



COMMONWEALTH OF AUSTRALIA

Proof Committee Hansard

JOINT SELECT COMMITTEE ON ROAD SAFETY

Measures that can be taken to reduce trauma and deaths on Australian roads

(Public)

THURSDAY, 7 OCTOBER 2021

CANBERRA

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JOINT SELECT COMMITTEE ON ROAD SAFETY

Thursday, 7 October 2021

Members in attendance: Mr Chester [by video link], Mr Thistlethwaite [by video link], Ms Vamvakinou [by video link]

Terms of Reference for the Inquiry:

To inquire into and report on:

- (a) measures to support the Australian Parliament's ongoing resolve to eliminate road crash fatal and serious injuries with a focus on ways to achieving Vision Zero by 2050;
- (b) the effectiveness of existing road safety programs across Australia; opportunities to improve them and encourage broader take-up of effective approaches;
- (c) opportunities for government policy in health, education, industry, transport and other areas to contribute to road trauma elimination, integrating Safe System principles;
- (d) opportunities to embed road trauma prevention across Australian Government portfolios and agencies; and
- (e) opportunities to reduce road trauma in the workplace, working with Work Health and Safety agencies and employers across Australia; including a focus on heavy vehicles and the gig economy.

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VALLMUUR, Professor Kirsten, Chair, Trauma Surveillance and Data Analytics, Jamieson Trauma Institute, Metro North Hospital and Health Services; Australian Institute of Health Services Innovation, Queensland University of Technology [by video link]

Committee met at 09:35

CHAIR (Mr Chester): I declare open this public hearing for Road Safety Joint Select Committee. The committee's inquiry aims to identify and investigate opportunities to improve road safety policies and programs; embed road trauma prevention across government, industry and the broader Australian community; and reduce road trauma in the workplace. In particular, the committee is focused on the practical and immediate steps that can be taken to reduce trauma and deaths on Australian roads, moving towards the ambitious vision of zero road deaths by year 2050. The inquiry also continues the important work of the previous Road Safety Joint Select Committee, which reported to the parliament in 2020 October.

We know that road trauma has a significant impact on first responders, emergency services personnel and medical staff. In addition, post-crash care, including emergency treatment, trauma care and rehabilitation, is a key pillar of the safe-system approach and is critical to achieving our ambitious vision of a zero target. Today the committee will hear from research institutions as well as peak bodies in the medical and law enforcement sectors about the impacts of road trauma on first responders and medical professionals, and measures that can be taken to enhance the post-crash response.

I now welcome members of the Royal Australasian College of Surgeons. I remind witnesses that, although the inquiry does not require you to give under oath, the committee's proceedings are regarded as the same as proceedings of the House. The giving of false or misleading evidence is a serious matter and may be regarded as a contempt of parliament. I now invite each organisation to make an opening statement.

Dr Crozier: As chair of the National Trauma Committee of the Royal Australasian College of Surgeons, I am grateful for the privilege of participation in this important process today. I acknowledge the traditional owners of land on which I speak, the Gadigal, and I pay my respect to elders past, present and emerging. With sorrow, I acknowledge the far greater rates of death and serious injury of Aboriginal people in road crashes, particularly in north-west of Western Australia, in the Northern Territory and in Far North Queensland. As a trauma surgeon in Sydney's south-west on staff of Liverpool Hospital, the reality of the horrific burden of serious injury from road crash is a daily reality. Now, today in Australia, there are 1,237 hospital beds and 298 intensive-care beds occupied by patients suffering COVID-19. These statistics are freely available to anyone who goes to the Australian government health website. I can't attest to this committee with the same fidelity the numbers of hospital beds or intensive-care beds currently occupied by survivors of road crash. What I can say generally is that severely injured survivors from road crash will still require 100 beds throughout Australia today, and it is the case that the silent epidemic of road crash injury does not receive the come media coverage of COVID. Indeed, there have been more Australians killed in road crashes than have been killed by the coronavirus in Australia from February 2020.

I would like to express my gratitude to the chair, Mr Chester, for the privilege he granted me in September of 2017 to participate in an inquiry into the progress of the National Road Safety Strategy. With Professor Jeremy Woolley and senior advisers Lachlan McIntosh and Rob McInerney, that report was delivered to the federal parliament in September 2018 with 12 key recommendations. The enduring commitment of Mr Chester to safety on Australian roads is manifest by his presence as chair of this joint select committee.

An additional mark of that commitment that I was privileged to observe was his appointment as chief of staff Michael Dobbie. Michael had been paralysed from the waist down from injuries he sustained in a motorcycle crash when he was 21 years of age. In his wheelchair and fiercely resistant to any offers of assistance, Michael was extremely efficient in that role as chief of staff to the federal minister then with a significant portfolio of infrastructure and road safety. In Mr Chester's second demonstration of commitment to road safety and reduction of distraction by mobile phone message was the clear message to his staff that any attempts to contact him by mobile phone or text whilst he was driving would go unheeded until he had completed his driving task.

I would like also to acknowledge and pay my respects to Senator Alex Gallacher, who died recently. Amongst his many duties, I was privileged to meet Senator Gallacher in his role as a key member of the Parliamentary Friends of Road Safety. His fierce scrutiny, tenacity and endurance in his quest for greater road safety for all Australians was exemplary. He courageously continued to serve until the very end. He was a passionate advocate for a permanent, non-partisan standing committee on road safety. I acknowledge also Senator Lou O'Brien, Senator Glenn Sterle, Senator Ricky Muir and, more recently, Mr Buchholz. These are federal politicians whose commitment to road safety I've been privileged to observe. I know there are many others, but those are the people I have been most fortunate to encounter. I express gratitude also to Mr Thistlethwaite, co-chair to this select committee, for the very considerate hearing he gave me in his Maroubra office as we discussed some of the gaps in our approach to road safety and, more critically, some of the solutions.

We are lucky in this country and, especially with safety on our roads, we are often the envy of many other nations in the world. Much has been achieved over several decades of commitment to road safety. We have led the world with the legislative requirement for the fitting of seatbelts in motor vehicles. We were the first country in the world to require roadside testing by breath analysis for the presence of alcohol in the driver. The Royal Australasian College of Surgeons has been a significant partner organisation in achieving the enabling legislation and implementation of those two road safety measures.

Australia does have some of the best systems of post-crash trauma care in the world. Victorians have demonstrated exemplary leadership in the establishment of a trauma-care system, effectively commissioned in 2000. From the post-crash perspective, the trauma system in Victoria, with integrated delivery from the point of injury to appropriate high-level care institutions, has demonstrated significant improvements in outcomes over the 21 years of its existence. Verification of systems of trauma care is a key part of the leadership role the Royal Australasian College of Surgeons has had in reducing consequences of road crash injury in Australia.

I do commend the content of many of the submissions which have been provided to the committee. I would like also to extend praise to the Office of the Road Safety staff and the efforts which have been made in the term of office of Gabby O'Neill. Data drives system delivery and system improvement. Timely provision of nationally aggregated datasets still remains an elusive quest.

I will close by making reference to three colleagues that I'm privileged to share journeys with in trauma. The first is Professor Kirsten Vallmuur in Queensland, who chairs the Trauma Surveillance and Data Analytics group of the Jamieson Trauma Institute. She is an internationally acknowledged expert in big data. Dr Soundappan is a paediatric surgeon from Westmead and is the director of the trauma service at the children's hospital there. Finally, Dr Sudhakar Rao, a close colleague, is a surgeon from Western Australia who directs the trauma service at the Royal Perth Hospital. On that note, I close. I do commend the proceedings and acknowledge the privilege of participation. Thank you.

CHAIR: Thank you, John, and thank you for your very kind words in recognising, in particular, Senator Gallacher and his work. I will just check whether any other witnesses intend to give opening statements, or will that suffice and we will go to questions?

Dr Crozier: We had discussed that, and with the concurrence of the committee we are happy to answer specific questions, if that meets the approval of the committee.

CHAIR: Terrific. That's fine with me. I might start with a question around speed. In your submission, you refer to Australia's default speed limits. I'm interested, John, or anyone else, if you can just reflect a little bit, in your experience, on what role speed plays in terms of the extent of injuries and the trauma you are dealing with. I ask the question in the context of our inquiry, looking at vulnerable road users like cyclists, pedestrians and people involved in the gig economy, with the increasing use of scooters and pushbikes in the gig economy. I am just seeking your reflections on what you are seeing there. Is it your contention that speed limits, particularly in those urban areas, are at a level that is adding disproportionately to the extent of injury?

Dr Crozier: If I could, on behalf of the group, Char. Speed is critical. As humans, we are very fragile, and I think Soundappan, in particular, can emphasise how fragile children are. We don't sustain the forces, particularly for motor vehicle impacting on a human, with a high survivability when that impact occurs greater than 30 kilometres per hour. Most of the crash testing that gives the star ratings that we are familiar with occurs with frontal offset at 64 kilometres per hour. The reality is that most cars, even five-star rated, that impact a roadside piece of furniture, a stationary light pole, at 70 kilometres per hour will see a high probability of fatality or significant serious injury in an otherwise restrained occupant of a five-star vehicle. Most of us significantly fail to appreciate what happens when the body is impacted with these levels of energy.

It's really pleasing to see initiatives like that of Paris recently. They have moved to 30 kilometres per hour over that huge metropolis. It is increasingly the trend. It covers off on a number of environmentally sustainable benefits but, particularly from the point of road safety, that 30-kilometre-per-hour limit—where there are high pedestrian, high vulnerable, road interactions—is the key. So the short of it is speed management is really critical, and many quick wins can be achieved at low cost by reducing some of the speeds that we have got habituated to. Dr Soundappan, do you want to comment from a paediatric perspective?

Dr Soundappan: Thank you. I totally agree with John. Children are a particularly vulnerable group as pedestrians. With speeds under 30 kilometres per hour the number of serious injuries decrease. Children come in different sizes and shapes, and often the pedestrian assimilation studies are not necessarily targeted at children. By reducing the speed limits around school zones and where there's a high movement of children we will definitely see a decrease in the number of serious incidents—for example, around playgrounds and parks. At the moment, we have speed limits around schools but it's still 40, so dropping it to 30 will make a significant difference to what we see. Nationally, about 30 per cent of road crash injuries in children are pedestrian related, so reducing the speed will definitely make a change in the number of serious injuries we see.

CHAIR: My other question relates to your reference about investment in regional roads. I know you are very familiar with the Cooroy and Curra section of the Bruce Highway in Queensland where we saw horrible rates of trauma over an extended period of time. Investment in that road has been substantial by the Commonwealth and the Queensland government.

What's your view or recommendation around how we reduce this disproportionate road trauma in regional areas? We've got the Bruce Highway duplication to Brisbane, which has been another successful project. There are still plenty of other high-speed rural and regional arterial roads with very low star ratings. I know it's a very general question, but I'm interested to know how you think we can address that and get some additional effort put into that issue.

Dr Crozier: I am privileged to have learnt a lot from the safety experts—engineers, law enforcement and a range of domains—a surgeon wouldn't normally encounter in this journey. From them, I have learnt about low-cost remediation of some of the existing highways: centre-line widening by a metre, audio-tactile run-off markers and improvement of the road shoulders. Fairly low-cost retrofits can significantly upgrade the star rating of a road, similar to car ratings—a five-star internationally agreed road assessment program rating. For each increment in the star rating there's a 50 per cent decrement in fatality rates. The methodology is well standardised.

We currently have about 200,000 of the 900,000 kilometres of roads utilised in Australia star rated. We need to do a lot better with the provision of that star rating across all jurisdictions, particularly to a national funding entity so that funds can be equitably distributed to bring those star ratings to more satisfactory levels. Many of the vaccines to treat the silent epidemic of road crash death and injury actually exist. You made reference to the Bruce Highway, the physical separation of the carriageway. In the Midlands Highway, in Tasmania, it's been the recent introduction of a wire road-safety barrier. Those low-cost retrofits will deliver science based, evidence based, durable wins.

The other key thing we haven't mentioned in that regard, particularly with the main highway systems, is point-to-point speed enforcement systems—low cost, same standard for all. Those should be adopted to a much greater extent than has been the case. That would be one of the significant case studies, I guess, highlighting some of the failed learnings from the last decade of road safety.

CHAIR: Just on point-to-point cameras, I can say without any fear of contradiction that the only reason they're not on for light vehicles is political cowardice by the state jurisdictions involved. They don't want the backlash from light-vehicle operators. I think it's completely cowardly of those state jurisdictions not to turn them on. It's a fairer test of median speed, and I would be encouraging them to turn them on for light vehicles now. Matt, do you have any questions?

