

Aboriginal People Travelling Well

Community Report



Yvonne Helps, David Moodie and Gail Warman

Cover Art: Zebra Finch

The cover painting was created for this project by Uncle Trevor Bromley, an elder instrumental in the development and continuation of the Zebra Finch Men's Group.

The group was established in 2006 in Gilles Plains (Adelaide) by Aboriginal male community members, who promote safe families and healthy men. The group is made up of Elders whose main role is to pass on their life experiences, knowledge and guidance to younger Aboriginal and Torres Strait Islander community members, leading by example and sharing cultural and community values. Group members are emerging as skilled artists and wood workers, carving and decorating clap sticks, nulla nullas, spears, woomeras and snakes from native timbers.



The group is named after the zebra finch (*nyiiinyii*, its Anangu name), a bird that provides for family. Zebra finches pair for life, and both birds care for the eggs and young. This bird is found in most parts of Australia, and its migratory habit is reflected in the philosophy of the group, which welcomes men from all regions. From 2010, the group continues its activities from their new home at Kura Yerlo, Largs Bay.

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David Moodie
and Gail Warman



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Australia's National Institute
for Aboriginal and Torres Strait
Islander Health Research

*Incorporating the Cooperative Research Centre
for Aboriginal and Torres Strait Islander Health*



Flinders
UNIVERSITY



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Note: We use the term 'Aboriginal' in this report to represent both Aboriginal and Torres Strait Islander people. We only use the term 'Indigenous' where it is a direct quote from a person or agency.

Warning: This report contains the names and images of, and references to, people who have passed away.

* In January 2010, the CRCAH was refunded by the CRC Program and renamed the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health (CRCATSIH). Subsequently, in February 2010, CRCATSIH was incorporated into The Lowitja Institute – Australia's National Institute for Aboriginal and Torres Strait Islander Health Research.

Table of Contents

Acknowledgments	iv
Glossary	vi
About this Community Report	1
What matters	1
The communities	2
Travelling Well: Life and Death Matters	5
Health, disability and culture: Imperatives to travel	5
Obstacles to travelling safely	6
Summary of needs	12
How the Process Worked: Putting Words into Action	13
The research process	13
Making a difference: Kura Yerlo driver licensing program	14
Maintaining the momentum	16
Tables and Figures	
Map of Australia, South Australia and Communities	3
The Communities: Key characteristics	4

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Organisations

Burka Meyunna Elders Group, Kura Yerlo Incorporated, Yalata Community, Zebra Finch Men's Group

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Australian Red Cross SA

Munda and Wanna Mar Incorporated
South Australian Fire and Emergency Services Commission

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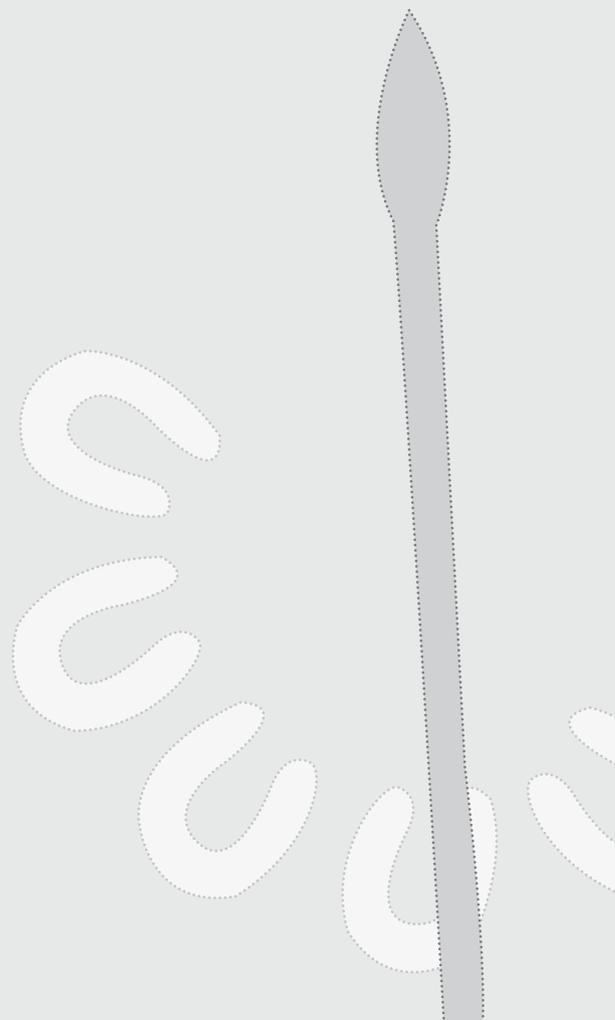
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The Wrigley Company

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Glossary

ABS	Australian Bureau of Statistics
ATM	Automatic teller machine
ATSB	Australian Transport Safety Bureau
BM	Burka Meyunna Elders Group
CDEP	Community Development Employment Program
COAG	Council of Australian Governments
CRCAH	Cooperative Research Centre for Aboriginal Health
CRCATSIH	Cooperative Research Centre for Aboriginal and Torres Strait Islander Health
FAHRU	Flinders Aboriginal Health Research Unit
KY	Kura Yerlo Incorporated Aboriginal Community Centre
MAC	Motor Accident Commission, South Australia
NSW	New South Wales
PATS	Patient Assistance Transport Scheme
RAA	Royal Automobile Association
RFDS	Royal Flying Doctor Service
SA	South Australia
TiR	Thinkers in Residence program, South Australia
TAFE	Technical and Further Education
TAFE SA	Technical and Further Education South Australia



About this Community Report



Mobility is a basic human need, and transport is the way that it is achieved. Walking is the oldest form of transport, but in modern societies other transportation forms predominate—chiefly motorised land transport. The starting point for the research described in this document is the proposition that safe and sufficient transport should be accessible to everyone.

