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AIHW access

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Reduce your impact on the environment and your paper trail by switching to our online version of AIHW access. Register online at www.aihw.gov.au/access/subscribe.cfm.

Hello, and welcome to *AIHW Access*. You will notice that this latest issue is rather different to its predecessors.

In the interests of more regular and timely communication with all of you—our readers and stakeholders—we have decided to re-focus *AIHW Access* to what the Institute itself does best—providing reliable, regular and relevant information and statistics on Australia's health and welfare.

So, in this issue you will find descriptions of, and the key results from, some of our most interesting recent reports across both the health and welfare domains, written in an easy-to-understand plain English style.

If you then want to follow up in more detail on the subjects raised here, then the full reports are of course available to you free of charge on the AIHW website at <aihw.gov.au>.

Leading the charge on our most interesting recent work is our biennial welfare report *Australia's welfare 2013*.

At the launch of the report by then Minister for Human Services, Jan McLucas in Bankstown in August 2013, our Board Chair, Dr Andrew Refshauge, observed that historically the AIHW has had very few limitations placed on it in producing *Australia's welfare*.

The AIHW Act simply states that our biennial welfare report must provide:

- (a) Statistics and related information concerning the provision of welfare services to the Australian people; and
- (b) An outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies.

We respect that freedom that has been given to us, and, to their credit, so have governments and our funders and stakeholders throughout the AIHW's 26-year history.

In 1993, when we produced our first *Australia's welfare* report, we were very focused on services—so focused that we gave the report a subtitle of 'services and assistance' just to make it doubly clear. This was mainly because, in those early days, service data was all we could get access to.

At the time we said:

- 'This report is the first major attempt to describe the provision of welfare services in Australia and contains information on four main welfare service areas: housing assistance; children's services; aged care services; and disability services.'

That report was 393 pages in length and contained 27 graphs and 134 tables.

Australia's welfare 2013 has 536 pages, and contains 172 graphs, and 268 tables—56 tables are in the book, 213 are available as online files.

And rather than just the four discrete service areas mentioned above—children, aged care, disability and housing—we now include information on:

- population factors and economic participation factors that underpin welfare services
- homelessness
- the community services workforce
- welfare expenditure
- informal carers
- an overview of the wellbeing of Australians across the broad domains of healthy living, autonomy and participation, and social cohesion.

So you can see that over the years we have increasingly taken the view that this publication is more than just a legal requirement.

It's in fact an opportunity—an opportunity to present an holistic and authoritative view—not only of welfare services but of all the complex and changing human, social and economic factors affecting welfare and welfare services in Australia.



David Kalisch
Director (CEO), AIHW



Australia's Welfare 2013



Aussies living and working longer, but some are doing it tough

The latest AIHW report card on welfare in Australia shows we are living longer, are better educated and are extending our stay in the workforce, but some people continue to be disadvantaged.

The biennial report *Australia's welfare 2013* was launched in August by the then Minister for Human Services, Senator Jan McLucas.

AIHW Director and CEO David Kalisch said the report highlighted that while our population continued to grow and many of us enjoyed a very good standard of living, some groups faced social and economic difficulties.

'Where we live, our family structure and our levels of education all affect the quality of our lives and how long we can expect to live,' Mr Kalisch said.

'The report shows that there are relatively high levels of persistence or recurrence of poverty in Australia for particular individuals or groups.

'For example, elderly single males and elderly single females were more likely to experience poverty for 5 or more years over a 9-year period than couples with children and one-parent families with children.'

In 2009, 13% of the Australian population was classified as being in relative income poverty and in 2009–10, government pensions and allowances were the main source of income for 1 in 4 households.

Mr Kalisch said that while more people in their 60s were choosing to work rather than retire, many adults struggled to gain a foothold in employment, especially young adults and people with disability.

In 2012, 7% of 15–19 year olds, and 12% of 20–24 year olds were not in employment, education or training, which was similar to levels in 2003.

Ageing and disability present future challenges

The report shows the ageing of the Australian population is one of the key factors in Australia's changing demographic profile.

People aged 65 and over now make up 14% of the population, or about 3.2 million people, compared with 8% in 1972. The proportion of those aged under 25 has fallen from 46% to 32% over the same period.

'Older Australians can expect to live longer than ever before, are enjoying more years of life without disability, and are increasingly remaining in the workforce,' Mr Kalisch said.