Mr THISTLETHWAITE: Thank you all for the evidence that you've given so far. I have a few questions, predominantly relating to the points that you made, John, regarding data. I think it perfectly highlights just how well we've gone with COVID-19 and the availability of data on a daily basis. As you point out in your submission, the ability of people to understand and comprehend that data really highlights that we should be doing a better job when it comes to road trauma and hospitalisations. I'm just looking at the website of the Department of Infrastructure, Transport, Regional Development and Communications and the 'Serious injuries from road crashes' dashboard. Is that enough data? What are we missing out on? What would you like to see produced on a regular basis that would assist in your role but also ensure that we've got the information to make better decisions to reduce those rates?

Dr Crozier: I cited the evidence that I gleaned looking at a website that anybody in the world who has internet access can see—the window, if you like, into the way that we're dealing with COVID-19. Anybody in the world with an interest, at whatever level, if they have an internet connection, can see how many beds we've got occupied and how many intensive-care beds we've got occupied. Why can't we do the same with our road crash victims? On that BITRE website that you referred to, we see hospitalisation data from 2019. That's the most recent year where that evidence is cited. Thirty billion dollars is expended annually managing the road-trauma serious-injury burden. If you were a corporate entity and you were on a board charged with managing the safety of your workforce, which is one of the responsibilities in the governance role of a board, and you were working with facts three years in the past, you would have to show cause why you were still sat on that board. The first item on the agenda of most corporate boards is the fatalities and serious injuries. If there are increments in the time interval since the last board meeting, the chief executive is required to show cause why that is the case. We don't have a similar requirement. If we go to a local government area, the planning committees that are discussing road or other safety infrastructure don't have a scoreboard up there often. In most government offices, there isn't a freely available scoreboard to track how we're going. Because we're not as habituated as we have become with COVID, we've just silently allowed this epidemic to run.

Mr THISTLETHWAITE: So it's basically the hospitalisations, both in terms of beds more generally and ICU beds, that you'd like to see published in a more timely fashion?

Dr Crozier: I'd like to throw to Sudhakar and, particularly, Kirsten. Both are international experts. Kirsten can make reference to some of the benefits of integrating existing data sets, and Sudhakar to the difficulties of getting the agreements between a range of the agencies to provide the data that is available at the state level to a national entity like an Office of Road Safety. I wondered whether, with your concurrence, Kirsten might say some things about the benefits of big data, what can be done to improve the returns and some of the difficulties in working to get the data and provide it to a Commonwealth entity.

CHAIR: In the same vein, would you like to reflect on whole-of-life serious injuries and compare between, say, a wheelchair event and a broken leg what the comparative cost is. Obviously there's a large social cost, but there's also a very significant economic cost in that regard.

Prof. Vallmuur: Yes, I'm certainly happy to comment. I think the opportunities with big data have really come to fruition in the last few years. We have certainly got much more advanced data linkage capabilities in Australia. Data is more timely. At a state level, we can access hospitalisation data within three months. New South Wales and Queensland have both set up data linkage with road safety data bureaus. So we have police crash data and hospitalisation data being linked on a routine basis. That data is regularly available to the state authorities to be able to make decisions. That kind of thing could easily be replicated at a national level, with the appropriate governance and legislation in place to do so. We have access to data around where crashes occur through XY coordinates and pick-up zones from ambulance locations, which can be readily integrated into systems that incorporate both emergency department data and hospitalisation data and it can even be linked up with deaths data. So we have the capacity, the technical skills, the people skills and the starting infrastructure to enable those kinds of things to be set up on a regular basis and to provide that data in a timely manner.

As John was saying, from what we have done with COVID we can certainly see that the systems can talk to each other and, with the appropriate agreements in place, we could compile that kind of data in a really, really timely way. So I think there are lots and lots of opportunities to make better use of the evidence that we do have available at our fingertips at a population level.

Dr Crozier: I can cite the example of Transport for NSW and particularly commend Bernard Carlon for his leadership on the interactive crash statistics that are available on the Transport for NSW website which do show, geocoded, where crashes occur. They show whether it was on a federal, state or a local road. They also indicate whether there was a serious injury or fatality, the make of the vehicle and the pattern of impact—run off road, intersection or other vehicle. That standard is a good example of what can be achieved at a state level. It would be a wonderful thing if that level of evidence was available at a national level.

Mr THISTLETHWAITE: In your submission, you point out on page 3 the information that you would like to see in addition to daily accounts of road trauma. You point to the Australian Institute of Health and Welfare's National Non-admitted Patient Emergency Department Care Database and the National Hospital Morbidity Database. So are you saying that this information is already there but it's not published?

Dr Crozier: Yes. It's not accessed in the way that perhaps it could be to the greatest effect. The benefit of big data is that you can much more quickly form a view. Particularly when it comes to crashes, the earlier you identify an incident and aggregate the knowledge of those incidents the more probable it is that you will head off serious injuries and fatalities. I know that on a quick-and-dirty analysis of work that was done in Liverpool

hospital when I asked to try and extract the non-hospitalised emergency department presentations—that is, those people who come from a road crash to our emergency department who will require a medical review, who will often require X-rays and who frequently have to go to outpatient management for soft-tissue or skeletal injury—for every patient who was hospitalised, and we use a 24-hour threshold as the descriptor, there were seven who received emergency department treatment. That large volume of injury is not considered in a lot of the aggregate information that we are working with. So to work towards that iteratively the descriptor of hospitalisation is a really good threshold because, with existing patterns of emergency department coding all the way around Australia of patterns of injury by international classification of disease or other variants of coding, with the clever sorts of techniques that Kirsten is an expert in working with we can do a lot better to get a much richer volume of data that helps better inform both knowledge of the scale of the issue and more critically how we can remediate. So we will get a win on both health and infrastructure fronts if we head off that burden of downstream health consequences by investing more upstream in safety and prevention.

Mr THISTLETHWAITE: John, you did the review of the National Road Safety Strategy and you made a series of recommendations. How do you think the parliament is going in implementing those recommendations?

Dr Crozier: Again, I think as a nation we have got much, much more to be proud of than not. It is easy to find fault. Our default position is to criticise and complain. But, to be fair, a significant commitment has been made on many of the recommendations. If I take a positive spin, I know that the bureau now highlights local government areas where for over five years there have been no fatal crashes. There are some LGAs that are clearly doing things well and from which we can learn.

But I do think we still need the leadership. We need to project the vision. We've got to do a lot better job in communicating to the constituency. In the end, safety is not a popularity contest. We have to persuade people of the benefits of the amenity improvements and the lifestyle improvements that we are actually working towards. We have to paint that picture of zero deaths by 2050, which is a United Nations aspiration. If we as leaders can't see it in our mind and we can't talk about that vision then we will fail.

Mr THISTLETHWAITE: Just looking at the statistics website, given that the safety of and the technology in cars is improving, that we build roads to higher standards now, particularly federally funded highways, and that all these measures are going in the right direction, why is it that hospitalisations are still going up?

Dr Crozier: That remains a very pertinent question. A lot of solutions have sat in inboxes or sat as recommendations for a number of relevant agencies and authorities and not been operationalised. There is a key example of that that I would cite to this committee and which I am pleased to see some near-term improvement on. Under the Australian Design Rules, we could have mandated autonomous emergency braking, lane keep assist, intelligent speed adaptation and electronic stability control. Particularly autonomous emergency braking and electronic stability control we could have mandated within our Australian Design Rules some years ago. Hundreds of Australians would still be alive and thousands of serious injuries would have been avoided. I am pleased that, later this year, we will see the ADRs cover off on that autonomous emergency braking requirement for all new vehicles arriving in Australia.

CHAIR: Sudhakar, I think you're on the line now. Do you have an extra comment you want to make?

Dr Rao: Yes, thank you. I was wondering if I could talk about WA. Kirsten's correct for her part of the world, but the same doesn't apply across all states. So WA does not allow data to cross our borders. When we go to meetings, it's quite embarrassing to see data put up on a national map, and WA is blank. Even within WA, the data are showing that, within organisations, it comes to a point where it's quite ridiculous. You'll be hearing from Injury Matters later on. Injury Matters will probably tell you that both Injury Matters, which is the peak injury prevention group, and the Office of Road Safety, which is our peak group for road safety, have to pay for data from the health department. It's in the realms of six-figure sums—100,000, 200,000. We've brothered up with the health department, but it's just bureaucratic nonsense where your peak injury prevention groups have to pay for data that will help them target where the injuries are. If John Crozier allows me to say, I think there needs to be uniformity across the whole country in so many areas of data sharing.

One of the things that we have in WA, though, is a minister for road safety, which I think is unique and should be used and exploited more. I don't think all states have such an interest and, perhaps, even federally, there should be some interest in that area and a minister for road safety. On your question about cars, Mr Thistlethwaite, whilst you might think that we've got better cars on the road, WA has always had the oldest fleet on the road. So it doesn't necessarily mean that everyone is going out there buying the latest cars; people buy cars that are economical. It concerns me in WA that we see cars of very low ANCAP ratings. I'm not going to mention where they come from. I've had discussions with insurance companies about whether they could put higher premiums on cars with lower ANCAP ratings, which brings me to another point. We're not uniform in our third-party insurance

across the country. Numerous discussions with our third-party insurers said different states have different rules with third-party insurance. That all leads to better data sharing as well.

CHAIR: Just on that star rating question, we had ANCAP giving evidence yesterday. It was put to us that there are some cars coming into Australia which achieve a zero-star rating, and there are others with one- and two-star ratings. ANCAP doesn't have a view that those vehicles should be banned from coming to Australia. They have a different view in terms of the star rating system and how that operates. Given there's no manufacturing sector for vehicles in Australia, why would we allow vehicles that achieve such low star ratings to be on the roads in Australia?

Dr Rao: I think the health cost is so significant when you have a head injury or a spinal cord injury. It just completely argues against anything being allowed into the country that puts our population at risk, whether that's cars or all-terrain vehicles or cycles or helmets. We have standards for helmets. I don't think there's any reason to allow low ANCAP ratings in. When I discuss this with the state road safety minister and I say that we should do something about it, they say that it's a federal issue and it can only be done at a federal level. It's a terrible word, but tariffs. No-one likes to talk about tariffs. There might have to be higher tariffs on low ANCAP ratings. Failing that, insurance companies should do something about not insuring such low ANCAP rating vehicles. Again, that could be driven at a national level. I'll let John answer that. I know that John has views on that.

Dr Crozier: Trade partnerships shouldn't trump road safety. We were courageous enough as a country to mandate the fitment of seatbelts. That went against the grain of those engineering vehicles for profit who would work to the lowest requirement of engineering standard to produce the most profitable vehicle. Unfortunately, under these trade treaties, we are potentially losing a lot of the ground that our former politicians, surgeons and other community members had the courage to require. So, again, that is an example of where we need to continue to demonstrate leadership. As I said, it is about not allowing these trade partnerships to trump the road safety measures and improvements that we have enjoyed.

CHAIR: Thanks, John and Sudhakar. I plead guilty to leading the witness on that question. Maria, I'm sorry to have left you so late.

Ms VAMVAKINO: No, that's fine. I really enjoyed reading the submission, and some of the others, for a whole series of reasons. I think in a perfect world it would be great to know that we could live in a country where everyone could afford and have access to the latest vehicle with the latest safety technology available. That's not going to happen any time soon, as you quite rightly said. I remember a time in this country where the road fatalities and road statistics were front page news every weekend. That's probably showing my age. That hasn't happened for a long time, as other things have taken priority.

My question goes to education. We have school programs. We have education programs. Are they sufficient? How can they be improved? How can we use the data that we hopefully do collect, albeit sporadically—and I agree that we need to bring it together in a more informative way? How do we use that data to address the whole aspect of the human condition involved in driving, in terms attitudes, practices, the addiction to mobile phones, the technology, the fatigue, the rage? All of those things are a part of the driving community that's on the roads. We're trying to mitigate against people's own sense of infallibility. There's a lot going on there. I've come to the conclusion that we probably need to look at some very comprehensive education programs that are linked to university institutions and research that inform and guide a lot of how we address the human being on the road, whether it's a bicycle or whatever. Ultimately, do you think that we can be over-reliant on technology and therefore not train our own capacity as human beings to take control of a situation? The relationship between being in control or having a say on what you're doing on the road and relying on the technology intrigues me. Is there any research that's being done into that and how one impacts on the other?