The research focuses on the interaction between access to safe transport and the health and wellbeing of Aboriginal people in several distinct South Australian Aboriginal communities (urban, regional and remote). It draws on the fragmented literature and, through interviews and focus groups with Aboriginal people and their service providers, starts to develop a coherent view of the issues and possible responses.

The Aboriginal People Travelling Well project started in 2005 and finished in 2008 with the release of a final report (Helps et al. 2008), and has since led directly to a South Australian Government initiative to improve and expand the options for Aboriginal people who wish to gain their driver's licences. Drawing on recommendations contained in the final report as well as from the SA Thinkers in Residence program and government departments, State Cabinet has approved a program to implement the new licensing initiatives, with preliminary work set to commence in the second half of 2010.

A comprehensive literature review (Helps & Moller 2008) informed this research, which was conducted as an action research project. The final report can be found at the following websites:

- Flinders Aboriginal Health Research Unit (http://www.aboriginalhealth.flinders.edu.au/Newsletters/2010/Downloads/RSRG_1.pdf)
- Formally ATSB (http://infrastructure.gov.au/roads/safety/publications/2008/RSRG_1.aspx)
- The Lowitja Institute (<http://www.lowitja.org.au/crcah/aboriginal-people-travelling-well>)
- Australian Indigenous HealthInfoNet (www.healthinfonet.ecu.edu.au/roadsafety)

This community report is the final publication resulting from the project.

What matters

Life and death matters

Lack of access to safe travel interacts with the health and cultural needs of Aboriginal people so that:

1. Aboriginal people often travel unsafely when there is a health crisis in the family.
2. Reluctance to travel away from the support of family and community contributes to under-servicing of health needs and continuing poor health among Aboriginal populations.

Supporting efforts to make travel more accessible—whether through public or community transport, subsidised health travel, or increased accessibility to driver education and training—will assist Aboriginal people to make choices that avoid negative health outcomes. In particular, our research found:

- The health and cultural needs of Aboriginal people are inextricably connected.
- Health transport systems would benefit from recognising the role of Aboriginal cultural obligations, and the importance of family and community support systems to good health.

- There is a widespread need for improved access to safe transport that supports Aboriginal people's health, but especially in rural and remote areas where poor road systems, lack of publicly funded transport and long distances increase the risks to health.
- Whether Aboriginal people are based in urban, rural or remote areas, cultural obligations to family and kin, especially when an important person dies, generate the need for large numbers of Aboriginal people to travel at times of high stress, often over roads that are of a lower standard and, because of economic circumstances, in vehicles unsuited to this sort of travel.
- Vocational programs to train and accredit Aboriginal driver educators who can provide culturally appropriate and affordable driver education, and qualified supervision in roadworthy vehicles, would increase the number of licensed Aboriginal drivers.
- Intersectoral cooperation, including pooling agencies' transport and lifting the restriction on non-employee travel in agency vehicles, would improve access to safe travel.
- Road safety education designed for Aboriginal communities is needed to promote the use of seat belts and safe alcohol consumption.
- Accessible and affordable child and baby restraints are critical issues, particularly in rural and remote areas, as is qualified fitting to ensure correct installation.
- Racism on public transport and in taxi services needs to be addressed to remove another deterrent for Aboriginal people to travel to address their health needs.
- Patient assisted travel needs to be expanded to provide transport services for relatives and carers during health-related travel, and support to care for children who are left at home when a sole parent is hospitalised.
- Disability treatment and support systems need to be better connected to Aboriginal people with disabilities, particularly in rural and remote areas.

Research matters

The research project caused, enabled or prompted numerous changes that continue to contribute to health-related travel for Aboriginal people in South Australia. They include:

- The implementation of new government policies to provide alternative pathways and greater flexibility for Aboriginal people wishing to obtain their driver's licence.
- Emergence of a network for sharing information, and identifying and solving problems.
- Creation and/or strengthening of communication and collegiality between the numerous 'players'.
- Willingness of participants, including government agencies, to frame issues, obtain information and advice, and seek solutions in novel ways.
- Encouraging participants to become and remain engaged by valuing both small-scale problem-solving and the identification of structural issues.
- Government agencies changing practices, with the clear potential for these changes to persist.

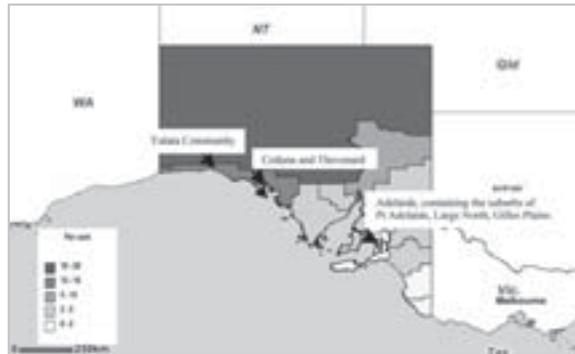
The communities

The South Australian groups that participated in this research are representative of Aboriginal suburban, rural and remote communities around Australia. All four Aboriginal communities had common transportation experiences. Long-distance travel presented particular problems. Aboriginal people based in remote areas faced additional issues.





