Applying a Health Lens Analysis to Aboriginal Road Safety

An evaluation of the Health in All Policies approach to policy development

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Introduction

The South Australian (SA) government and SA Health are committed to taking action to promote health and reduce health inequalities through addressing the social determinants of health. In order to incorporate consideration of health impacts into the policy development process of other sectors and agencies, an innovative policy strategy termed Health in All Policies (HiAP) is being used in SA. This approach requires engagement across government as well as leadership from the health sector and other key decision-makers.

A key mechanism in the SA HiAP model is a process termed ‘Health Lens Analysis’ (HLA), which draws on a range of assessment and analysis methods. The HLA has been applied to a range of policy areas including migrant settlement, water security, transit-oriented development, and access to digital technologies. The HLA process aims to examine the key interactions and synergies between the policy area under consideration and population health and wellbeing. The project partners develop recommendations that inform the development of public policy across the partner agencies involved, while simultaneously supporting improved population health outcomes.

The Aboriginal Road Safety project commenced in 2009 and was a collaboration between the Department of Planning, Transport and Infrastructure (DPTI), the Department of Further Education Employment Science and Technology (DFEEST), SA Health, the Department for Correctional Services, SA Police (SAPOL) and the Attorney General’s Department. The products arising from the project included a literature review and recommendations for the policies and strategies for the partner agencies. Legislative change was another outcome of the project.

Evaluation is an essential component in the HiAP approach as emerging results inform the future development of the HiAP model and process. This evaluation is one in a series of project evaluations which examine the process and methods used in health lens analyses and explore the impacts of the process in terms of policy development.
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Project Description

The Aboriginal Road Safety Health Lens Analysis (HLA) project was a collaboration between SA Health (the Health in All Policies Unit and the Aboriginal Health Branch), South Australian Police (SAPOL), the Department for Planning Transport and Infrastructure (DPTI), formerly the Department for Transport, Energy and Infrastructure (DTEI), the Attorney-Generals' Department, the Department of Correctional Services and the Department for Further Education Employment Science and Technology (DFEEST). The Department of Education, Employment and Workplace Relations (Commonwealth Government) also provided input, as did the National Injury Surveillance Unit at Flinders University but neither were formal partners.

Traditionally, a HLA involves other agencies taking the project lead, with the HiAP Unit staff providing health expertise, assistance, support and resources. However, in this HLA project, SA Health was the lead agency. This was because the Aboriginal Health Branch of SA Health had lead on the most relevant South Australian Strategic Plan 2007 Target: T2.5 Aboriginal healthy life expectancy: Lower the morbidity and mortality rates of Aboriginal South Australians.

While at the outset of the project it was well known that Aboriginal people have lower driver’s licensing rates, relatively little was known about the experiences of Aboriginal people in obtaining a driver’s licence and the barriers that they face. However, the evidence demonstrated the strong correlation between unlicensed driving and being involved in fatal motor vehicle crashes. The primary purpose of the Aboriginal Road Safety project was to collaboratively identify ways in which a contribution could be made to increasing Aboriginal life expectancy through increasing the number of Aboriginal people who obtain and retain a driver’s licence in urban, rural and remote areas of SA. Obtaining and retaining a driver’s licence also increases the mobility of Aboriginal people, leading to improved health and wellbeing outcomes.

In order to achieve this aim, the Aboriginal Road Safety HLA project investigated the factors that make obtaining and retaining a driver’s licence difficult for Aboriginal people living in remote, regional and urban areas of South Australia (SA). The project investigated the pathways to obtaining a driver’s licence in SA, and the accessibility of these pathways for Aboriginal people. The project also sought to understand more about Aboriginal people’s experiences of driver’s licence training and experience of traffic and driving offences, as well as community attitudes towards licensing and diversionary programs.

The project aimed to develop strategies and recommendations to increase the number of Aboriginal people in urban, regional and remote SA who obtain and retain a current
A driver's licence, leading to improved mobility, road safety and ultimately health and wellbeing. The benefits to wellbeing of holding a Drivers Licence are presented in Table 1, below.

