

Development of a community based Aboriginal driver licensing service: the AstraZeneca Young Health Programme.

Ivers RQ,^{1,2} Byrne J,¹ Hunter K,^{1,2} Clapham K.³

1. The George Institute for Global Health
2. School of Public Health, The University of Sydney
3. Australian Health Services Research Institute, University of Wollongong

Introduction

Aboriginal people have higher rates of road related injury and death in comparison to other road users. Most recent data drawn from 2003-2004 to 2007-2008 show that Aboriginal Australians have 2.7 times more land transport fatalities and 20% more transport related serious injury cases compared to the general population, with particularly high rates for car passengers and pedestrians (Henley 2010). Aboriginal people also face substantial barriers to driver licensing, potentially limiting their access to employment, education and health services (Elliott and Shanahan 2008, Helps 2008, Ivers 2011). Regulatory driving offences, including licensing offences, are significant contributors to custodial sentences for Aboriginal people (ABS 2010, Law Reform Commission of WA 2005). Several reports have highlighted the significant barriers that Aboriginal people face regarding driver licensing (Elliott and Shanahan 2008, Helps 2008, Ivers 2011).

While obtaining a learner driver licence is relatively straightforward for most Australians, Aboriginal people in both urban and rural locations may face a number of obstacles. These include lack of appropriate documentation (birth certificate, different names on different documents), limited access to licensing and testing facilities in rural and remote areas, low levels of literacy, lack of self esteem, feelings of intimidation, the high cost of professional driving lessons and poor access to eligible supervisory drivers for learners. Maintaining a licence may also be challenging: Elliott and Shanahan found in recent work in NSW that a high proportion of Aboriginal people in a range of communities reported past licence suspensions or cancellations, and reported difficulty paying fines and managing debt, and paying license fees and car registration (Elliott and Shanahan 2008). Barriers to licensure may exacerbate the geographical and social exclusion of Aboriginal communities, and place a heavy burden on those few licensed drivers to service the rest of the community. It is difficult to establish accurate rates of driver licensing for Indigenous people as no states yet have published reliable measures of Indigenous status on driver licensing and no road safety studies to date have recruited representative samples of Aboriginal people; several studies have however found high rates of driving while unlicensed or suspended (Elliott and Shanahan 2008, Helps 2008, Ivers 2011).

Driver licensing is also a fundamental introduction to road safety for many people; to the social norms, to legislation and rules governing use of the roads. Driver licensing is therefore an important opportunity to introduce key road safety messages and therefore likely to be an important means to improving road safety in Aboriginal people, in addition to the other benefits of licensing.

Despite recognition of the issues and despite substantial investment in programs to improve Aboriginal health via Closing the Gap funding, few resources have been allocated to road safety initiatives aimed at improving road safety and access to driver licensing for Aboriginal people. In addition, very few programs have been evaluated or made public, further limiting the opportunities to share and learn from successes. Recent reviews of road safety and injury programs aimed at Aboriginal people have highlighted a dearth of evaluated programs, finding very few that specifically address road safety (Senserrick 2010, Clapham 2008). There is therefore little certainty as to whether resources are being appropriately allocated in ways that will improve road safety, or decrease barriers to licensing for Aboriginal and Torres Strait Islander people.

Methods

The AstraZeneca Young Health Programme is a community based licensing and road safety program based around a community development model, developed as a partnership between AstraZeneca, as the funding organisation, the George Institute for Global Health and collaborating organisations. Implemented and evaluated across three sites in NSW, the program will provide a community based service that coordinates access to licensing, relicensing and road safety information for young Aboriginal people.

The program is being developed in conjunction with community based organisations, and will be coordinated with services from various Government agencies. This paper reports on the early development of the program. The main aims of the program are to provide local coordination of existing services around driver licensing, develop new services as required (for example learner driver mentoring programs) and contribute to the building of local networks/coalitions, supplemented by locally developed road safety resources. The program will be implemented by local Aboriginal organizations and will commence in early 2013.

The development of the program is being informed by qualitative research in the three communities in which it will be implemented. Focus groups and interviews with clients of the three organizations will be conducted during 2012, in addition to interviews with key stakeholders, to assess local needs and current services available in each setting. Each site will also have a local steering committees and consultative panels who inform and contribute to development of resources.

The program evaluation will include process evaluation, including assessment of uptake and acceptability, and the impact of the program, including measurement of licensing outcomes.

Conclusion

It is anticipated that the program will contribute to increased licensing and relicensing rates and access to road safety information in the communities it is implemented in; the evaluation will examine the sustainability and impact of the program. The results of the program evaluation will be shared with the participating communities as well as a broader audience of stakeholders, including researchers and policy makers.

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