

Road safety and driver licensing in Aboriginal people in remote NSW.

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For Aboriginal and Torres Strait Islander people living in rural and remote areas access to transport may be limited and impede access to education, employment or health care, or lead to less safe travelling practices. To explore barriers and facilitators to driver licensing, prioritisation of road safety, and opportunities for research in Aboriginal Medical Service settings, we conducted three focus groups of clients attending the Bourke Aboriginal Health Service in May 2009, and conducted a survey with a small sample of clinic attendees (n=27). Focus groups highlighted difficulty in licensing, and feelings of shame around the issues, as well as high levels of concern relating to obtaining identification documents and literacy, particularly for young people. Surveys also highlighted low rates of restraint use, including child restraints and high levels of concern about road safety issues in the community. Participants reported high rates of unsafe behaviours including speeding and walking in the community while intoxicated. There was good awareness and knowledge of road safety measures, but participants highlighted a need for increased education and awareness in the community. Some suggested improvements in the road environment included better signage and roundabouts within the town. The study highlighted the increasing need for culturally appropriate support services around licensing for Aboriginal people especially young people, and improved education and infrastructure targeting road safety practices in the local community. The AMS staff and clients were supportive of road safety related research in their setting and a larger study will be rolled out in 2011.

Background

Road injury is a significant issue for Aboriginal people. On a population basis, Aboriginal Australians are two to three times as likely to have a transport-related fatal injury (25% of all Aboriginal injury deaths) and 30% more likely to have a transport-related serious injury (8% of all Aboriginal injury hospitalisations) compared to non-Aboriginal Australians.^{1,2} However, the high rates of road deaths and serious injuries have been somewhat overshadowed by wider health and social concerns confronting Aboriginal people, including chronic illness, high rates of incarceration, high unemployment, low incomes and poor education.^{3,4} Until recently there has been little attention drawn to the need for governments and Aboriginal communities to work together to formulate preventative strategies to reduce road injuries. Despite a number

of Government reports published on the burden of road injury,^{1,2,5-7} these are limited by lack of information on the context of crashes, and there have been few studies examining risk factors for crashes and effectiveness of preventive programs.

While studies of risk factors for Aboriginal road injury are rare, due in part to limitations in identification of indigenous status in routinely collected data, they identify similar factors as for non-Aboriginal road users, although varying in scope. Factors relating to human behaviour are common to both, including unlicensed driving, non-use of seatbelts, alcohol use, speeding and driver fatigue. An additional issue for Aboriginal people is overcrowding of vehicles, often due to lack of access to private or public transport vehicles for many households and communities.⁸

Access to licensing has also been raised as an issue. A recent report from the Roads and Traffic Authority of NSW has highlighted many of the barriers facing Aboriginal people in terms of licensing and access to vehicles.⁹ These include financial capacity (and debt), difficulties with literacy, and experiences at motor registries. The 2002 National Aboriginal and Torres Strait Islander Social Survey reported that in 2002, only 55% of Aboriginal people reported that they had access to a motor vehicle to drive and 70% said that they could easily get to the places needed; this survey did not however report on licensing rates.⁸ It also found that those living in remote areas were more likely to have limited access to transport with 55% not having access to a motor vehicle to drive and 13% reporting they could not get to the places needed (compared with 41% and 5% respectively for Aboriginal people in non-remote areas).⁸ There is currently no population based data on rates of driver licensure in Aboriginal people in Australia, although it is believed to be far lower than in the general community.⁹

Aboriginal Community Controlled Health Services (ACCHSs) as a novel point of intervention

Aboriginal Community Controlled Health Services (ACCHSs) provide a culturally knowledgeable and sympathetic environment for Aboriginal people to access comprehensive primary health care services. During the 2005-06 financial year, ACCHSs delivered 1,680,000 episodes of patient care to about 257,000 Aboriginal and Torres Strait Islander people.¹⁰ Against an estimated national Aboriginal population of 517,000, this indicates about 50% of Aboriginal Australians access such services. It has been argued that these services better target those who are “hard to reach” as they have more clients with complex diseases than do private general practices.¹¹

