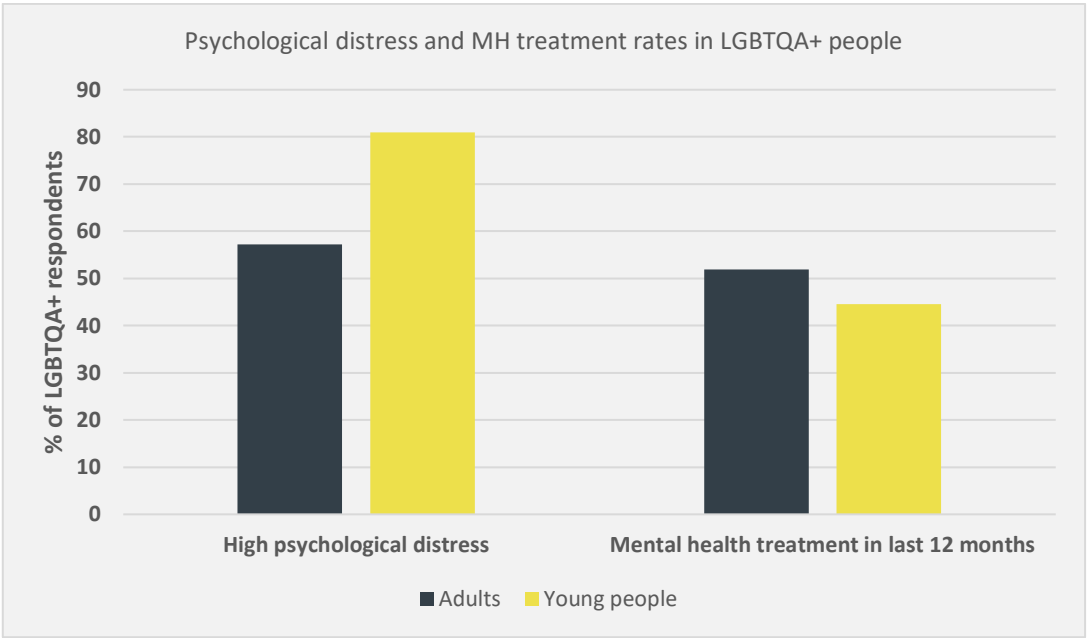


Figure 85: Psychological distress and mental health treatment rates in LGBTQA+ people in Australia; (Private Lives 3 (2020) and Writing Themselves In 4 (2021))

Suicide.and.self_harm

LGBTIQA+ people are more likely to experience suicidal ideation, attempt suicide and self-harm than non LGBTIQA+ people.

Private Lives 3 highlighted that 74.8% of LGBTQA+ adults experienced suicidal ideation in their lives, and 30.3% attempted suicide in their lives (18).

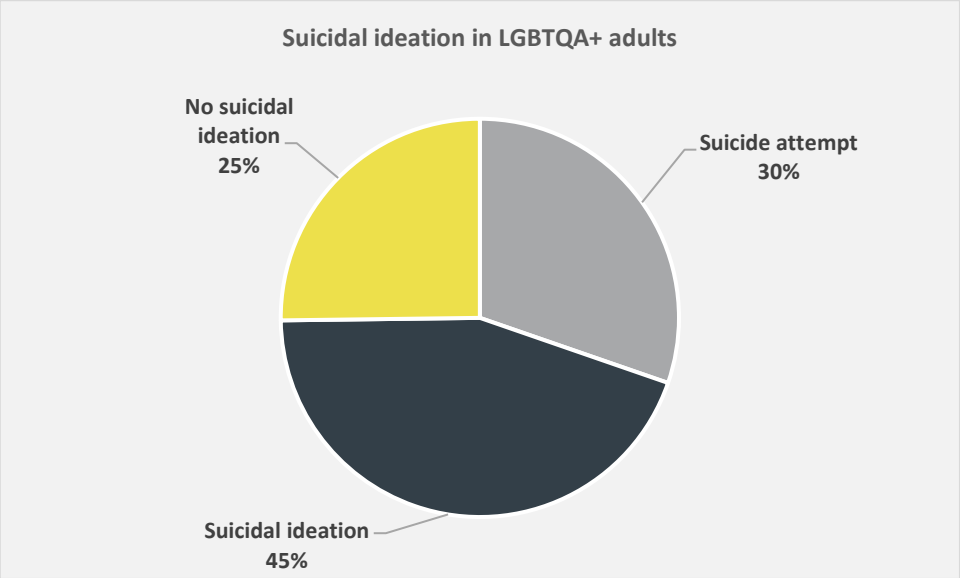


Figure 86: Suicidal ideation in LGBTQA+ adults in Australia; (Private Lives 3 (2020))

Writing Themselves In 4 reported that 58.2% of LGBTQA+ young people (55% of ACT respondents) experienced suicidal ideation in the preceding twelve months, while 40.1% had self-harmed in the preceding twelve months (41.2% of ACT respondents) (19,20).

Mental.health.services

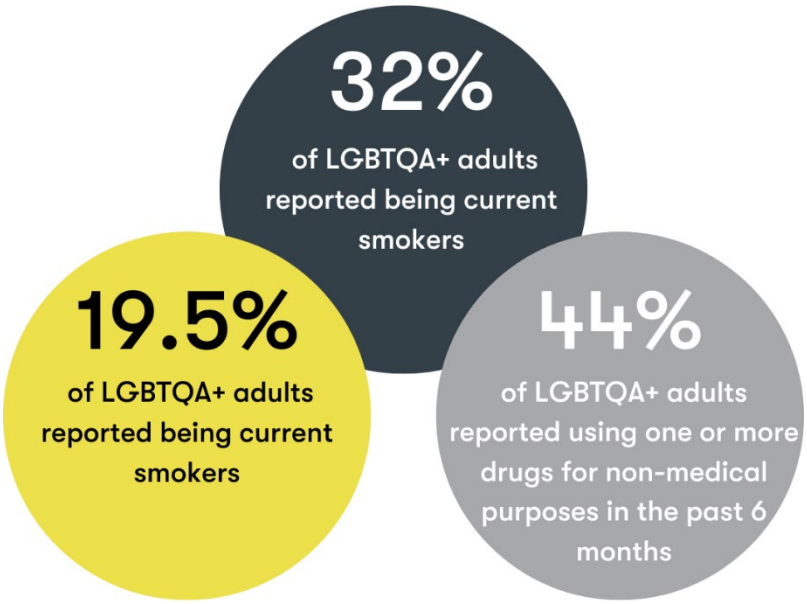
There is an evident need for quality, accessible services that can cater for the unique barriers and requirements of the LGBTIQA+ community. A recent report showed that, of the young LGBTQA+ people who accessed professional support for their mental health, fewer than half (47%) reported that the support improved their mental health condition (17). This highlights the importance of structuring services to reduce access barriers and promoting safety and comfort for people who engage, to improve quality care and health outcomes.

Alcohol.and.other.drugs

LGBTQA+ people are more likely to use licit and illicit substances and are more likely to have a problematic relationship with alcohol and other drugs than non-LGBTQA+ people (17). This exacerbates the potential harm, effects on health outcomes and service need that consumption of alcohol and other drugs.