'But while overall there is a large and growing group of older people who are generally well, living independently and actively participating in society, the number of older, and younger, Australians who are unable to care for themselves at home, or who require support to do so, is also growing.'

An estimated 4 million Australians of all ages have some form of disability—18.5% of the population—which includes 1.3 million people who need help with core activities.

Mr Kalisch said informal carers, such as family members and friends, played a vital role in the lives of people who sometimes or always needed help to do tasks because of disability, long-term health conditions or frailty due to ageing.

'In 2009, 2.6 million Australians were informal carers, and about 20% were aged 65 and over. Of the 770,000 primary carers, 303,000 had disability themselves.'





Fast facts from *Australia's welfare 2013*

- Australian governments spent an estimated \$119 billion on welfare in 2010–11—\$90.0 billion in cash payments and \$29.4 billion for welfare services.
- Welfare services spending, at an average of \$1,308 per Australian resident in 2010–11, was nearly 30% more than the \$90.1 billion governments spent on health in the same year.
- The proportion of jobless families dropped from 13.0% in 2005 to 11.6% in 2011—but the 2011 proportion was higher than the low of 10.2% immediately before the global financial crisis of 2008.
- Australians are better educated than a decade ago: 67% of people aged 25 to 64 held a non-school qualification in 2012 compared with 54% in 2002.
- Adoptions have fallen to their lowest level ever—at just 333 in 2011–12 compared with around 9,800 in 1972.
- The number of children in substantiated (confirmed) abuse and neglect cases rose by 18% between 2007–08 and 2011–12. The number of children living in out-of-home care increased by 27% between 2008 and 2011.
- Just over half (52%) of children aged 0 to 12 usually attended child care in 2011.
- House prices were more than 7 times the average household income in 2011 compared with 4 times at the start of 2002, and houses are increasing in size.
- In 2011, 72% of Australia's 7.8 million households were family households (with or without children), 24% were lone-person households and the rest were group households.
- In 2009–10, 1 in 5 children lived in a one-parent family, and this rate has not changed for more than 10 years.
- In 2011, the majority of Australian households were buying or owned their own home outright (5.2 million). About 2.3 million were renting either private or social housing dwellings, with this number rising over the last five years. About 105,000 people were homeless.
- Almost 1 in 3 (30%) employed people worked part-time in 2012, compared with 17% in 1982. Women were almost 3 times as likely as men to be employed part-time (46% and 16% respectively) and this is likely to be related to caring responsibilities.

Some improvements in Indigenous disadvantage

The report confirmed several areas of disadvantage for Indigenous Australians, but also shows areas where there have been significant improvements.

'Indigenous Australians have a shorter life expectancy than other Australians, are over-represented in the prison and youth justice systems, and Indigenous children are 10 times as likely as non-Indigenous children to be in out-of-home care,' Mr Kalisch said.

'And although death rates for Indigenous adults have fallen, among those aged 25–54 they were 4 to 5 times as high as for non-Indigenous people between 2007 and 2011.'

Mr Kalisch said areas where there were signs of improvement included rises in Indigenous home ownership, falls in overcrowding among Indigenous households, and improving education and labour force participation rates.

The report shows that people outside major cities also experience several areas of disadvantage, including higher death rates, higher disability rates, lower educational attainment, and higher unemployment rates.



Download *Australia's welfare 2013* at <http://www.aihw.gov.au/publication-detail/?id=60129543825> and *Australia's welfare 2013: in brief* at <http://www.aihw.gov.au/publication-detail/?id=60129544079>.

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Accidents and lifestyle choices—the biggest health challenges facing Australia's males

Accidents and poor lifestyle choices are the main health risks for Australia's males, according to two AIHW reports released in July.

The reports, *The health of Australia's males: from birth to young adulthood (0-24 years)* and *The health of Australia's males: 25 years and over* look at the health and wellbeing of Australia's males through a range of life stages.

Higher death rates and accidents among younger males

Among males aged 0–24, there were 52 deaths per 100,000 males, nearly twice the rate for females of the same age.

'Land transport accidents were the major cause of death for males aged 1–24, with males within this age range nearly 3 times as likely as females to die from land transport accidents,' said the AIHW's Justin Harvey.

Males aged 0–24 were also more likely to be hospitalised for injury, and more likely to die from injury, than females of the same age.

Among males aged 14–19, 43% were at risk of injury resulting from excessive alcohol consumption on at least one occasion in the previous year, compared with 39% of females of the same age.

