

## 4. Workers' compensation claims: Registered employers

*Workers' compensation claims in this more detailed analysis include only those made through registered employers, as similar details are not available from self-insured employers (i.e. self-employers responsible for managing and funding their own workers' compensation claims): claims made under WorkCover provisions in South Australia in 2004/05 through registered employers represented 64.7% of all claims.*

*The data shown are for claims with a date of injury in 2004/05, for which a payment was also made in that year.*

### Claims by year and sex

The number and rate of claims decreased, by 21.8% and 24.8% respectively, from 1997/98 to 2003/04<sup>4</sup> (Table 4.1 and Figure 4.1): this is a marked decrease, with 2,507.5 claims per 100,000 population in 2003/04, compared with 3,335.4 in 1997/98. This trend was more evident for males than females, with a 25.4% decline in the rates for males compared to 21.4% for females. More claims were made in each year by males, with markedly higher rates per 100,000 male population. The differential in rates has decreased slightly, from just over three times more claims by males in 1997/98, to just under three times more in 2003/04.

**Table 4.1: Workers' compensation claims through registered employers – number and rate<sup>1</sup> of claims by sex and year, South Australia, 1997/98 and 2004/05**

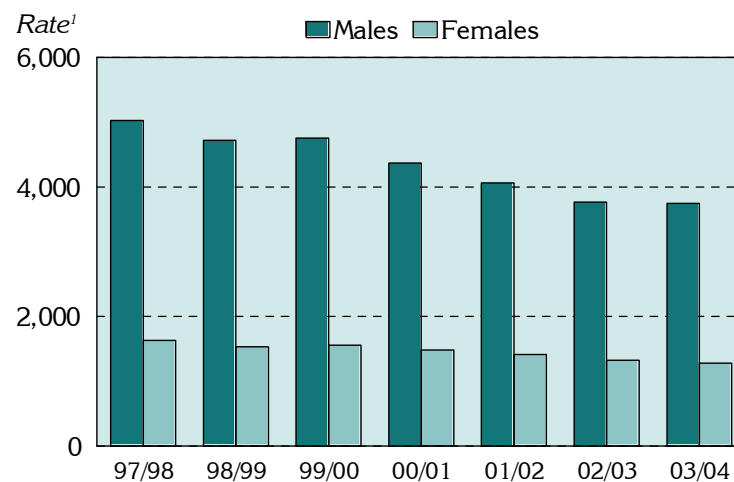
Year	Males		Females		Persons		Male/female claims ratio <sup>2</sup>
	Number	Rate	Number	Rate	Number	Rate	
1997/98	24,556	5,024.8	7,906	1,631.6	32,462	3,335.4	3.08
1998/99	23,207	4,719.3	7,487	1,533.9	30,694	3,132.5	3.08
1999/00	23,306	4,752.5	7,699	1,557.2	31,005	3,148.4	3.05
2000/01	21,512	4,367.9	7,374	1,483.8	28,886	2,919.4	2.94
2001/02	20,203	4,060.7	7,101	1,415.9	27,304	2,733.0	2.87
2002/03	18,856	3,764.3	6,703	1,326.3	25,559	2,539.9	2.84
2003/04	18,861	3,746.9	6,525	1,281.9	25,386	2,507.5	2.92
% change 1997/98 to 2003/04 <sup>3</sup>	-23.2	-25.4	-17.5	-21.4	-21.8	-24.8	..
2004/05	17,846	3,536.6	6,253	1,222.0	24,099	2,371.2	2.89

<sup>1</sup>Age standardised rate per 100,000 population

<sup>2</sup>Ratio of male to female claims rates

<sup>3</sup>The percentage change has been calculated on the change to 2003/04, as the 2004/05 claims figure is not a final figure (it is estimated to be around 95% of all claims that will be lodged in respect of injuries occurring in 2004/05)

**Figure 4.1: Workers' compensation claims through registered employers, 1997/98 to 2003/04**



<sup>1</sup>Age standardised rate per 100,000 population

<sup>4</sup> The comparison is made with 2003/04, as the 2004/05 claims figure is not a final figure (it is estimated to be around 95% of all claims that will be lodged in respect of injuries occurring in 2004/05)

As described on page 6, the variance between the number of persons shown in Table 4.1 and Table 4.2 is attributable to how the data were extracted: Table 4.1 is based on claims with a date of injury in 2004/05, whereas Table 4.2 is based on claims with a date of injury and a payment in 2004/05.

Table 4.2 shows the number and rate of claims made under WorkCover provisions in South Australia in 2004/05, by sex of claimant for selected services (services by general medical practitioners (GPs) and physiotherapists). Almost three quarters of claims (74.6%) were made by males. Similarly, a majority of services provided to claimants by a GP (71.3%) were for males. While males also used a majority of physiotherapy services, the proportion was lower, at just under two thirds (64.2%).

