Aboriginal driver licensing and road safety initiative

The AstraZeneca Young Health Programme

Professor Rebecca Ivers
The Young Health Programme

- AstraZeneca’s global community investment initiative
- Aims to build understanding of the health needs of the most disadvantaged youth across the world and look particularly at the barriers to these
- Will reach one million young people aged 10 to 24 by 2015
Why invest in Indigenous road safety and driver licensing?

Aboriginal people in Australia have:

- Higher rates of road death (x 3 to 5)
- Increased risk of serious injury (x 1.5 to 3)
- A different pattern of place of occurrence
  - Much higher proportion in remote zones
- A different pattern of road user status
- Numerous limitations of the data, but:
  - Higher risk than general population
  - Enough differences to warrant separate attention
Licensing

- **Important road safety issue**
  - Appropriate understanding of road rules and appropriate level of driving skills
  - Data unclear but appear to be lower rates of licensing and high rates of unlicensed driving
  - With tighter licensing systems for new drivers, more of an issue

- **Important contributor to other key drivers of health and welfare**
  - Driver licensing enables access to employment and education
  - Regulatory driving offences including unlicensed driving/drinking and driving offences are major contributors to incarceration rates
  - Data limitations preclude good understanding of issues
'Aboriginal health is not just the physical well being of an individual but is the social, emotional and cultural well being of the whole community in which each individual is able to achieve their full potential thereby bringing about the total well being of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.'

- Licensing can be regarded as an health issue, given the impact of driver licensing on outcomes such as access to employment, education and economic development for Aboriginal people, all of which impact on health
RTA Investigation of Aboriginal Driver Licensing Issues

- **Qualitative:**
  - “in most communities unlicensed driving was considered the norm” and “…a necessity”
  - Barriers to licensing
    - Cost: of training, annual renewals
    - Outstanding debt (nb unpaid fines)
    - Literacy

- **Quantitative:**
  - of subjects 16y+: 46% current held a license, of which 6 in 10 were full.
  - of subjects who had ever held a licence, about half had been suspended or cancelled at some time.
Tanami driver licensing project

- High degree of concern about driver licensing
- Community survey and stakeholder interviews in 2010
- >50% surveyed did not have a valid licence; half had never had one but half had expired or suspended licenses
- 38% of those who reported driving in the last 12 months did so without a current driver licence
- Barriers: fear of police, literacy, ID documents, access to licensed drivers
Licensing is not just about road safety

A strategic area for action identified by workshop participants was enhancing the ability of young Aboriginal people to gain their driver’s licence. In South Australian society a driver’s licence represents much more than simply mobility. As represented below a licence is a gateway to many of the opportunities and services we often take for granted.

It should also be noted that the solutions developed for Aboriginal people might be applicable to other groups experiencing disadvantage in this area.

Kickbusch, 2007
Engagement with the justice system due to licensing offences

- Between 2000 and 2010, imprisonment rates for Indigenous Australians increased from 1,248 to 1,892 per 100,000 population, compared to the rate for non-Indigenous prisoners (130 to 134 per 100,000).
- In NSW, driving offences accounted for 15% of the increase in Indigenous imprisonments 2001-2008.
- Main offence is drive while disqualified.
- Poor identification through system.
- Little work on opportunities for intervention in the system (diversion programs).
What do we know works?

- Few evaluated programs identified for Aboriginal road safety (n=10)
  - Mainly focused on alcohol management
  - Most only focused on broad injury outcomes
  - Several licensing programs evaluated
  - General lack of rigour, poor reporting
  - Some key reports not publicly available

- Large range of programs identified
  - Mainly driver licensing, many community based
  - Lack of sustainable funding
  - Poorly coordinated
Best practice?

- Capacity-building process (government, community and research)
- Embracing Aboriginal perspectives on health and injury
- Work with the community in development of programs
- Aboriginal leadership

- Need for sustained funding models for implementation and evaluation
  - History of poorly funded grassroots programs, poorly evaluated
The AZ Young Health Programme Australia

- **Aimed at addressing gaps:**
  - Development of locally owned, sustainable programs
  - Coordination of services related to licensing
  - Development of locally targeted road safety resources
  - Key links between community and Government
  - Robust evaluation
    - Initially formative, process and impact evaluation
    - Potential for linkage grant and program expansion via stepped wedge trial
The pilot program

- Working with three communities – urban, regional and rural/remote

- Working with state level stakeholders to develop strategies to strengthen service accessibility for communities

- Creating partnerships between local service providers in each community and between state level stakeholders

- Installing in each community a Road Safety Champion (RSC)
Project Communities

Redfern – Urban
Project Communities

Illawarra – Regional
Project communities

Griffith – remote
Community Road Safety Champion

- Funded position situated in a service that the community is comfortable accessing
- Trained to the required level of understanding re issues relating licensing and road safety matters and solutions to such problems
- Linked in with and be able to navigate and refer clients to appropriate services e.g. local driver training, RMS, SDRO etc.
- Access to and will utilise road safety and licensing collateral specifically designed for young Aboriginal people
  - e.g. Development of curricula on road safety – registered for WDO status
  - e.g. Social marketing campaigns locally (road safety song/mobile phone competitions)
  - e.g. driver mentoring programs locally
Keys to Program Success

Community ownership and engagement
- Raising community awareness and owning solutions
- Bringing key people and organisations on board from the beginning
- Involvement in providing direction for the program as it pertains to them and being involved in decision making.
- Getting results and sharing them with the community

Program informed by local research and consultation
- Previous research and reviews
- Current ARC funded study
Program content

- Builds on locally available resources
  - TAFE literacy
  - Mentoring
  - RMS/MOT services eg learner driver workshops

- Establishes appropriate referral pathways
  - Community justice centres
  - SDRO
  - Legal agencies
Evaluation of pilot program

- **Formative:**
  - Qualitative research to inform program development
  - Program development in conjunction with ARC funded observational study

- **Process**
  - Acceptability, Availability
  - Meeting needs of community

- **Impact**
  - Reach, Licensing outcomes

- **Outcome**
  - Stepped wedge trial (TBC)
Funders: AstraZeneca
Program team: Jake Byrne, Kate Hunter, Emma Rose
Scientific advisory panel: Professor Kathleen Clapham, A/Prof Teresa Senserrick
Steering Committee: NSW Attorney General’s Department, RMS, Ministry of Transport, Baker and McKenzie, Aboriginal Legal Aid, Legal Aid, FaHCSIA, Youthsafe, NCIE, SACYA.