**Table 1: Benefits to wellbeing of holding a driver's licence (Government of SA, 2010, pg. 5)**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Reasons for benefit</th>
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<tbody>
<tr>
<td>Access to services, facilities, food, essentials etc.</td>
<td><em>Holding a driver's licence supports people to access the services and essentials they need in their daily lives, particularly in areas with low levels of accessible alternative transport options.</em></td>
</tr>
<tr>
<td>Education</td>
<td><em>Access to education is greatly increased. The licensing process itself offers educational opportunities if managed appropriately.</em></td>
</tr>
<tr>
<td>Employability</td>
<td><em>Access to numerous work opportunities is greatly increased. Employment plays a significant role in individual, family and community wellbeing.</em></td>
</tr>
<tr>
<td>Social Inclusion</td>
<td><em>Being able to participate in family/community activities.</em></td>
</tr>
<tr>
<td></td>
<td><em>A driver’s licence provides individuals with greater access to the community, therefore creating links with others and preventing social isolation.</em></td>
</tr>
<tr>
<td>Seat belts/Safety</td>
<td><em>Research shows that licenced drivers are more likely to wear restraints than unlicensed drivers.</em></td>
</tr>
<tr>
<td>Proof of Identity</td>
<td><em>Driver’s licence provides proof of identity which is important in many areas of our lives from obtaining a library card to banking.</em></td>
</tr>
<tr>
<td>Less likely to offend and re-offend</td>
<td><em>A licence can be perceived as something of value that individuals do not want to lose.</em></td>
</tr>
</tbody>
</table>
The HLA project was intended to facilitate progress towards several targets of the SA Strategic Plan (SASP) that are relevant to Aboriginal health and wellbeing. These specific targets are presented in Table 2, below.

Table 2: 2011 SASP targets relevant to the Aboriginal Road Safety Project

<table>
<thead>
<tr>
<th>Target</th>
<th>Aims</th>
</tr>
</thead>
<tbody>
<tr>
<td>T79: Aboriginal healthy life expectancy</td>
<td>Increase the average healthy life expectancy of Aboriginal males to 67.5 years (22%) and Aboriginal females to 72.3 years (19%) by 2020</td>
</tr>
<tr>
<td>T6: Aboriginal wellbeing</td>
<td>Improve the overall wellbeing of Aboriginal South Australians</td>
</tr>
<tr>
<td>T22: Road safety</td>
<td>Reduce road fatalities and serious injuries by at least 30% by 2020</td>
</tr>
<tr>
<td>T51: Aboriginal unemployment</td>
<td>Halve the gap between Aboriginal and non-Aboriginal unemployment rates by 2018</td>
</tr>
<tr>
<td>T53: Aboriginal employees</td>
<td>Increase the participation of Aboriginal people in the South Australian public sector, spread across all classifications and agencies, to 2% by 2014 and maintain or better those levels through to 2020</td>
</tr>
</tbody>
</table>

The Aboriginal Road Safety HLA project generally followed the SA HLA model (see Figure 1 below).

Fig 1: South Australian Health in All Policies model of Governance and Health Lens Analysis
Process Evaluation

This evaluation of the Aboriginal Road Safety HLA project was undertaken as part of a series of broader process evaluations of HLA projects. This evaluation was undertaken by Southgate Solutions (formerly the South Australian Community Health Research Unit) to explore the process and immediate outcomes of the HLA approach as it has been applied to Aboriginal Road Safety.

It drew upon an analysis of project documentation and interviews with public servants involved in the Project. The interviews and the initial analysis of documents were conducted as part of a larger project funded by the National Health and Medical Research Council (NH&MRC), which is evaluating the effectiveness of the SA model of HiAP in addressing the social determinants of health. Interviews were conducted with eight public servants who had direct involvement in the project. Six of the interviewees were interviewed once. One interviewee was interviewed twice and another was interviewed three times to capture developments in the project over time. This provided a total of 11 interviews. The data collected for the NH&MRC case study of the Aboriginal Road Safety project were published in a descriptive report of initial findings report (Flinders University, 2016). SA Health funded further analysis of the interview data and documents to identify and explore information specifically related to the processes underpinning the Project. This further analysis informs the findings reported in this document.

The interview transcripts and documents were analysed thematically using NVivo 10 data analysis software to identify information about the processes applied, the outcomes achieved and the perspectives of those involved in the HLA project. The findings are reported in the following pages, according to each stage of the HLA process. However, it is important to note that while these stages are reported separately, in reality they often occurred concurrently.