**Table 4.2: Workers' compensation – number and rate of claims by sex and selected service provider, South Australia, 2004/05**

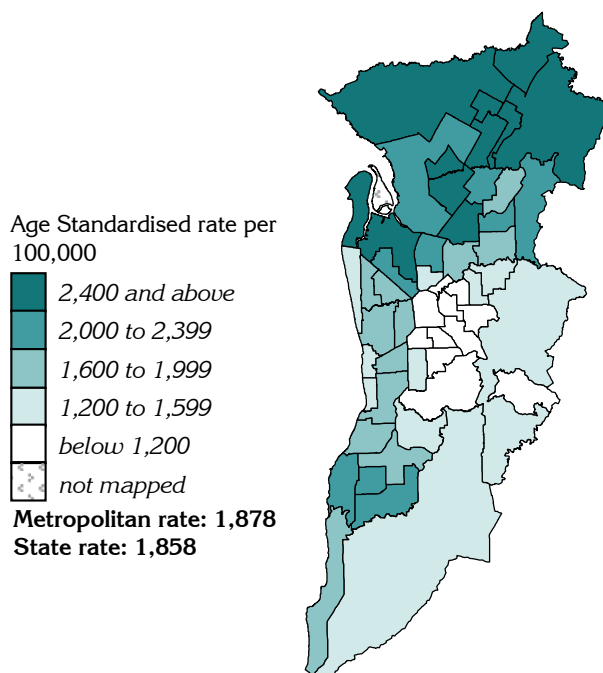
Variable	Males	Females	Persons		
	Number	Number	Number	Rate <sup>1</sup>	Services per claim
Claims:					
Number	14,093	4,786	18,879	1,858	..
Per cent	74.6	25.4	100.0	..	..
Services by:					
General medical practitioners	51,845	20,874	72,719	7,155	3.9
Physiotherapists	35,267	19,603	54,870	5,399	2.9

<sup>1</sup> Claims or services per 100,000 population

### Distribution of claims and selected services by SLA: Adelaide

The geographic distribution in Adelaide of people making workers' compensation claims in 2004/05 (Map 4.1) closely follows the pattern of socioeconomic status shown in Map 2.1. The highest rates were recorded in all SLAs in Playford; in Salisbury - Inner North, - Central and - South-East; Port Adelaide Enfield - Coast and - Port; and in Gawler. Slightly lower rates were recorded in parts of Onkaparinga and Tea Tree Gully. Following this pattern, the lowest rates were recorded in the city and adjacent SLAs, as well as to the east and south.

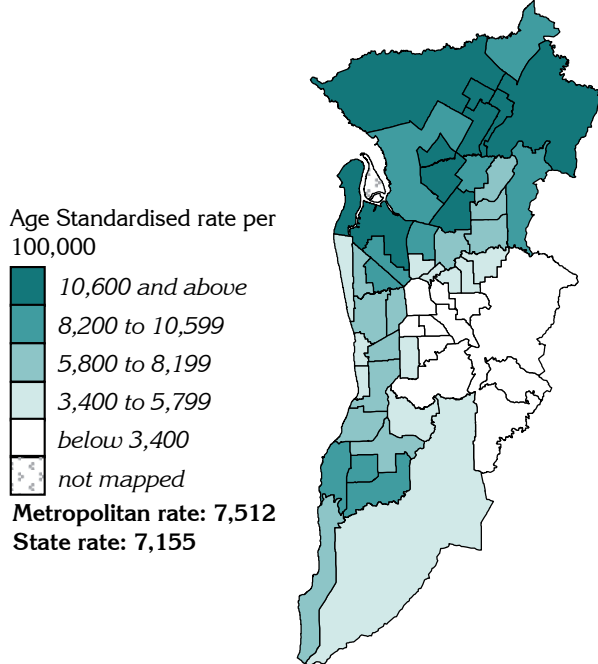
**Map 4.1: Workers' compensation – claims, Adelaide, 2004/05**  
*Claims per 100,000 population*