The Private Lives 3 study highlighted (18):

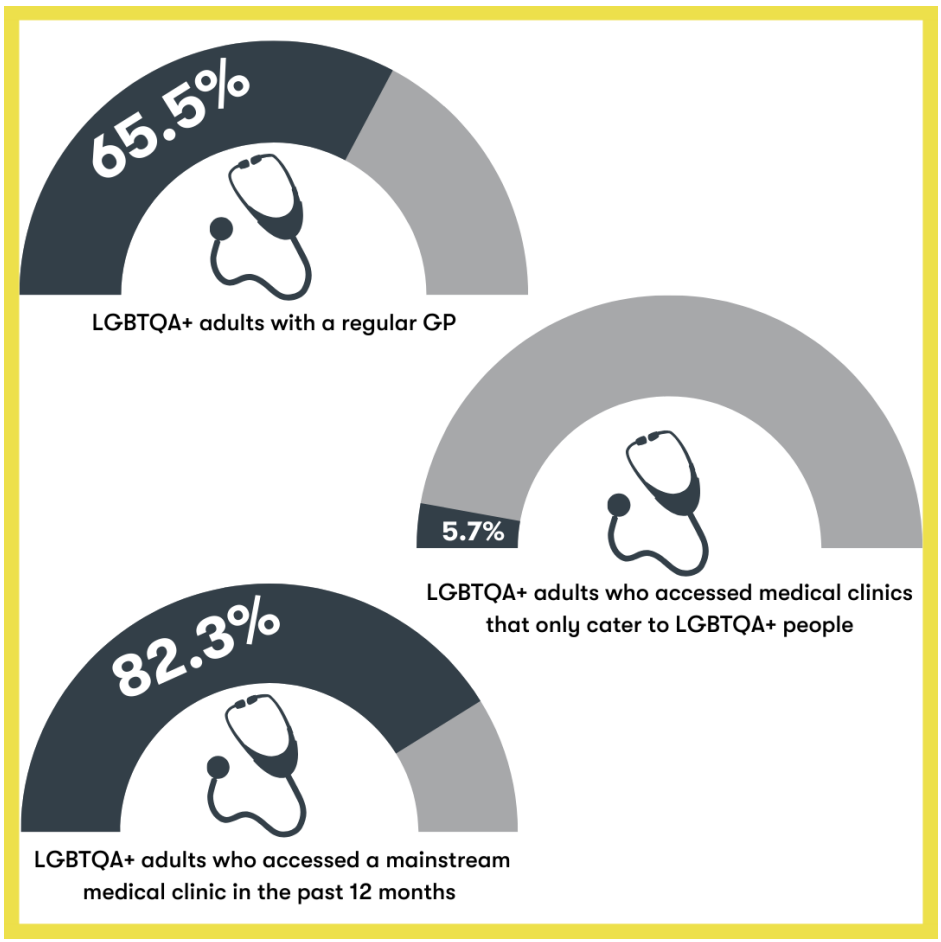
- Almost one in five LGBTQA+ adults (19.5%) reported being current smokers, with 5.7% using vapes
- almost one in three LGBTQA+ adults (32%) reported drinking alcohol weekly, with 16.9% of respondents expressing some difficulty managing alcohol consumption and that it had negatively impacted their everyday life in the preceding 12 months
- almost half of LGBTQA+ adults (44%) reported using one or more drugs for non-medical purposes in the past 6 months. Drug use amongst the LGBTQA+ population was much higher than in the general Australian population.



Almost 1 in 5 participants in Private Lives 3 reported a preference for an alcohol support service provider that catered specifically for LGBTQA+ people, while 55% preferred a mainstream service that is known to be inclusive (17). That highlights the importance of creating a safe, welcoming space for LGBTQA+ people to receive the care they need, while also emphasising the importance of LGBTQA+ friendly mainstream services. Ensuring resources and training are provided to existing services to provide safe, inclusive services is integral in the AOD sector.

Experiences of healthcare.

Health disparities between LGBTQA+ people and the general population corresponds to an increased need for healthcare services among LGBTQA+ people (17). Understanding the service needs of this cohort is, therefore, integral for providing adequate primary care – limiting the harmful impacts of refusal of care, substandard care and mistreatment or discrimination.



In relation to primary care services that are used by LGBTQA+ people (18):

- Almost two in three (65.5%) LGBTQA+ adults have a regular GP
- over four in five (82.3%) of LGBTQA+ adults accessed a mainstream medical clinic in the preceding 12 months
- 5.7% of LGBTQA+ adults accessed medical clinics that only cater to LGBTQA+ people.

A large proportion of LGBTQA+ adults reported a preference for accessing services that are known to be LGBTQA+ inclusive. This highlights choice and accessibility is important for people living in the ACT, so that services offering accessible and affordable care do so safely and inclusively for LGBTQA+ people (18). Almost two-thirds (63.2%) of LGBTQA+ young people who accessed an LGBTQA+ specific service reported it improved their situation, compared to 35-50% of people who accessed a mainstream service.

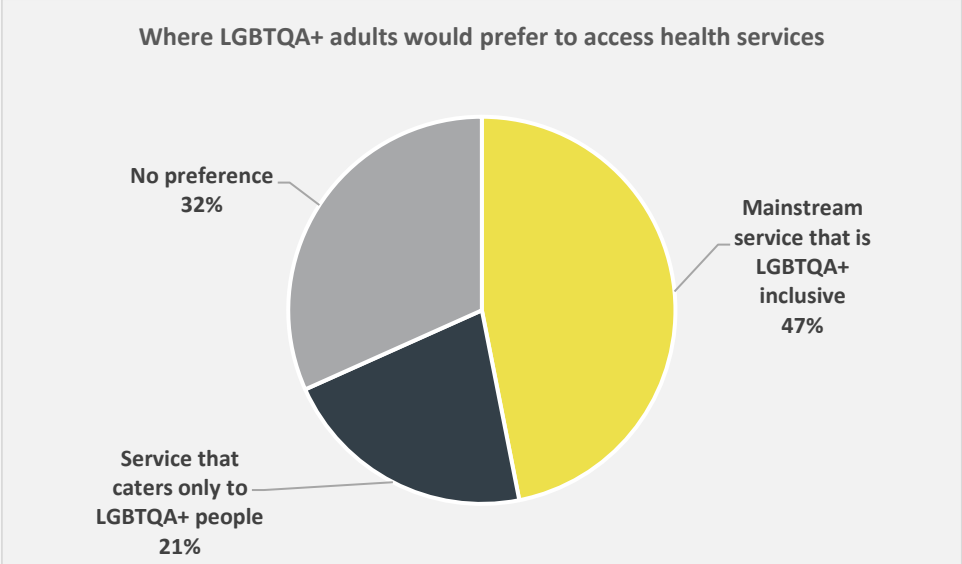


Figure 87: Healthcare preferences in LGBTQA+ adults in Australia; (Private Lives 3 (2020))

Respect for people's sexual orientation is integral when accessing health care. Experiences where LGBTQA+ people feel their sexual orientation is not respected or understood can exacerbate internal stressors, erode trust in healthcare services and underpins avoidance of care – ultimately affecting overall health outcomes. Participants who felt their sexual orientation were respected were more likely to report lower levels of psychological distress and higher subjective general health (17).

Ensuring services are trained, resourced and supported to provide respectful and inclusive care is key to meeting the needs of LGBTQA+ people and improving health and wellbeing outcomes (17). The Private Lives 3 report showed that LGBTQA+ people were more likely to feel their sexual orientation is respected at a medical service that caters specifically to LGBTQA+ people, or at a mainstream service known for inclusivity (18).