Aussie males could be making better lifestyle choices

In 2011–12, 44% of males aged 25 and over were overweight, 31% were obese and 66% had a waist circumference that put them at increased risk of chronic disease. The proportion of males aged 25 and over who were overweight or obese increased from 69% in 1995 to 75% in 2011–12.

In 2010, the proportion of males aged 20 and over who were current smokers, or who had never smoked, generally decreased with age:

Males aged 20–29 were most likely to be current smokers (26%) and males aged 70 or over least likely (8%).

'On the other hand, males aged 20–29 were most likely to have never smoked (63%) and males aged 60–69 least likely (41%),' Mr Harvey said.

For most age groups, males were more likely to be a current smoker than females of the same age.

Download *The health of Australia's males: from birth to young adulthood (0-24 years)* <<http://www.aihw.gov.au/publication-detail/?id=60129543995>> and *The health of Australia's males: 25 years and over* <<http://www.aihw.gov.au/publication-detail/?id=60129543994>>.

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Stroke death rates drop 70% but thousands still affected

Strokes continue to have a major impact on the health of Australians, despite a 70% fall in death rates between 1979 and 2010.

A recent AIHW report, *Stroke and its management in Australia: an update*, shows that there were 8,300 deaths from stroke in 2010, representing 6% of all deaths, or about 23 deaths a day.

Acting Head of the Institute's Cardiovascular, Diabetes and Kidney Unit Ann Hunt said that while death rates had fallen, the total number of strokes had risen by about 6% over the same period.

'However, this is largely due to the ageing of the population, as most strokes occur in people aged 65 or over,' Ms Hunt said.

'Despite the higher total number of strokes, the rates of stroke across the population fell by an estimated 25% between 1997 and 2009.'

There were more than 35,300 hospitalisations for stroke and 25,800 hospitalisations for rehabilitation care associated with stroke in 2009–10.

As well as looking at incidence, prevalence, hospitalisations and deaths, the report examines disability and treatment, how stroke is managed in Australia, and also makes international comparisons and identifies data gaps.

More people surviving

Ms Hunt said the good news was that more people were surviving a stroke than previously, and disability caused by stroke had fallen, from 45% of cases to 35%.

Specialised care facilities, or stroke units, had been shown to significantly improve health outcomes for stroke patients, and the number of these facilities had increased.



'There is evidence to suggest that patients admitted to stroke units have better outcomes than other patients, so it is particularly important that patients are admitted to these units where possible,' Ms Hunt said.

Between 2007 and 2011, the number of stroke units in public hospitals rose from 54 to 74 and the proportion of patients receiving stroke unit care rose from 50% to 60%.

Ms Hunt said, 'Currently, 39% of those hospitals required to admit and manage people with acute stroke have a specialised stroke unit. While this proportion has risen in recent years, it is still low compared with other countries with similar economies to Australia's.'

Carers have critical role

The report also examines the impact of stroke on patients, their carers, the health system and aged care services.

Ms Hunt said that informal carers played an important part in the care and recovery of stroke survivors—an estimated 75,000 carers provided assistance to people with stroke and disability in 2009.

'More than half of these informal carers spend 40 hours or more each week in their caring role,' Ms Hunt said.

Download *Stroke and its management in Australia: an update* at <http://www.aihw.gov.au/publication-detail/?id=60129543613>.

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Program screens over 3.6 million women for cervical cancer



According to the latest in the AIHW's series of *Cervical screening in Australia* reports, the National Cervical Screening Program (NCSP) reached more than 3.6 million women in 2010–11.

The report was released in June this year and presents the latest national statistics monitoring the NCSP, which aims to reduce cervical cancer cases, as well as illness and death from the disease, through regular screening.

Participation rates down, but more women screened

The report found that around 57% of women in the target age group of 20–69 took part in the program in 2010 and 2011. Participation decreased slightly in 2010–11, down from 58% in 2009–10, and 59% in 2008–2009.

'Despite the slight fall in the proportion of women participating in the NCSP, the number of participants continued to rise and detection of high-grade abnormalities remained high,' said Justin Harvey, Head of the AIHW's Cancer and Screening Unit.

Socioeconomic status a barrier

While participation was similar across all regions of Australia, with the highest rate recorded in *Inner regional* areas (58%) and the lowest in *Remote* areas (55%), greater differences in participation rates were seen across socioeconomic status.