Dr Crozier: If I could, I will speak for the group, and others might want to comment too. The Australasian College of Road Safety runs an annual conference where neurophysiologists, educationists, law enforcement, engineers—a whole range of different groups—come together, and it's an oasis of hope in what is often a desert of delay, obfuscation and a failure to implement. One of the key areas of research is around education, and there are some really interesting facts. The return on the education expenditure is one of the lowest of any of the expenditures on safety. Soames Job from the World Bank is an international road safety expert. He has made a very compelling set of statements on other ways of approaching a safe system that will deliver a much greater return on that investment. Education is important, but, in terms of the returns, you will get a much better reward from the range of the things that are mentioned in many of the submissions before this committee and from many of those that were put in front of previous committees. I can tell you that the graduated licencing programs have delivered better returns and that the iterative education of the driver as they progress gives a much better return than some of those earlier education programs that you made reference to. Interestingly too, the later that you try

and educate a recidivist driver, the less the return on that money expended on education will deliver. It falls back to a perception: the human's perception of safety and the risks being run is often pretty flawed. If I could gently ask: would you be prepared to drive a car within a metre of a cliff that had a 13-storey fall to your right for a kilometre?

Ms VAMVAKINO: I wouldn't.

Dr Crozier: No, because we appreciate the risk of falling from a 13-storey building, but if we impact a tree at 80 kilometres per hour the force that our body will be subject to is equivalent to that 13-storey fall. We have this flawed perception as we're driving at 80 kilometres per hour on an undivided road in rural Australia that we're not at significant risk. It's very difficult to, again, counter some of those issues with a lot of money spent trying to educate. Education is important. But, as I say, the return on the investment—there is science-based evidence of a better way of delivering the safety.

Ms VAMVAKINO: Does anyone else want to comment on that? Just one more question that intrigues me: you did make reference to if there was a board of management and it wasn't meeting its KPIs there'd be ramifications. I asked a question very early on in this inquiry, and someone actually wrote to me because they wanted to know if I'd got an answer to it. There is an attitude that people may have that perhaps governments, whether federal, state or local, should be responsible for not doing due diligence or due care on the design of their roads that may then lead to people being injured, if not on their own accord, then purely because they've made an error or the design of the road or the inappropriateness of the road. Do you have a view that that's something that should be discussed a little bit more?

Dr Crozier: Absolutely.

Ms VAMVAKINO: We fund and do all sorts of things, but do we, as government, actually appreciate our sense of responsibility in making those decisions and how they impact on people?

Dr Crozier: I think we have opportunities to do a lot better and we do have to habituate safety as a more significant consideration. So at the local government area, the planning committees, those that do have responsibility for the local roads, need to know how many crashes have occurred in the interval since the last meeting. They need to know how many have been seriously injured. They need to know how many are dead from crashes. Frequently that's not put in front of them.

Ms VAMVAKINO: So there's a problem with informing even the decision-makers. I guess what I'm trying to look at is: what kind of recommendation can we make that assists in making sure the decision-makers are fully informed and have access to information and data that will inform them on the decisions they make even at that very local government level?

Dr Crozier: Again, there are a range of recommendations that have been forwarded in the journey to date by subject matter experts far better than me. I do know that we will get greater wins. Two-thirds of our crashes, particularly the fatalities, are occurring in local government areas, many in rural and regional Australia. We have to provide a greater level of support to embedding safety as an intrinsic part of the journey. It's every bit as relevant in the movement of heavy vehicles and others for the necessary parts of a financial structure, but there are great wins when you save a number of your workforce who would otherwise be seriously injured or killed. Many of those crashes are preventable with fairly low-cost solutions.

Ms VAMVAKINO: Thank you.

CHAIR: I'm over time already, but I'm going to keep going for a few minutes.

Ms VAMVAKINO: Someone has their hand up.

CHAIR: I've got both Dr Soundappan and Dr Rao with their hands up. If you would like to add to that, that would be appreciated. Try to wrap it up in five minutes.

Dr Rao: I was just going to take a different tack: 24 or 25 per cent of the road trauma victims from country WA are still being admitted under the influence of alcohol. So I just want to talk about uniformity here again. I looked at the rate of RBT across the country. It's fascinating. Every state has different rates of RBT, and how they measure the success of RBT is also different, so we need uniformity as well. RBT is without doubt one of the most effective ways as well. It's immediate and it's visible. So I was wondering if we could also have a conversation on RBT and alcohol at some point. Thanks.

CHAIR: Good point.

Dr Soundappan: Chair, if I could make a comment on the education bit and just a sentence on passenger safety with regard to children. Education is definitely one of the pillars in injury prevention, but it seems to work only in the short term; it does not seem to apply in the long term. When you follow up in the long term it does not

seem to have the same effect. I think we have to accept that humans will make mistakes intentionally or because of lack of knowledge or ability, but clearly so will children. So making the road system safe will counteract these human failures. And just a comment on passengers: relating to children, the current recommendations which we have seem to be the very minimum. The experts seem to think the best practice based on evidence exceeds what we have as the minimum requirement in our country. So that's something that we need to look at too. Thank you.

CHAIR: Thank you. Kirsten, I saw your hand up as well.

Prof. Vallmuur: Maria and Darren, I realised I hadn't answered your question before. I wanted to make a final comment around some of the recommendations that I certainly see as helpful, such as the continued recommendations to push for interjurisdictional data sharing and data linkage capability. The benefit of that is that linking the data together—we have talked about information about the numbers of cases, but we can also track that patient's journey. One of the beautiful aspects of data linkage is that you can find out information about the characteristics of the person, the sociodemographic characteristics, where they come from and so on prior to that crash, but you can also track them and see what the long-term outcomes are and what the costs are, so you can really start to get some richness around understanding where the high-priority, high-severity areas are. As we see fatalities fall and serious injuries go up, we really need to get that richness into the serious injury part by tapping into what levels of severity we are talking about, what the long-term outcomes and costs are, and start to understand the problem areas we can tackle. So I think that would be my recommendation around the data side of things that we would be keen for you to advocate for.

CHAIR: Thanks, Kirsten. I think that point about tracking the long-term impacts is really important. John, you mentioned at the outset Michael Dobbie, my friend and former staff member, who became wheelchair bound but fortunately didn't sustain any head injuries, so he is still fully capable to be a road safety advisor in my office. There are other people who are very successful and then suffer an injury which means their future productivity contribution to Australia is diminished enormously. It's a huge loss to our community and it's not measured. We don't really track the long-term impact. So I think that trauma aspect of sharing information is critical. I think we'll have to send our foreign minister and our trade minister to WA to negotiate that outcome, don't we? They're still part of Australia? I just want to check with you.

Dr Crozier: I think the trade minister might appreciate somebody talking to him presently.

CHAIR: We really appreciate your inputs today. I particularly think it's appropriate to acknowledge your incredible passion well beyond what's required of anyone in a workplace. Your professionalism, your determination and your resilience as a group to continue to make a difference in this space are greatly appreciated by the nation. So thank you for what you have been doing.

Mr THISTLETHWAITE: Hear, hear!

CHAIR: And thank you for your patience. As you note in your recommendation, a lot of these solutions to reducing road trauma have already been identified. It's up to us—people like Matt, Maria and myself—to keep the pressure on to get them implemented and make these saving initiatives become part of our normal course of business in Australia. Thank you again for appearing before the committee today. The secretariat will be in touch with you in relation to any matters arising out of today's hearing. You will be sent a copy of the transcript of your evidence, to which you can make corrections of grammar and fact. Thank you and good luck with the rest of your work and the rest of your day.

JOSEPH, Dr Anthony, Representative on Road Safety, Australasian Trauma Society [by video link]

[10:29]

CHAIR: Welcome. I remind you that, although the committee doesn't require you to give evidence under oath, these are legal proceedings of the parliament and warrant the same respect as proceedings of the House. The giving of false or misleading evidence is a serious matter and may be regarded as contempt of parliament. I now invite you to make an opening statement.

Dr Joseph: Thank you very much, Mr Chair. I would like to thank the Joint Select Committee on Road Safety for inviting me to make this submission to the committee on behalf of the Australasian Trauma Society. The Australasian Trauma Society is largest multidisciplinary society of doctors, nurses, allied health and pre-hospital providers who treat victims of road trauma. In the 12 months ending December 2020, approximately 1,100 Australians died as a result of road trauma and over 30,000 were hospitalised. We also know from the national trauma registry that almost 3,800 were hospitalised with serious injuries. Road trauma does not discriminate amongst its victims, although it does tend to occur more often in young males, especially those using motor vehicles, motor bikes or pedal cycles, or as pedestrians. The victims who survive have orthopaedic injuries, which take months to heal so that they can eventually go back to work, or they have serious head or spinal cord injuries, which may result in the need for care for the rest of their lives, at great personal cost to the injured, their families and society. As society ages, we are seeing more elderly victims of trauma, either as pedestrians or as drivers or passengers in motor vehicles. Many may never return to their own home, family or friends, particularly if they were frail before the injury occurred.

We know the National Road Safety Strategy 2011-20 did not achieve the desired decrease of 30 per cent in deaths and serious injury due to road trauma and was only able to achieve a 22.4 per cent reduction in road deaths compared to the baseline period. We also know that those with serious injuries admitted to the 24 major trauma services in Australia increased from 3,800 in 2017-18 to 3,838 in 2018-19. The number admitted to Australian major trauma centres with serious injury after road trauma is certainly not decreasing. These deaths and serious injuries contribute to the annual \$30 billion cost to the Australian economy, and the tragedy is that most of these injuries are preventable.

We welcome the Australian government's \$2 billion Road Safety Program to deliver lifesaving improvements to rural and regional roads and greater protection for vulnerable road users, such as pedestrians and cyclists in urban areas. We also welcome the much needed improvements to state and arterial highways with the application of shoulder sealing and rumble strips, physical barriers to prevent run-off road crashes, and median treatments to prevent head-on collisions. We also welcome the establishment of the National Road Safety Data Hub and the Austroads pilot project to improve the measurement and reporting of serious injury crashes by matching police crash and hospital data. Stage 1 of the project successfully linked 2014 crash, hospital and national death index data for New South Wales, Queensland, Victoria and South Australia, and was granted permission to link the ACT and the Northern Territory. It is noteworthy that the definition of 'serious injury' is an injury which requires hospitalisation for at least 24 hours.

Now I have some comments regarding the terms of reference of the committee. The Australasian Trauma Society believes that correct governance policy should be in place if the federal government is to have any success in decreasing the number of fatalities and serious injuries by 50 per cent and 30 per cent respectively by 2030, and to zero by 2050. We would like to avoid the same implementation failure which was found in the governance review of the 2011-20 National Road Safety Strategy. By the 2021-30 National Road Safety Strategy, to achieve the stated goals, there should be accurate and timely data available to monitor progress of the strategy.

The establishment of the Office of Road Safety and the national data hub are very good first steps as a repository of accurate data collection regarding the annual number of injuries and deaths due to road trauma. This data can be used as a guide for the success or otherwise of the states, territories and local government areas implementation of strategies to meet agreed KPIs on the Safe System approach. We're firmly of the view that the Office of Road Safety should report to a federal minister for road safety, and this minister should report directly to a parliamentary standing committee for road trauma. This would allow appropriate legislation to be formulated and presented to the federal parliament to facilitate the success of the latest National Road Safety Strategy.

If the above measures are not put in place, we are concerned that the latest National Road Safety Strategy will be subject to the same implementation failure as occurred with the 2011-2020 strategy due to lack of oversight by the federal parliament. We're also of the view that the Office of Road Safety should be advised by a peer-selected governing body selected from the various industry profession colleges and societies, which can assist with policy development to ensure the success of the strategy. The Office of Road Safety should report successes or failures

of the progress of the strategy regularly—at least twice a year—and these reports should have the ability to stimulate appropriate responses from federal, state, territory and local governments according to their various areas of jurisdiction.

The federal government has financial levers available to it to influence the states and territories on the development of aspects of the safe system approach due to federal road-funding grants. It also controls importation of new cars and trucks, and the mandatory safety features of these vehicles. It does control the age of the federal government fleet of cars, but not the much larger fleet that belongs to the state and territory governments.

The best opportunities for injury prevention open to the federal government lie with the funding opportunities for road construction and maintenance provided by such initiatives as the Black Spot Program and the national Road Safety Program, and the importation of new cars and trucks with the latest anti-crash safety features along with the highest ANCAP ratings. While the federal government does not legislate or provide enforcement for road safety on state and territory roads, it does have financial leverage in terms of the provision of significant funds for road construction. This should be linked to the appropriate development of all aspects of the Safe System by the states and territories, such as appropriate uniform licensing of drivers, vehicle registration and speed control—for example, point-to-point speed cameras.

The funding for roads should be tied to the highest International Road Assessment Program for ratings according to the type of road—highway, regional or local. The provision of road funding by the federal government should also be conditional on the states and territories implementation of speed management policies, such as point-to-point speed cameras and other safety features, including traffic-dividing barriers, shoulder widening and/or sealing, and audible edge-line treatments. Another significant issue for the maintenance and building of safe roads is the fact that most [inaudible]—over 80 per cent—are maintained and built by local councils, which have limited access to funds and expertise to both build and maintain roads according to the recommended three-stars-or-better iRAP guidelines. The federal, state and territory governments need to devise ways to better support local councils in order to maintain their roads to a satisfactory standard.