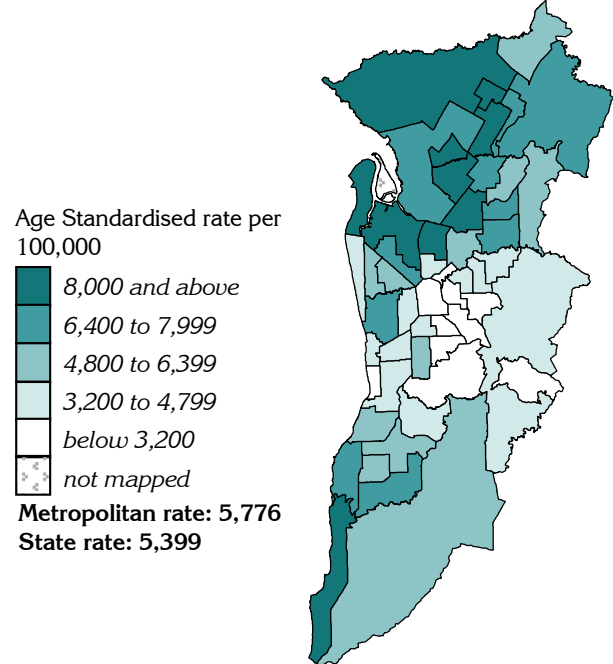
Services provided by GPs under workers' compensation claims in Adelaide (Map 4.3) have a distribution that is almost identical to that for claims. Again, the highest rates are in the Playford SLAs; in Salisbury - Inner North, - Central and - South-East; and Port Adelaide Enfield - Coast and - Port. The lowest rates are in a group of SLAs running from the City of Adelaide to the east, south and south-east.

The distribution of services provided by physiotherapists under workers' compensation claims (Map 4.4) again follows a similar pattern, although with fewer SLAs in the outer north in the highest range, and Onkaparinga - South Coast also with a high rate. The overall rate of physiotherapy services is around three quarters that of GP services.

**Map 4.2: Workers' compensation – general medical practitioner services, Adelaide, 2004/05**  
Services per 100,000 population



**Map 4.3: Workers' compensation – physiotherapy services, Adelaide, 2004/05**  
Services per 100,000 population



The correlation analysis shows a number of strong and very strong associations at the SLA level between high rates of workers' compensation claims and selected services utilised under these claims, and a wide range of indicators of socioeconomic disadvantage; there were similarly very strong inverse correlations with many indicators of socioeconomic advantage (Table 4.3). A more complete table is in the Appendix (Table A1).

**Table 4.3: Correlations – workers' compensation summary data and indicators of socioeconomic status, Adelaide**

Variable <i>(see Appendix for full descriptions)</i>	Claims	GP services	Physiotherapy services
Low income families	0.66	0.68	0.71
High income families	-0.76	-0.76	-0.79
Unskilled and semi-skilled workers	0.91	0.91	0.87
Managers & administrators, & professionals	-0.88	-0.84	-0.86
Unemployment rate	0.67	0.70	0.63
Jobless families	0.71	0.73	0.71
Female labour force participation	-0.80	-0.83	-0.77
Full-time education participation at age 16	-0.76	-0.78	-0.70
Average subject scores <sup>1</sup>			
- PES scores	-0.91	-0.88	-0.85
- PAS scores	-0.81	-0.81	-0.79
- SAS scores	-0.85	-0.85	-0.82
Aboriginal and Torres Strait Islander peoples	0.74	0.75	0.71
People born overseas in predominantly non-English speaking countries			
- resident 5 years or more	-0.03	0.03	0.07
- resident less than 5 years	-0.35	-0.29	-0.30
-poor proficiency in English	0.12	0.18	0.21
Dwellings rented from the SA Housing Trust	0.57	0.61	0.56
Households receiving rent assistance from Centrelink	0.21	0.26	0.19
Internet used at home	-0.72	-0.74	-0.76
IRSD	-0.80	-0.82	-0.79

<sup>1</sup>Students (less than 19 years) sitting for Year 12 examinations

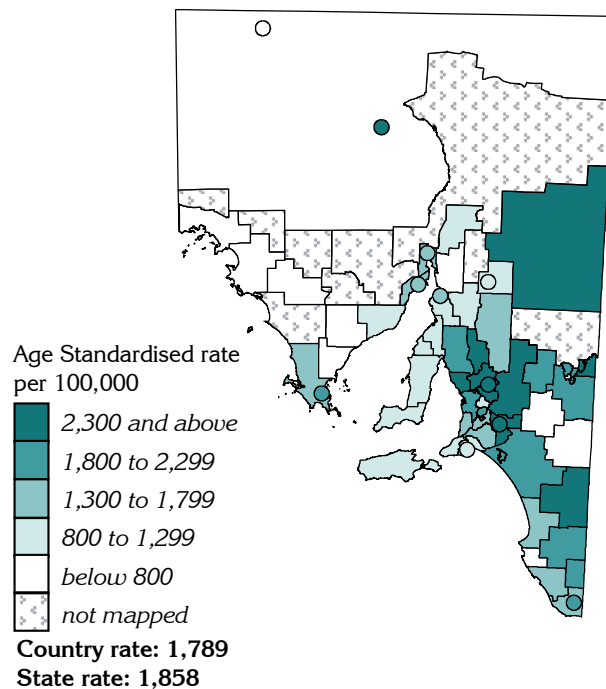
Note: Correlations between 0.3 and 0.49 are referred to as being 'weak'; between 0.50 and 0.70 as being 'strong', and are shaded in light green; and those 0.71 and above as being 'very strong', and are shaded in dark green. There is a more complete table in Appendix A1.