'Participation rates were notably higher in areas of highest socioeconomic status (63%) and lower in areas of lowest socioeconomic status (52%),' Mr Harvey said.

More women surviving cervical cancer

The latest available figures show there were 631 new cases of cervical cancer diagnosed in women aged 20–29 in 2009, and 152 women died from cervical cancer in 2010.

The number of new cases of cervical cancer per 100,000 Aboriginal and Torres Strait Islander women was more than twice that for non-Indigenous women. The number of deaths per 100,000 Aboriginal and Torres Strait Islander women was 5 times the non-Indigenous rate.

'But there is some good news,' Mr Harvey said.

'Overall, incidence and mortality rates have both halved since the introduction of the NCSP in 1991, remaining at their historic lows of 9 new cases and 2 deaths per 100,000 women since 2002.'

Download *Cervical screening in Australia 2010–11* <<http://www.aihw.gov.au/publication-detail/?id=60129543402>>.

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Dental care hitting Aussies' hip pockets

Dental care is costing many Australians much more than a filling or extraction, according to a recent AIHW report.

Individuals contributed 58% of the \$7.9 billion spent on dental services in 2010–11, and for some this proved to be a large financial burden.

The report, *Oral health and dental care in Australia: key facts and figures 2012*, presents the most recent information on the oral health and dental care of Australians, with data on tooth decay, tooth loss, dental appearance, dental visits, insurance cover and the dental workforce.

Professor Kaye Roberts-Thomson from the Institute's Dental Statistics and Research Unit said that the 2010–11 spending was 2% more than the previous year.

'Just over half of all people aged 5 and over had some level of private dental cover in 2010, and most adults with some level of dental insurance made co-contributions towards the cost of dental visits,' Professor Roberts-Thomson said.

'Nearly 1 in 10 insured adults paid all their own expenses, and of these about 17% reported that this caused a large financial burden.'

In 2010, 64% of people aged 5 and over had visited a dentist in the previous year—ranging from 78% of children aged 5–14 to 57% of adults aged 25–44.

Appearance does matter

The report provides a 'snapshot of the state of Australian's oral health, including that:

- In 2010, about 15% of adults reported experiencing toothache in the previous 12 months, and 25% reported feeling uncomfortable about their dental appearance.
- About 21% of adults aged 65 and over had no natural teeth, and this was slightly higher among women.
- In 2009, the proportion of children who had experienced decay in their baby teeth ranged from 42% for 5 year olds to 61% for 9 year olds. This was similar to the proportions in 2006, which ranged from 40% for 5 years olds to 62% for 8 year olds.



- The proportion of children with permanent teeth affected by decay ranged from 5% for 6 year olds to 58% for 14 year olds. Using the same ages, in 2006 these figures ranged from 9.9% in 6 year olds to 54% in 14 year olds.
- Adults living in *Remote* and *Very remote* areas had higher rates of untreated decay than those in *Major cities*—38% compared with 24% in 2004–2006.

Overall, in 2009, there were 54.1 dentists, 5.6 dental therapists, 4.2 dental hygienists, 2.7 oral health therapists and 4.6 prosthetists per 100,000 population. The majority (84.5%) of practising dentists were general dentists and 11.4% were specialists.

Snapshot of children in remote areas

A second report, *The dental health of Australia's children by remoteness: Child Dental Health Survey Australia 2009*, presents similar results on the effect of remoteness on dental decay.

The report describes the dental health of children examined by school dental service staff in 2009, and shows the mean number of decayed, missing or filled permanent teeth at age 6 and 12 were higher among children in *Remote/ Very remote* areas than among children in *Major cities*.

Download *Oral health and dental care in Australia: key facts and figures 2012* at <<http://www.aihw.gov.au/publication-detail/?id=60129543390>> and *The dental health of Australia's children by remoteness: Child Dental Health Survey Australia 2009* at <<http://www.aihw.gov.au/publication-detail/?id=60129543394>>.

Youngest offenders at high risk of returning to youth justice system



New AIHW research has shown that the youngest people—those aged 10–14—involved in the youth justice system are at high risk of becoming chronic, long-term offenders.

In all states and territories of Australia, children and young people may be charged with a criminal offence if they are aged 10 years and over. Those aged 10–14 are therefore the youngest group involved in the youth justice system.

The report, *Young people aged 10–14 in the youth justice system*, examines the characteristics of this age group, including patterns of involvement with the youth justice system.