Given the likely high proportion of Aboriginal people who do not have a driver licence, traditional methods of disseminating information about licensing, and other road safety programs may not be appropriate for many Aboriginal people and communities. ACCHSs may provide an opportunity for dissemination of information about aspects of road injury prevention, but as yet, given the myriad of other health issues dealt with by such services, this has been a low priority. However, given that injury is a major cause of death and disability for Aboriginal people, it is important that appropriate programs are available and implemented in accessible settings. ACCHSs may be such a setting. Understanding their potential requires representative data on the Aboriginal population attending these health services, their experiences with road injury and associated risk

factors, including access to transport, and rates of driver licensing. However, it is unclear how appropriate these health services are for conduct of research pertaining to injury prevention and road safety.

There is a clear need for research to better understand the burden and context of road crashes, prioritisation of road safety by Aboriginal people, and barriers and facilitators to driver licensing. Previous work in Bourke by the investigators has led to a strong partnership between researchers and the community. This enabled opportunity to pilot research on the issue of road safety at the Bourke Aboriginal Health Service with the aim of informing development of methods for a larger project.

The aims of the study were therefore:

1. To identify community concerns and priorities about road safety issues and driver licensing from a sample of Aboriginal people in Bourke, North Western NSW.
2. To identify the best methods of recruitment and questionnaire design to facilitate a representative sample of respondents among clients attending the Bourke Aboriginal Health Service in order to develop a protocol for a larger NSW-wide study.

Methods

The Indigenous Road Safety Pilot Study was conducted in Bourke within the Far West Region on New South Wales during 2009 and 2010. The study was conducted in collaboration with the Bourke Aboriginal Health Service with support from the Bourke Aboriginal Community Working Party. Following approval from the Aboriginal Health and Medical Research Council Ethics Committee and The University of Sydney Human Research Ethics Committee (October 2008 and March 2009 respectively) the study commenced.

Phase 1

Phase 1 consisted of establishing a local committee to oversee the conduct of the study, and the conduct of focus groups. The committee's role was to discuss and plan the implementation of the focus groups and survey within the Bourke community, and included a range of local stakeholders.

The focus groups were conducted with three separate groups during May 2009. The three groups were identified through Bourke Aboriginal Health Service and subsequently invited to participate in the study. These groups were from a youth group who attend the Police and Citizens Youth Club (PCYC), a young mothers' group (Strong Young Mums) and a mixed aged womens' support group who attended Centacare in Bourke.

The focus groups were approximately one and a half hours duration and were digitally recorded. A broad ranging discussion included questions around road safety knowledge, transport options and access and perceived barriers to driver licensing. The discussions also included participants' ideas on recruitment methods for the development and design of the survey questionnaire for Phase 2.

Phase 2

Following focus groups a survey with thirty nine items was developed that included a number of previously used and validated items, including items on road safety from Commonwealth Government Reports on Community Attitudes to Road Safety.¹² The survey was administered to clients attending the Bourke Aboriginal Health Service during September and October 2009. Training on the research protocol was undertaken with a number of health research staff from the Bourke Aboriginal Health Service. Trained staff approached clients and administered the survey, after obtaining consent. All clients attending the health service on days that the health worker was able to dedicate time to the survey were approached to complete the survey.

Results

Focus groups

Overall there were seventeen participants in the three focus groups.

Young mothers focus group

Five young mothers participated in this focus group. Discussion around the barriers to gaining a driver licence revealed that none of the participants had a driver licence, with one participant stating the main reasons for this was failing the test the first time and the cost to sit the test again. An example was given that one community member had attempted to gain a licence about thirty times. Another participant stated that they felt “shame” so did not even want to attempt to gain a licence. The participants said they relied on either their partner or parents to drive them around, however there were times when access to transport was difficult, because as one participant stated “not many have a licence here” and they then relied on a service bus if they needed to go to the hospital, or taxis, which were expensive. They discussed options that would assist them to gain a licence including more driving instructors and holding group lessons within a supportive environment. Participants described usage of seatbelts and baby capsules as important safety measures; other issues raised as important safety concerns were overcrowding, drink driving and speeding.