Relative approximate distances in kilometres between communities from Yalata and Ceduna
 Source: J. S. Feodoroff 1975, adapted 2007



Indigenous population distribution in South Australian Statistical Sub Division (SSD)
 Source: ABS 2007



Source: <http://www.freepchelp.co.uk/forum/off-topic-civilised-discussion-world-news-etc/3630-size-australia-comparison-europe.html>

- **Kura Yerlo Inc.** is a leading Aboriginal community organisation providing services and facilities to Aboriginal people in the western suburbs of Adelaide. Kura Yerlo runs **Burka Meyunna Elders Group**, which identified the following health and travel concerns: comfort, cost, accessible transport for disabled people, exploitation by taxi drivers, and seat restraint non-compliance.
- **The Zebra Finch Men's Group** was based at Gilles Plains in the northern suburbs of Adelaide at the time of this project but is now based at Kura Yerlo. The main issue for this group was the affordability of unplanned travel, particularly to attend funerals.
- **Ceduna** is a major regional centre on a main highway where Aboriginal people have little private and no local public transport. **Thevenard** is a small township about three kilometres from the edge of Ceduna and its growth has centred around the bulk-carrying industry and its panoramic views of Murat Bay. Non-Aboriginal government service providers and Aboriginal community members discussed the impact of their limited transportation options and suggested ways of improving them.
- **Yalata** is a restricted Aboriginal community on the far west coast of South Australia. Travelling well in Yalata is not easy. Community members described the risks faced by the lack of transport options: unlicensed driving, very few safe vehicles and large distances to travel.



The foreshore at Ceduna, Murat Bay

The Communities: Key characteristics

Characteristic	Kura Yerlo Inc. and Burka Meyunna ¹	Zebra Finch Men's Group ²	Ceduna / Thevenard	Yalata Community
Distance from Adelaide	17 km (KY) 13 km (BM)	12 km	781 km	981 km
Location type	Suburban	Suburban	Rural	Remote
Aboriginal population ³	1.4%	1.6%	22.6%	82.4%
Transport services available in 2006	Train Public buses Commercial taxis	Train Public buses Commercial taxis	No public transport Private buses & light aircraft Car rentals RFDS	No public transport Private light aircraft RFDS Community bus (weekly)
Traditional language spoken ⁴	5.7%	5.1%	18.6%	91.7%

- Notes
1. Western Adelaide Statistical Subdivision, ABS
 2. Northern Adelaide Statistical Subdivision, ABS
 3. Proportion of Aboriginal people in that location, 2006 Census
 4. Proportion of Aboriginal people, 2006 Census

In 2006, the Aboriginal population in South Australia was young compared with the rest of the population. Almost 60 per cent of Aboriginal South Australians were younger than 25 years and, compared with their non-Aboriginal counterparts, very few were older than 55 years. Much higher proportions of Aboriginal people lived in rural, remote and very remote areas of the State. On average, incomes for Aboriginal households were lower than non-Aboriginal households in the same area.



Sign at turnoff, 4 km to Yalata community



Travelling Well: Life and Death Matters

The Aboriginal view of health is not limited to an individual's physical wellbeing but encompasses the social, emotional and cultural wellbeing of the whole community. The need for health treatment often conflicts with the need to attend to responsibilities to land and family. Travelling to health services, especially in-patient facilities, represents a separation from culture and entry into a strict hierarchical structure that is often hostile to Aboriginal culture.

Health, disability and culture: Imperatives to travel

The burden of ill-health and death on Aboriginal people generates an imperative to travel. Lack of access to health services contributes to poor health, which increases the need to travel to high-level health services. Travel may be for diagnosis, treatment, to support a sick relative, to meet obligations to family and land or, all too often, to attend a funeral. In our interviews and focus groups, commitment to culture was evident among Aboriginal people living in urban, regional and remote areas.

Health and disability

Aboriginal people are hospitalised more often than the general population. Many report difficulties with transport, and hospitalisation rates for transport-related injuries are higher than for other Australians.

Aboriginal disability is poorly understood and documented. The true impact is likely to be far greater than the available data suggests. We observed that Aboriginal people with disabilities were not connected well to treatment and support. We found no systematic data on their needs, which appeared to be greater in rural and remote areas. There is a pressing need to study Aboriginal disability in a systematic and culturally sensitive way to determine what services are needed.



Members of the Zebra Finch Men's Group meeting over lunch at Gilles Plains

Funerals

Travelling to funerals was an important theme in all the communities studied and in the literature. The death of any Aboriginal person impacts on the wider community, not just their immediate family. The death of an Elder marks the passing of important knowledge. Funerals ensure cultural roles are passed correctly to others, thereby protecting the group's future spiritual wellbeing.