It shows that while young people aged 10–14 make up only a relatively small group in the youth justice system, they are at a high risk of re-entering at older ages.

There were 1,940 young people aged 10–14 who experienced youth justice supervision at some time during 2011–12 (excluding Western Australia and the Northern Territory, for which comparable data was not provided).

This equates to 17% of all young people (aged 10–17) under supervision during the year, or 16 per 10,000 young people across the Australian population in that age group.

Head of the AIHW's Child Welfare and Prisoner Health Unit, Tim Beard said young people aged 10–14 are a small but important group in youth justice.

'There is some evidence that people who enter the youth justice system at younger ages are more likely

to return to supervision in the future, compared with those who enter at an older age,' Mr Beard said.

For example, longitudinal data in the report show that most (85%) young people in a cohort born in 1993–94 who were supervised at age 10–14 returned to, or continued under, supervision when they were 15–17.

This was particularly the case for the most serious type of supervision—detention.

'Young people aged 10–14 from the 1993–94 birth cohort who return to supervision at older ages also tended to have more serious involvement in the system and are supervised for longer,' Mr Beard said.

About half (51%) of those who entered supervision aged 10–14 (and later returned) spent 18 months or more in total under supervision when 15–17, compared with only 15% of those first supervised at 15–17.

Mr Beard said it was also of significant concern that Indigenous over-representation in youth justice is greatest at younger ages.

Nationally, Indigenous young people aged 10–14 were 23 times as likely as non-Indigenous young people to be under community-based supervision during 2011–12 and 25 times as likely to be in detention (excluding Western Australia and the Northern Territory).

These were higher than the corresponding rate ratios among young people aged 15–17 (13 and 15 times the non-Indigenous rate in community-based supervision and detention).

'Indigenous young people aged 10–14 were about 6 to 10 times as likely as non-Indigenous young people of the same age to be proceeded against by police during 2010–11, compared with 3 to 5 times as likely among those aged 15–17', Mr Beard said.

Research indicates that a range of interventions may help to reduce reoffending among young people.

Young people aged 10–14 under supervision in each state and territory may receive a range of programs and services in the community, or in detention. These commonly target risk factors such as antisocial behaviour, drug and alcohol misuse, mental health issues, education and training, and relationship issues such as family violence.

Download *Young people aged 10–14 in the youth justice system* at <http://www.aihw.gov.au/publication-detail/?id=60129543944>.

Australian prisoners face many health challenges—but it's not all bad news



Australian prisoners experience a range of significant health issues, with mental health problems, communicable diseases, and substance use particularly prevalent.

The health of Australia's prisoners 2012 is the third in a series of reports produced by the AIHW. The report presents information on the health of people entering and leaving prison, as well as information about the sorts of services provided by prison health clinics.

Health problems are common among prisoners...

The report shows that almost 1 in 3 (32%) prison entrants reported having a chronic disease, with asthma most commonly reported (24%), and around one-fifth tested positive to both Hepatitis C and B. Both of these rates are higher for prisoners than for the general community.

'Risky health behaviours are also more common among prisoners, with over 4 in 5 prison entrants reporting that they smoke, and seven in ten saying they had used illicit drugs in the 12 months prior to the data collection period,' said Dr Pamela Kinnear, Head of the AIHW's Continuing and Specialised Care Group.

Mental health problems also continue to be of concern among prisoners, with over a quarter (26%) of prison entrants referred to mental health services for observation and assessment. A similar proportion (25%) took medications for mental health related conditions while in custody.

...but some improvements seen

'The good news is that many prisoners reported improvements to their mental health while in prison,' Dr Kinnear said.

While almost half (46%) of prison discharges reported a history of mental health issues, 27% said that their mental health became 'a lot better' while in prison.

Many of those discharged from prison also reported improved general health, with 37% saying their health had become 'a lot better' while in prison, although over half (57%) said that they had gained weight during this time.

Looking forward

'This is the first time in the report's history that data on discharges (prisoners expecting to be released in the 4 weeks following the collection of data) has been included,' Dr Kinnear said.

'We hope that as the data collection improves, clearer trends about prisoners' health and wellbeing at the end of their time in prison will emerge,' Dr Kinnear said.

Download *The health of Australia's prisons 2012* <<http://www.aihw.gov.au/publication-detail/?id=60129543948>>.

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Falls and transport accidents main causes of hospitalised injury



Falls and transport accidents are the leading causes of injuries that lead to a stay in hospital.