Engage

The original impetus for this project came from the Aboriginal Health Branch and Executive Committee of the Chief Executive’s Group (ExComm CEG), who identified that progress on the Aboriginal health and wellbeing SASP target areas was particularly challenging, and they subsequently endorsed Aboriginal life expectancy as one of the priority areas for HiAP work. In particular, the ExComm CEG identified a focus on addressing fatal vehicle accidents, given their significant contribution to Aboriginal mortality and morbidity.

Aboriginal driver’s licensing had also been recommended as an important area for of focus by Professor Ilona Kickbusch, as she recognised that “the safety and wellbeing of many Aboriginal people is adversely affected on a daily basis by lack of access to transport that is suitable to their needs, timely in delivery and safe for the conditions” (Government of South Australia, 2010, pg. 6).
After the initial scope of the project was defined, the HiAP Unit and Aboriginal Health Branch identified potential partners for the project. Letters of invitation to participate in the project were sent from the ExComm CEG to DPTI, the Attorney-General’s Department, the Department of Correctional Services, and SAPOL to invite them to be a part of the steering group for this project. A steering group was then formed including representatives from each of the collaborating Departments. The members of the steering group decided that DFEEST should be involved with the project and subsequently invited them as a project partner.

To further refine the scope of the project, a preliminary literature review was conducted to identify key factors which impact on Aboriginal road safety. Through a series of meetings the focus of the project was refined to focus on the licensing system and conditions which make it difficult for Aboriginal people to obtain and retain a driver’s licence. Reasons for this were that the drivers’ licensing is within State Government control, and it impacts considerably on the safety, knowledge and wellbeing of all road users. The focus of the project was supported by data on licensing and road accidents presented by the National Injury Surveillance Unit.

The HiAP team then began developing a project proposal, in consultation with the project partners. Part of this process identified how this project linked with the core business of each of the partner agencies, and what benefits each of these partner agencies would derive from the work (see Table 3). The project proposal was finished in July 2010 and was provided to the Chief Executives of each of the partner agencies for approval, and then to ExComm CEG for noting.

Table 3: Benefits to partner agencies

<table>
<thead>
<tr>
<th>Agency</th>
<th>Benefits</th>
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<tbody>
<tr>
<td>AGD</td>
<td>Reduced number of Aboriginal people involved with the Justice System for traffic and driver’s license offences.</td>
</tr>
<tr>
<td>SA Police</td>
<td>Crime reduction and increased road safety.</td>
</tr>
<tr>
<td>DTEI</td>
<td>Reduction in number and severity of road accidents.</td>
</tr>
<tr>
<td>SAH</td>
<td>Reduction in death and injury from road accidents, general improvement in health and wellbeing through improved determinants of health.</td>
</tr>
<tr>
<td>DCS</td>
<td>Reduced number of Aboriginal people incarcerated due to traffic and driver’s license offences.</td>
</tr>
<tr>
<td>DFEEST</td>
<td>Increased employability and opportunity for Aboriginal people.</td>
</tr>
</tbody>
</table>
Gather Evidence

There were several components to the evidence gathering stage of the HLA project:

- A description of the pathway for driver’s licensing in SA was developed which included the legal driving conditions at each point in the licensing process and identification of barriers and enablers at each stage of the licensing system.
- An audit was undertaken of existing programs that support individuals to obtain and retain a driver’s licence in SA, both mainstream and those with a specific focus on Aboriginal people. This audit was conducted through the use of an online survey developed by the HiAP Unit and the steering group. Information was received from Commonwealth and state Government departments, relevant community organisations, tertiary institutions and private providers.
- The University of South Australia was commissioned to review the academic and grey literature. This literature review identified the health and social benefits of having a driver’s licence; barriers to Aboriginal people obtaining and retaining a driver’s licence; involvement of the justice system in licensing; programs addressing driver’s licensing issues; barriers and enablers to effective driver’s licensing programs and guidelines for developing these initiatives. They also conducted interviews with key informants (n=10) across service provision, government and research in SA in order to provide a context for the literature review.
- HiAP and DPTI staff then undertook workshops with service providers across a range of SA regions to identify barriers to licensing and strategies for improving the licensing system. These workshops aimed to gain insights about the importance of Aboriginal people obtaining licences, what was already done to support Aboriginal people to obtain a licence, the barriers which Aboriginal people and service providers face in driver licensing and enablers that would assist service providers to support Aboriginal driver licensing. During these workshops service providers were also asked about the factors that impact on the effectiveness of Aboriginal driver licensing support services and strategies to engage with Aboriginal community members in their region.
- The University of Adelaide was commissioned to undertake an economic analysis of the costs to the SA system of not addressing the barriers to licensing and the impact of the current systems on driver licensing in the Aboriginal population, however, due to a number of issues, this was not fully progressed.
Generate