Funerals require the attendance of large numbers of people for 'sorry' business and, often, lengthy ceremonies. Mass travel at a time of stress generates risks among people who may have few economic reserves. Travel may be on poor roads and in unsuitable and overcrowded vehicles.

One male Elder from the western suburbs of Adelaide spoke about the difficulties he encountered getting to funerals, particularly for family members. Recently this Elder had three funerals to attend on the far west coast, where he had spent most of his adult life:

Because of my financial situation, I was unable to attend, but I sent my condolences, which were read out during the ceremony.

If not for financial constraints, would you have attended those three funerals?

I would go. Oh, definitely. They are my grandchildren.

So that must cause you a lot of grief and frustration?

Oh, a lot of grief... it's been getting me down, it's been increasing, not decreasing, with those young people dying.

Strained finances make it difficult for Aboriginal people to attend funerals. The costs of accommodation, food and fuel are heavy burdens. Returning a deceased person to their community presents other difficulties.

You were telling me before that in the past, you personally would take the deceased person back to their community if they'd been in hospital here or somewhere away from home?

Yes, yes.

So if someone dies in a hospital in Adelaide, and they come from, say, the [Anangu Pitjantjatjara Yankunytjatjara] lands, how are they taken back to their community for the funeral?

Well, in some cases—like my granddaughter—was taken back by her family. But in Ceduna—I can only speak for Ceduna—the bloke who runs the funeral business there, he is very helpful. Really nice bloke, he's always been like that. He can, say, arrange it, get it done without too much bother or problem for people. I can't say the same for other areas.

There would be a substantial cost... you can get in touch with different organisations. But I think in the main that families are obliged to pay the cost. That's what it boils down to. It's a big burden.

The social welfare system is cumbersome in dealing with immediate needs of this nature. A support system for funeral travel that enables group transport and assists with the transport of deceased persons is required.

Obstacles to travelling safely

Gaps in the health system

The fragmentation of services to Aboriginal people across agencies is a major barrier to the effective use of available resources. Aboriginal people are referred to in many key policy documents, but service delivery remains focused on mainstream needs.

Patient travel

Aboriginal clients often need to travel from rural and remote areas to Adelaide for specialist medical services. The literature on Aboriginal culture stresses the importance of family support systems, and points to early termination of care or reluctance to attend in the absence of this support. Failure to attend wastes funds, disrupts specialists' lists, and can have serious health consequences.

At present, the health system does not provide adequate support for family and carers to travel with Aboriginal patients as part of their treatment and recovery, and families are rarely able to afford to travel at their own expense. Lack of support leads to patients being vulnerable to influences outside their regular life, and isolated from relatives and community at a time of need.

Children cannot be accommodated in most adult treatment facilities. Finding appropriate informal care can be difficult. Aboriginal people may fear that arranging formal care will risk the child being taken into care permanently.

A Yalata mother required in-patient treatment in Port Augusta for a few days. She would have preferred her eight-year-old daughter to go with her, but this was not possible because there was no system to fund the child's travel and the hospital did not cater for in-patients' children. No fostering system was available locally. The woman deferred her hospital visit.

One way of improving Aboriginal clients' access to transport could be the introduction of car-pooling arrangements across different government agencies to provide clients with access to an often under-utilised resource. Allowing clients to travel with staff in government cars would improve client attendance, reduce travel costs, and promote communication.

Roads, vehicles and transport services

Road transport is a vital link, especially when healthcare is at a great distance. In rural and remote areas, Aboriginal people's limited transport options may prevent access to tertiary and specialist health services, or inhibit regular treatment and assessment. One result is that many Aboriginal people go without health services that the majority of Australians regard as a right.

Urban Aboriginal people may experience emotional distress and depression if they are unable to travel to their traditional country for cultural reasons, such as funerals. Because of this, they may use unsafe or illegal means (unlicensed drivers, unregistered or unroadworthy vehicles) to fulfil cultural obligations.

Many of the effects of limited access to safe transport are difficult to measure. They include individuals who remain in situations of interpersonal violence because they cannot physically get away, and those who have severely restricted access to fresh food in the periods when heavy transport is unable to use the roads.

Road conditions

Greater risks associated with rural and remote travel include driving at higher speeds over longer distances, often over poorer roads. Many remote communities do not have year-round road access. The most travelled roads are repaired first, leaving more remote areas on less travelled routes vulnerable for longer periods.

Around Christmas one year, Fregon—also known as Kaltjiti, a small community on Anangu Pitjantjatjara Yankunytjatjara lands in the far north-west corner of SA—was cut off when heavy rain closed the roads and the airstrip. The weekly food truck could not get through and the mail plane could not land.

Food started to run out. Some people had no money to buy the limited supplies because the mail, including their benefit cheques, had not arrived: no benefit cheque means no food. The community became very unsettled. People knocked on doors trying to get food, and there was a risk of violence.

When the roads started to dry out, one man drove the 13-hour return trip to Alice Springs to get the mail so that people could purchase food as soon as supplies arrived.

Vehicles

We observed that the vehicles available to Aboriginal people tended to be older, and often unsuited to the type of travel undertaken. Maintenance and repair costs were high, and mechanical skills were lacking in many places. Safer vehicles cost more money. In areas that have a history of petrol sniffing, the unavailability of 'non-sniffable' (Opal) petrol can lead to the added expense of substituting diesel vehicles. When Aboriginal people travelled in groups, buses were preferred. Overcrowding and travel in unsafe vehicles were responses to the chronic shortage of suitable vehicles.