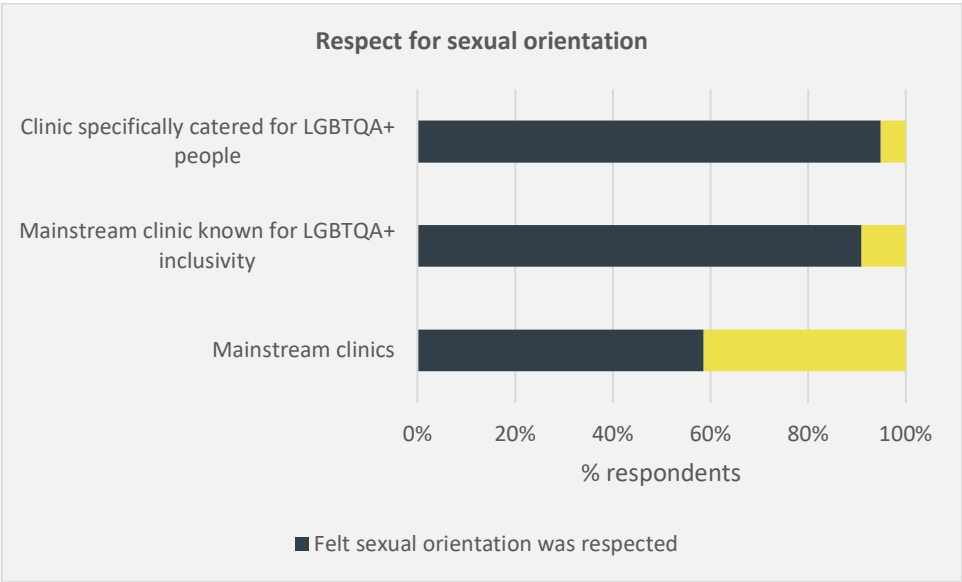


Figure 88: Proportion of LGBTQA+ adults in Australia who felt their sexual orientation was respected; (Private Lives 3 (2020))

Barriers to care

Consultations with stakeholders outlined several relevant themes and barriers that affect care for LGBTIQA+ people living in the ACT. These barriers are set out below.

- Awareness.and.knowledge¿
  Stakeholders felt that there is a lack of awareness and understanding of LGBTIQA+ safety and inclusivity in the ACT. Instances of service providers communicating poorly, not using inclusive language and misgendering LGBTQIA+ people highlight areas for improvement to service accessibility. Stakeholders believed that improving the number of services that are safe, appropriate, knowledgeable and gender affirming would improve outcomes for LGBTIQA+ people in the ACT. They flagged the need for education and training for primary care providers to improve awareness of LGBTQA+ and best practice approaches, highlighting its identification as a critical priority in ACT Health's 2019-20 LGBTIQ+ Health Scoping Study Report (21).

- Improved.referral.practices¿
  A consequence of improving knowledge and awareness of LGBTQA+ needs would be improved referral pathways. LGBTQA+ services in the ACT felt many referrals to their services are made due to a lack of understanding and a perception that dealing with LGBTQA+ people's issues are complex. As a result, LGBTQA+ people are often referred to these services when health needs could be met by the original providers, increasing the load on LGBTQA+ services and longer waiting lists.

- Access.to.services¿
  Factors affecting service accessibility of for all Canberrans – such as cost, bulk billing rates, location, transport – equally affect LGBTIQA+ people. These barriers are compounded by other barriers faced by LGBTIQA+ people, further hampering access for this cohort.

- Peer_led.services¿
  Stakeholders outlined a lack of peer led LGBTIQA+ services in the ACT as a key barrier impacting health outcomes. Studies have shown that, if given the choice, 80% of LGBTIQA+ people would prefer to access LGBTIQA+ peer-led service than a mainstream service (22). Peer-led services are important for reducing barriers to healthcare and support services, providing a safe space where LGBTIQA+ people feel safe and accepted, providing specialist advice and improving connection to community (22). LGBTIQA+ people are also less likely to experience stigma, discrimination and abuse at peer-led services than mainstream services (22). Peer-led services were highlighted in ACT Health's Scoping Study as a critical priority.

- Intersectional.needs¿
  Providing health care to LGBTIQA+ people with intersectional needs was highlighted as a challenge by stakeholders. Understanding these intersections when providing inclusive health care, is key to meeting people's health needs. Key LGBTIQA+ population groups, including First Nations people, people from multicultural communities, people who have experienced FDSV and people with a disability, have different needs that must be considered when providing care.

- Discrimination.and.exclusion¿
  Experiences of stigma, discrimination and exclusion are commonly reported by LGBTIQA+ people living in the ACT. Examples such as inaccessible intake forms and eligibility criteria for services, through to experiences of misgendering and abuse when accessing health care all have profound impacts on the physical and mental health of LGBTIQA+ people. Improving understanding, awareness and eradicating these experiences is necessary to improving the community's overall level of health and wellbeing.

Identified needs

- Support primary care services to provide gender inclusive, respectful services to reduce experiences of discrimination in health care settings.
- Improve provision of mental health care services to LGBTIQA+ people.
- Increase provision of peer led LGBTIQA+ services in the ACT.
- Support services to reduce the level of inappropriate referrals to LGBTIQA+ services in ACT.

Children and young people

The early stages of the lifespan are integral for future health, development and wellbeing. Childhood, adolescence and early adulthood are critical for developing positive health and social behaviours, which have long lasting impacts into adulthood. Understand the particular challenges that young people face is important to ensure the primary care system is equipped to best provide high quality care to meet this population's needs.

Demographics

As of 2022, children and young people (ages 0-24) comprised approximately 31.6% of the Australian Capital Territory's (ACT) population, with an estimated 83,188 children aged 0-14 years (18.2% of the total population) and 61,162 young people aged 15-24 years (13.4%) (23). The gender distribution within these age groups is relatively balanced, with 51% males and 49% females. Regional data showed that the highest numbers of individuals in the 0-24 age cohort were in Belconnen (33,440 individuals), Gungahlin (31,054), and Tuggeranong (27,514). In terms of the proportion of the local population aged 0-24, Gungahlin had the highest proportion at 35.2%, followed by Molonglo at 34.1% and North Canberra at 33.9%. Conversely, regions in the southern part of Canberra, such as South Canberra and Woden Valley, had relatively lower percentages of residents in the 0-24 age group. These figures highlight the distribution and concentration of younger populations across different regions within the ACT (23).

