



# Driver licensing – a social determinant of health

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Head of School

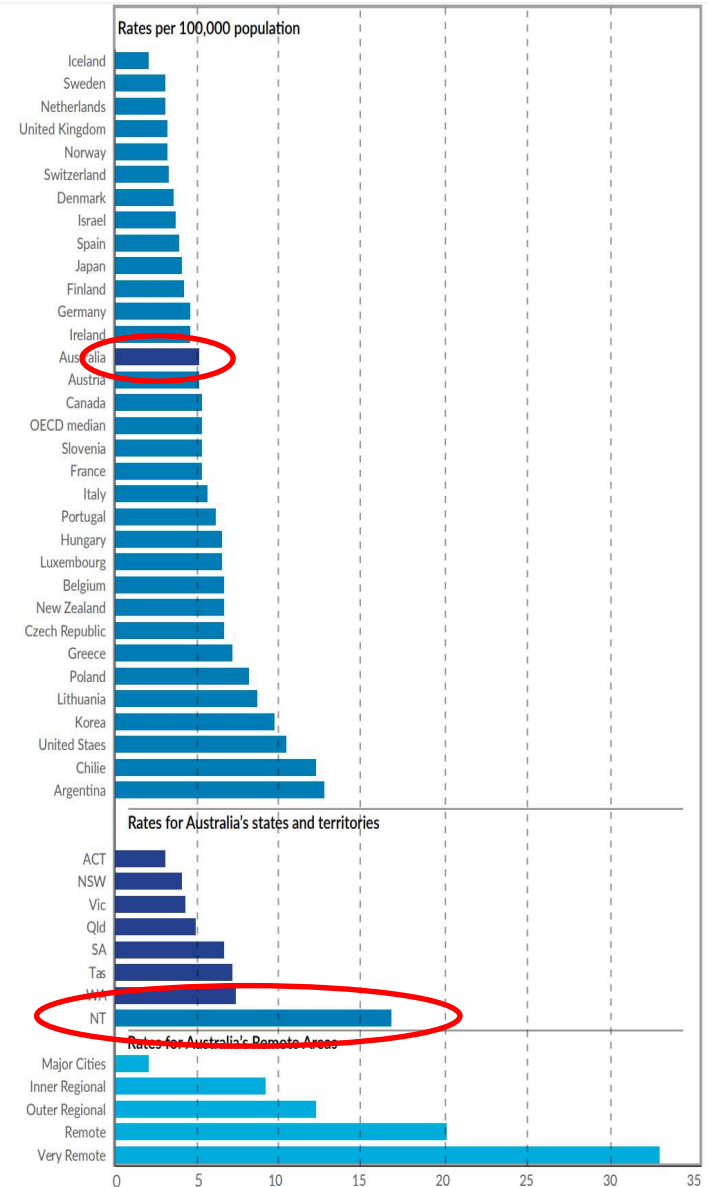
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# Transport injury and road safety

Aboriginal people are at greater risk of transport related death and injury than the rest of the population

- 2-3 times the fatality rate of the rest of the community
- 5 times the fatality rate for young people

Few targeted sustainable road safety programs



(BITRE, 2014)

## Previous research

- Survey of people attending Aboriginal Medical Services in 4 locations; Redfern and Griffith in NSW, and Port Lincoln and Ceduna in South Australia 2012-2013
- **Licensure (a full or provisional licence) ranged from 51.4% to 77.2%**
- **Strong links between licensing, employment and education** – those with a licence had 4 times the odds of being in full time employment or a degree level qualification, twice for trade qualification, compared to those unlicensed (Ivers, 2016)
- 38% of people who had ever held a licence of any sort had had their licence disqualified, suspended or cancelled
- Similar findings from NSW, SA, NT (Elliott and Shanahan, Helps, NT Gov)

# Tanami driver licensing project

Community indicated high degree of concern about driver licensing

Community survey and stakeholder interviews in 2010

More than half people surveyed did not have a valid licence; half had never had one but half had expired or suspended licenses

More than one-third (38%) of those who reported driving in the last 12 months did so without a current driver licence



# Tanami driver licensing project

Major issues with ID documents

Fear of engaging with Police

Family pressure to drive

Poor access to services

- Licensing
- Alcohol offender courses
- Alcohol management
- (Child restraints: seats and fitting services)

Licensing suspension or  
disqualification had serious  
implications for employment



# Barriers to driver licensing

- Identification documents
- Limited access to licensing and testing facilities
- Poor access to eligible supervisory drivers and appropriate vehicles for learners
- Low levels of schooling and/or literacy → lack of confidence for learner knowledge testing
- Financial costs
- Lack of culturally responsive service provision
- Fines and debt recovery systems → excessive contact with justice system

Control of one's destiny - a  
fundamental social determinant of  
health

# Michael Marmot

*“For people above a threshold of material wellbeing, another kind of wellbeing is central. Autonomy – how much control you have over your life – and the opportunities you have for full social engagement and participation – are crucial for health, well-being and longevity. It is inequality in these that plays a big part in producing the social gradient”*

([Marmot, 2004](#)).