The implementation of the safe system principles in guiding legislation to minimise road trauma cuts across all jurisdictions and disciplines. Health professionals, including psychologists, can advise regarding injury prevention strategies—for example, alcohol and drug-related trauma, licensing issues with medically impaired drivers or driver distraction injuries. Schools can educate younger drivers on risky driving behaviours. Industry can ensure all vehicles are fitted with the latest crash prevention technology, and the vehicle fleet is renewed regularly. The Australasian New Car Assessment Program, along with the Electric Vehicle Council, outlined a range of new vehicle safety features and technologies that could play a significant role in reducing crashes and resulting injuries. These include lane assist, conditional speed limits, pedestrian avoidance, vehicle-to-vehicle and vehicle-to-infrastructure communication, blind-spot monitoring and autonomous emergency braking. These safety features should also be mandatory in all new vehicles within the next two years.

The federal government should be working with the states and territories to improve both public and freight transport to get people and goods off the main and arterial roads. An improved fast and very fast rail system along the east coast and regional centres would have the advantage of getting cars and some heavy vehicles off the main roads and highways, as well as opening up the regional centres with easier access to the bigger cities. This needs to be back on the federal government's infrastructure agenda.

We can also recognise that freight transport by heavy vehicles is often the only way that goods can be transported to many regional and rural areas. The Australian Road Research Board has stated that heavy trucks were involved in almost 15 per cent of fatalities in 2016, despite making up just three per cent of registered vehicles and seven per cent of vehicle kilometres travelled. However, the National Transport Insurance group found that 83 per cent of the fatal multivehicle crashes involving trucks in its insured fleet are not the fault of the truck driver. This is a good reason for the federal government to work with the states and territories to separate the traffic, so separate heavy and light vehicles as well as vulnerable road users such as pedestrians, pedal cyclists and motorcyclists. And if it's not possible to separate the traffic in heavily built-up areas shared with vulnerable road users, the speed limit for all vehicles should be 30 kilometres per hour as the best safety option.

Heavy vehicles should also be mandated to have the latest in-crash prevention technology and a fleet that is turned over regularly. The Australian Trucking Association has focused on lobbying the federal government to mandate the presence of autonomous emergency braking and electronic stability control on all new trucks. The ATA states this will result in saving 102 lives and prevent more than 2,500 serious injuries per year. The heavy vehicle industry has also done much to combat driver distraction and fatigue through the National Road Safety Partnership Program. Also, bicycle and motorcyclist safety are important for the gig economy and for recreation

and the provision of safer roads and increasing car and truck driver awareness of these vulnerable road users, who will contribute to a decrease in their rate of death and serious injury.

In closing, there have been significant gains in road safety since the 1970s, when there were almost 3,800 deaths annually; however, much more needs to be done. While the number of road deaths has decreased over the last 10 years, although not as much as planned for, the number of seriously injured patients has either been static or slowly rising as result of improvements in injury prevention, and better post-crash care leading to fewer road deaths. The Australasian Trauma Society supports the aims of the National Road Safety Strategy 2021-2030 for a 50 per cent reduction in deaths and a 30 per cent reduction in serious injuries by 2030. The establishment of the Office of Road Safety and the new National Road Safety data hub will provide consistent national data so that we can compare and improve performance across jurisdictions, and develop evidence-based interventions in order to meet the requirements necessary to drive down the death and serious injury toll due to road trauma. However, in order to achieve this, there will need to be strong leadership, coordination, advocacy and good governance by the federal government to drive the national trauma reductions if the National Road Safety Strategy 2021-2030 is to be achieved. Thank you for the opportunity to make this submission.

CHAIR: Thank you, Tony. Thank you for not sugar-coating the problem. You're a very straight talker. I appreciate that. Just in relation to the question of implementation failure that you referred to, and the governance structure more broadly—you acknowledge that we didn't achieve the reduction in trauma and deaths that was aimed for under the 2011-2020 plan—do you have any concerns about whether there is a lack of accountability at a federal level, a lack of focus or lack of direct responsibility by any minister in this area? Given we don't have a minister for road safety federally—we have an assistant minister who sits underneath the infrastructure and transport minister—is it your view, in your submission, that we need to have a senior minister appointed to that role to oversee the federal government's responsibilities in relation to road trauma?

Dr Joseph: Yes, it is my view, and that of the Australasian Trauma Society. We saw from the modest successes of the National Road Safety Strategy 2011-2020 that there was a failure of implementation of many of the policies. There were quite a number of KPIs developed, but very few followed through. I think this was because there was a lack of oversight of the strategy. The formation of the Office of Road Safety is a good start, as is the national data hub, but we really need the government to focus on the hard aspect of actually decreasing the road trauma. This is why a federal minister for road safety would be of benefit, because the Office of Road Safety can report directly to that minister who then, we think, should report to a joint parliamentary standing committee on road trauma. Let's face it: if we were losing 1,100 people per year in a military conflict, there would be a national outcry. At the moment there appears to be a national amnesia to this. We just accept road deaths and injuries as a fact of life, whereas if you're one of the seriously injured, or a member of your family is killed or seriously injured, it's not just a statistic in the newspaper, it's actually real. This is why we want the federal government to take real and active involvement in driving down the road trauma statistics. It's not going to be easy. We're at the pointy end of the stick now because a lot of the changes are going to be incremental, but it needs to be done in an organised way. The federal government needs to use its levers to force the states and territories to address the things that they can control to bring down the road trauma toll.

CHAIR: Thank you. Your point is about the structure of government, the relationship between the federal government and the relationship within the federal parliament, in terms of the joint standing committee to have that resistance to any generational change when governments come and go and ministerial arrangements change. You're looking at a structure that locks in accountability for the Commonwealth and then flows right through in terms of relationships with state governments and local government.

In terms of local government, there are a range of programs currently in place from the federal government providing funding directly to local government. Is it your view that there's not enough of a road safety focus to those funding programs—I'm thinking of things like Roads to Recovery, Roads of Strategic Importance and the Road Safety Program funding which was announced as a coronavirus stimulus. Is it your view that there's not enough directional guidance from the Commonwealth in terms of having a safety focus at local government level?

Dr Joseph: I think the Commonwealth is well intentioned in funding these roads. We know there are over 900,000 kilometres of roads in Australia, and 80 per cent of it is controlled by LGAs, I think the problem is that there has been a lack of evidence based allocation of the funding. This is where the National Road Safety Data Hub is important, because it will be able to pinpoint areas of the roads where crashes are occurring, where people are not only dying but also getting seriously injured, and then direct funds to improve the roads in those particular areas. We know that local governments are not well funded to maintain their roads and they're relying on state government funding and federal funding to actually improve the maintenance of their roads. The other thing is that the LGAs sometimes lack the expertise, the engineering capability to actually build the roads to appropriate

standards, and this is again where the federal government could assist by providing that level of expertise at a local government level, given that the majority of the roads are in their jurisdiction.

CHAIR: Thanks, Tony. I think there might be some work for us as a committee to look at the total amount of road funding that's provided in Australia today from federal, state and local governments and see who's actually making the investment decisions to focus on safety and try to extrapolate some of that data.

Mr THISTLETHWAITE: Thanks for your evidence, Tony. In your submission you make the suggestion that the Office of Road Safety should be advised by a peer selected governing body. What's their consultation like? Do they consult with you? Do they come and see you and ask for your advice about issues?

Dr Joseph: We're invited to make submissions to proposals and documents the Office of Road Safety puts out, but that's the limit of the advice or interaction with the Office of Road Safety. This is not for the Office of Road Safety. I think it's a bureaucratic issue. The Office of Road Safety is situated within the Department of Infrastructure, Transport, Regional Development and Communications, so it reports up within that structure, which then reports to the relevant minister. What we're saying is that there should be the ability for organisations such as the Australasian Trauma Society, the Australasian College of Road Safety, the Pedestrian Council and the Australian Automobile Association to all have direct input into policy decisions made by the Office of Road Safety. We think it could be fed up to the relevant minister and to the parliamentary committee. I think the problem is that the risk for the Office of Road Safety is that a lot of policy decisions will be buried within the bureaucracy of which it is a part of. We would like more direct reporting at a ministerial level so that some of the policy recommendations can be implemented by the federal government and then, by derivation, influence policies of states and territories and local government. There's a lot of cross-jurisdictional influence that needs to occur, but I think the federal government has the levers because of the funding it provides for roads and also the levers within for the new cars imported from Europe et cetera.

Mr THISTLETHWAITE: You also point out the levers that the Commonwealth has around funding and better safety outcomes. You think the Commonwealth should use those a bit more effectively. In what areas would you like to see those levers used? I know you've mentioned car safety. A pet issue of mine is that I can't understand how the Commonwealth would fund a federal highway, maybe even in partnership with the states, and not insist that that highway have point-to-point speed cameras installed for everyone, not just for trucks. I just can't see how that doesn't occur. What's your view on something like that?

Dr Joseph: I think it makes sense. If the federal government is going to provide funding for state highways, then those highways should be built with the maximum safety specifications according to the iRAP recommendations. You need median strips, you need widening of the shoulders, you need rails on the side to stop run-off et cetera. It's a no-brainer, really. Those safety features should be insisted on by the federal government and tied to the funding. I don't think that would be all that difficult to do. Again, this is where the Office of Road Safety could come in to ensure that the states and territories are meeting those KPIs when the funding is provided for the road infrastructure. That funding is not insignificant, as you know.

Mr THISTLETHWAITE: I like your suggestion about the Office of Road Safety reporting on a regular basis about the achievements under the National Road Safety Strategy. I'd even like to see it go a bit further than that. I think that the Office of Road Safety should do that analysis and provide that report to the minister, and then the minister should do an annual report to the parliament about how the government is working to achieve the obligations and objectives of the National Road Safety Strategy. Perhaps the minister presents that on an annual basis, there's a checklist of issues that's reported against and the opposition have the opportunity to respond—is that something that you think would be a worthwhile initiative?

Dr Joseph: I do. I think governance is key here. We all know the different aspects of a safe system; it's just the implementation issue. Again, if some groups like ours had the opportunity to have regular meetings with the Office of Road Safety through input into policy; the Office of Road Safety develops those policies based on the evidence they've received from the data from the national data hub, where the crashes are occurring et cetera; and the Office of Road Safety reports to the federal road safety minister. I think there is some merit in consideration with the Joint Select Committee on Road Safety, who that minister would then report to regularly, because that would also give more impetus for the parliament to actually approve appropriate legislation if this is a bipartisan committee.

Of course, this is something that affects all of us. It doesn't really matter who's in government, because the problem is not going to go away, so we need a structure set up so that we can deal appropriately with the road trauma statistics and get our road deaths and injuries down somewhere like some of the highest-performing European countries like Sweden, whose road deaths are about 2.5 per 100,000 population. There's no reason why we wouldn't be able to do that.

Mr THISTLETHWAITE: Finally, is the data that's being supplied to the national hub adequate? Is there more information that you'd like to see supplied there? Is it timely?

Dr Joseph: I haven't seen the data. I've read what data they're achieving: crash data with police, hospitalisation data and the National Death Index. That data would all be appropriate, I would have thought, because that would catch all the trauma going into the rural and regional hospitals. Then we'd have the major injury data from the national trauma registry and we can sort of tease that out as well. We'd get an idea of the whole workload of injury presenting to hospitals through that data. I think that's a very good initiative and is to be commended.

Mr THISTLETHWAITE: Thank you.

CHAIR: Thanks. In terms of your evidence regarding young males obviously being disproportionately represented and this question about how we reduce the severity of injuries, if we accept that, for the foreseeable future, there will be some level of crashes, in the Trauma Society's work, where do you see the greatest gains in reducing the severity of injuries if a crash does in fact occur? A lot of the advice from the Royal Australasian College of Surgeons was around reducing speed limits—obviously the human body is frail—and reducing the impact when a crash occurs. What's your view on how we reduce the severity of injuries?

Dr Joseph: I think it comes back to the whole safe system, and we need to design the roads with the best safety features to mitigate against mistakes. The vehicles need to be fitted out with the optimum safety devices, and the drivers need to be educated that they have a responsibility when they're behind the wheel to keep to the speed limit and to be mindful of other road users, particularly vulnerable road users. We also need to mandate speeds so they are actually suitable for the environment. This is why many local governments are now opting for a 30-kilometre speed limit in heavily built-up areas where there are lots of vulnerable road users—pedestrians and cyclists and motorcyclists. So I think the whole range of those activities can join together to actually drive down the road trauma in the high-risk groups.