In one far west coast location, a man was unable to transport elderly and disabled community members to the beach—28 kilometres but more than half an hour away on a road that required a 4WD—because he had no licence and no suitable vehicle. This part of Anangu life was therefore closed off to the elderly and disabled.



Transport services: Availability and access

Public and private transport systems are arranged around the needs of the majority of commuters, who live in Adelaide, making connections difficult between country towns. Most Aboriginal people need to undertake long-distance travel to meet family and cultural responsibilities. The cessation of long-distance private bus services has led to increased demand for light aircraft services, which are unaffordable for most Aboriginal people.

Poor access to efficient and economical group travel results in unsafe travel due to:

- Vehicles unsuited to the trip.
- Overcrowding.
- Excessive demands on the few people who own a vehicle and hold a driver's licence.
- The temptation to drive unlicensed.

Regardless of the extra cost, taxis are often used to allow groups of people to move efficiently in urban areas. In areas that lack public transport, we heard allegations that some taxi operators exploited Aboriginal clients by accessing their ATM cards inappropriately or charging a return trip for one-way travel.



Yalata Beach: unspoilt, vast and isolated

Emergency travel

Emergency travel for health reasons is supported by mainstream emergency services, and air travel is necessary for emergencies in remote areas. Our research revealed a number of issues including:

- Difficulties in organising suitable travel for family violence and mental health crises.
- Planes equipped only to take patients preclude family accompanying them to provide support. The family may be unable to afford to travel to join the patient, resulting in distress to all.
- Due to an inability to access emergency air travel, family members from remote areas may make a rushed trip, in a vehicle that is not ready, with a driver who is highly stressed, resulting in further health risks.
- Public transport, where it is available, does not provide the privacy needed in these circumstances.

- Air travel to receive emergency treatment is one way; often return travel is by bus. This further stresses sick and disoriented people.

Public transport

Aboriginal people have a greater need of public transport because of their limited private transport options. In urban, rural and remote areas, public transport services may be infrequent, inconvenient or unavailable. Lack of suitable public transport excludes Aboriginal people from the subsidies enjoyed by the majority of the population.

A male Elder had a specialist appointment to attend. He had planned his trip in advance, booking a taxi the day before and allowing extra time for the trip. When the taxi did not arrive, his efforts to contact the company were frustrated by the automated phone system. The man was in a state of some distress by the time he sighted the taxi travelling away from him. He ran down the middle of the road to catch the attention of the driver, who waited for him at a railway crossing.

You see, that to me... I'd be laughing at a person like that, running down the street, waving a bloody hat and a bloody bag all the time.

... I saw the doctor, he gave me something, put something in my arm. I don't remember what. Anyway, they said, 'Now, you can't go home by yourself, you have to have someone with you to take you all the way home, and after that we'd like somebody to be with you. This dose they give you works for quite a while. Anyway, I didn't feel too bad at all.'

The Elder remained calm and arranged an escort. When he felt better, he pursued the matter, but his treatment at the hands of the taxi operator led to long-term feelings of resentment and personal failure.

Much needs to be done to develop better communication and erode racial stereotyping. Aboriginal people experience racism from the drivers of both public and private transport, and from the general public. They may avoid travelling or use more expensive travel options, thereby further eroding limited income, to avoid the shame caused by racism.

An Elder who lived in the western suburbs made the following observation about why Aboriginal people do not use public transport:

People [passing through] often can't access water or cleaning facilities, and feel that their clothing is not good enough, or that their hygiene is lacking—it prevents them from using public buses. It's a shame job for them—non-Aboriginal people in that situation too. They often can't understand money for taxis, can't judge how much and are scared of not having enough.

Indirect risks of using public transport include those associated with waiting for transport after hours or at stopovers late at night, and having little knowledge about the trip or the destination.

I worry about the people in the community with asthma. It is not safe for them on the long bus trip. What if they have an asthma attack? Does the driver know what to do?

Licensing and driver training

A driver's licence is a gateway to many opportunities. For those people with ill health, disability or special health needs who do not have access to public transport, a driver's licence may be the key to achieving the best health possible.

Culturally appropriate and affordable driver education that leads to a learner's licence is essential, as is qualified supervision to advance to a provisional licence. The large and growing proportion of young Aboriginal people in communities increases the need for driver education and licensing services.

Volunteer driver training is restricted by the limited number of licensed drivers and the cost of fuel, which can be considerable in remote areas. Regional TAFE SA and several metropolitan Aboriginal groups

support learner driver training and low-cost access to testing, but have insufficient resources to meet the identified needs. Other barriers to driver licensing include:

- The short supply of registered, roadworthy and insured cars, all prerequisites for driver training.
- Difficulties with written language and comprehension, which limits the ability to complete the written driver test successfully.
- Low average incomes, which limit the opportunity to make multiple test attempts.
- Distrust of police officers in areas where they oversee licensing.
- Apprehension about dealing with the driver licensing authority.
- The need to provide at least three forms of personal identification.