The generation of recommendations for this project became protracted and complex task due to the nature of the issue, the number of stakeholders involved, power relationships and conflicting priorities between the partner agencies. As a result, a total of fourteen versions of recommendations were produced; three versions of recommendations were produced in 2012, seven versions were produced in 2013 and four versions were produced in 2014. The final version of the recommendations were finalised in February 2014. These recommendations advocated for the following:

- Coordinated cross-government approaches to Aboriginal Road Safety in order to achieve benefit through more strategic and coordinated approaches which are in line with SA’s Road Safety Strategy, Towards Zero Together and specific actions contained within the SA Government Road Safety Action Plan 2013-2016. These approaches should use evidence gathered through the HLA project and other initiatives.

- Development of a framework by DPTI for monitoring and evaluating outcomes for Aboriginal people in SA, and progress towards improved licensing outcomes, for example, through the Aboriginal identifier which has been incorporated into the Transport Regulation User Management Processing System (TRUMPS). This framework should provide the opportunity to develop tailored responses and interventions. The Aboriginal identifier will strengthen culturally appropriate pathways for Aboriginal people to obtain and retain a driver licence. The information collected can be used to develop evidence based culturally appropriate registration, licensing and road safety projects for Aboriginal and Torres Strait Islander people. This will enable the right resources to be allocated to the right area for the maximum benefit.

- Increasing the capacity of Aboriginal people to successfully participate in the driver’s licensing system by providing targeted investment over a five year period to enable a critical mass of Aboriginal people to obtain their driver’s licence.

- The Attorney General’s Department recognise the important service Aboriginal Justice Officers have provided in supporting fines compliance and that this service continues to be provided by the most appropriate officers, in light of the changes to the administration of the fines enforcement through the Attorney General’s Department.

- Legislative change to assist Aboriginal people in remote communities to obtain their licence was introduced. Section 98AAG of the SA Motor Vehicles Act 1959 now includes an exemption for Aboriginal people in remote areas, enabling Aboriginal people in these areas to progress from learner to provisional licence more quickly and in so doing obtain their licence sooner.
Navigate

The navigation stage for this project was somewhat different to previous HLA projects, because the recommendations were not signed off by the CEs of all partner agencies. As DPTI was responsible for leading the implementation of the final version of the recommendations it was decided that the recommendations did not need to be navigated up to the CEs of all partnering agencies. Instead, the final recommendations were provided to partnering agencies for their information. The recommendations from this project were signed off by DPTI in September 2014, and were noted by the CE of Health in December 2014.
Engage

As discussed in other process evaluations, timeliness is an important factor in maintaining engagement and, therefore, successfully collaborating to address complex issues. Most interview participants noted that the Aboriginal Road Safety project was a long project. The duration of this project was attributed to a number of factors. Firstly, there were delays in the initial stages of the project because the Aboriginal Health Branch had large staffing cuts in the time that the scope of the project was being formulated. These cuts resulted in approximately two thirds of the staff being cut and therefore a lack of staff available to work on the project. When the project did commence, due the complexity of the issue of Aboriginal Road Safety it was essential that partners from a range of sectors that influence policies relating to Aboriginal road safety were included so that system change may be possible. The large number of partners necessitated considerable time being spent engaging the partners and maintaining relationships with the partners. This caused some delay in the progress of this project:

“It provides an extra leverage and an extra mandate because we’ve got so many agencies around the table but it also means it’s much more time-consuming to navigate and negotiate the politics of the agencies … and maintaining relationships with people when you have different agencies engaged with different strengths at different points in time.”