The correlations were similar for GP services and physiotherapy services. Most notably, there were very strong correlations with the indicators for single parent families, jobless families, unskilled and semi-skilled workers, and Indigenous people. Strong correlations were also seen for unemployed people, low income families and persons living in rented dwellings. There were strong to very strong inverse correlations with high income families, managers, administrators and professionals, Internet use at home and the Index of Relative Socio-Economic Disadvantage. There is a more complete table of correlation coefficients in the Appendix (Table A1).

## Distribution of claims and selected services by SLA: country South Australia

The rate of claims was highest in a number of the SLAs immediately to the north and east of Adelaide (including the towns of Barossa - Tanunda and Murray Bridge, and Light and Clare and Gilbert Valleys), in parts of the Riverland and the Murray Mallee, and in Roxby Downs (Map 4.4). The lowest rates were recorded in SLAs scattered across the State, in the far north (including Coober Pedy), Eyre Peninsula, Murray Mallee and the South East.

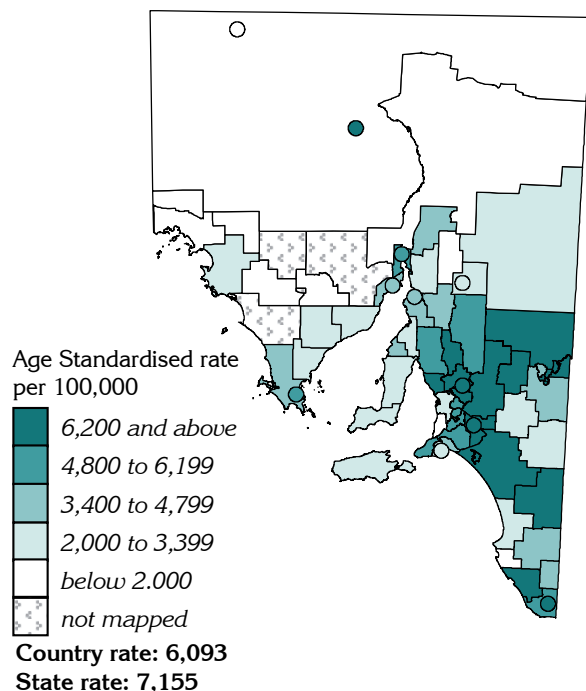
**Map 4.4: Workers' compensation – claims,  
South Australia, 2004/05**  
*Claims per 100,000 population*



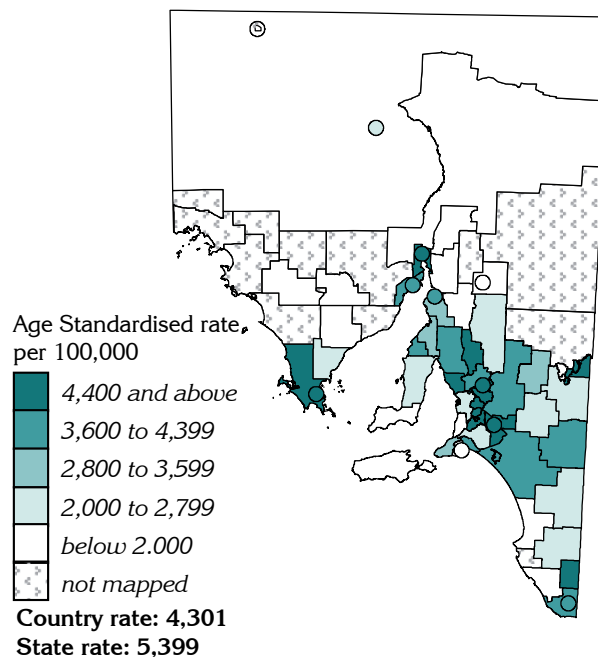
The distribution of services provided by GPs (Map 4.5) shows a similar pattern to that described for claims, although the rates in the Iron Triangle towns of Whyalla, Port Augusta and Port Pirie, and in Port Lincoln and Mount Gambier, were noticeably higher.

The distribution of physiotherapy services provided under workers' compensation claims (Map 4.6) is somewhat different, no doubt reflecting issues of access in country South Australia: for example, there are an estimated 148 physiotherapists in country South Australia (a rate of 0.6 per 1,000 Estimated Resident Population) compared with an estimated 785 physiotherapists in Adelaide (1.2 per 1,000 Estimated Resident Population) (Tables A3 and A4). The highest rates are in and around the larger towns, as well as in the more heavily populated areas close to Adelaide (to the east) and in the Riverland. Low rates were spread across the State, including in much of the Northern & Far Western, Eyre and Mid North health regions, as well as in the SLAs of Yorke Peninsula - South, Kangaroo Island, Lincepede and Wattle Range - East.