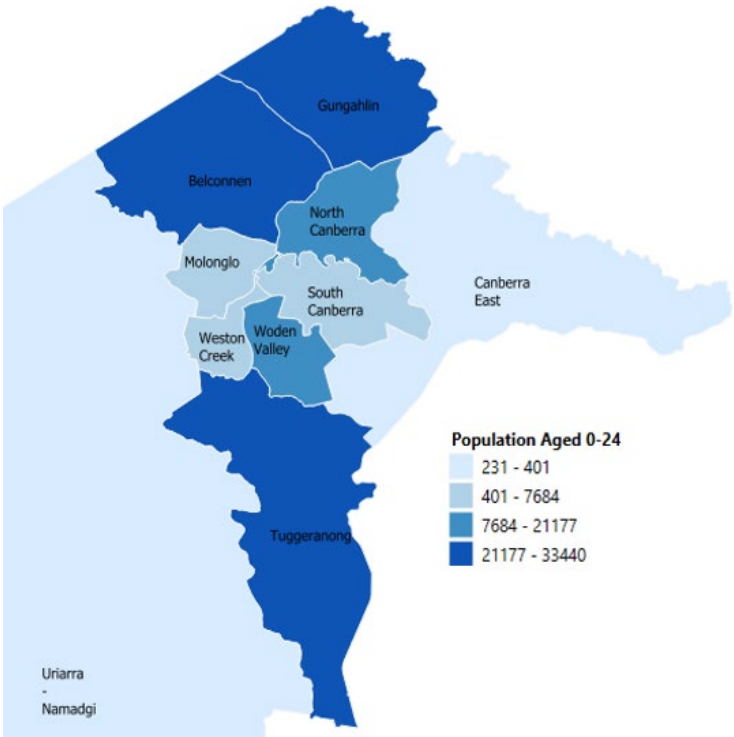


Figure 89: Number of children and young people by SA3 location 2022

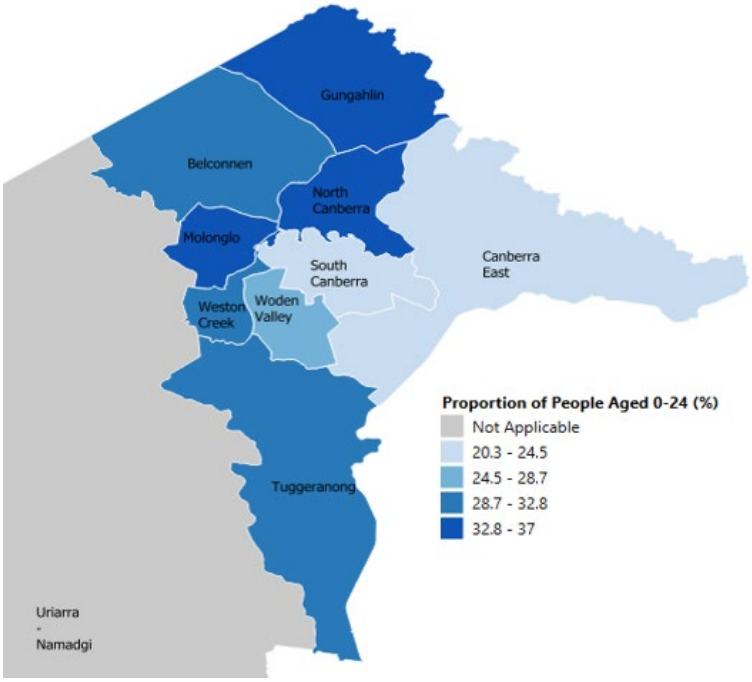
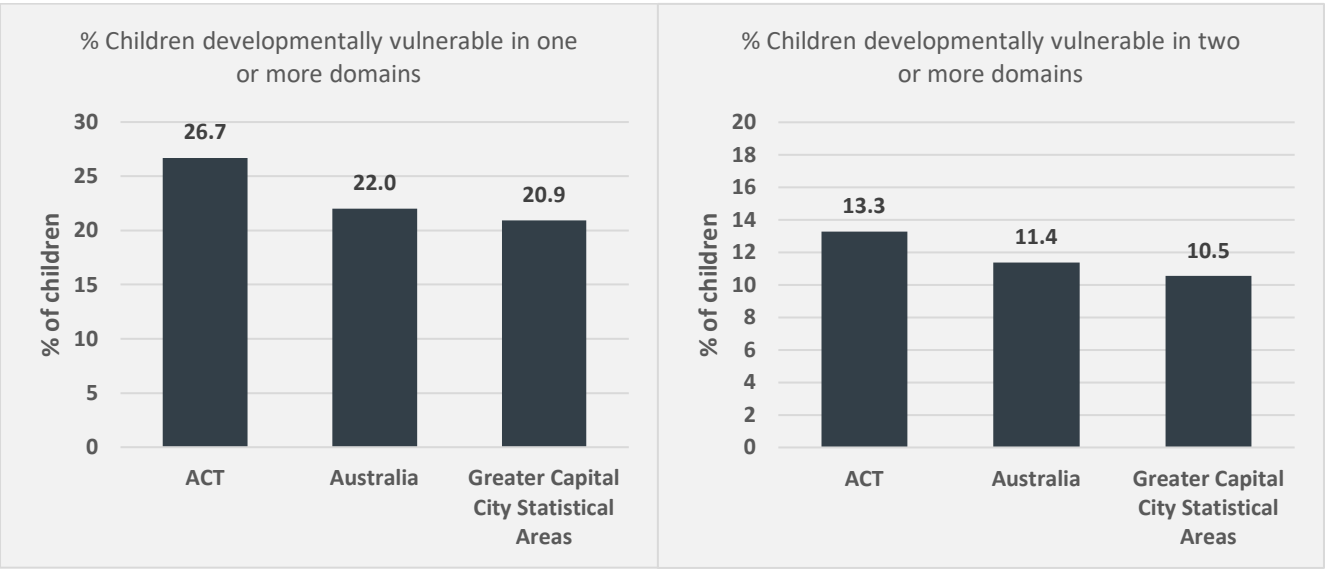


Figure 90: Proportion of children and young people by SA3 location 2022

Health and wellbeing

Early.childhood.development

Findings from the 2021 Australian Early Development Census (AEDC) show that 26.7% of children beginning their first year of school in the ACT were developmentally vulnerable in one or more of the five domains of early childhood development (physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge) (24). A total of 13.3% of children in the ACT were developmentally vulnerable in two or more domains, indicating high risk. Both figures were higher than the national figures and greater capital cities, indicating poorer performance in the ACT. Fewer than half (47.3%) children in the ACT were on track in all five domains (24).



Figures 91 and 92: Percentage of children who are developmentally vulnerable in one or more and two or more domains, 2021; (AEDC 2021)

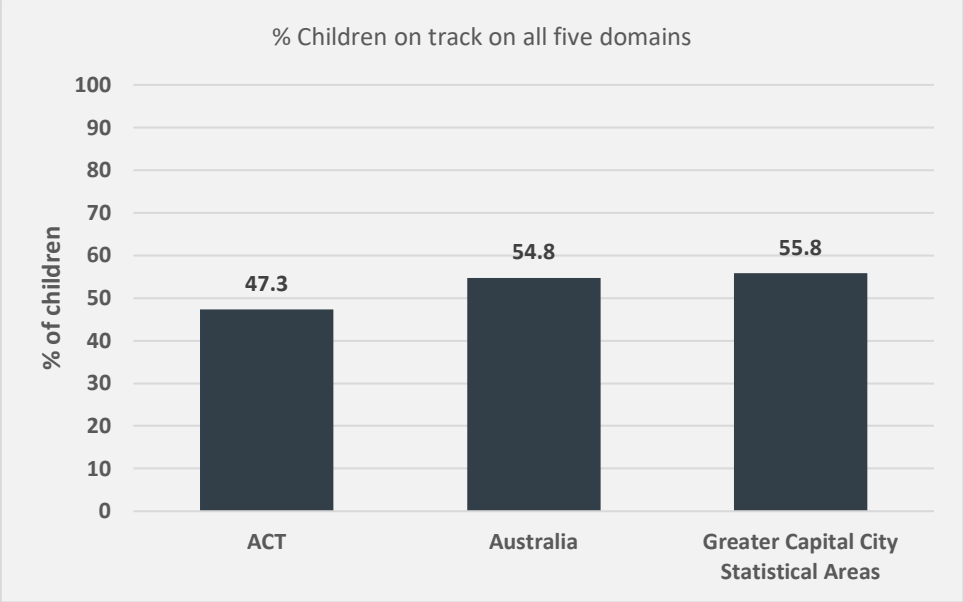


Figure 93: Percentage of children who are on track in all five domains, 2021; (AEDC 2021)

AEDC figures over time showed an increasing trend in the proportion of developmentally vulnerable children in the ACT, with poorer figures in each three-year cycle since 2012 (24).