Maintaining commitment over the duration of the project was difficult given the length of the project and the numbers of partners. Interview participants reported that the length of the project meant that some partners lost interest in the project and that, as a result, there was a core group of people who were left to do the majority of the work on the project:

“The ongoing commitment and involvement of people from some of those agencies wasn’t really there and so you know it gradually all got left to a core.”

Participants reported that due to these difficulties maintaining engagement, HiAP Unit staff undertook a disproportionate amount of the project work:

“Health in All Policies has actually had to drive it a lot more. Other agencies haven’t really engaged – well, It’s not that they haven’t engaged but they haven’t actually come on board to do some common driving.”

In addition to the large number of partners in the project, there were several change overs in contact people for some of the agencies; this resulted in the need for HiAP staff to invest additional time building relationships with the new contacts. There were also difficulties in gaining attendance of all partners at meetings. Some partners requested
meetings one on one with HiAP staff, in place of their attendance at steering group meetings and this led to the need to relay information back and forth.

The large number of partners and the complex nature of the issue of Aboriginal road safety also resulted in many varied opinions being expressed within the steering group about the preferred scope for the project, especially when the sectors involved had different priorities and interest areas. Accommodating these differing priorities and trying to find a common ground on which to develop the project was a key part of the process of defining the scope of the project:

“There were tensions between different stakeholders and each government stakeholder had different core priorities and so then it was really about trying to find, well, what is it that we can do to improve Aboriginal road safety?”

Participants consistently reflected on the complexity of the issue of Aboriginal road safety and drew on this complexity when explaining why the project took so long. The complexity of the issue also made it difficult to maintain a clear focus for the project, and, importantly, to maintain a focus on the needs of Aboriginal people when there were so many competing priorities:

“The issues themselves are complex and then all of the players… it’s layer upon layer upon layer.”

“Amongst all of that there were the multiple components about policy enforcement, road safety, new technologies and different parts and I think what actually did happen was that part of advancing a focus towards Aboriginal persons actually got a little bit lost amongst all of that stuff that was happening.”

Gather Evidence

As with most HLA projects, there were several components of evidence gathering. Participants indicated that using various methods of evidence gathering and drawing on multiple sources helped to generate a comprehensive understanding of the system barriers and what actions could be taken.

Gathering and synthesising evidence, and sharing this with the steering group, facilitated a shared understanding of the issues and the importance of drawing on evidence as well as shared decision making about how it would be used:

“Some departments … were familiar with data, others clearly weren’t, and so it was about trying to come to a shared understanding of what we would use to inform that.”
One particular aspect of the evidence gathering stage that participants reflected on was the service provider workshops. Participants indicated that it was very useful to gain the opinions of service providers who were already working in the area of supporting licensing because this contributed an understanding of the factors that facilitated and inhibited the effectiveness of projects and initiatives. It also promoted community engagement and stimulated a holistic approach which directly involved the community:

“It was stakeholder engagement … around what road safety meant for Aboriginal people, for the stakeholders, what the barriers could be, you know, their priorities, and it was really trying to test the environment and get a ground truthing [understanding] of where some of the background literature review was pointing….”

The audit of current work was also discussed as being particularly useful for tying previous and current work together so that there is an awareness of what is currently being done, and building on the previous work rather than re-inventing it:

“You know, you find out things that are going on and you think “What? Why are people doing that? What a waste of time” or ‘Gee, I wish we’d known about that because we could have approached them to work together”. I suppose one of the things the Health in All Policies project in particular has done has highlighted how much that happens and it’s good to be aware that that’s the case as well.”

**Generate**

In generating the recommendations, one issue that arose was that many of the factors that make it difficult for Aboriginal people to obtain a licence were outside of the control of the partner agencies. Some of these factors related to the overall structure and functioning of the justice system which seemed generally outside of the scope of the project and politically challenging to change. Therefore it was a difficult task to develop recommendations which were culturally appropriate, achievable, politically acceptable to all partners involved, affordable and likely to be effective. The need to consider all of these aspects and consult with many partners, and navigate the political nature of the change process, caused the development of recommendations process to be slowed due to many revisions of recommendations.