Difficulty in obtaining a driver's licence can prompt inappropriate behaviour, including driving unlicensed, and lead to accidents due to lack of experience. Poor prospects of getting a licence undermine the prohibition on under-age driving. Pressures to drive unlicensed come from a variety of sources, including from people whom it is culturally inappropriate to refuse, and the need to attend important events.

Criminal justice system data in South Australia revealed that a high proportion of Aboriginal people are both convicted of driving-related offences, and eventually detained as a result of their inability to pay fines or negotiate terms through the court system. Breaches of community service orders for misdemeanours may result in licence suspension. Further breaches incur more fines or lengthen the community service order.

Seat belts and child and baby restraints

Aboriginal people under-utilise seat restraints, particularly in rural and remote areas. Some people from remote areas are unfamiliar with child seat restraints even though their use is mandatory. Little information is available to Aboriginal communities about the value of restraints for babies, infants and children. This is complicated by the need for correct installation and upgrading as a child grows. Access to restraints at a modest cost or hire is needed, as is accredited installation to ensure correct usage.



Richard Williams with *tjitji* Lionel Stewart (7) and Aston Stewart (5) at Yalata, 2007

Road safety education is also needed to encourage positive role models, particularly among pregnant women and other adults in more remote communities. 'Buckle Them Up—Aboriginal Seat Belt Campaign', a culturally appropriate South Australian road safety campaign, was discontinued in 2005.



By contrast, in the western Sydney suburb of Mount Druitt, the Daruk Aboriginal Medical Service established a child restraint service within Daruk. In brief, the NSW Roads and Transport Authority provided funding and structure to implement a restraint hire service, developed an evaluation of community child restraint knowledge (survey), wrote reporting guidelines, funded a restraint fitting service, and financed a logo, stickers and promotional posters produced for the clientele of the health service. Below is the text from the promotional poster that the Daruk Aboriginal Medical Service (2005) produced:

All kids need to be in the right child restraint to travel safely. They will help keep your kids safe, particularly if they are in a crash. There are different types of child restraints including baby capsules, front facing car seats and booster seats.

Having the right restraint for your kids to travel in can be a bit confusing and expensive. The Daruk Aboriginal Medical Service can help sort out the right restraint for you now, and as your family grows.

To keep the mob travelling safely, for a small hiring fee and transferable deposit, the Daruk Aboriginal Medical Service is offering baby capsules for newborns and front facing car seats for children up to five years of age. These restraints will be fitted, checked and regularly cleaned at the centre. And you can return the seats and restraints you have and swap them over as your kids grow.

The concept of the right of children to be transported safely described on the poster, the recognition of difficulties that go with providing that safety, and the solution to the problems is a template that could easily be transferred to rural and remote Aboriginal communities across Australia.

Alcohol use

Alcohol use is a major risk factor for road injury and death. When Aboriginal people lose their licence for offences committed while under the influence of alcohol, their community faces additional risks because of the increased pressure on the remaining pool of drivers. Alcohol use also creates a pattern of alcohol-affected driving and pressure on non-drinkers to transport groups of people badly affected by alcohol, who can sometimes be violent.

Alcohol-addicted or binge drinkers create a significant problem as they travel between point of purchase, drinking places and their home community. There is considerable tension between drinkers and non-drinkers about how alcohol should be managed. Road safety education is needed that includes information about alcohol consumption limits.

A former Aboriginal police aide who had been a pioneer in disseminating road safety information to communities, and particularly to Aboriginal children, told of his resulting trauma from attending so many horrific road accident scenes. The effect on him was such that he resigned from his position.

I got out because there were too many accidents. I just saw too many people unnecessarily getting killed. Too many drunks think they can jump in the car and drive and think that nothing is going to happen to them. That was the saddest part, that's why I got out.

One of my mates, I saw his son grow up. Then I had to ring him up and tell him that his son got killed and that, that really hit me and he wasn't a Nunga fella. He was a little whitefella ya know. That was a turning point—when you see things like that.

Summary of needs

Immediate needs are:

- Improved access to health care services to lower the number and severity of emergencies requiring travel.
- Increased investment in upgrading the safety of rural and remote roads.
- Transport assistance for accompanying family members and carers.
- Support to care for children left behind when a sole parent is hospitalised.

Other needs include:

- A progressive review of the Patient Assistance Transport Scheme (PATS) so that it caters for the cultural needs of Aboriginal people and their families.
- Improved access to safe vehicles, public transport, drivers' licences, and culturally appropriate driver education and training.
- Targeted information about the need for seatbelts and child safety restraints, and the provision of affordable child safety restraint hire services.

Issues to address:

- In remote areas, vehicle insurance is less likely to cover young and inexperienced drivers.
- There is confusion about the need for licensing and registration, neither of which are required to drive on some Aboriginal lands.





How the Process Worked: Putting Words into Action

The research process

We worked with a philosophy of identifying gaps in services and overlaps between service providers, and linking agencies to other service providers in order to realise the combined potential of services available to Aboriginal clients. We did not seek to establish new services: rather, we aimed to utilise existing services more fully, and perhaps to suggest ways of adding value to existing working models. We also made a point of identifying and building on previous research or community consultations in the area, and learning from successful interstate models that may be transferable to local situations.

We began a discussion forum and partnership-building exercise in 2005 with representatives from agencies and organisations with an interest in this area. The research process was supported by this informal reference group, members of which were closely involved in determining the content of the interviews and the selection of stimulus materials for the focus groups. This group provided important links to key informants who had particular expertise and knowledge about relevant issues.