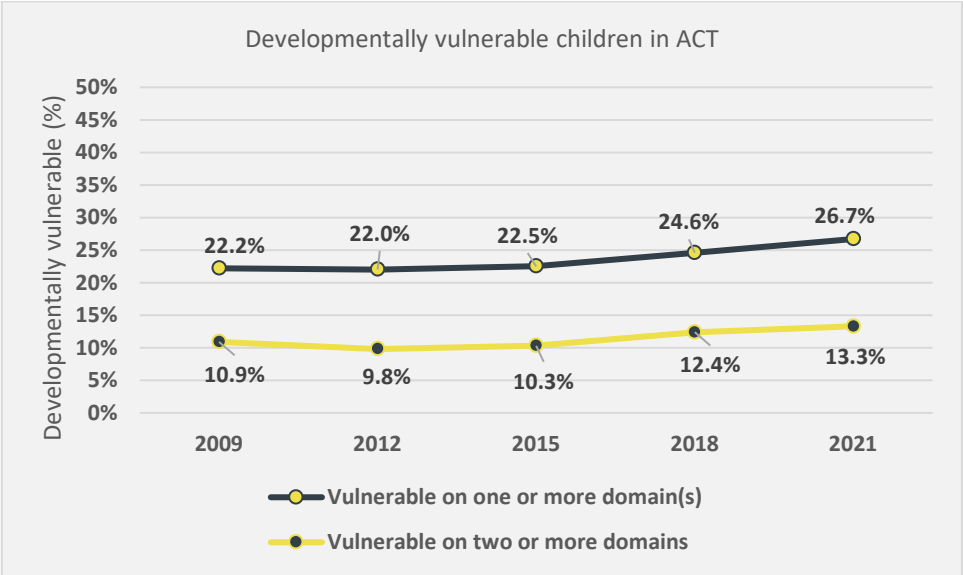


Figure 94: Proportion of developmentally vulnerable children in the ACT in 2009-2021. (AEDC)

Analysis by SA3 area highlights Belconnen and Tuggeranong as the two areas with the highest rates of children's developmental vulnerability in the ACT in one or more and two or more domains, and the lowest proportion of children on track in all five domains (24). Together with Gungahlin, they were the three regions with the most developmentally vulnerable children.

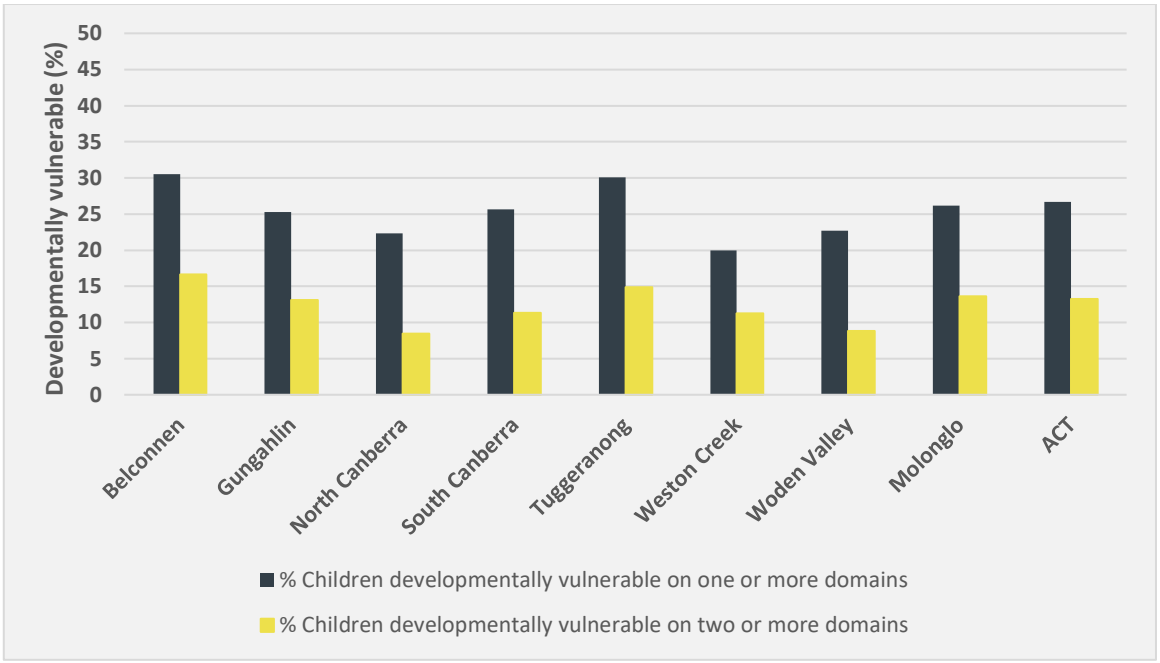


Figure 95: Proportion of developmentally vulnerable children and proportion of on track children by SA3 in the ACT; (AEDC 2021).
NOTE: Canberra East and Urriara Namadgi omitted from chart due to having no children in Census.

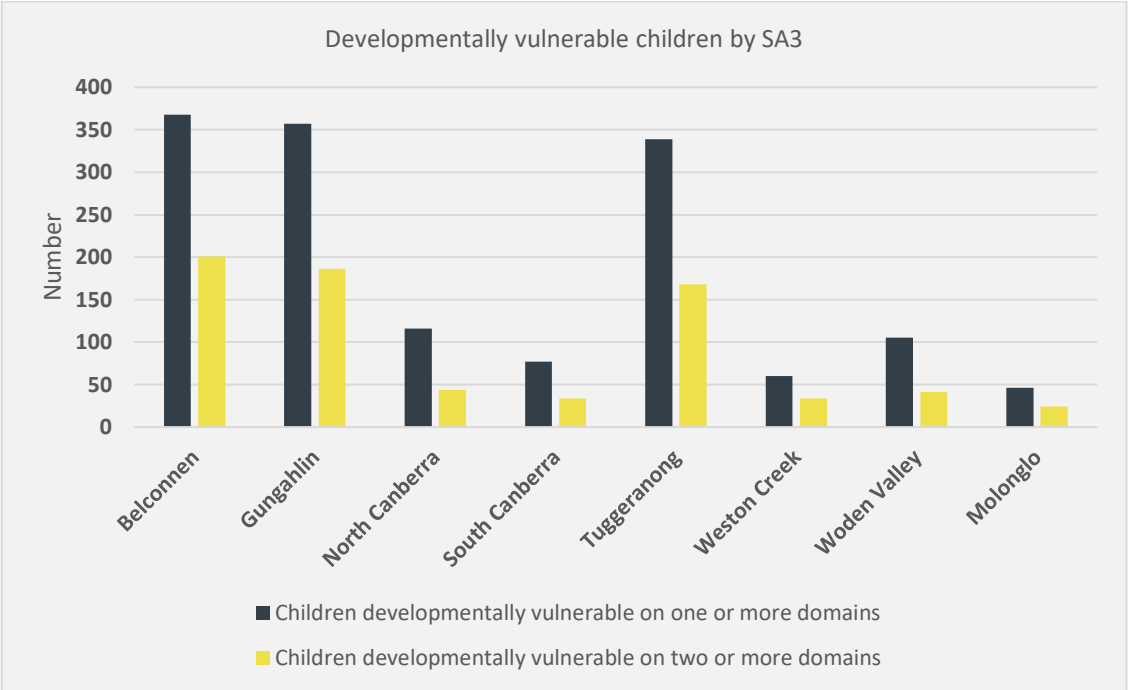


Figure 96: Number of developmentally vulnerable children by SA3 in the ACT; (AEDC 2021)
NOTE: Canberra East and Urriara Namadgi omitted from chart due to having no children in Census.