As discussed earlier, there were a large number of partner agencies involved with the project. These partners brought a variety of different perspectives and priorities to the project which resulted in many competing views for what the project recommendations should be:

“There’s Police who have got a view, Health has got a view, {Department of } Aboriginal Affairs and Reconciliation, the licence producers, the driving trainers … they all had a
view ... there are an awful lot of bureaucracies involved here ranging from TAFE to Corrections too, and I think that does make it really quite difficult.”

Generating recommendations in this area was further complicated by the importance of maintaining the general standards of the driver’s licensing system while still addressing the particular needs of Aboriginal people. Therefore the recommendations needed to maintain the current standards for driver’s licensing but also make the systems more accessible to people of all English literacy levels and in all geographical locations. This was a difficult balance to strike and one that occupied a vexed political position. Discussions about this issue necessitated extensive consultation between partners in order to maintain a focus on the experience of Aboriginal people, while maintaining standards with the system:

“*There was this huge safety focus that was, ‘Let’s not dilute standards, let’s make sure that cars are roadworthy and that the people who are licenced drivers are safe’. Look, no-one disagreed but I think it was a different focus.*”

There were also difficulties around different ideas of creating recommendations which would promote equity while also maintaining the perception that driver licensing rules are equal and fair to everyone rather than being perceived as being different for different groups of people:

“*There came resistance about how you actually justify having this, a dedicated, very, very different approach to a group of people in society versus everybody else that had to go through the bureaucracy of the test, the six to 12 months, the 75 hours and passing a test and getting through the process.*”

“*The resistance was being challenged by developing a one-off program for a one-off group of people in community … it’s always far easier, I guess, to say that these are the rules and everybody’s going to have to do the same thing*."

This objection to “special treatment” for Aboriginal Australians was raised in many contexts. Social justice advocates suggest this reflects a failure to appreciate the need for additional support to redress historical and social factors that have created and reproduced disadvantage.

Some participants commented on the relative difficulty, compared to other projects, of developing recommendations to deal with the complex issue of Aboriginal road safety. These participants indicated that the work itself and the need to deal with multiple agencies was frustrating:

“I think from some of the other projects that I’ve heard talked about, or seen the outcomes of, most of them seem to be a lot more cut and dried whereas this has been complex; it is complex. I think the difficulty in finding things that people think are real solutions, or helpful at least, frustrates people.”
This project also took the opportunity presented by the Seven Cabinet Priorities budget bid process to put in a bid for funding to support a driver training program to rapidly increase the number of Aboriginal people with a driver’s license. The bid was made in an effort to align the work with the changing political context:

“We kept trying and so every time there was the opportunities we tried to reposition it, so we did a budget bid with the new seven priorities.”

This budget bid took approximately two months, which slowed progress in other aspects of the project. This budget bid was unfortunately unsuccessful.

**Navigate**

The navigation stage of this project was made less complex than previous HLA projects due to the decision not to obtain approval and sign off by the Chief Executives (CEs) of all partner agencies involved. This decision was made to ensure that communication with the CEs of all departments was relevant to their role in the implementation of the recommendations and to save time. DPTI was the only partner agency with responsibility to lead the implementation of the recommendations, and therefore the recommendations were navigated up to their CE. While the other partners were not responsible for leading the implementation, they were still involved in their implementation and had participated in the HLA, so it was important that they were aware of the approved recommendations. For this reason, the recommendations were provided to other partner agencies for noting so that they had information which was relevant to their participation in the implementation:

“The process has changed a little bit for this, the sign-off process. What’s been agreed is that they will go to the DPTI Chief Executive for approval. They will then be provided to the partner agencies for noting and probably a letter from the DPTI CE to the other CEs involved thanking them for their contribution to this project.”

This decision was also on the political needs to save time and get the project completed in a timely manner. Because the generation stage took longer than anticipated, the project team were conscious of the need to maintain some momentum with the project and get it completed while the recommendations were still relevant, and potentially likely to have some impact.