**Map 4.5: Workers' compensation – general medical practitioner services provided, South Australia, 2004/05**  
*Services per 100,000 population*



**Map 4.6: Workers' compensation – physiotherapy services, South Australia, 2004/05**  
*Services per 100,000 population*



Despite somewhat inconsistent results (in part related to relatively small numbers of the population and claims in these SLAs), the correlations analysis for country South Australia suggests a weak association at the SLA level between workers' compensation claims and selected services, and indicators of socioeconomic disadvantage, although not with the summary measure, the IRSD (Table 4.4). There was a strong inverse correlation between claims made and low income families, and weak inverse correlations with several other indicators of socioeconomic advantage. There is a more complete table of correlation coefficients in the Appendix (Table A2).

**Table 4.4: Correlations – workers’ compensation summary data and indicators of socioeconomic status, country South Australia, 2004/05**

Variable	Claims	GP services	Physiotherapy services
Low income families	-0.50	-0.42	-0.31
High income families	0.45	0.43	0.36
Unskilled and semi-skilled workers	0.48	0.42	0.21
Managers & administrators, & professionals	-0.36	-0.37	-0.39
Unemployment rate	-0.33	-0.29	-0.17
Jobless families	-0.13	-0.13	0.05
Female labour force participation	0.08	0.10	-0.02
Full-time education at 16 years <sup>1</sup>	0.00	0.12	0.11
Average subject scores <sup>1</sup>			
- PES	0.18	0.07	0.00
- PAS	-0.30	-0.33	-0.42
- SAS	-0.20	-0.28	-0.49
Aboriginal and Torres Strait Islander peoples	-0.16	-0.16	-0.14
People born overseas in predominantly non-English speaking countries			
- resident 5 years or more	0.09	0.14	0.16
- resident less than 5 years	0.26	0.30	0.19
-poor proficiency in English	0.17	0.20	0.15
Dwellings rented from the SA Housing Trust	0.14	0.08	0.24
Households receiving rent assistance	0.19	0.21	0.32
Internet used at home	0.26	0.26	0.27
IRSD	0.00	0.03	0.00

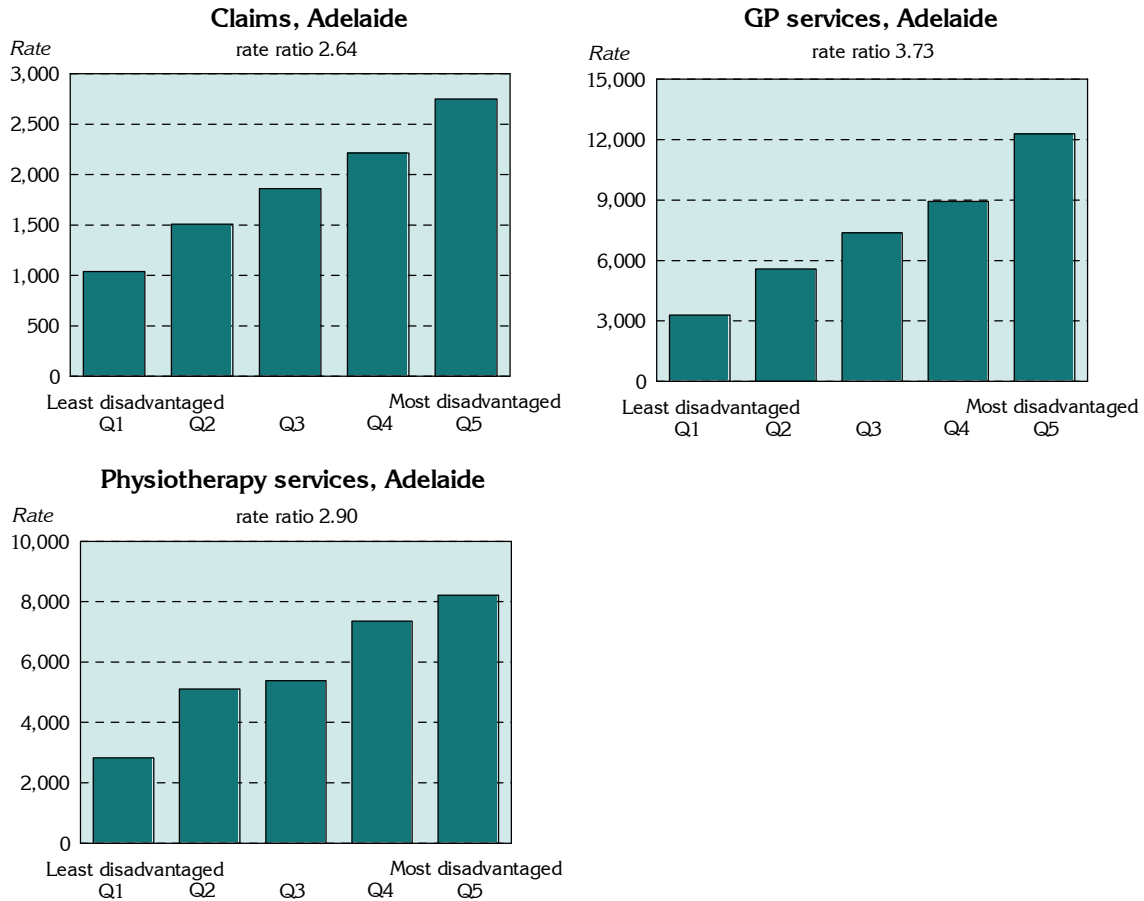
<sup>1</sup>Students (less than 19 years) sitting for Year 12 examinations