AEDC domains were shown to predict later health, wellbeing and academic success. ACT's poor results in recent AEDC cycles potentially point to current or future challenges for the primary care system, affecting areas such as mental health, chronic conditions and socioeconomic status. Efforts to ensure children and their families are provided with the best environment to grow and develop is important for ensuring future health and wellbeing, and this emerging issue should be monitored and addressed.

Mental health

As discussed in the mental health chapter, the mental health and wellbeing of children and young people is critical during development. It is estimated around 1 in 5 children aged 12-17 are experiencing a mental health condition, while prevalence of mental health conditions is highest in the 18-24 age group, affecting 35.1% (25).

Supporting children and young people to deal with mental health conditions and manage their mental wellbeing is a priority for the primary care system.

Alcohol and other drugs

Alcohol consumption in children and adolescents is linked with impaired brain development and increased risk of alcohol related harm in the short term and long term (26). Reducing consumption and encouraging safe drinking in young people is important to reduce harm.

The ACT Secondary Students Alcohol and Drug Survey (ASSAD) in 2022-23, estimated around two in five (39.5%) students aged 12-17 years had consumed alcohol in the past year, with almost one in five (17.8%) in the past month (27).

As discussed in the AOD chapter, reports of increasing presentations to AOD services across the ACT by children and young people highlight an area of great potential harm. Ensuring young people can receive adequate, appropriate care for AOD concerns is vital to reduce the short- and long-term impact of alcohol and other drugs in the ACT.

Mortality.

Between 2017 and 2021, there were 79 infant deaths in the ACT. The infant mortality rate of 2.8 deaths per 1,000 births is the second lowest of all states and territories in Australia (23).

In the same period, there were 105 deaths of young people aged 15 -24 years in the ACT. The age-standardised rate of 34.2 deaths per 100,000 population is again the second lowest of all states and territories, and below the national rate of 37.3 (23).

Barriers to care

A number of barriers specific to children and young people have been identified across the ACT, impacting this population's ability to access primary care services.

- Accessibility of primary care¿
  Factors affecting accessibility to primary care services - such as affordability, location, transport and waiting times – are also applicable to children and young people. Young people are likely to have lower incomes, exacerbating the effects of low bulk billing rates in the ACT and effectiveness of services with high out of pocket costs. The Inquiry into Raising Children in the ACT's report on improving health outcomes in children and young people recommended that bulk billed GPs should be available to more Canberrans (28).

Many young people may also rely on family or public modes of transport, enhancing the importance of accessible service locations. A mixture of these factors may limit young people's access to health care, potentially leading to worse health outcomes.

- Accessibility.of.MH.services¿
  In addition to accessibility factors outlined above for primary care services, there are barriers to accessing mental health services, including awareness of stigma and fear of accessing services. Services that stigmatise or discriminate against people with certain diagnoses make them inaccessible (29).

- Family.support.and.consent¿
  Consent for services may be a factor, particularly for children under the age of 18 years. Capacity to provide informed consent, or requirements around a parent or guardian providing consent may be a barrier particularly in cases where a young person may not want to share their issues with others. Stress and mental health challenges may be exacerbated when families do not support the child or young person seeking care. Navigating these challenges may be tricky for service providers. However, it may lead to mistrust in services and avoidance of care if not addressed.

- Trauma.informed.care¿
  Stakeholders outlined the importance of trauma-informed and person-centred care in improving engagement and experiences with mental health services. CYMH Alliance's 'Our Say' – Youth Lived Experience FAQs explained that it is essential for services to be trauma informed so young people feel comfortable and safe in a situation where they are vulnerable, and so they are not adversely affected or triggered by their experience (29). The consequences of not being trauma-informed include exacerbation of distress, distrust of services and avoiding seeking help.

- Models.of.care¿
  Stakeholders felt that traditional medical models of care for youth mental health services are not always the most appropriate, and opportunities to provide innovative and flexible services should be explored. Options such as single session interventions, group-based programs and nature-based programs were proposed as alternatives to office based models and talk therapy. Outreach services that consider people's interests and situations are preferred by many services. Flexible services are likely to improve accessibility and take up of youth mental health services, working towards overall improvements in health outcomes.

Identified needs

- Improve identification, awareness and primary health care supports to young children who are developmentally vulnerable.

- Improve provision of mental health care services to children and young people, including supporting innovative and flexible models of care.

Carers

Carers are essential to the health and wellbeing of those they support, often assisting with daily activities, providing emotional support, and helping navigate complex care systems. “According to the Australian Government Carer Recognition Act 2010, ‘a carer is someone who provides unpaid care and support to a relative or friend who has a disability, medical condition, mental illness, or is frail due to age.'" These carers come from all walks of life and include young carers, First Nations carers, and those from culturally and linguistically diverse backgrounds. Each group may face unique challenges that can impact their own physical and mental health as they support others.

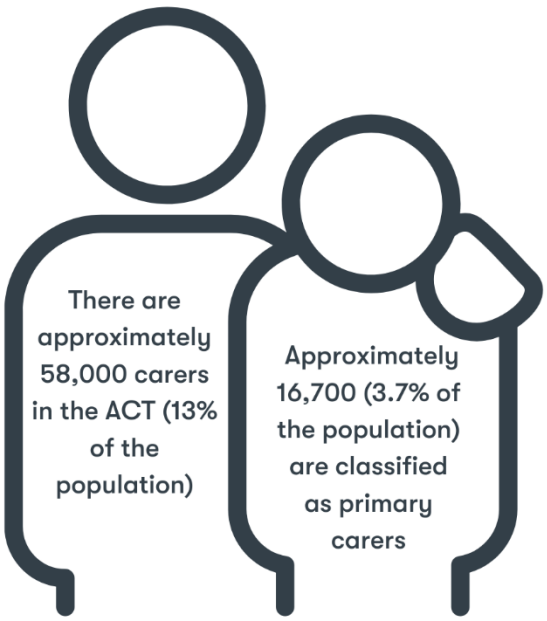
In 2021, CHN conducted a Needs Assessment, *Exploring the needs of local family and friend carers in the ACT community*, providing valuable insight into the diverse challenges faced by carers. For further information, see this completed Needs Assessment on the CHN website.

Demographics

The 2022 ABS Survey of Disability, Ageing and Carers (SDAC) estimated there were approximately 58,000 carers in the ACT, equivalent to 13% of the population (30). Approximately 16,700 (3.7% of the population) were classified as primary carers – who provide the most informal assistance with the core areas of mobility, self-care and communication.