Participants reflected on the impact of timeliness regarding the generation stage, and indicated that by the time that the recommendations were developed, the structures in place for sign off had changed and therefore there was confusion about the sign off process:
“Some of the governance structures that were set up at the start of the Health in All Policies Project no longer exist, so then we had this dilemma about well, who do these recommendations go to? It seemed to us that the only group they could go to was the …there’s a cabinet taskforce looking after safe and healthy communities, which is one of the premier’s priorities, and so the recommendations need to now go to that group”

In terms of the uptake of the recommendations, by the end of the project some interviewees reported that the recommendations that were produced did not fit with the priorities of the partner agencies, and this clash of their priorities meant that the recommendations may not be given the attention that was initially expected or hoped for:

“I don’t think people generally were actually warming to the view that in relation to serious injury, crashes and fatalities, that this was something that was of high enough priority, along with the more sexy part of extra cameras and uniforms and police cars and enforcement and demerit points and taking away licences and automatic numberplate recognition systems.”

Despite this, many of the recommendations have been implemented to varying degrees.

Applications of this work in informing other work

The Aboriginal Road Safety project work has been used to inform a 90 day project on Aboriginal road safety in the APY lands called ‘Creating opportunity for remote communities’. 90 day projects are an initiative to promote innovation and culture change within the government. These projects use a 90 day time frame as a catalyst to produce rapid action towards clearly defined targets. The complexity of the issue of Aboriginal Road Safety has been highlighted through the HiAP project whereby many partners were involved in developing recommendations. This work has informed the 90 day project on Aboriginal Road Safety, however these projects are commonly designed to tackle more straightforward and clearly defined problems. Due to the presence of the 90 day project, there was a need, in the generating stage of this project, to ensure that the recommendations from the Aboriginal Road Safety project did not duplicate or contradict recommendations produced by the 90 day project:

“There’s a Cabinet Taskforce looking after Safe and Healthy Communities, which is one of the Premier’s Priorities, and so the recommendations need to now go to that group, as do the recommendations for the 90 day project. So then we found ourselves in “how do we make sure that they don’t contradict?” So we had to press pause for a little while, just to work out what was going to happen with the 90 day project.”

In addition to leading to the generation of this new work, the Aboriginal Road Safety project provided partner agencies with a new way of thinking about issues and policy generation related to Aboriginal road safety. The focus on developing an equitable
system and considering the social determinants of Aboriginal road safety was new to many partners in the project:

“I think the first one was that actually there was an agreed recognition across all of those agencies that the licensing system is accidentally discriminatory and that the more that we focus on road safety the more we discriminate and make it impossible for people to get a driver’s licence, so we’re feeding into this growing population of people who drive unlicensed.”
Conclusion

The Aboriginal Road Safety HLA project attempted to deal with a complex issue in a holistic way. The nature of the issue necessitated the inclusion of many partner agencies in order to ensure that multiple perspectives and sets of expertise were incorporated. However, the inclusion of multiple partnering agencies presented issues of power relations, differing priorities and brought about extra work for the HiAP Unit in maintaining engagement for the length of the project. These issues contributed to the lengthy engagement and generation phases of the project. The broader political environment also had a large impact on the Aboriginal Road Safety Health Lens. Staffing cuts across government in the beginning of the project led to a changeover in the staff involved in the project. Together, these issues contributed to the progress of this project being slowed. This lack of timeliness led to a loss of momentum of the project and difficulties maintaining partner engagement as the project matured, which then perpetuated these delays.

Although the generation stage of this project was protracted, it brought several important issues to light. One of these issues was the impact of policies on equitable systems which have important health and wellbeing outcomes. The need to work through the tensions between maintaining standards and having equal rules for everyone, and between providing an equitable solution for a particular population group provided an opportunity for the participants in the project to consider these equity issues in a practical way.

The evaluation of this project has provided a summary of the processes undertaken in the Aboriginal Road Safety HLA project. It has also provided information around the challenges of working on complex issues with multiple partner agencies, and the indirect benefits for partners of working with agencies and in policy spaces that are new to them.
References


Appendix 1: Final project recommendations

The underpinning principles of the Aboriginal Road Safety: Driver Licensing recommendations involve working towards a culturally inclusive driver licensing system that:

- Builds a culture of road safety
- Strengthens community value of a driver licence and
- Increases equitable outcomes for Aboriginal people across SA.