Note: Correlations between 0.3 and 0.49 are referred to as being ‘weak’; between 0.50 and 0.70 as being ‘strong’, and are shaded in light green; and those 0.71 and above as being ‘very strong’, and are shaded in dark green. There is a more complete table in Appendix A1.

## Distribution of claims and selected services by socioeconomic status

The distributions of workers' compensation claims and selected services in Adelaide in 2004/05 show a clear socioeconomic pattern (Figure 4.2), with rates increasing substantially, from the least disadvantaged areas (Quintile 1) through to the most disadvantaged (Quintile 5). Claims rates were over two and a half times higher in the most disadvantaged areas (a rate ratio of 2.64). For GP services, the most disadvantaged areas had almost four (a rate ratio of 3.73) times the rate of service usage, compared to the least disadvantaged areas. Physiotherapy services were also utilised much more by claimants in the most disadvantaged areas, with almost three times the rate of service usage (a rate ratio of 2.9).

**Figure 4.2: Workers' compensation – claims and selected services provided, by socioeconomic status, 2004/05**

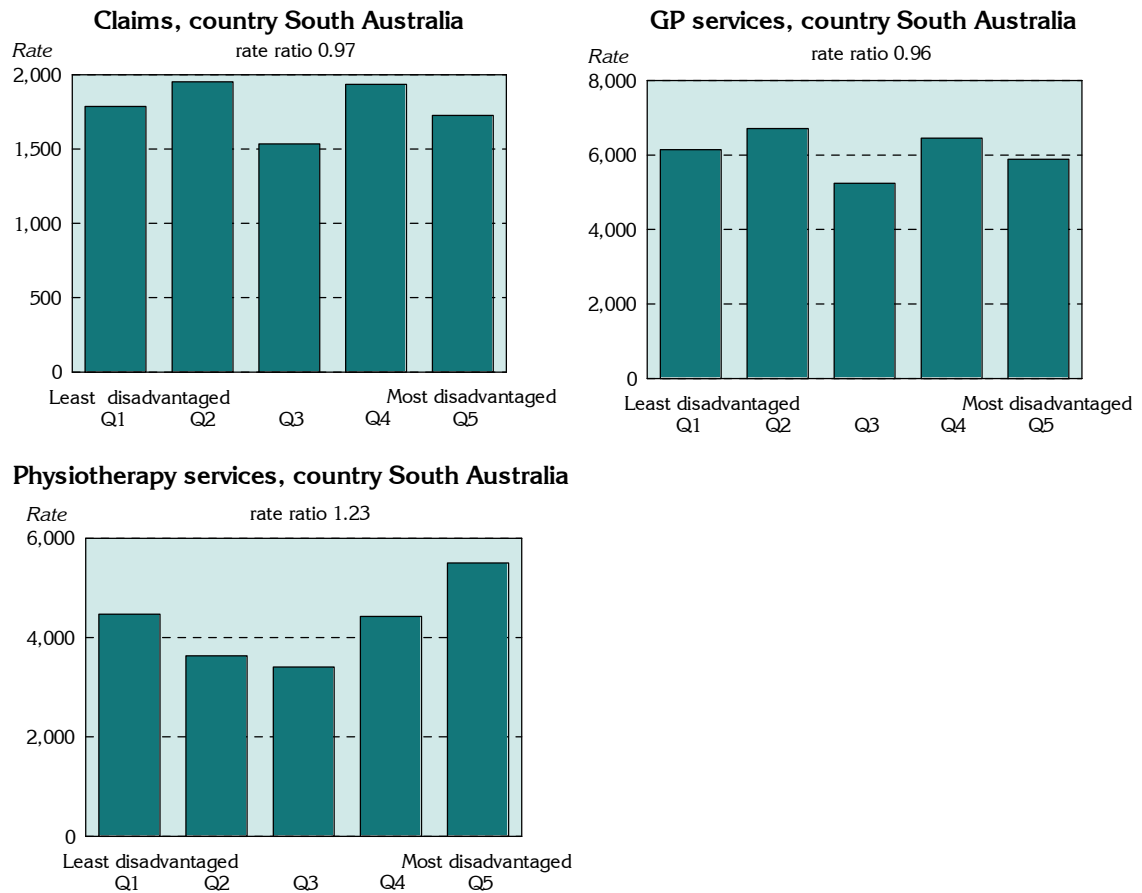