# Amartya Sen

The substantive freedom to have opportunities and exercise choices over daily life – and the degree to which different groups in the population have that freedom ([Sen, 1999a](#)).

A relative lack of control and powerlessness are fundamental causes underpinning the observed socio-economic inequalities in health

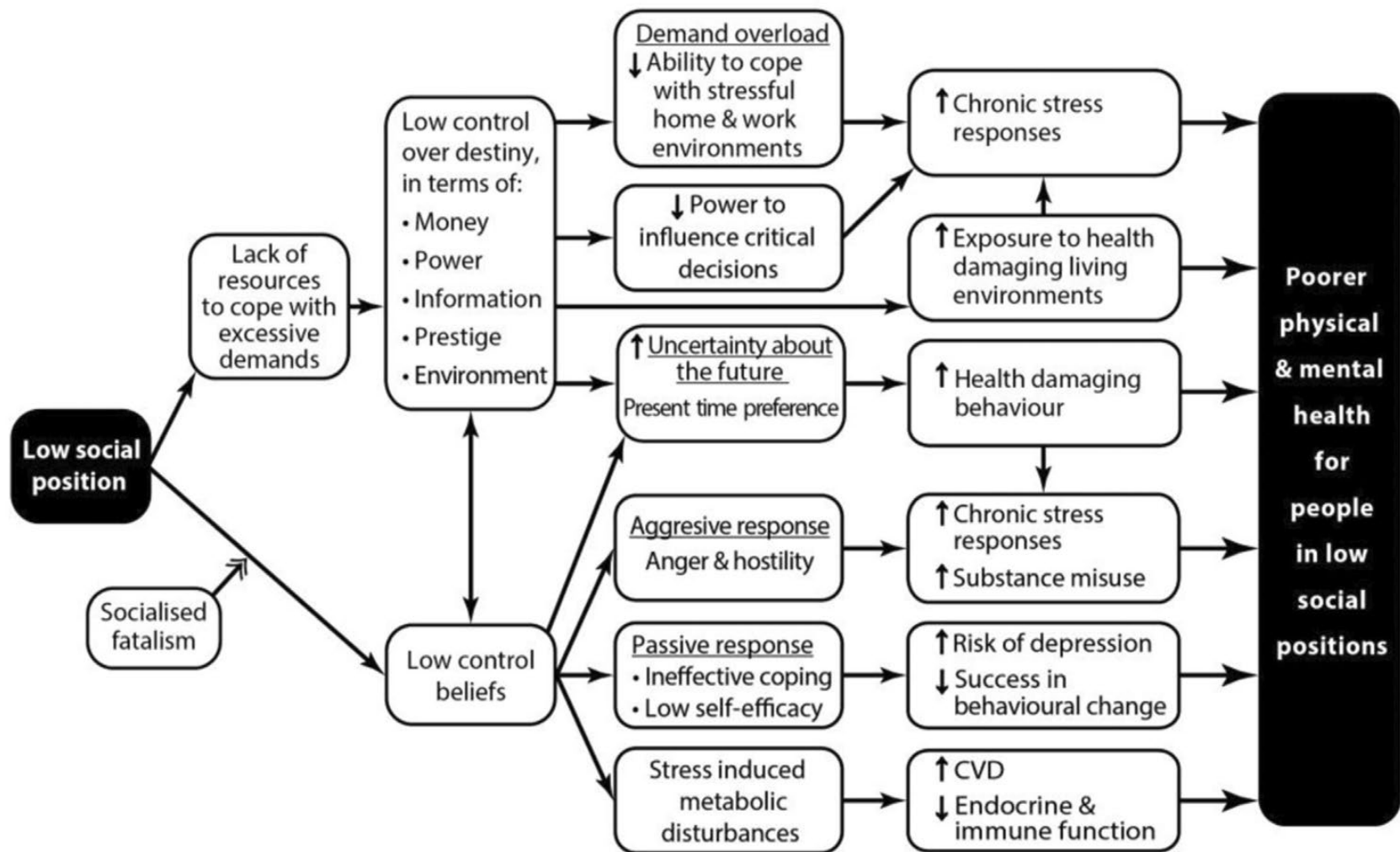


Fig. 1. Theoretical pathways at the Micro/personal level leading from low control to socio-economic inequalities in health.