More than 170,000 people were hospitalised because of a fall in 2010–11, and more than half (53%) were aged 65 and over, according to an AIHW report that examined 12 years of injury statistics.

Trends in hospitalised injury, Australia 1999–00 to 2010–11, looks at injury from a diverse range of external causes, from assault and exposure to fire, smoke and heat, to falls, transport accidents, poisoning and drowning.

The Head of the National Injury Surveillance Unit, Professor James Harrison, said falls accounted for 39% of injury cases, transport accidents 12%, intentional self-harm almost 6% and assault 5%.

There were about 53,000 transport injury cases during 2010–11, with twice as many males as females hospitalised.

Professor Harrison said the overall rate of injuries that resulted in hospital stays had risen in recent years.

The number of cases of hospitalised injury per 1,000 population rose by about 1% per year between 1999–00 and 2010–11. The annual number of cases rose from 327,000 to 438,000 over the same 12-year period.

Falls in poisoning, drowning

But while the overall rate increased, some rates fell. The rate of cases involving poisoning by pharmaceuticals fell by 5% per year and the rate for poisoning by other substances fell by 4% per year from 1999–00 to 2011–12.

The rate of hospitalised drowning and near-drowning cases fell by 1% per year overall, and by 3% per year for children aged 0–4.

'However, there were increases in rates of hospitalised injury due to falls, by 2% per year, and intentional self-harm, by 1% per year,' Professor Harrison said.

'Falls make up a large proportion of all hospitalised injury, so rising rates for this cause has a strong effect on the overall trend.'

In 2010–11, injury hospitalisations were more common among males than females for all age groups except for people aged 65 and over, where the reverse was true.

'The 25 to 44 age range accounted for 29% of injury hospitalisations for males and 18% for females in 2010–11,' Professor Harrison said.

The report shows injury hospitalisation rates for Indigenous people were twice those of other Australians.

Rates were also consistently higher for residents of *Very remote* and *Remote* areas than for other areas, and were lowest for those living in *Major cities*.

The average length of stay in hospital because of an injury was 4 days, and 8 days for people aged 65 and over.

About 1 in 6 injury cases were classified as high threat to life. The percentage of high threat to life cases increased with age to 32% of cases by the age of 65 and over.

Download *Trends in hospitalised injury, Australia 1999–00 to 2010–11* at <<http://www.aihw.gov.au/publication-detail/?id=60129544399>>.

Profiling homelessness services in Australia



Specialist homelessness agencies helped more than 157,000 clients and provided more than 3.6 million nights of accommodation in the 6 months from July to December 2012.

The latest report to present results from the Specialist Homelessness Services Collection (SHSC) provides information for the six-month period from July to December 2012. The report presents the characteristics of clients of specialist homelessness agencies who were supported at some stage in this period, and provides information on the assistance they received and their changes in circumstances following support.

It shows almost half (47%) of specialist homelessness services clients were already homeless when they began receiving support, and over a fifth (22%) were sleeping without shelter or in an improvised or inadequate dwelling.

Head of the AIHW's Housing, Homelessness and Drugs Group Geoff Neideck said most clients were female, and the majority were aged 18 to 44.

'Females were more likely to receive specialist homelessness services than males, with females representing 58% of all clients,' Mr Neideck said.

'However, homeless males were more likely than homeless females to be sleeping rough, with 27% of homeless males sleeping rough compared to 16% of females.'

Women aged 18–44 represented 60% of females seeking assistance and 35% of clients overall.

One-quarter of clients sought assistance because of domestic and family violence

The pathways into homelessness can be many and varied and the reasons clients seek assistance can highlight the major risk factors for homelessness.

Mr Neideck said the most common reason for seeking assistance was domestic and family violence, which were reported by 32% of females and a quarter of clients overall.

'Financial difficulties' was the second most common reason for seeking assistance—and was more commonly reported among males (17% of males compared with 14% of females).

Indigenous Australians were over-represented

Aboriginal and Torres Strait Islander people continued to be over-represented as clients of homelessness services.

'Almost one-quarter of clients identified themselves as being of Aboriginal and/or Torres Strait Islander origin, compared to their 3% representation in the total population,' Mr Neideck said.

Many at risk of becoming homeless were assisted

Overall, more than 3.6 million nights of accommodation were provided by specialist homelessness agencies over the period, and almost \$12 million in financial assistance was provided to clients.

In addition to clients who were already homeless, many people who were at risk of becoming homeless were assisted.