**Note: Rate ratio is the ratio of the rate in Quintile 5 to Quintile 1**



For workers' compensation claims by residents of country South Australia, there was no such distinctive pattern for either claims or selected services provided (Figure 4.3). However, physiotherapy services were utilised more by claimants living in the most disadvantaged areas (a rate ratio of 1.23).

**Figure 4.3: Workers' compensation – claims and selected services provided, by socioeconomic status, South Australia, 2004/05**



Rate ratio is the ratio of the rate in Quintile 5 to the rate in Quintile 1

## Distribution of claims and selected services by remoteness

The highest rates of workers' compensation claims were recorded in the most accessible areas, with 1,988 claims per 100,000 population in the Inner Regional areas and 1,880 in the Major Cities class (covering Adelaide) (Table 4.5 and Figure 4.4). The rates decreased across the remaining remoteness classes to a low of 469 claims per 100,000 in the Very Remote areas.

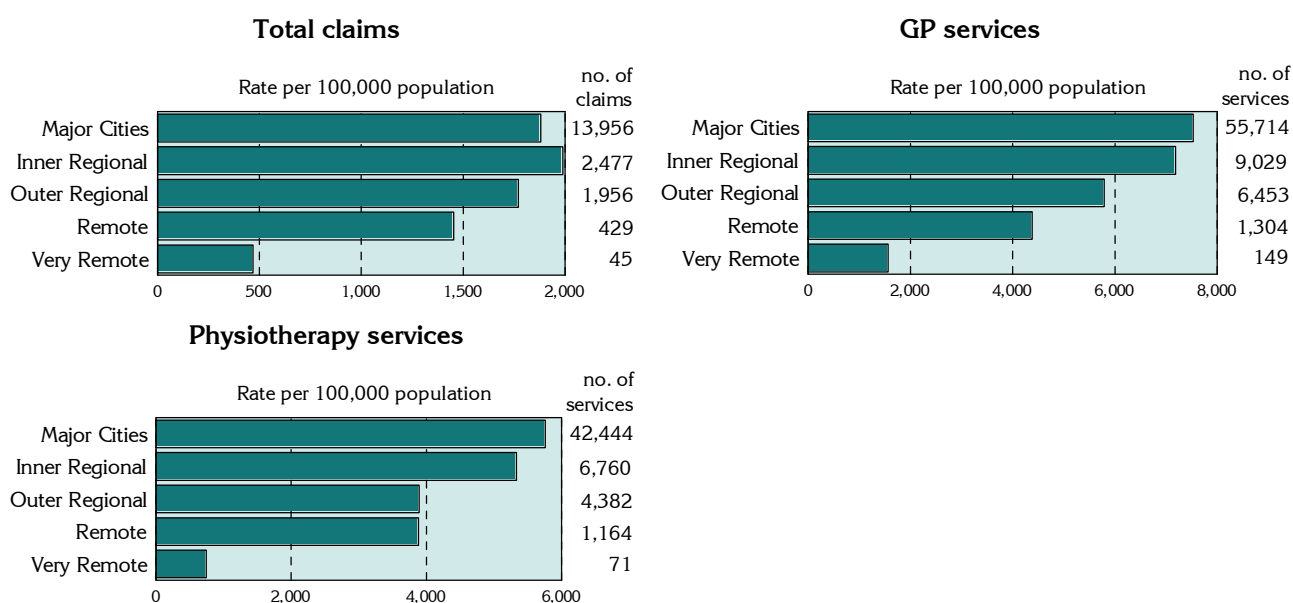
The rate of GP services accessed across the State also decreased with increasing remoteness, with 79% fewer services to people in the Very Remote areas compared with those in the Major Cities class (a rate ratio of 0.21, Table 4.5 and Figure 4.4). The pattern for physiotherapy services is stronger, with 87% fewer services to people in the Very Remote areas (a rate ratio of 0.13).