Women’s focus group

Nine women from a wide age range participated in the focus group. Most participants had a licence and had been driving for many years, describing the ease in the past where “dad used to take me out the back roads to practise” and “knowing how to drive because we learnt when we were young (about 13) before I had a licence”. They also related stories about getting their licence when it was reasonably inexpensive compared to today and the cost being prohibitive for many. Other barriers for some to gaining a licence today included lack of a birth certificate and the long process associated with obtaining a birth certificate. Outstanding debt and “confusion” with wording in the handbook for new driver licence applicants (Road Users’ Handbook) were also mentioned as barriers to obtaining a licence.

The majority of participants were critical of driving behaviour in the community, stating that people “don’t obey the road rules”, that they were driving unroadworthy cars and

using mobile phones when driving. There were numerous road safety issues discussed, including speeding, lack of wearing seatbelts and lack of child restraints, inattention, drinking and driving and overcrowding.

Youth focus group

Three youth, one male and two females participated in the focus group. Similar issues surfaced with this group as the two other focus groups around barriers to gaining a licence and safety measures with personal stories of inability to obtain a licence because “my fines are stopping me”. This group also included “smoking dope at the wheel” as a safety issue. This group also described the difficulties around the required supervised hours as “pretty hard to get your 120 hours around here” because “people don’t have patience to help others get their hours” making it difficult for appropriate driving supervision. Unlicensed driving in the community was described as “common” and occurring sometimes in stolen cars. Personal stories revealed the feelings of being “embarrassed” because of an inability to read and write and therefore unable to gain a licence.

Common themes in focus groups

Focus group discussions revealed that there were limited transport options for community members, with a lack of both public (buses and taxis) and private (cars) transport as a real issue in the community. Licensing was also reported as an issue as many people do not have a valid driver licence and/or reported difficulty obtaining a licence. All focus groups participants were aware of the key risk factors of road crashes, including speeding, lack of restraints particularly of young children, overcrowding of cars, driver distraction (including mobile phone usage and loud music) drink driving and hazards (animals) on the road. There were many instances when people did not obey the road rules and in particular some participants stated that people in authority within the community flouted the road rules and were described as “not good role models” for others in the community. Designating a sober driver was not common, and that the town generally was considered “an alcoholic town” by focus group participants. Walking in the community while intoxicated was also highlighted as an issue of concern.

All three groups described the impact of road crashes on the whole of the community particularly when a fatality occurs and a number of participants related instances where they or a close family member had been involved in a crash. Suggestions for improving the road environment included better signage, more roundabouts in the town, and a bypass road for heavy vehicles. The need for more road safety awareness in the community was highlighted in particular the safety of children was seen as paramount.

Survey data

Administration of the survey resulted in twenty seven completed interviews, giving a 50% response rate from the clients that were approached to do the survey. Due to the small number of participants no significance testing was conducted. The survey was administered only when the research assistant was able to dedicate time to the process, although response rate was calculated from those invited to join the study.

Demographic Information

Of the twenty seven participants, fourteen were female with an age range from sixteen years to sixty four years of age, and all identified as being Aboriginal. The majority of participants (67%) were in the 30-59 year age group.

Transport

Transport questions revealed that the majority of participants (59%) use a car that they drive themselves as their usual form of transport when getting around their local community, while 22% travel as passengers, with 11% stated that walking is their usual form of transport. The remainder either use a taxi, bicycle or community transport. Further questions around transport options revealed that 74% (20) stated that taxis were available when they needed them, however 19% (5) stated that they had to either wait a long time or book a long time ahead to use a taxi service. When travelling long distances the majority of participants stated that they use a car as their usual mode of transport - either as the driver (48%) or as a passenger (33%), whilst 11% stated that they travel by bus, with 8% travelling by either bus or car passenger.