Nationally in 2022, females (12.8%) were more likely to be carers than males (11.1%) and the proportion of people who were carers increased with age. Slightly more than one in eight (12.9%) of all carers were under the age of 25 years. On average, just over half of primary carers (51%) spent fewer than 20 hours per week caring, while 30.3% spent an average of more than 40 hours per week caring (30).

Carers were less likely to be in the labour force and had a 10% lower median income compared to non-carers, highlighting socioeconomic factors that have a potential impact on their own health and wellbeing (30).



Health and wellbeing

Health.outcomes.

The 2021 Carer Wellbeing Survey found that carers are more than twice as likely to have low wellbeing than the average Australian (31).

The following findings also highlight the potential effects on health and wellbeing outcomes for carers living in the ACT:

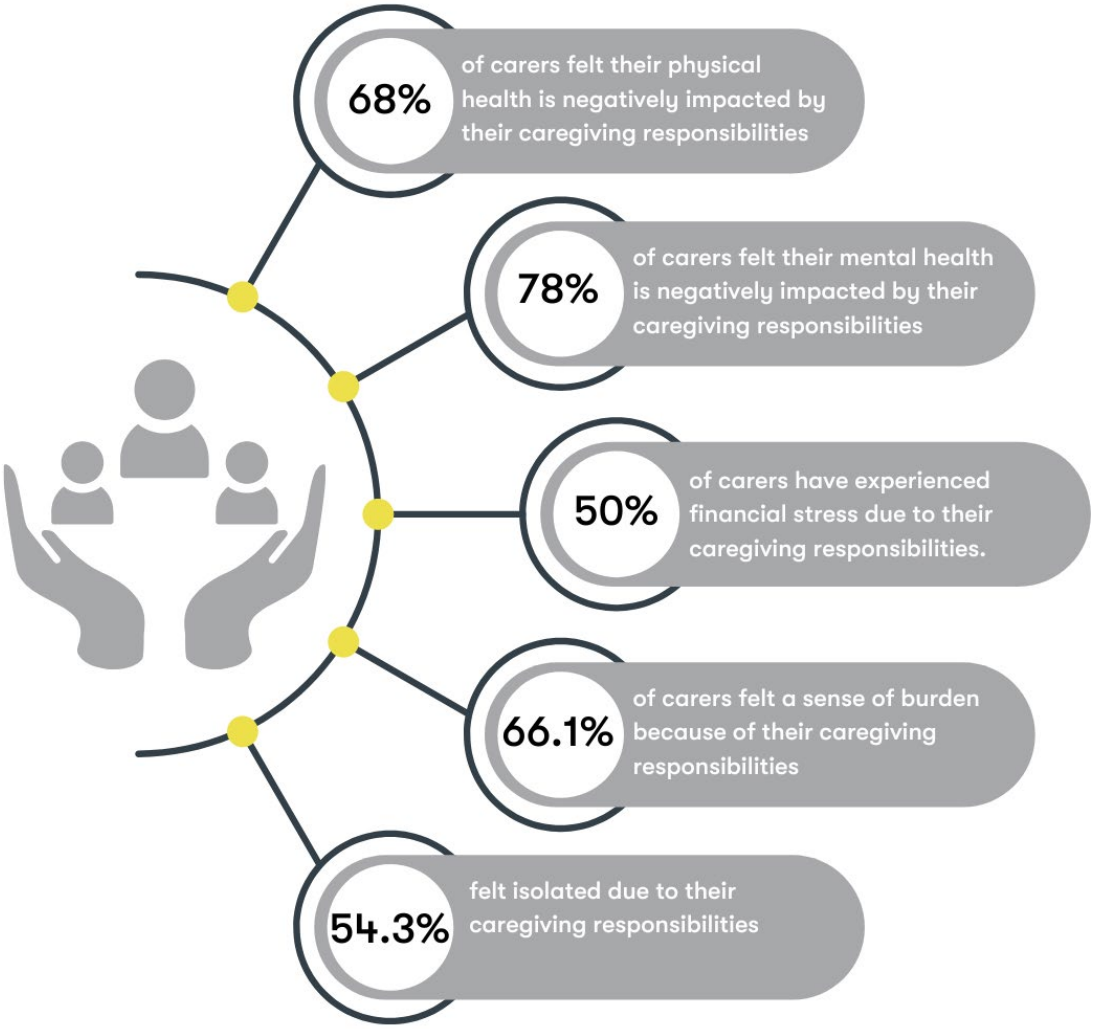
- 52.5% had fair or poor self-rated health, compared to 21.2% of adult Australians
- 40.3% were three times more likely than the average Australian (13.8%) to regularly experience loneliness
- 32.5% had significantly higher rates of psychological distress than the average Australian (16.9%).

Quality.of.life.

A survey completed with carers living in the ACT in 2021 highlighted views on how caring for another person is affected their own quality of life (32). Results showed that caring impacts quality of life in a variety of ways, including:

- 68.4% of carers felt their physical health is negatively impacted by their caregiving responsibilities
- 78% of carers felt their mental health is negatively impacted by their caregiving responsibilities
- 50% of carers have experienced financial stress due to their caregiving responsibilities
- 66.1% of carers felt a sense of burden because of their caregiving responsibilities
- 54.3% felt isolated due to their caring responsibilities.

The findings supported national findings, highlighting health and wellbeing challenges faced by carers living in the ACT, and indicating a need for support and care targeted towards this cohort.



Barriers to care

- Service.navigation¿
  .Carers find and access relevant services required for the person with care needs. Understanding the health landscape and awareness of the services available is a challenge for many carers, contributing substantially to stress. Providing navigation services in the ACT would likely benefit carers and reduce potential harm from barriers.

- Experiences.with.primary.care¿
  Carers in the ACT felt overlooked in primary care, with the 2024 Carers Wellbeing survey showing over 60% felt GPs did not ask about their own needs as a carer (31). Carers play a key role in decision making and information sharing, so it is important to appropriately include and listen when they attend primary care services. Improved communication between primary care providers and carers would likely improve the experience and quality of care, reducing potential stress and impacts on mental wellbeing.

Identified needs

- Improve supports for carers in the ACT to manage their own physical, social and mental health and wellbeing.

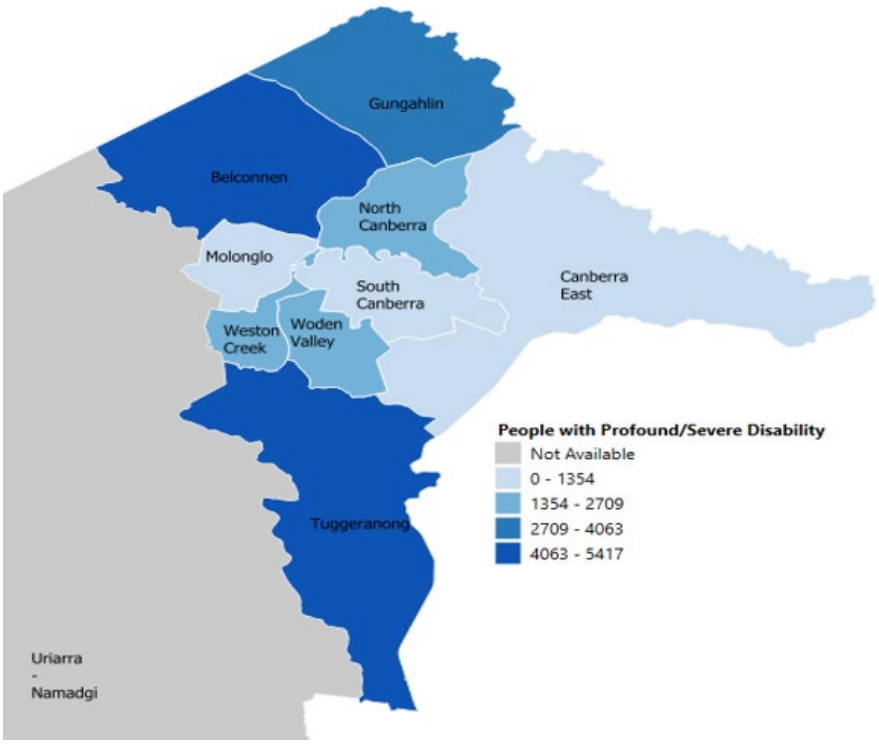
People with a disability

People with a disability have an impairment, activity limitation or participation restriction that impacts their everyday life, and often require support in various aspects of daily life. People with a disability experience poorer health outcomes than people without a disability and face barriers to access the health care system. Understanding the challenges for people in the ACT with a disability is necessary to provide quality, accessible care to all.