**Table 4.5: Workers' compensation - distribution, by remoteness, of rates<sup>1</sup> of claims and selected services, South Australia, 2004/05**

Remoteness category	Claims	GP services	Physiotherapy services
Major Cities	1,880	7,530	5,756
Inner Regional	1,988	7,183	5,330
Outer Regional	1,771	5,788	3,891
Remote	1,454	4,382	3,882
Very Remote	469	1,564	747
<b>Rate ratio</b>	<b>0.25</b>	<b>0.21</b>	<b>0.13</b>

<sup>1</sup> Age standardised rate per 100,000 population

**Figure 4.4: Workers' compensation – distribution, by remoteness, of claims and selected services, South Australia, 2004/05**

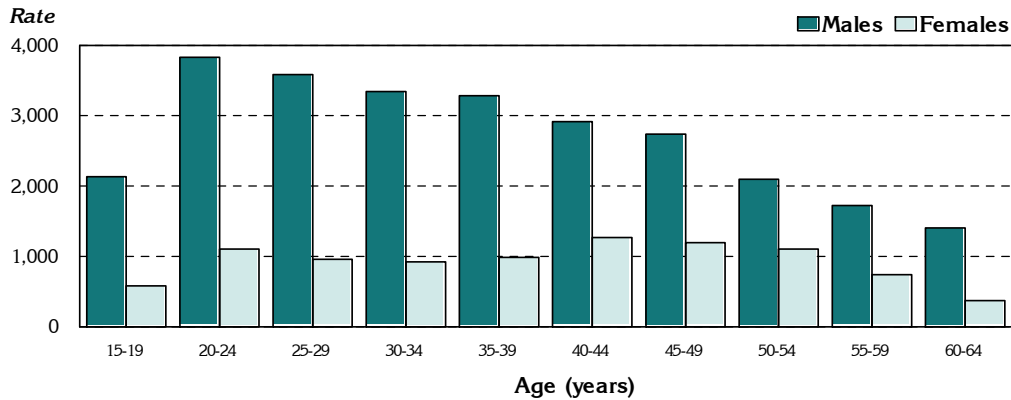


## Distribution of claims and selected services by age

Figures 4.5 to 4.9 show the rates of workers' compensation claims and selected services for each five year age group from 15 to 64 years.

As can be seen from Figure 4.5, the distribution of workers' compensation claims differs for males and females across the age groups. Whereas the highest rates for males occurred in the younger age groups (20 to 29 year olds), the highest rates for females were recorded for those aged 40 to 49 years, although the variation is not as large as for males.

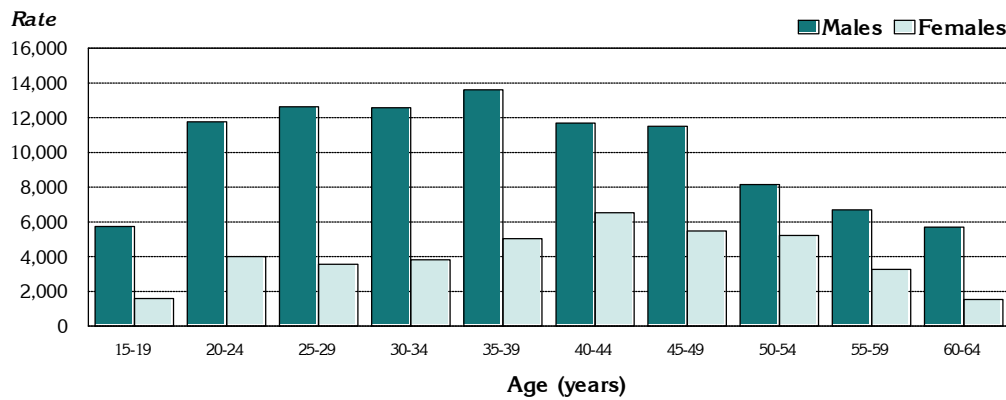
**Figure 4.5: Workers' compensation – total<sup>1</sup> claims by age and sex, South Australia, 2004/05**



<sup>1</sup> Age standardised rate per 100,000 population

The rate of GP services provided under workers' compensation claims is also greater for males, but has a different pattern, with the highest rates in the 35 to 39 year age group (Figure 4.6) , and dropping off steadily to younger and older ages. The pattern for GP services to females is less consistent (although similar to that for claims), with the highest rates in the 40 to 44 and 50 to 54 year age groups.

**Figure 4.6: Workers' compensation – GP services by age and sex, South Australia, 2004/05**



For males, the age distribution of people using physiotherapy services under workers' compensation claims (Figure 4.7) again shows a similar pattern. While similar, however, there are a number of differences in the pattern for females, most noticeably in the age groups from 45 to 54 years, where the rates continued to increase, rather than to decline.

**Figure 4.7: Workers' compensation – physiotherapy services by age and sex, South Australia, 2004/05**