'Of clients who were at risk of homelessness when they began receiving support, 86% were not homeless at the end of their support, 4% were in an institutional setting and 10% were homeless at the end of support,' Mr Neideck said.

Download *Specialist homelessness services: July-December 2012* at <<http://www.aihw.gov.au/publication-detail/?id=60129543512>>.

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New information available on seclusion in mental health facilities



Earlier this year, the AIHW released information on the use of seclusion in public mental health facilities, making the material publicly available in Australia for the first time.

Seclusion is defined as confinement at any time of the day or night alone in a room or area from which free exit is prevented.

Head of the AIHW's Continuing and Specialised Care Group Dr Pamela Kinnear said the information shows overall seclusion rates are falling, although they haven't fallen in recent years for children and adolescents.

'Seclusion rates fell from 15.6 events per 1,000 bed days in public acute hospital services to 10.6 seclusion events per 1,000 bed days between 2008–09 and 2011–12,' Dr Kinnear said.

'However, child and adolescent units had a higher rate of seclusion events (20.9 per 1,000 bed days) compared with general units (11.9) in 2011–12.'

Reducing the use of seclusion is a national priority for mental health, and was formally endorsed by health ministers in the *National safety priorities in mental health: a national plan for reducing harm*.

Initiatives were implemented through Australian mental health pilot sites to progress this priority as part of the National Mental Health Seclusion and Restraint (Beacon Site) Project 2007–09. The project resulted in positive changes for reducing the use of restrictive practices in mental health services.

Work is currently underway to investigate whether states and territories can routinely supply data on restrictive practices in line with agreed national definitions.

The new seclusion information is available on the AIHW's Mental Health Services in Australia website at <http://mhsa.aihw.gov.au>.

new releases



Diabetes and disability: impairments, activity limitations, participation restrictions and comorbidities

The report examines the association between diabetes and disability in Australia using data from the Australian Bureau of Statistics' Survey of Disability, Ageing and Carers 2009.

Published 30 October 2013.

Residential aged care and aged care packages in the community 2011–12 web product

These web pages, tables and data cubes provide detailed statistical information on residential aged care facilities and community care services and the recipients of residential aged care, Extended Aged Care at Home (EACH), Extended Aged Care at Home Dementia (EACHD) and Community Aged Care Packages (CACPs) during 2011–12.

Published 29 October 2013.

BreastScreen Australia monitoring report 2010–2011

This report is the latest in an annual series that presents national statistics monitoring the BreastScreen Australia program against performance indicators.

Published 25 October 2013.

Smoking and quitting smoking among prisoners 2012

This bulletin presents results from the 2012 National Prisoner Health Data Collection, focusing on smoking and smoking cessation behaviours of prisoners in Australia. In 2012, 84% of prison entrants were current smokers, which is around 5 times the proportion of the general community.

Published 22 October 2013.

Australian hospital statistics 2012–13: emergency department care

This report shows that in 2012–13, there were more than 6.7 million presentations to public hospital emergency departments and 73% of patients received treatment within an appropriate time for their urgency (triage) category.

Published 18 October 2013.



Chronic kidney disease: regional variation in Australia

Rates of chronic kidney disease vary by geographic location. This report shows that people from Remote and very remote areas were 2.2 times more likely to die from chronic kidney disease than people from Major cities.

Published 17 October 2013.

Depression in residential aged care 2008–2012

Entry into residential aged care can be a challenging experience and the presence of depression can add to this challenge. This report provides the first in-depth review of available administrative data to explore the prevalence and characteristics of people with symptoms of depression in residential aged care.

Published 16 October 2013.



Cancer in Aboriginal and Torres Strait Islander peoples of Australia: an overview

Brings together the most up-to-date data available from a wide range of sources to describe the status of cancer in Aboriginal and Torres Strait Islander people in Australia. Information on difference across age, sex and remoteness areas are presented and key issues are highlighted.

Published 3 October 2013.



Health expenditure Australia 2011–12

Shows expenditure on health in Australia was estimated to be \$140.2 billion in 2011–12, up from \$82.9 billion in 2001–02. This expenditure was 9.5% of GDP in 2011–12, up from 9.3% in 2010–11 and up from 8.4% in 2001–02.

Published 25 September 2013.

Movement between hospital and residential aged care 2008–09

This report examines movements between hospital and residential aged care by people aged 65 and over in 2008–09.

Published 20 September 2013.



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