As we know, young males are risk-takers. They're probably more likely to drink and drive or to speed, and we just need to educate them, and all road users, that driving a vehicle is a privilege and they have a responsibility to consider others when they are on the road. So it's multifactorial, but I think we can get the message out there. Also, adequate policing is important, because there is nothing like a random breath test or a mobile speed camera to actually slow people speeding. This is why point-to-point cameras are very important, particularly on our rural and regional roads, because you obviously can't police all those roads. Point-to-point cameras are very effective in getting people to slow down. We know that the slower the speed, the less the risk of serious injury or dying if you do have a crash.

CHAIR: Thanks, Tony. It was put to me in previous years that, if you have an at-risk group, with drug-taking or excessive alcohol consumption and driving, there is reason to argue that you could have interlocking devices more readily installed in vehicles on the first offence rather than waiting for more serious offences to occur. The other big question—and this is probably more directed at your colleagues—is on the hidden impact of road trauma. What do you see amongst people who are first responders, people who work in accident and emergency situations? We don't talk much about the impact of road trauma on them in dealing with quite horrific injuries and attending scenes of great distress. Is that something we should be measuring better as well in terms of the broader conversation about road trauma? If we are going to make the argument for great investment, understanding the total cost to the community extends beyond the victims in the crash; it also extends to the first responders and people who work in the accident and emergency services.

Dr Joseph: I think the first responders do it because it's their job—and, sure, when you do see something quite horrific, it does affect you. But I guess if people are working in a very supportive environment where they can debrief after seeing a serious injury, then that also helps people understand and process what has happened. I must say that I don't see a whole lot of distress in the environment that I work in, in the emergency departments. Possibly there is more amongst the police and the pre-hospital providers, who see it in a much more raw atmosphere, and they may need more support, particularly if they come across fairly traumatic incidents. But, again, I think, also that we could pay more attention to the psychological aspects of injury to the injured patients post-injury, and I don't think we are doing that to the best of our ability at the moment, because we just don't have the resources. We are doing some research on that at the moment—on the incidence of post-traumatic stress disorder and other mental health disorders after injury on those survivors, so we could probably put more money into that, as well as providing support for the first responders. I think the injured ones probably should take a higher priority for the mental health aspects.

CHAIR: Thanks, Tony. On behalf of the committee, we greatly appreciate your appearance before the committee today. The committee secretariat will be in touch with you in relation to any matters arising from today's hearing. You will be sent a copy of the transcript of your evidence, to which you can make corrections of

grammar and fact. Again, I thank you and congratulate you on your work and really do appreciate your appearance today.

Dr Joseph: Thank you very much for the opportunity.

CHAIR: I now suspend proceedings for a short break.

Proceedings suspended from 11:00 to 11:20

LUKJANOWSKI, Ms Sandy, Chief Executive, Injury Matters [by video link]

CHAIR: I now welcome a representative of Injury Matters. I remind you that, although the committee doesn't require you to give evidence under oath, the hearings are legal proceedings of the parliament and warrant the same respect as proceedings of the House. The giving of false or misleading evidence is a serious matter and may be regarded as contempt of parliament. I now invite you to make an opening statement.

Ms Lukjanowski: Thank you so much for having me. It's probably really important for me to acknowledge the people who are not lucky enough to be in Western Australia. I hope that you're all doing well, given the various states of lockdown across the country, and that you're all keeping well.

Mr THISTLETHWAITE: Don't rub it in!

Ms Lukjanowski: Sorry. We've got it pretty good over here—unfortunately! I think a great deal of what we really wanted to get across we've expressed within the letter. To cut to the chase, I'm more than happy to move to questions, and we can spend the time together going over anything that would be of support for the committee in further detail.

CHAIR: Thank you, Sandy. In relation to your commentary around the psychological distress, do you see that, as a government, across local, state and federal jurisdictions, through the health system, we're providing enough support for road traffic crash survivors with that psychological distress?

Ms Lukjanowski: I think it really depends on which state you're coming at it from. That's definitely where I think we have the greatest opportunity to be able to have a look at a national approach to how we support people psychologically post road trauma. You have states such as Western Australia and Victoria that have established services such as ours that are available to people within the community, whereas there are other states that don't have anything or some states that actually have really lovely volunteer groups that try to do what they can. In answer to your question, it's not uniform across all states. People would obviously receive support through primary healthcare mechanisms if they've gone through their GP. However, we also see a lot of people who might not have been physically harmed. They might be volunteer first responders. They might be loved ones of people—either they've lost someone or somebody has been horrifically injured. We see people whom you wouldn't necessarily always correlate directly with road trauma.

CHAIR: Is there data around people like that—for example, first responders who are experiencing some level of PTSD? Is that data recorded? I have a concern that the figure we allocate to the cost of road trauma may have some hidden elements to it that aren't actually being recorded at all and that the cost may be substantially higher.

Ms Lukjanowski: I completely agree. I think that you're right with regard to those hidden elements of road trauma. There are a lot of people who potentially don't even present to a service like ours. They might not have injuries that are significant enough to need to present to the hospital, therefore they wouldn't be captured within a trauma registry. Then you have people who have just sought allied health or other support. So there's this whole ripple effect with road trauma that is completely under the surface. Right now I don't think that there is an accurate way to quantify the depth of it. We definitely see elements of it just through our service delivery but, again, that just gives you a flavour for what is happening. It's not obviously a definitive number.

CHAIR: Is there any way to measure that? I agree entirely with your description of a ripple effect. A bit like dropping a stone in a pond, it ripples out from quite severe impacts and disturbance in the immediate aftermath and can go on for some time. Is your Injury Matters organisation able to measure those impacts, or is it not resourced to do that in the longer term?

Ms Lukjanowski: I wish we were resourced to do that. It is something that we have proposed previously as an opportunity for some research. We've championed that as an organisation, just to further understand. While it might be a more arbitrary number, at least it gives us an indication—for every crash, X people are likely to be affected—so that we're looking at all of those bigger picture people. I think there's an opportunity to at least do some research there.

The other opportunity, in order to try to capture what that number looks like, would require cross-departmental cooperation, because it would need to overlay crash data with Trauma Registry data and primary healthcare access data—people who are going to GPs or physios. So it would be some of that. Also, their primary presentation is where coding issues start to come into things. It's a bit of a tricky one, and one whereby, to get a strong number, some research would definitely be a really good starting point.

CHAIR: You note in your submission time lines of impacted people experiencing psychological conditions. I know from some previous work with the veterans community that people don't necessarily present with a mental health issue until, sometimes, many years after the actual traumatic event, so it's difficult to predict when it might

present itself. That's not really a question; it's more that I'm agreeing with your statement. Do you have some questions, Matt?

Mr THISTLETHWAITE: Thanks for your evidence, Sandy. Do we know roughly what proportion of road accidents in Australia involve suicide? Are there any statistics about that?

Ms Lukjanowski: Vehicular suicide is definitely starting to become more prevalent. As to whether there is any correlated data on that, I'm not too sure. I'll have a look and, if there is anything, I'll send it your way. I know there are some agencies on the east coast that are starting to do some work in this area around the heavy vehicle industry.

Unfortunately, a great deal of what we're seeing is people targeting heavy vehicle operators and trucks because they obviously do the most damage if you collide with them, unfortunately. We really started to see it in one of the other programs that we do with heavy vehicle drivers. We're hearing more and more from heavy vehicle drivers that a fear of theirs is that somebody would utilise them being on the road as a mechanism in order to suicide. It's something that they have become fearful of as part of going to work, with the road being their workplace. I know that there's definitely some work happening within the Australasian College of Road Safety. It's discussed more now. It's a lot more prevalent, especially within that heavy vehicle space. It's starting to become a problem. We had an example where we were seeing a truck driver within our service, and the person who had sought to commit suicide had actually loaded their vehicle with flammable items so that they could be successful in their endeavour. Again, it's a ripple effect. It's a word that I keep on using, but it's the only way I can really describe the sort of flow-on effect that we're seeing, with truck drivers having a well-founded, and realised, fear that they might be somehow involved, unwittingly and unwillingly.

Mr THISTLETHWAITE: Your submission talks about the Mental and Physical Safety on Our Roads program. How does the program work? Is it just an information exercise, or are there presentations that go with that?

Ms Lukjanowski: There's a little bit of all of that, Matt. Essentially, we started the MaPS on Our Roads project as part of the work we were doing on road trauma. We started this particular program pre COVID. We were hearing from more and more truck drivers, saying that it's difficult—that there are barriers to health for them, that they had comorbidities, that there were lots of different issues that were happening for them. In looking at what our skill set as an organisation is, we do a lot of preventive work around modifiable risk factors for older adults in falls. We have a team of health promotion professionals that can work around that. We thought that that, combined with our road trauma skills, would give us a really good foundation to be able to trial a program whereby we could do campaigns.

At the moment, we've got Service Your Mind happening, which is about having an open and frank discussion about mental health and being socially connected and the different things that somebody could utilise. It's about giving people actionable opportunities to be able to work out what would work for them. It's positively worded. It's giving them messages, information and places they can contact. There's a lot of stuff out there in the marketplace that we're trying to bring together. Sometimes people don't quite know where to start, what might work for them, what's available or whether they should reach out to a particular line. There are a number of people who come to us and say: 'I only lost my husband. I'm sure there's somebody out there that's doing it tougher than me.' There's a lot of work that we often have to do to break down barriers for people to feel comfortable to access services. The good thing with our road trauma work is that we felt, if we did come across somebody who was very clearly affected by road trauma in their line of work, that we had a program that we could move them towards to be able to support them. We didn't just leave them hanging.

In answer to your question, the vast majority of it is information and resources. In terms of the resources, we are about to put out a podcast with information. We've got lots of digital resources. We learnt very quickly that truck drivers want to talk to us on Facebook, so there's been quite a bit of social media going backwards and forwards and quite a lot of commentary coming that way. But the vast majority want to access digital information while they're on a phone or a tablet, obviously while they're at rest stops or while they're stopped for the night, so that seems to have been the best way of putting it all together. We trialled that, and we're in our third campaign. We'll then do an evaluation of the first three campaigns to work out what parts of the program that we put in worked really well and how we might need to adjust the program moving forward. Our funding with the National Heavy Vehicle Regulator finishes up in February.

CHAIR: Sorry, Sandy, just on that point: could you just clarify the footprint of your organisation. You are primarily in the west, but you have a national footprint now?

Ms Lukjanowski: We are primarily in the west, but there really isn't anyone like us anywhere. During the last six months or so we've opened up. If we can help in other states or support other agencies to be able to deliver

things on the ground in their state, if we've got the resources, we are more than happy to share them. But, as an organisation, we are definitely open to looking at what we should or could be doing in other states to provide support.

CHAIR: Sorry, Matt, I cut you off.

Mr THISTLETHWAITE: That's okay. How is your organisation funded?

Ms Lukjanowski: We are program funded. We don't receive any core funding whatsoever for our flagship programs. We have our MaPS on Our Roads program, our Stay On Your Feet program, which is a falls prevention program for older adults living in the community, and our road trauma program. We also do a capacity-building program for local government professionals. We're able to staff those four programs with people doing bits and pieces across all of the programs. We've developed a bit of a hybrid model. You know what it's like for not-for-profits and NGOs: we're able to make the dollar stretch a little bit further. For us, we're program based and we also have some fee-for-service offerings. We provide counselling on behalf of the Insurance Commission of Western Australia, so people can opt to come and see us as a provider, and we put that money back into our programs and services and towards our mission.

Ms VAMVAKINO: The genesis of your organisation results from identifying a need and you're seeking to address it. How would you envisage what you're doing? Everything is so nuanced yet so important, when it's all put together under some sort of unifying national approach, so everyone gets to share and have input into issues that are just as relevant to the eastern states as they are to you out west. How do you envisage what you're doing to become part of a federally funded process, where you can make it applicable nationwide?

Ms Lukjanowski: I think it really comes down to that, especially when you're working with NGOs and not-for-profits. We all want the greater good. We're all here for our mission and vision and those shared outcomes. Even just looking at what we do with the Victorian service, we have an open line of communication whereby if we've got it we'll share it and vice versa. We can be talking about the trends that we're seeing coming through or training or resources that we've developed. We'll share it with the Victorian service so that they can have a look and say, 'Okay, that fits for our cohort,' or 'We need to tweak it a little bit more' to have this, this and this in it, 'because that's what our population needs,' or it's slightly different. So people on the ground can add those nuances and address what that population needs. While lots of things will be broadly the same, each state will have slightly different needs depending on where the population is.