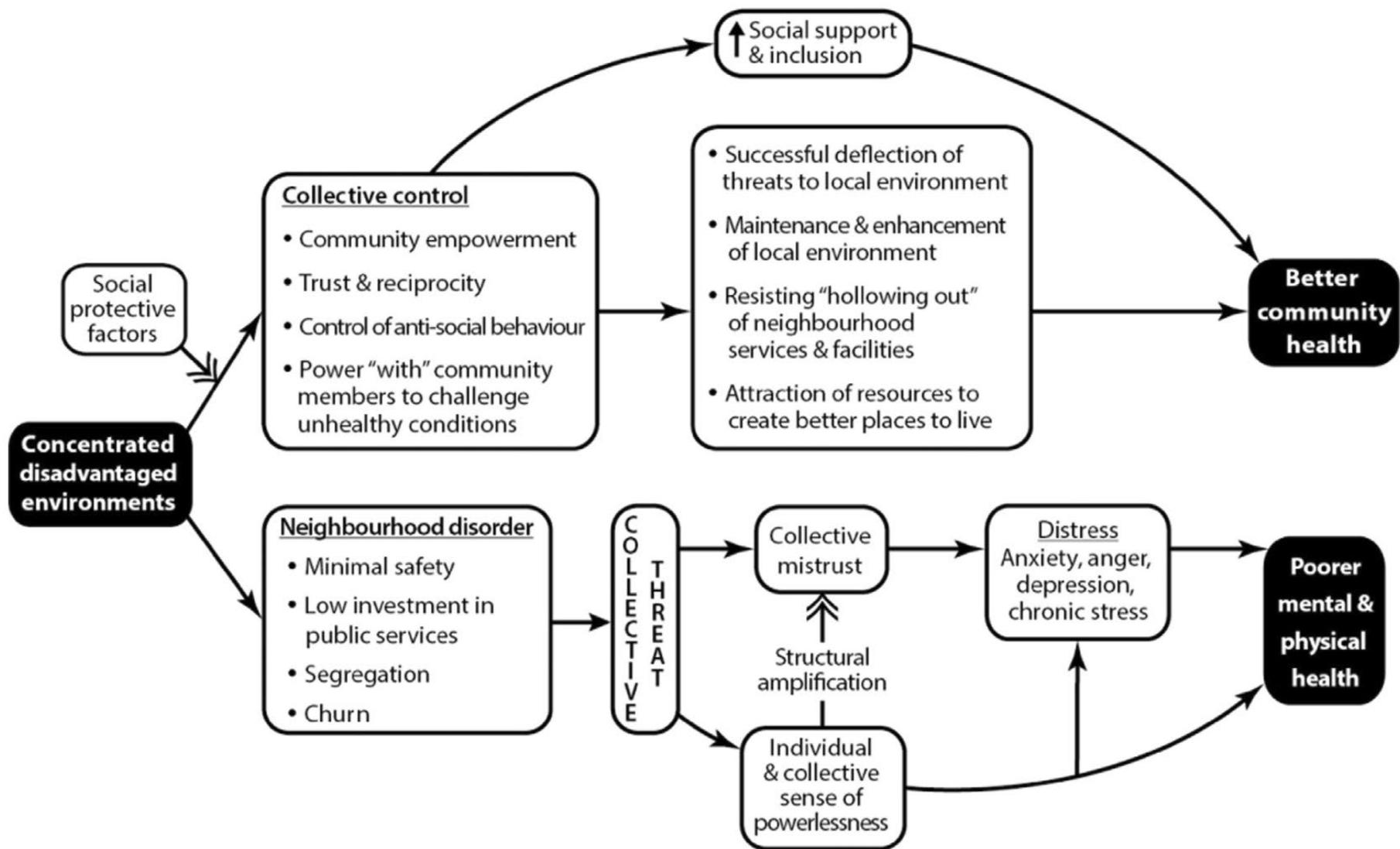
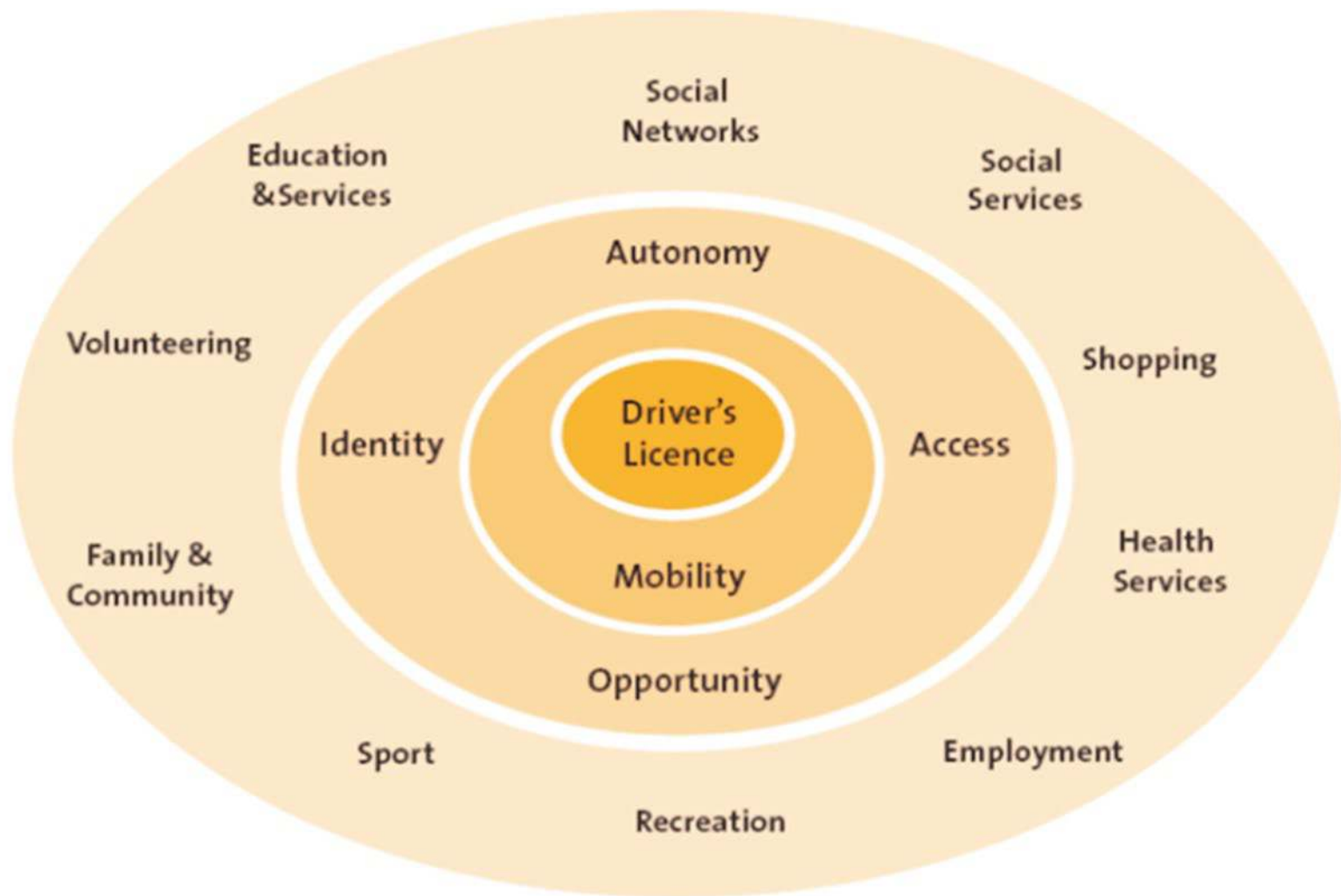