Driving and Licensing

Twenty four (89%) participants had ever driven a car with almost all participants (81%) having driven on a public road in the last 12 months. The majority of drivers reported that they drive every day (73%), although the number of hours driven over a week varied considerably between the minimum of less than two hours a week to a maximum of more than 20 hours a week. Of the total participants in the study, 74% (n=20) stated that they had a valid driver licence. However, 26% (N=7) reported not currently having a valid licence with the reasons given being that they have never held a licence (n=5), their licence expired (n=1), or was suspended or cancelled, or due to outstanding debt (n=1). Of these 26% (n=7) three stated that they would apply for a licence in the future, whilst two said they would not apply in the future and two were unsure. Of the seven participants who did not have a valid licence, four reported recently driving on a public road. Three of all participants with a driver licence also had a 'Class LR' licence (a Class LR licence covers a light rigid vehicle). Participants with and without licences (n=22) were asked how long they had been driving. Over half (56%) of participants stated that they had been driving for over 10 years. Of those participants who stated they drive (n=22) over half (55%) own the car that they drive, while 27% (n=6) drive a car owned by a spouse or family member and 18% (n=4) drive a car owned by a friend. Eighty percent (n=16) of participants with a driver licence on average drove every day, however only 15% (n=3) drove between 10-20 hours per week, with one participant stating they drove more than twenty hours per week.

Road Safety

Participants were asked to rate a number of safety measures (from very important to not important) when driving or as a passenger in a car. Below (Table 1) shows participants responses. The road safety measures that were rated as very important were wearing seatbelts (100%), having a roadworthy car that is regularly maintained (96%), having child restraints for babies and children (93%), not overcrowding (89%), not drinking and

driving (85%), driving with caution during environmental hazards (82%), and not exceeding the speed limit (74%).

Table 1: Ratings of importance of road safety measures

	Very important	Somewhat important	Important	Not important
Wearing seatbelts	27 (100%)	0	0	0
Having child restraints for babies and children	25 (93%)	1 (4%)	1 (4%)	0
Not exceeding the speed limit	20 (74%)	4 (15)	1 (4%)	2 (4%)
Not drinking and driving	23 (85%)	3 (11%)	1 (4%)	0
Not overcrowding	24 (89%)	1 (4%)	1 (4%)	1 (4%)
Preventing driver fatigue (stop, revive, survive)	22 (82%)	3 (11%)	1 (4%)	1 (4%)
Preventing driver distraction (mobile phone, loud music, passengers/smoking)	19 (71%)	5 (19%)	1 (4%)	1 (4%)
Having a roadworthy car, regularly maintained	26 (96%)	1 (4%)	0	0
Driving with caution during environmental hazards (flooding, fires/animals on road)	22 (82%)	2 (7%)	2 (7%)	1 (4%)

Seatbelt usage in a car

All participants rated wearing seatbelts as very important and 93% (N=25) stated that they always wear a seatbelt in the front seat. This is similar to results from the Community Attitudes to Road Safety: Survey Report 2009 where it was reported that 97% always wear seatbelts in the front seat).¹² However seatbelt usage appears less in the back seat of a car, where only 73% (n=17) stated they always wear a seatbelt. This is considerably less than the general population of self reported seatbelt wearing in back seat, which was 92%.¹²

Child car restraint usage

There was a marked difference between participants reporting appropriate child car restraint usage when travelling in a car in the 0-2 years and 3-6 years age groups. Of those who travelled in a car with young children, 76% reported that children in the 0-2 years age group were always in an appropriate restraint whereas only 58% reported that children in the 3-6 year age group were always in an appropriate restraint. Recent work has shown inappropriate restraint use in around 50% of NSW children,¹³ so this is not

unexpected. However, as the reported rates in this study are self-reported, true rates appropriate use are likely to be substantially lower.