In terms of how you could have a bit more of a nationalised approach to that, I think it's about having a look at either a network or—for want of a better way of saying it—an advisory or information-sharing group, whereby all of that can go in and be a repository where people can take what they need for their local community. So it's about being part of something like that. I know the Victorian service is definitely open to having a look at how they might be able to support other states close by and we would be very much the same over here in WA. We would be more than happy to support other states and have a look at what that might look like or what that service model might need, or we're more than happy to partner with small ones that are already in place. It's about bringing everyone together, to be able to share the information that's available across agencies.

Mr THISTLETHWAITE: Your submission mentions First Nations communities and the higher rates of accidents in those communities. Are you aware of any programs or resources that are specifically targeted to some of those communities? I'm thinking, particularly, around WA, some of the communities in the north, in rural and remote areas—Port Hedland and the like—where I imagine that First Nations people would be over-represented in the crash statistics in those areas.

Ms Lukjanowski: Yes, you're definitely right. A lot of the support that we're seeing is definitely prevention based. It's ultimately where we all want to be—that organisation that would love to be obsolete and not needed, for what we do when it comes to road trauma. There are definitely lots of projects we see around acknowledging people who are inexperienced drivers or we're seeing people who are unlicensed drivers. There are lots of barriers for First Nations people in getting their driver's licence, whether that be getting their logbook hours or having appropriate ID to get access to even sit their licence. There are lots of different barriers that might not be apparent to most people, but when you start to drill down you see them.

The other thing that we are also seeing—and I know that there are agencies doing work on this—is around making sure that cars or vehicles only have the right number of occupants in them and then also that those occupants are in appropriate car seats. We do see lots of children either horrifically injured or worse. So there is definitely a lot of work that is going on around properly fitting car seats—not just having a booster stack in the seat but making sure that it is properly tethered. There are projects around those types of things. There are

projects around support with getting licensing. But whether they are happening in absolutely every regional town or within every regional location might be a bit tricky to know.

But I would say most likely when it comes to the post-trauma response you're going to see that coming from that bigger health response. So it would be from social workers or from Aboriginal healthcare workers that are out within that local community already or other areas and putting in that trauma informed response. We definitely do have people that access our service that identify as Aboriginal or Torres Strait Islander, but it would ultimately depend on the type of therapeutic response that somebody might want and whether they want a more formalised response. We definitely have more Aboriginal and Torres Strait Islander people that access the support elements of our service. When we say 'support elements' we mean that we do check-in phone calls that are seeing how somebody is tracking. If they've identified that they don't want to see a counsellor yet because they don't feel that they quite need it, we will continue to check in with them, with their permission, just to see how they're travelling. We tend to see more Aboriginal and Torres Strait Islander people being much more open to that approach.

Mr THISTLETHWAITE: Just finally, can you run us through how your service works? Say, for instance, there is a couple that are involved in a road accident. Say they're a young husband and wife, with no kids, and the husband is killed and the wife survives and is in hospital. How is your organisation involved in that post-accident approach? How are you notified about the accident? Do they have to be referred to you? Run us through what sort of work you do with someone in that situation.

Ms Lukjanowski: That's a really good question. You will note in our letter we did talk about referral pathways. Referral pathways are a tricky one because it is one of those programs where a broad-brush mass media campaign isn't really going to serve anybody. We are the kind of service that people need to know about when they need to know about us. Our primary referral pathways are the WA Police Force and Major Crash specifically. So we've developed little wallet cards. They're about the size of a credit card. They concertina and fold out and they give you quick, actionable things that can help you in that short period after a crash. They also direct you to our online resources and give you all of our details. Lots of people tell us that it felt nice just to know that was in their wallet so, when they were ready and the time was right for them, they knew there was someone that they could reach out to and speak to.

The other referral pathway that we have is from the WA state trauma centre. I think that our patron, Dr Sudhakar Rao, might have already spoken to the committee at some point over the last few days. His team at the state trauma centre also refer people. The good thing with the state trauma centre is that's how we sometimes get that ripple effect—the family members, not just those directly affected and impacted. Major Crash are mainly going to be talking to the wife or talking to or notifying any other next of kin. So they are the only people and touchpoints that they are probably going to see that they might give our card to. Again, that is the choice of police. We are very highly supported by them. We do lots of work directly with the Major Crash Investigation Unit to support them as professionals, so they are pretty quick to refer us.

When it comes to referral points, people can self-refer. You don't have to have a GP referral. You don't have to come with a mental health care plan. You can find us on Google and choose to give us a call. You're more than welcome to enter our service that way.

Essentially the process by which people enter our service is that a referral will be made on that person's behalf, and we'll then contact them and say, 'We've received this referral; here's our information.' We leave it with the individual so that they can make a choice as to whether or not they would like to then continue on with the service. That said, if, say, the wife is still in hospital, we would likely leave her in the care of those healthcare clinicians at that particular point in time, but we would check in at various points, every two to three weeks, depending on the extent of the injuries, just to say, 'How are you going? Are you home yet? Have you got things in place? Do you need anything? Are you talking with the GP,' and all those types of things. We continue that conversation. It depends, obviously, on how long somebody stays in hospital, but generally that six-week mark is pretty much where the people around them have gone back to their everyday lives, and things get a bit quiet for them. It's at that point that we really step up the involvement, so it's at that point they might move into a much more therapeutic type of relationship with a psychologist and move into real true therapy and we'll work through the road trauma with the individual, using trauma-informed care principles. Road trauma is the key area that we work in, so we're able to get to the heart of where they're at and what's happening.

In terms of how our broader service works, anybody is able to access us. Using the example of the husband and wife there, we can also see the person that was in the other vehicle that potentially caused the crash. We can also see those individuals. We even also see family members of those individuals. So we might have the wife's mum come to see us because she's gone from having an adult daughter who she used to visit and just see every now and then to now becoming the carer of an adult daughter, and the relationship dynamic has changed quite drastically.

Then it goes right through to the person that caused the crash. They might be navigating the justice system. They might be navigating other different systems as well as dealing with whether they got behind the wheel and they were tired and it was a moment of inattention right through to they were driving and they were drug or alcohol affected, so there might be issues around guilt or fear or all of those different things combined. We might also be seeing, again, that ripple effect—the mum and dad of that particular individual that are sort of feeling that vicarious guilt of, 'I really didn't think that this is something my child would do, and I'm now supporting them through the justice system, and there's a very real possibility that I'm about to lose my son and he's going to go into jail, and what does that then mean for our family, and how does that look?' It can be really expansive. Say that incident occurred in a small country town. You then also have volunteer fire and ambulance people that attended that might play footy with both of the people that were involved or they might be in the same football club or whatever it could be. There are so many different touch points in small communities whereby people are just not equipped to be able to deal with things that are that traumatic that affect people that they know.

We are funded to go to each Western Australian region once per year. We actually make it out there probably about triple that. Again, because we're a program based organisation we try to make sure whenever we're out in a region that we do something for everything that we do, so every single time we're out there we will engage with the local fire, police, ambulance, SES, just to either drop resources off or offer anything else that we can do to support. We've got printed resources and digital resources. We also do workshops. Every now and then we will also do a workshop, mainly for volunteer first responders. That tends to be the vast majority of people that really lean in to those types of supports from us. Sorry, that was quite a big rambling answer.

Mr THISTLETHWAITE: You do great work. It's important work.

Ms Lukjanowski: Thank you. We try. It's a tricky thing because there's so much more we would love to be able to do, but you've got to be pragmatic and practical with what you've got and how you can make it work.

Mr THISTLETHWAITE: Thanks. That's it from me.

CHAIR: Maria, do you have any questions?

Ms VAMVAKINO: No, not anymore. Thank you.

CHAIR: Sandy, you mentioned your podcast. I'm interested in the commentary around the media reporting of [inaudible] and whether you have any media partners with whom you have these conversations in WA. Is there much interest in the media? One of the things we're coming across in some of the evidence from witnesses is around a bit of acceptance or an apathy around road trauma. It's not the news story of the day anymore; it's drifted off to the back pages. Do you have media partnerships or conversations going on there in the west?

Ms Lukjanowski: It's tricky because media right now is such a transitional workforce. Back when I first started in Injury Matters and at Road Trauma Support WA—that's going back nearly five years now—we noticed that you would have a reporter that generally did road reporting, regional reporting or injury-style reporting, so you could develop those types of relationships. Now what we're seeing is somebody that might work for Channel 9, and they're doing some print media stuff and some news media stuff. It could be that, whatever happens that day, they're thrown in with a camera and a microphone, and off they go. So it can be a bit tricky to form a long-lasting relationship with them, because they're all around the countryside a little bit. Essentially, the difficulty we find is that, at pretty much any time, I'm able to produce at least one client of ours who, because of the news, found out that their loved one died. Because they're standing there in front of a crumpled-up car, they can recognise the bumper sticker, the make and model and the road that it's on, and they know that that's the road that their husband, wife, son or daughter would be on and the time they would be on it. Formal police notification hasn't even happened, yet there's a reporter standing out the front of an awful-looking car wreck, when there are so many other far more responsible ways in which they could report.

I have to also admit that, every single time that I'm called for comment around road trauma—and I'm sure that you guys well and truly experience this as well in your line of work—it's the more salacious side of things that a reporter wants to hear. Say somebody is being released from prison and being paroled and they've got quite a dubious road trauma history and have had continued issues, the phone call that I will get will be around, 'Do you see anybody that was impacted by this person? Do you see any of their victims? What do you think about them being released?' We could potentially be seeing that individual, or we might be seeing family of both parties, and it's not appropriate for us to be passing judgement on anybody, especially within that kind of context.

The other thing that we're also seeing is that sensationalised style of reporting. You will notice within our submission that we refer to the changes that have taken place with regard to the way that we report on suicide within the media and how that is done with a lot more respect with regard to the language used but also pointing out services that are available if that story has affected people. We've done so many outreach things with media

outlets to say, 'Did you know that, if you're reporting in the *West Australian*, you can put a one-liner at the bottom that says, "There is a service that people can call. Here's the phone number if you've been affected by this story.'" Often we get a great take-up initially from a reporter, but then that reporter moves on to a different element of reporting, and that little line drops off again. Unfortunately I think it is something that we would need to have a look at: is there a way that we can get a bit more of a social conscience around how these road traffic crashes are reported? At the moment, we've got some pretty sad ones over here in Western Australia that involve young people. We've had cars full of young people, and some of them have passed away and some of them are now navigating the justice system. Those ones will be reported on. It seems to be quite constant. It's one of those issues that seem to be continually emerging. When you look at the cost of injury overall, more people in Western Australia die each day from falls than from road trauma, but you would never see a story about falls on the news. You're guaranteed to see at least one about road trauma.

CHAIR: Do you have people on your staff with lived experience who are providing some level of peer support? Do they tend to be people you seem to employ?

Ms Lukjanowski: We definitely do have lived-experience people working within our organisation. We recently had a peer educator who came into the organisation with really significant lived experience. It's also something that we have to be cognisant of around vicarious trauma and retriggering that individual, so it's not something that somebody can do long term; however, we definitely know that we're able to do that in a way that is safe and honours what they're able to bring but that is also able to support people in that sort of group and peer context. We're having a look at the moment at some different ways to approach group and peer work, and that is what we've been talking to Victoria about recently. They do a fair bit of peer work as well, which seems to be really good for them.

We were successful in some changes to legislation over here in Western Australia around the use of radar detectors, and that was done through one of our peer educators who works via Injury Matters. She presented to a parliamentary committee and spoke about how Western Australia has the opportunity to come into line with the rest of the nation around outlawing the use of radar detectors in cars, which has now come into effect in Western Australia. So we definitely recognise the importance of people bringing real, lived experience.

CHAIR: Do you have a partnership with the auto club in WA? I know they've been doing things like the Elephant in the Wheatbelt.

Ms Lukjanowski: We do a great deal with the RAC. One of the members of our board is also a board member of the RAC. We go to their *bstreetsmart* events; we provide psychological support to the presenters and the young people at those events. We go to their simulated crashes, or SIMEXs, out in the regions. And pretty often, when they're out and about, travelling, they will ask us if we're able to come along and they will provide us with a travel grant. That covers the cost of the travel for us to get out there, and that's how we can stretch the dollar and get out to more places, which is really helpful. We have a really positive relationship with the RAC in Western Australia.

CHAIR: Excellent. Is the Elephant of the Wheatbelt still out there?

Ms Lukjanowski: It sure is. The white elephant—that still travels around.

CHAIR: I'll have to catch up with them again soon. If there are no other questions, I'd like to thank you, Sandy, for your evidence here today and for your full and frank answers. We really appreciate the work you do. Thanks for appearing before the committee today. The secretariat will be in touch with you in relation to any matters arising out of today's hearing; you'll be sent a copy of the transcript of your evidence, to which you can make corrections of grammar and fact. The committee looks forward to meeting with you in person when we're allowed to come back to WA—if you could have a word with anyone in authority, that would be lovely.