At the first forum, the inaugural discussion centred on what the invited agencies and organisations had experienced in terms of:

- Difficulty in accessing suitable transport for clients.
- What would make a difference.
- What would be needed to make change.

There was support for further exploration of issues around access to safe and sufficient transport, and we were encouraged to continue our development of a research model. Subsequent meetings drew more agencies and groups, solutions were explored in respect to the identified themes, and we sought to identify likely industry partners to support actions.

As an action research process, the project not only gathered information, but also interacted with both the information and informants to assess possibilities for change. For technical or medical researchers such processes may be seen as contaminating the evidence and weakening the study. For action researchers, however, the opportunities for being a participant observer in change processes enrich and strengthen the validity of conclusions.

Information collections included focus groups, personal interviews, case studies, key informant interviews and a questionnaire. Of these, the structured questionnaire, which focused on rated responses to set questions for individuals, was the least useful as our participants were much keener to relate their personal experiences around the topics. Thus, even though their answers revealed many individual examples and cases, the focus remained on the issue not on the individual.

Most of the information was gathered from people who had a leadership or spokesperson role and who could relate the stories told to them by a range of people. For the individual, shyness and the lack of a relationship with the interviewer often deterred them from telling their own personal stories. In some

places language difficulties, and the cultural distance between the researchers and possible subjects, were also barriers. However, the mix of methods used was culturally sensitive, ethical and respected the preferred communication strategies of the groups and individuals involved.

Making a difference: Kura Yerlo driver licensing program

Kura Yerlo (Kaurna for 'by the sea') Incorporated is an Aboriginal community centre in Adelaide's western suburbs that has recently implemented a Learners' Education Course (in collaboration with Tauondi College). It provides instruction for Aboriginal people to prepare them to complete the Learner Driver Permit test.

Description

The course is conducted in groups of 10 to 26 people in sessions lasting two hours over a period of four weeks. It costs \$10 to enrol in the course (which covers the cost of afternoon tea), and participants are required to purchase their own copy of the *Driver's Handbook* (\$5). As the educator is a trained driving instructor funded through Tauondi College, the service is offered to the community free of charge for participants who are able to show a Certificate of Aboriginality (some non-Aboriginal and migrant people find this mode of learning better suited to them, and they pay for the course).

The driving instructor works through the *Driver's Handbook*, assisting the group with literacy and comprehension difficulties, and encouraging individuals to work with each other to understand the content. Computers are available for attempting a computerised test of the material that is based on a learners' manual, available on the Royal Automobile Association (RAA) website. Computer access is free of charge and funded from Community Benefit SA for the 'Hard Drive to Stay Alive' project to support driver education.

At the conclusion of the course, an accredited Learner Driver Permit tester employed by TAFE SA conducts testing in-house. The student is not required to cover the cost of this testing, thereby significantly reducing any barrier caused by having a low-income status. This is particularly important for those individuals who do not attain the permit in the first instance and have to repeat the instruction before resitting the test. It is also less intimidating to be tested in familiar and non-threatening surroundings at Kura Yerlo than at the government registration office. Once the Learner Driver Permit is achieved, Kura Yerlo staff refer participants to the Community Development Employment Program (CDEP) for progression to the Probationary Licence (a fee-based service).



Kura Yerlo Inc. Aboriginal community managed organisation: home of Kura Yerlo Burka Meyunna (Elders by the sea), the Zebra Finch Men's Group, and where the Drivers' Education course is run



Transferability

Using South Australia and the Kura Yerlo program as an example, there are enhancements that could add value to an already successful strategy, with the possibility of being transferable to other Aboriginal communities at other locations. In conjunction with TAFE, it may be possible to introduce driver education programs in a nominated community, and link them to other TAFE courses that would lead to better employment prospects and the empowerment of Aboriginal individuals and their community.

This could become a pilot project, which could be replicated in different regions and in urban, rural and remote locations. It would be feasible to approach discrete communities to assess the need for Learner Driver Permit education, and to train one or more currently licensed community members to replicate the Kura Yerlo example. Community capacity and control over this process may enhance the program, encourage participation, and further promote safe community practices and outlooks towards road safety in general.

Provision of accredited Learner Driver Permit testers through regional TAFEs would also provide training and employment opportunities for Aboriginal people, as well as accessibility to this resource in more remote areas.

Summary

A template for learner driver licensing and practical driver training and assessment that can be adopted and adapted by different Aboriginal communities to suit their specific needs will go some way toward addressing the negative health and social outcomes associated with unlicensed driving.

It will encourage people to make more informed decisions about how and when they travel, about the condition in which they choose to travel, and how they care for their children when travelling. Positive outcomes of conducting several programs simultaneously may be:

- Recognition of worth of self and community.
- Increased awareness of the ability to build capacity in individuals and community through means provided by the programs.
- Potential for individuals to become enmeshed with their community through program involvement, where previously individuals and communities have been fractured.
- Increased community capacity through involvement in paid and volunteer positions in programs, potential for TAFE accreditation and enhanced employment prospects.