Driving and alcohol

Participants were asked to describe their attitude to alcohol and driving. Around one fifth (19%, n=5) reported they do not drink at any time, just over half (52%) stated that if they drive they do not drink, and another 19% (n=5) stated that they restrict what they drink when driving. These results are similar to results from the Community Attitudes to road safety whereby 18% of NSW residents stated that they do not drink at all; however, in the NSW sample 40% of people stated that they do not drink if driving and 42% that if the drive they restrict their drinking.¹²

Discussion

This small pilot study was conducted in order to test methods to be used in a larger study, and also to understand risk factors associated with driving and barriers and facilitators to driver licensing. The study highlighted some important factors relating to road safety from clients attending the Bourke Aboriginal Health Service, although given the small sample size, care must be taken not to over-interpret the findings, particularly for the survey data.

Whilst most participants did have access to transport when generally required they also identified a number of barriers to obtaining a driver licence, including problems of literacy and accumulated debt and lack of licenced drivers to assist with driver supervision. These findings are similar to the Helps et al (2008) study in South Australia, *Aboriginal people travelling well: issues of safety, transport and health*, which identified literacy and language problems, and access to vehicles and instruction as barriers to gaining a driver licence and leading to an increased risk of Aboriginal people driving while unlicensed.¹⁴ These results also reflect the findings of the 2008 licensing study completed by Elliot and Shanahan Research for the RTA.⁹ That study highlighted high rates of unlicensed driving, and difficulties with debt and literacy that precluded access to or retention of driver licences. Elliott also found that 29% of those who have never held a licence had driven on NSW roads in the past 12 months. This pilot study also found high rates of unlicensed driving with more than half of those unlicensed reporting having driven on a public road recently, although the small numbers preclude any broad generalisations.

Results of the present study, both qualitative and quantitative, indicated there are a number of road safety behaviours that need to be addressed including restraint usage for both adults and children, speeding, and walking in the community while intoxicated. Generally there was good awareness and knowledge of safety measures to prevent road injury, with participants in the focus groups and the survey, although focus group participants believed that more education and awareness was needed in the community. However, the low usage rates of restraints, both for children and adults, and other behaviours suggests there are further barriers to safe behaviours that need to be addressed. Recent changes to access to alcohol in Bourke as a result of legislative change, and recently introduced alcohol education programs in the community are likely to reduce drink driving and drink walking behaviours but require investment and

monitoring to ensure success. An evaluation of the Bourke Alcohol Management Plan including community initiatives will be forthcoming in 2011.

The survey was administered to clients attending the Bourke Aboriginal Health Service by research staff within the Service, with an aim of the pilot being to determine the feasibility to conducting such a survey on a larger scale. This pilot study highlighted the need for additional resources to be provided to the health service in order to conduct such research projects. Health service staff emphasized the need to build research capacity in their staff but the additional demands this places on the service must be acknowledged. For a larger survey, this might mean providing financial compensation to the service to allow recruitment of additional casual staff, or allocation of specific research staff to the service for the conduct of the service.

Providing information in settings that are culturally safe is important for many Aboriginal people. This small pilot study has highlighted the benefits of conducting research in a community controlled Aboriginal medical service where community members feel comfortable talking about their issues. In many cases, people may feel uncomfortable receiving information about safety from the RTA or from police, who they may believe treat them differently or are fearful due to previous negative experiences. Further, particularly before commencing school, there are few clear points of contact for families to discuss road safety with children, and the community controlled Aboriginal medical and health services provide a good contact point for provision of targeted information and services. Acceptance of the survey and content by staff and clients indicated the good "fit" of road safety related information in this setting, which will further be explored in a larger study from 2011.

Summary

In summary this study has shown that road safety is an important issue within the Aboriginal community in Bourke and that community members are concerned for not only their safety but the safety of others. While only a small planning study, it has highlighted similar issues to previous larger research studies, such as significant issues with unlicensed driving, identifying literacy, lack of appropriate information about licensing and road safety, accumulated debt and difficulties in finding supervising drivers as significant issues. Road safety is also a significant issue, with a clear need for development of targeted, culturally appropriate communication and education campaign supported by appropriate alcohol programs, and restraint distribution programs. The study has also demonstrated that Aboriginal Medical Services are an appropriate place to conduct research of this nature and that focus groups and surveys are feasible methods to identify issues. A larger study based on this approach will be investigating road safety in clients attending such services in NSW and SA commencing in 2011.

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