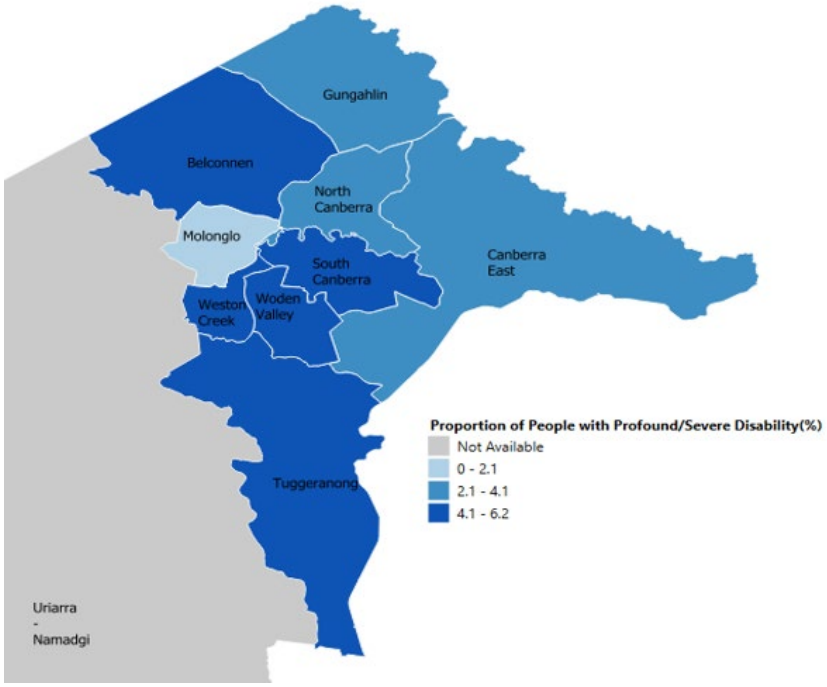
Demographics

In 2022, there were an estimated 86,800 people living with a disability in the ACT (30). This equates to almost one in five (19.4%) of the ACT population living with a disability, slightly below the national rate (20.9%) (30).

Of these, approximately 29,000 (6.4% of the population) have a profound or severe disability, where they often or always need help with a core activity of daily living (28). Census data showed that the greatest number of people living with a disability reside in Belconnen (5,417) and Tuggeranong (4,850), while the SA3 regions with the highest proportion of people living with a disability are in Weston Creek (6.2%), Tuggeranong (5.6%) and Woden Valley (5.4%) (1).



Figures 97: Number of people with profound disability by SA3 area, 2022



Figures 98: Proportion of people with profound disability by SA3 area, 2022

Nationally, disability prevalence was similar for males and females, while prevalence increased across the lifespan with 83.1% of people aged 90+ years living with disability. ACT figures from 2022 are yet to be released but are expected to show similar trends.

Health and wellbeing

Health.outcomes

People living with a disability are more likely than those without to have poor general and mental health. In 2020-21, adults with a disability were half as likely to have reported their health as excellent or very good, and 2.5 times more likely to have experienced high psychological distress (33). They were also more likely to have higher health risk factors than people without a disability, including smoking and poor diet.

Barriers to care

Some people with disability experienced barriers to accessing and using health services, including long waiting times, costs, accessibility of buildings, discrimination by health professionals and lack of communication between health professionals (33). While data is limited, they suggest that people with a disability are more likely to experience access barriers than people without a disability.

- Waiting.times¿
  In 2018, 24% of people aged 15-64 years with a disability waited longer than acceptable for a GP appointment (33).

- Cost¿
  Data suggest 7.6% of people with a disability aged under 65 years delayed or did not see a GP when needed due to cost (33). Cost is a factor for all within the population. However, people with a disability are likely to require more frequent appointments with GPs and with other health professionals.

- Physical.accessibility¿
  People with a physical disability or mobility impairment may require the building to be accessible to attend an appointment. Factors include stairs, rails, width of doors and hallways, removal of obstacles and visibility. Inaccessible environments may increase risk of harm or lead to avoiding care.

- Discrimination¿
  In 2022, approximately one in ten (9.9%) people with a disability experienced discrimination due to their disability in the previous twelve months (30). While these numbers likely apply in the ACT, there is a high margin of error in ACT specific figures. Discrimination may affect people's mental health and wellbeing, while increasing barriers to accessing health care and services.

- Lack.of.communication¿
  Nearly half (47%) of people with a severe or profound disability saw three or more health professionals for the same condition (33). Poor communication between professionals can lead to stagnancy of treatment, inefficient care and confusion in care plans. Ensuring strong communication between multidisciplinary team members is vital to quality of care.

- Avoiding.care¿
  In 2022, around one in three (34.7%) of people with a disability in Australia avoided situations due to their disability (30). Avoiding health care and support services at that rate could lead to decline in function and wellbeing for people with disability.

Identified needs

- Improve accessibility to primary care services and supports for people in the ACT with a disability.

Identified needs summary

Multicultural communities

- Support primary care providers to deliver culturally competent care to people from multicultural communities.
- Enhance care navigation services for people from multicultural communities.
- Improve data collection and sharing within the ACT, to enhance the capacity to identify and address by tailoring services to support specific multicultural communities.

Refugees

- Support primary care services to understand and address the needs of refugees as they transition to mainstream primary care providers.

FDSV

- Improve access to gender sensitive, equity oriented and trauma informed care for victim survivors of FDSV.
- Improve access to crisis support services for people experiencing FDSV and enhance integration of care between primary care services and crisis support services.

Homelessness

- Improve integration of primary care services and homelessness support services to enhance accessibility and delivery of primary health care services.

LGBTIQA+ people

- Support primary care services to provide gender inclusive, respectful services to reduce experiences of discrimination in health care settings.
- Improve provision of mental health care services to LGBTIQA+ people.
- Increase provision of peer led LGBTIQA+ services in the ACT.
- Support services to reduce the number of inappropriate referrals to LGBTIQA+ services in ACT.

Children and young people

- Improve identification, awareness and primary health care supports to young children who are developmentally vulnerable.
- Improve provision of mental health care services to children and young people, including support of innovative and flexible models of care.

Carers

- Improve supports for carers in the ACT to manage their own physical, social and mental health and wellbeing.

Disability

- Improve accessibility to primary care services and supports for people in the ACT with a disability.

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