Fig. 2. Meso/community pathways from low control to socio-economic inequalities in health.



# DriveSafe NT Remote Licensing Program

Initiative of the NT Government to address barriers to licensing faced by remote communities

Commenced in April 2012, and was sequentially rolled out across more than 20 remote communities

Key components of the program delivery

- Employs experienced motor registry staff, driving instructors and testing officers that travel as mobile units
- Community consultation
- Competency-based education practices that are student centred
- Development of geographically and culturally relevant road safety education materials

# Collaboration and respect

Field staff were highly responsive to cultural norms, unanticipated challenges and adjusting the program delivery

It was common in remote regions for community members to have had little exposure to formal schooling; the programs' responses to this included:

- a) Tailoring the program to participants' literacy needs
- b) Verbal testing for the Learner theory
- c) Presenting program materials in an engaging and interactive format
- d) Providing regular breaks to enhance participant concentration

# Collaboration and respect

In some communities it was preferable to hold Learner theory classes with male and female community members separately

Gender matching driving instructors with Learner drivers; where this was not feasible Learner drivers were able to bring a support person to the lesson

*“There would be kids there who have never – and especially female, who I reckon never would have got a licence in their life without this program”*

Strengthened licensing and road safety services through locally owned and delivered programs

12 sites across NSW

Aimed to demonstrate program effectiveness for sustainability of funding









“Not having a license will impact on every aspect of their lives. It’s about their health and their cultural responsibilities to family and their community.... There are a whole lot of issues that are addressed just by having a licence, so we hope that we reduce injury, but it also addresses the unemployment and the social injustices that exist.”

(Driving Change Youth Worker)