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Understanding novice driver policy agenda setting

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SUMMARY

Background: Despite the acute impact of road trauma involving novice drivers, there have been few efforts to identify the main factors influencing the novice driver policy agenda. Increasing the transparency of such policy dynamics may help inform future novice driver policy agenda-setting processes, as well as those in other public health settings.

Methods: Forty interviews were conducted between 2007 and 2009 with individuals involved in novice driver policy debates and processes in four Australian states.

Results: An increasing body of positive evaluations from other jurisdictions was seen to provide an initial stimulus for Australian novice driver policy activities. The dissemination of evidence by researchers, lobbying and advocacy by other influential stakeholders, and media reporting of multiple-fatality novice driver crashes were seen as other factors central to policy agenda setting.

Conclusions: Australian graduated driver licensing (GDL) policy initiatives may only be acted upon once adequate political support is identified in terms of community demand for action and public acceptance of GDL policy in neighboring states. As such, researcher encouragement of community support for unpopular evidence-based policies during windows of opportunity for policy reform may act as an influential agenda-setting force.

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Introduction

Novice drivers are over-represented in road trauma compared with other population groups, and this results in a significant public health, economic and emotional burden.¹ While an evidence-based policy-making approach has the potential to reduce novice driver mortality and morbidity effectively,² it would be naive to assume that research 'evidence' is privileged over other factors that impact on policy such as political, social and economic considerations.³ Due to the influence of

'competing political rationalities' on policy development, increased public health researcher engagement in the political sphere has the potential to facilitate the effective translation of research into policy and practice.⁴

Attempts to understand the various aspects of policy making have produced a significant volume of literature in this area, situated in different policy contexts, such as health and transportation.^{5,6} A key focus of this literature is how particular issues are moved on to the policy agenda. Whilst originally focused on the 'rational' production, analysis and

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use of research evidence, this literature has increasingly drawn attention to the influential role of politics and other non-scientific factors in setting the policy agenda.

One of the most prominent explanations of how issues come to the attention of government is the ‘multiple-streams framework’.⁶ This framework asserts that there are three criteria or ‘streams’ of problems, policies and politics which are separate entities that must converge for an issue to be placed on the policy agenda. The ‘problem stream’ is the belief that an issue is problematic and requiring government action, the ‘policy stream’ is an identified solution to the problem, and the ‘politics stream’ is a high level of support evidenced by factors such as pressure for action from key stakeholder groups or changes in public opinion.⁶ These three streams are presented as generally operating independently of one another, other than when a ‘window of opportunity’ occurs that allows ‘policy entrepreneurs’ to unify these disparate streams.⁶

Between 2004 and 2008, the Australian state governments of New South Wales (NSW), Victoria (VIC), Queensland (QLD) and Western Australia (WA) engaged in various policy-related activities that eventually led to the reform of their existing graduated driver licensing (GDL) systems to include restrictions on night driving and carriage of peer passengers. These protracted policy processes involved considerable and ongoing media, community and political attention.⁷ Through reference to the multiple-streams framework, this paper presents an analysis of how night-time and peer-passenger GDL restrictions were moved on to the policy agenda and acted upon, with the aim of uncovering the main factors influencing novice driver policy agenda setting and to help identify opportunities for researchers and public health practitioners to positively affect reform processes in other policy contexts.

Methods

A retrospective examination and comparison of the policy processes surrounding night-time and peer-passenger restrictions in several states (NSW, VIC, QLD and WA) was undertaken. As driver licensing policy is generally produced by individual states rather than the Federal Government, it was deemed appropriate to focus at the state level.

An analysis of publicly accessible documents including transcripts of parliamentary debates and committee hearings, newspaper articles and other online information identifying the road safety policy-making structures in each state was undertaken to identify a list of key groups and individuals with a direct interest in, and ability to shape, novice driver policy (i.e. the ‘policy community’).⁸ Between eight and 10 key individuals were identified in each state representing the following groups: politicians; senior public servants, including those from jurisdictional licensing authorities and other relevant government agencies; insurance and motoring organizations; researchers; media; police; journalists; and professional victim and youth rights advocates. Additional details are available elsewhere.⁹

Participants provided informed written consent. Semi-structured interviews were used to obtain, describe and interpret the views of key policy actors on the main factors that moved night-time and peer-passenger restrictions on to the

policy agenda, including potential ‘windows of opportunity’ for policy development.⁶ The interviews were transcribed and then analyzed thematically using textual reference software (Nvivo 7). Forty 1-h semi-structured interviews were conducted by the lead author (RH) between August 2007 and December 2009. The study was approved by the University of Sydney Human Research Ethics Committee.

Results

Few differences were recognized between the policy-making processes that occurred in each state under study, with the most critical emergent interview themes remaining constant. Interviewees claimed that peer-passenger and night-time restrictions had been discussed amongst the novice driver policy community for the previous decade, paralleling their gradually increasingly positive evaluations throughout the USA, Canada, New Zealand and various European countries.¹ Nonetheless, perceived problematic research issues regarding identification of the specific influence of components of the GDL system on road trauma reductions, as well as the local policy relevance and generalizability of positive evaluations conducted in other countries and states,¹⁰ were reported to have initially limited their appeal amongst the majority of influential stakeholders and policy makers.

Nonetheless, interviewed researchers claimed that they increasingly used conferences, forums, national research policy linkage organizations (e.g. Australasian College of Road Safety) and their personal relationships with state policy makers and influential stakeholders, such as motoring organizations and various professional road safety advocates, to disseminate research findings and highlight the likely value of the restrictions. International researchers were also identified as having been influential in gaining attention for the debate, with another public servant stating, *“they’ve talked at various forums and to the media about the benefits of these restrictions and that... got the politicians’ attention”*. All interviewees claimed that by early this decade, the ongoing attention given to night-time and peer-passenger restrictions by domestic and international researchers had encouraged significant support for these policies amongst the majority of influential non-government policy actors, such as motoring groups and professional road safety advocates, keeping the GDL restriction debate active.

However, the majority of politicians and senior public servants readily admitted that they were opposed to the restrictions at that time due to their perceived unpopularity amongst the community and lack of political feasibility. Interviewees explained that as drink driving was a national priority issue at that time, concerns were raised as to whether the restrictions would undermine designated driver programmes (where one driver remains sober to transport others consuming alcohol).¹¹ Mobility and social equity issues were also identified as important motivators of political opposition, with this being a particular issue for politicians from rural electorates. This broad government opposition was reported to have initially impeded night-time and peer-passenger restrictions from being introduced in any of the Australian states under study. A public servant noted:

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