Ms Lukjanowski: That sounds wonderful. Hopefully we're allowed to let people in at some point. Thank you so much.

GAFFNEY, Mrs Tia, Portfolio Leader, Safe Mobility Outcomes, Australian Road Research Board [by video link]

McTIERNAN, Mr David, Portfolio Leader, Infrastructure Safety Performance, Australian Road Research Board [by video link]

[11:59]

CHAIR: I'd like to welcome representatives of the Australian Road Research Board. Although the committee doesn't require you to give evidence under oath, the hearings are legal proceedings of the parliament and warrant the same respect as proceedings of the House. The giving of false or misleading evidence is a serious matter and may be regarded as contempt of parliament. I invite one or both of you to make opening statements.

Mr McTiernan: Tia will make some opening statements on behalf of ARRB.

Mrs Gaffney: I'll just introduce ARRB just to let everyone know our background. The Australian Road Research Board have been in existence since 1960. We are actually owned by the federal and jurisdictional road agencies. Our main area where we are keen to work is in practical and applied research, focusing on research that is implementable and achievable rather than on more of a long-term view—focusing more on short-term applied research. We have offices nationally. Our head office is in Victoria. We also have offices in New South Wales, Queensland, South Australia and Western Australia. We have a very broad view of transport, and I should mention that we have research agreements in both Queensland and Western Australia. The main area where we work is in developing guidance regionally, so a lot of our work involves developing guidance for Australians as well as for local government. I'll just mention that road safety is a very important core component of everything that ARRB does. We have 20 road safety experts nationally. Our submission is quite comprehensive, if you've had a look. We will not go through all these areas today, but we are more than happy to take any specific questions that you have.

Mr McTiernan: If I might, I will just add that, as the Australian Road Research Board focus has been on road transport infrastructure, particularly in more recent years and particularly since the safe system approach has been adopted, it's looking at road infrastructure as a system. So we're certainly looking at a road-user interface with infrastructure. Our infrastructure could be better designed, delivered and maintained to improve road safety and road safety performance. We have history with human factors, as well as road engineering.

CHAIR: I will start with the point around a reset, in terms of road safety funding, away from the more reactive black spot approach to the predictive approach. Given the significant number of crashes that occur, there has been no crash history in the past. What does that actually mean? If we're not tracking near misses and we're not getting data back from motorists, how do you make your predictions on this predictive approach versus the black spot approach?

Mr McTiernan: I'll touch on that. In the early 2000s, ARRB was instrumental in developing what we called 'net risk', working with the Queensland Roads and Transport Alliance. It was recognising that crash history is an important indicator of safety performance. It's where people are being killed and seriously injured. The problem with that, though, is that the success of the Black Spot Program—and I had professional experience of that when I was in local government—means that, over the years, we are slowly addressing the sites where road crashes cluster, particularly the fatal and serious injury-type crashes, yet people are still dying on the road network as a whole. In a previous council I worked at, that was the case. We had double-figures fatalities in a rural council on the fringe of Sydney. A lot of them were at black spots. We were successful in getting funding, but we were still getting double-digit fatalities throughout the shire, but they were happening more randomly—they weren't clustering as much as they had previously. Developing a network risk assessment approach was trying to use crash experience and crash history to identify where other potential crashes may occur and then addressing them before they occurred, which aligns very strongly with the safe system approach. We are never going to reach Vision Zero if we're only going to invest funding where people have died and been seriously injured. So the Safe System approach, and again through net risk and through other models such as iRAP, or AusRAP as it's applied in Australia, is trying to get ahead of that fatality and serious injury curve by identifying locations and investing in infrastructure to prevent death and serious injury from the outset. That's where we're talking about a reset of the funding mix is required. I think we always need a black spot approach. We always need to have money available to invest where people are being killed and seriously injured, but increasingly we should be looking forward and trying to prevent them in the first place.

CHAIR: We're familiar with the black spot approach. It's got a crash history and you can make a case to government for funding, but I'm well aware in my own community that locals know where there are dangerous stretches of road. They're aware of near misses. They're aware that conditions at certain times of day are difficult

or that in certain weather conditions you wouldn't want to be on those roads, and they tend to avoid them accordingly. Is there more value or more opportunity to capture this near miss information from motorists? Is anyone doing that? Is any jurisdiction doing that? I find the road agencies, from a Victorian perspective only, are very unresponsive in this sense. They're not elected. You can't hold them to account. There's no member for local roads in Gippsland, for example. They do roadwork in quite an opaque and non-transparent way, and how they prioritise that work is not really apparent to the motorists. How do you get a relationship where motorists can provide feedback on potentially unsafe road infrastructure and have an input into that?

Mr McTiernan: I think it's a really good point. I've made this point in different forums nationally and at a jurisdictional level: as road safety professionals, as the road safety industry, one thing we've done since the development of the Safe System approach is look internally and technically, and we've probably left the community behind on that journey and that narrative. We haven't brought them along as to why certain actions are required, why speed is such an important factor and how different road infrastructure needs to be treated differently at different times. I think it's a really good point and I think it is something needed moving forward. How do we engage the community?

The problem with near misses—and I'll turn to Tia in a moment, because she has a lot more experience in actual cash investigation. Near misses are really hard to capture. It can be luck or a matter of metres or seconds as to the difference between a near miss and a fatality. The current process for capturing crashes across Australia, other than maybe one or two individual jurisdictions, is we don't even capture property damage only type crashes. Again, it can be a matter of centimetres as to what was a property damage crash versus a fatality outcome. So we're losing a lot of these lead indicators, these low-level, low-severity crashes as a way of saying this is a developing problem we need to address. Part of the problem with capturing near miss incidents could be: How do you do it? How do you sift it out? It's being reported by the community, so what will the rigour be? How do we relate it to actual risk? But I think it is a good source of information that we should be looking at and engaging with the community on.

I'll give Tia an opportunity because, as I said, she has a lot more experience in cash investigation and has also talked about this sort of aspect.

Mrs Gaffney: Just to highlight the issue about bringing the community along, I think that really is the point about these risk ratings. It really is a mechanism to inform the community about which roads are high risk and which ones are not. I think that's why we would have seen quite a lot of feedback about the importance of a star rating, for example. It's a very simple check that is reportable and understandable and consumable for people to understand.

With near misses what I will say is there is a lot of emerging technology coming out where people are reporting that they are able to quantify near misses on the roads. What I will caution is that the technology is not at a point where that is necessarily accurate, as is being claimed. The manufacturers do have the ability to report things like ABS engagement and ESC engagement, for example. Those are the kinds of events that we want to know about. For example, if we have a country road where we have a curve—say it's 100 kilometres per hour—and we are able to see that lots of vehicles have their ESC being engaged at this location, that is a very important thing to know about that road.

I will caution people using the words 'near miss'. What a lot of outfits are doing is looking at data points of acceleration. That may not mean a near miss is happening at all. It might just mean there's a lot of congestion on the road and a lot of vehicles are slowing. So I will just caution the use of that, at this point, and say this is evolving and it needs to be the right kind of data, when we're talking about near misses, but it's certainly something we're going to be able to look at very soon.

CHAIR: I guess I was using the terminology quite loosely. When I was referring to near misses I was probably referring more to what David was indicating. It's probably only crashes where there have been multiple examples of people crashing in the same location. Because no-one's injured it doesn't have a black spot history, it doesn't have a police report, and, sure enough, a year later there's a fatality crash at the same intersection. I think it's very much a local government issue, in that regard. They don't get told about a lot of these crashes. Dad turns up with a trailer and tows the car away and everyone goes home and talks about it and says, 'How lucky were we!'

On a different tack altogether, on the ANCAP safety ratings, I'll preference my comments by saying I don't understand why we allow low-star rated vehicles to be sold in Australia anymore. That's my personal bias. Is there a view of your organisation in relation to that? We have the vast majority of vehicles that are tested by ANCAP achieving a five-star rating yet we still have zero-, one- and two-star cars being made available in Australia today. We know the legacy impact—that is, those vehicles will still be in the market and go into the used-car market and

be around for another 10 or 15 years. We're just doubling down on a poor standard of vehicles when there are better standard, safer vehicles available for our use.

Mr McTiernan: That's definitely in Tia's alley, so I'll let her respond to that one.

Mrs Gaffney: I'm very happy that this question was asked. It's a fantastic question. Really, it's about: are you going to define that level as an ADR entry point? We have two measures for defining what a vehicle's safety is. The first is the Australian design rules, which are what we would consider as the minimum entry point. That's where those one- and two-star vehicles are getting in. Then we have ANCAP, which has a significantly higher level of rating. It would essentially mean that we would need to bring up our ADR to align with what a three-star rating is under ANCAP. That's essentially what you would need to do, to exclude one- and two-star cars from the market.

Another option that we've raised and talked about is, for example, when you go to buy a refrigerator or a television. There's a sticker on there that tells you what the star rating is. Why can't we put a simple sticker or require that all vehicles sold in Australia have that sticker, front and centre, on the windscreen and maybe that would help deter people from buying a one-star car? I know it certainly deters me from buying a one-star television. So there are some interim stages that we can consider that might be easy. I know there are certain countries that have implemented this sticker, so I don't think it's impossible.

Ms VAMVAKINO: Sorry to interrupt. Could you address that whole issue of existing vehicles and the high rate of purchasing second-hand vehicles as well? There are a considerable number of vehicles that we're talking about. I agree with Darren—we should be selling the safest—but there are issues around finances and there's a second-car market as well. Have you given some thought to how that might also be dealt with?

Mrs Gaffney: We used to have a sticker for registration. Now a lot of that's done digitally. Perhaps it comes with your registration or something

The used-vehicle market is a little bit more difficult. I think, at a minimum, requiring that dealerships would do it is a good start. If a vehicle is exchanging hands between two individuals, it would be hard to implement that. Again, I don't think that that used-car safety rating is reaching a very large audience. I really don't. I don't think it's reaching people at all really.

Mr McTiernan: There's been research in New South Wales, in terms of the used-car market, about families where a learner driver progresses to their P plates and gets their own vehicle. Working in the industry, I was acutely aware of this, but the research in New South Wales showed that the most inexperienced driver was getting the least safe vehicle. They were getting the second- or third-hand car passed down to them. So there has been more active promotion—and I think this gets back to the ANCAP star rating as well—of 'Why would you put your most vulnerable driver into the least safe vehicle?' Dad, who is probably getting the premier vehicle in the fleet of the family, is driving it to work, and it stays there all day.

Ms VAMVAKINO: I think we know the answer to that. It's because, if they're going to bump it or crash it, it may as well be a third-rate one, which is counterintuitive and contradictory to the whole, but that's the reality that we're dealing with.

Mr McTiernan: It is a reality, and I think it gets back to my opening comment, that we've left the community behind. We need to reshape their priorities.

Ms VAMVAKINO: That's right. There's no conversation with the community.

Mr McTiernan: No. Traditionally the ANCAP star rating has been a marketing issue. There was a lot of resistance by vehicle manufacturers at the start. Until it was seen as a marketing benefit to have a four-star or five-star vehicle, they didn't embrace it. In the used-car market, I guess you don't have those manufacturers to push it along. Tia's point about the sales market perhaps promoting it would be something to consider, but I guess this whole thing about lifting vehicle standards does have that economic impact. Are we going to be excluding vehicles that could otherwise come into Australia? If we want to improve safety, I think the answer to that has to be yes. Tia can talk all day about how you could get the same vehicle from the US and it won't have the same safety features here because the market in Australia doesn't support it. I think it's a very challenging issue.

CHAIR: I'm surprised that it's not mandatory. You do see in the car yards a lot of star-rated stickers on vehicles. That's only optional for the manufacturers at this point, is it?

Mrs Gaffney: That's right, yes. It doesn't have to be there. Often you'll find the manufacturers that don't have high star ratings won't put them on. I can give you a few examples of that.

CHAIR: I'm happy for you to name them on the record.

Mrs Gaffney: Great Wall is a great example. I've investigated plenty of crashes involving that vehicle, and I wish it was not on our roads, for sure.

CHAIR: That vehicle shouldn't be sold in Australia anymore.

Mrs Gaffney: Agreed.

Ms VAMVAKINOU: Which vehicle is that?

Mrs Gaffney: There are several Great Wall examples that I can give, but the majority of the vehicles do not meet any sort of star rating that I would want to be present.

CHAIR: In relation to the used-car safety ratings, is it your view that potentially we don't promote that well enough, that people don't know to go looking for that? Inevitably a first-car buyer is likely to be buying second hand, unless they're fortunate to be in a strong financial position. Being informed—particularly for a first-car buyer—about what the star rating was at the time of manufacturing may assist them as well. Is that information readily available or is it a bit hard to source, do you think?