Recommendation 1: Coordinated Cross-government approaches to Aboriginal Road Safety

The Health Lens project partners recognise the complexity of the driver licensing system and agree that significant benefit will be achieved through a more strategic, coordinated and collaborative approach. Recommendation 1.1 is in harmony with the intentions of South Australia’s Road Safety Strategy Towards Zero Together and specific actions contained within The Road Safety Action Plan 2013-2016.

1.1 It is recommended that DPTI leads a cross-government approach to improving driver licensing outcomes for Aboriginal people.

Ongoing “improvements” to the SA Graduated Licensing Scheme (GLS) have had the unintended consequence of increasing the gap in licensing rates between Aboriginal and non-Aboriginal people. Given that one of the basic tenets of the GLS is to improve road safety and reduce death and injuries from motor vehicle crashes, it follows that failure to address barriers that particularly impact on Aboriginal people will lead to ever increasing over representation in road crash statistics.

The following recommendations are required to reverse the trend and prevent further widening of the gap.

1.2 It is recommended that the cross-government approach uses the evidence gathered through the health lens project and other initiatives \(^1\) to develop policies, programs and processes that result in a culturally respectful, inclusive and supportive GLS system for Aboriginal people.

The findings from a series of forums with service providers who work with Aboriginal people highlighted the importance and value of having information and messages

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\(^1\) Austroads’ projects including RS 1745 Tracking Forward to a Provisional Licence.
communicated in a culturally appropriate form by all agencies involved in the licensing system. It was also recognised that some useful resources have been developed, but service providers are often unaware of how to access them. A more coordinated approach to developing and providing resources was recommended.

Changes are required so that all communication related to the driver licensing system is culturally appropriate, effective and easily accessed.

1.2.1 It is recommended that the cross government approach to improving licensing outcomes is applied to a review of relevant communication, correspondence and resources.

A critical component of the cross-government coordination will be the development of a robust framework of monitoring and evaluating outcomes for Aboriginal people in SA. The recent introduction of an Aboriginal identifier within the Transport Regulation User Management Processing System (TRUMPS) means that it will now be possible to more accurately monitor what happens to Aboriginal people in the driver licensing system, and therefore provides an opportunity for tailored responses and interventions.

1.3 It is recommended that DPTI develops a monitoring and evaluation framework to measure progress towards improved licensing outcomes for Aboriginal people in South Australia.

Recommendation 2: Increasing the capacity of Aboriginal people to successfully participate in the driver licensing system

In Australia the GLS relies heavily on suitably qualified family members to act as supervising drivers to support the completion of the 75 hours. Many Aboriginal people have extremely limited access to qualified supervising drivers in their families or communities. Where people can afford to, and where they can be accessed, driving instructors can be used to fill that gap. However, this is a particularly expensive process, and many rural and remote locations lack access to driving instructors.

The project identified that a key approach to resolving this ongoing, detrimental situation would be to have a focus on establishing a critical mass of Aboriginal people to obtain their licence, who in turn could act as qualified supervising drivers. This ultimately will build capacity within communities to be more self-sufficient and less dependent on

2 Transport Regulation User Management Processing System – the State Government’s electronic records database of driver licences and vehicle registrations.
external interventions and support. Recent legislative change could be used to facilitate this outcome.

2.1 It is recommended that targeted investment is provided by government for a five year period to enable a critical mass of Aboriginal people to obtain their driver licence.

Failure to comply with the payment of fines impacts on people’s ability to obtain and retain a driver licence. Complying with existing fines enforcement policies poses additional challenges for Aboriginal people, particularly those living remotely.

This project identified that the role of the Aboriginal Justice Officers (AJOs), Courts Administration Authority, has been a powerful catalyst in assisting Aboriginal people navigate aspects of the justice system that relate to driver licensing, particularly fines enforcement. Recent changes resulting in the Attorney-General’s Department taking responsibility for the collection and enforcement of fines may have reduced the opportunity for AJOs to support Aboriginal people regarding fines. This could result in increased non-compliance of fines payment by Aboriginal people.

2.2 It is recommended that the Attorney General’s Department recognise the important service the Aboriginal Justice Officers have provided in supporting fines compliance and that this service continues to be provided by the most appropriate officers, in light of the changes to the administration of the fines enforcement through the Attorney General’s Department.