Licensing has many benefits to the individual and to the wider community, including:

- Providing education and training to improve safety on the roads.
- Acting as a 'rite of passage' that is recognised by the wider community (increases self-esteem).
- Providing a means of photographic identification (useful in opening bank accounts and accessing utilities such as electricity and gas, and vital for access to commercial flights).
- Reducing contact with the criminal justice system and the risk of incarceration (costly for both the individual and the wider community).
- Increasing opportunities for employment and career advancement.
- Potentially strengthening family and community capacity through the enhanced ability to support each other in moving about.

Maintaining the momentum

Whole-of-government approach

It is clear that the solutions to Aboriginal people's travel needs can only be achieved with a whole-of-government approach. There are often barriers to action for one sector due to the need to develop changes in another sector, or barriers generated by difficulties in coordinating Commonwealth and State government change. This has been recognised by the Coalition of Australian Governments (COAG), which has initiated a program of work on Aboriginal wellbeing in Australia. In November 2006 a framework for cooperation between the Commonwealth and the South Australian Government was signed (FaHCSIA 2006).

The sort of cooperation described in the agreement will be necessary to implement the recommendations of this report. Neither transport nor travel are specifically mentioned in the detailed agreement, but the priority areas include, among others, safety, housing and infrastructure, health, and economic development and service delivery. Delivering on these priorities will require an improvement in the accessibility and appropriateness of transport systems and the cooperation of many sectors.

Strategies to bring about change

The Aboriginal People Travelling Well project team participated in the 2007 South Australian 'Thinkers in Residence' (TiR) program, providing our researchers with a vital opportunity to bring their work to the attention of key State government decision makers.

The TiR program identifies leaders in fields of interest to South Australia, and brings this expertise from all over the world to reside in Adelaide for two periods during a year. Resident Thinkers confer with key advisers and partners from industry, universities, government departments and communities to develop recommendations for change in key areas. The SA Government in turn commits itself to implement these recommendations for the benefit of all South Australians.

The 13th Thinker, in 2007, was Professor Ilona Kickbusch from Switzerland, an internationally recognised innovator in public health, health promotion and global health. Her residency brief was 'Healthy Societies: Addressing 21st Century Health Challenges'. Professor Kickbusch framed her approach to this issue around three overlapping priority principles:

- Health in All Policies.
- Health Sustainability.
- Health Equity.

The Motor Accident Commission (MAC, responsible for Compulsory Third Party insurance and therefore a key stakeholder in road safety) was a partner in the 2007 program, and it invited the Travelling Well project team to stage a workshop as part of the 'Mobility, Health and Equity' component in the second half of Professor Kickbusch's residency. We chose to focus most of our attention on driver licensing, which had emerged as a key issue in regard to travelling safely and also encompasses many social and health aspects not traditionally associated with licensing.

We demonstrated the participatory action approach of our research in an interactive session with Professor Kickbusch, which included representatives from different aspects of our research into travel, safety and licensing issues. It was clear that our project's approach to investigating and considering the impact of impediments to travel on all aspects of life fitted with Professor Kickbusch's priority principles (above) as well as No. 10 of the 'Key Directions Forward' set out in her report: namely, to 'Give strategic priority to the social determinants of Aboriginal health' (Kickbusch 2008).



As a result of our workshop Professor Kickbusch recommended to the SA Premier and Cabinet that driver education and licensing be added to the State Strategic Plan as a key strategy to improve mobility, to establish identity, and to provide improved employment opportunities for Aboriginal people. Her recommendation (Kickbusch 2008:51) is as follows:

Health, wellbeing and equity: Aboriginal health

Recommendation:

- **Develop alternative pathways for Aboriginal people to obtain a driver's licence. A target for this should be included in South Australia's Strategic Plan when it is reviewed. This recommendation is in line with Recommendation 13 in the Aboriginal People Travelling Well Report:**

A system of improving access to licensing for Aboriginal people is recommended. The system should offset literacy and language barriers, and difficulties in obtaining access to instruction, including difficulties in obtaining the necessary practice experience before obtaining a provisional licence. Attention should be paid to increasing access to heavy vehicle and bus licensing and accreditation (Helps et al. 2008).

Professor Kickbusch's recommendation has subsequently undergone review, progressed through government departments for planning processes, been presented to the Premier and Cabinet and gained endorsement. The proposed program has passed through Treasury and been approved, with preliminary work flagged for commencement in the second half of 2010.

Future research

There is a need for more research in this field. The scope of this project was, perforce, limited to a few communities in one State so only touches on the myriad of factors that promote or erode the ability of Aboriginal people to travel safely and well.

The research effort that resulted in this report was undertaken with a 12-month grant but that was only possible because of the relationships built up before the grant was sought. Even then an extension was required to ensure that sufficient time was available to build communication with the respondent communities. In order to take this research further, it is recommended that:

- A wider range of localities needs to be studied.
- A more detailed exploration of how the findings can be embedded in policy and service developments needs to be undertaken.
- More time needs to be allowed for research.

Future research will enrich the understanding of the similarities and differences between different localities and communities. It will also spell out in more detail the relationship between broad factors—such as economic wellbeing and health—and the ability of Aboriginal people to move safely to meet their cultural and family obligations. Informed by this knowledge, it is hoped that policies will emerge enabling Aboriginal people to achieve a level of access to safe transport that more closely fits their health, social and cultural needs.

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