Mrs Gaffney: It used to be quite difficult. Now ANCAP actually include the used-car values on their website. If you go to look up a vehicle that is, at this point in time, used, ANCAP will refer you to those values, which is fantastic. I think the issue occurs probably if someone doesn't know to go to ANCAP's website before they're buying something, and they might refer to some old literature. The example I give most commonly is of smaller vehicles. If a vehicle is crashing into a wall, it can do quite well on the ANCAP, because it's crashing against itself, essentially. When you put that small vehicle onto the road and it's involved in a crash with a large SUV, it does not fare so well, and that will be borne out in the real-world statistics. So, as a parent, I might think: 'Oh great, I've got my child, this cute little'—I won't name the vehicle—'It's got great fuel economy.' But, in fact, they're in quite a lot of danger just because of the mass of that vehicle. Again, ANCAP does report on this, but, if you took 10 people, I would suggest that probably only one out of 10 might know about that feature.

CHAIR: Thanks, Tia. Matt or Maria, do you have any questions?

Ms VAMVAKINOU: I just wanted to go back to the idea of the public and their engagement in terms of not just understanding about the safety of vehicles but taking it into consideration when they're purchasing. It's struck me during this inquiry that I don't know how much opportunity the public gets to have a say or even thinks about having a say, other than perhaps cursing on the road, about how the road networks that they've got to drive on have been designed and how they're working. It strikes me that the drivers would have an innate ability or experience to know whether things are working or not. Do you talk to any of the driving public to get some feedback on not just black spot territory but also design, especially as far as vulnerable groups are concerned—the cyclists, the pedestrians, the gig economy people, the disabled. There's a lot in that space. That seems to be the reality of the roads now. Do you have any engagement? Should we be looking at trying to solicit engagement and feedback, or provide channels or opportunities for people to do that, so that we can get a better understanding of how things are working?

Mr McTiernan: The short answer to that is yes, and I know that it happens at different levels. During 16 years as a local government engineer, I spoke to many hundreds if not thousands of residents about their concerns about road safety.

Ms VAMVAKINOU: It does happen at local government, yes.

Mr McTiernan: Exactly. But that is a very different perspective to a national or a state road safety strategy. The different perspectives of pedestrians, cyclists, truck drivers and general road users are very different, and it's very difficult to navigate a path through them, but I don't think that that should prevent us having greater engagement. My experience with state agencies is that their engagement is developing. They do go out for consultation, but I think their priorities might be quite different to those of local government. A lot of groups have been developing over the last few years, special interest groups and new road user groups, including around the gig economy. Tia will touch on that. She has a very good example of that. So, yes, we do need to engage with them more. How is difficult. I think we've got to be careful that we don't create so much noise that we're almost paralysed as to what we should do—that it's too big a challenge. But I think it can perhaps be used to help inform some priorities or practical awareness.

That's the thing about ARRB. We're looking at applied research—research that can help practitioners develop a better, safer road system—versus perhaps more academic or blue sky research. That is still needed for the future, but we've got to engage with the people here and now. But Tia has got a really good example with the gig economy as an evolving market or road user group.

Mrs Gaffney: Yes. Something that, again, is really important to highlight is that one way we can reach people is through their workplace. This is an area that hopefully you guys have looked into. I'm sure there are a lot of submissions about this issue—that is, the importance of the need to overlay road safety with workplace safety and to understand that when we do that we are ingraining good habits in the general public.

The gig economy is a great example. We were engaged to help one of these providers develop a training program for their riders. When we became involved it was quite surprising to see how there had been almost zero instruction up until that point. These riders are out on the road for significant periods of time. They have a very high exposure metric. We know they're very vulnerable. They've been given very minimal information about what they need to do in terms of workplace safety. So how do you choose the safest route? How do you choose the safer vehicle? How do you protect yourself in a crash? What are things that you can and can't do with respect to the road rules? Why can't you travel on a footpath on a motorcycle? Why can you not travel across the pedestrian crossing? Now, having equipped them with that knowledge, I would hope that that sort of carries them through throughout their lives. They now have this fundamental information.

Ms VAMVAKINOU: Is this information, though, that you've provided? I'm sorry, did I misunderstand?

Mrs Gaffney: Yes.

Ms VAMVAKINOU: Yesterday, Uber gave evidence and made the point that they provide an education process or an awareness process to their drivers. I asked them whether they knew the value of it. What you're saying today is a bit different to what Uber, for example, said yesterday, which is very interesting.

Mrs Gaffney: The company that we did this for is not Uber. I congratulate Uber. I haven't seen what they have done. I'm highlighting that it really needs to be structured in a way that's similar to what workplace safety is, which is about evaluating risk, identifying it, looking at where you have areas of high risk and trying to seek to control it.

Ms VAMVAKINOU: But on this issue, Tia, rather than relying on various companies like Uber and others to do their own thing, wouldn't it make more sense if there were a more coordinated imposition of standards that needed to be provided rather than anyone doing whatever they wanted to do? I would prefer something like that because you get a better sense of audit and control over the program being effective and real.

Mr McTiernan: The project that Tia was referencing came about because there were a number of deaths. We're talking about the food delivery service in particular, and the riders are particularly vulnerable. As cyclists or motorcyclists, they're vulnerable to start with. As Tia said, they're on the road far more than I would be as a recreational cyclist. They may be overseas students who may have come from a different driving culture to Australia, so they're vulnerable there. In that instance, the state regulator imposed an order on the company to do some better training and induction. Again, without knowing what Uber has done specifically, as an industry, we're all aware from reports that they're independent contractors. We don't need to do certain things for them that we would if they were an employee in the workplace, whether it's at ARRB or elsewhere. So I think it does need to be driven with some level of regulation, as it is with normal workplace health and safety requirements, and I think it needs to be verified. Again, as Tia said, we congratulate the company. They were sort of forced into it in the end, but I think they really embraced what we helped them to develop. It is something that could be taken more broadly, but it may need to be driven by the regulator. That's almost the nature of the gig economy, somewhat unregulated in many respects. If we want to achieve Vision Zero as a nation, some benchmarks need to be put in place to ensure that happens.

CHAIR: Just to change tack a little bit to a topic that's come up in the last couple of days, mainly because I've raised it, rest areas for heavy vehicle operators and the interface with recreational users. What research, if any, have you been doing in relation to that? It comes up repeatedly amongst heavy vehicle operators anecdotally on their list of things that really annoy them, that there are no adequate rest areas. They turn up in some locations in the more remote and rural parts of Australia. There's free camping there. I understand exactly why Grey Nomads choose those locations. They're a safe place to camp. Has any research been done on good design for those rest areas? Do we need to have more rest areas to manage fatigue with the understanding that heavy vehicle operators are there to achieve a mandatory rest, whereas people on a recreational trip may be in the same location but with only some degree of separation from them? I'm thinking more of engineering design than anything else. Has there been much research done in relation to best practice for these rest areas?

Mrs Gaffney: Yes. I'm happy to report that ARRB has done quite a comprehensive report on this already. We have looked at what types of rest areas should you have. Do you have what I'll call a very gold star rest area that has shower fatalities? Or, as you mentioned, is it as simple as just having a little turn-out area where people can literally have a rest? We have essentially mapped out what that would look like, so I'm more than happy to

provide that report. I think what's been identified that is critical when we're talking about implementation of these rest areas is a good understanding of cost—how much what I will call platinum-, gold-, silver- and bronze-level rest areas have cost to install in the past over the last 10 years, let's say, and using that to understand what the benefit-cost ratio might be. That's something that we're starting to look into.

Mr McTiernan: It's also an issue for road agencies. They recognise the need to manage fatigue, and there's obviously industry pressure to provide it. I think you're right about the mixed use—and there's one not far from where I live, just south of Camden on the Hume Highway, where you regularly see that mix of the caravaners and the B-double trucks. I could imagine if they were frequently used overnight by campers and travellers, it wouldn't particularly be restful for the heavy vehicle industry. I think you're right—it does need to be looked at, and the spacing of them and the strategic location of them. But I think the gap might be focused on just the main routes and, as you get further out into the country areas, where truck drivers are still commuting back and forth carrying their freight, it gets back to the cost benefit that Tia was talking about. There may not be the impetus to put a proper rest area in, so it ends up being on the side of the road without proper facilities. So it's definitely an issue. I don't know how you might do it, but there could be engagement with local government. Obviously there's some economic opportunity for them to bring freight through in certain areas, and they're often the start or the end of a freight transfer. There are definitely some gaps there. It is sort of being definitely tackled, but only on the main freight routes.

CHAIR: Thank you. There are a range of issues there. One is that obviously there has been an exponential increase in recreational vehicle sales in the COVID period. Those caravans will all be out there for the next 10 or 15 years. Some of those people aren't going to stay in caravans; some will want to stay in the free camping areas. There is safety in numbers for them. If they are a bit nervous, they might want to stay where the trucks are staying, and there is not an understanding that the truck driver is there for a mandatory rest period, not for a party around the fireplace. So there are competing expectations on what the rest area is used for. It has also been put to us that, if we are going to encourage more female heavy drivers, it's a bit hard to expect them to have their rest if there are no facilities there at all. It is a little bit easier for blokes sometimes, but that is a fundamental issue for us. Given the federal government is a major funder of infrastructure at local and state level, it is a matter of whether we could put more requirements on that infrastructure to include adequate rest areas of a standard that meets the expectation of the industry.

Mr McTiernan: I think we know what's required to provide the infrastructure. It wouldn't be that difficult to design it and make sure you have suitable separation of the facilities. It probably really does come down to the funding, and it is a clear road safety issue, not just for freight operators. If you are in a campervan driving along and your destination is the next town, which might be six or seven hours away, you do need to have regular breaks. Fatigue is a key issue for road safety, so it should be considered as part of the road safety funding.

CHAIR: The other element, David, to finish that topic off, is whether there are opportunities to also leverage off private investment on those routes where there may be space available alongside existing infrastructure, to say, 'If you want to develop a hard stand area beside your business, we're happy to pay for some of the black stuff to provide a decent rest area, and you will obviously have to co-invest, because you will have the benefit of more people staying there.'

Mr McTiernan: Yes, and you could tap into—in my area there is an industrial estate, not far from here, and you often see a lot of truck trailers parked there and the prime mover has either been taken home or maybe it's moving another trailer, or they've had to split the load, because it's not a B-double accessible route that they need to get to. I'm surprised there isn't more commercial opportunity for that sort of thing, because I don't think any truck driver would want to leave their trailer vulnerable to being broken into or damaged. So, yes, they could be combined with those sorts of services.

CHAIR: Thanks, David. Matt?

Mr THISTLETHWAITE: Thanks for your evidence, David. Your submission goes to workplace road accidents, in particular concerns about roadwork going on and accidents occurring in those areas. Can you provide us with any statistics about just how dangerous roadwork sites can be? Is there a large number of accidents that occur at these worksites, or is it relatively small? Quite often you'll drive past them and see 'roadworks; speed limits enforced'. Is that happening regularly? Are there mobile speed cameras there? Are the police sitting there? I don't recall ever seeing a police officer or anyone like that enforcing those speed limits.

Mr McTiernan: I have seen it but it's very rare that a police officer is there. It probably comes down to it being reported in response to an unsafe incident. Obviously, that would have been an opportunity missed if there had been a crash. That's really not going to get us to Vision Zero.

Tia is leading some research that we're doing, through our research agreement with TMR in Queensland, on technology that could be used to improve safety at roadwork sites. There are a couple of projects there. We're also looking at a similar project working with AFPA, the Australian asphalt association, who obviously have a lot of members working on roadwork sites, for technology type solutions. Part of the problem with speed camera set-ups is perhaps the legality of them. Setting up a speed camera enforcement program requires quite well-planned and robust positioning, and that's really not likely to be available at a roadworks site, where it can be quite dynamic—indeed, you've got mobile worksites. So it is definitely one of those issues that are challenging to deal with.

I'm not sure if Tia is up on the statistics. Certainly we can refer to you section 4 in our submission, where there are some statistics on it, but I'll let Tia contribute.

Mrs Gaffney: I don't have them handy. We are doing two projects concurrently right now under the NACOE agreement with Transport and Main Roads in Queensland. We have looked at all the statistics relating to this, in Queensland specifically, so I can absolutely get those to you.

What I will say is that, with respect to workplace safety, it is certainly an area of extremely high risk and where there are a lot of these types of incidents being reported, specifically if we're talking about near misses. Any sort of company that is involved in traffic management will highlight that they get report after report of near misses in these environments. Certainly there have been crashes, and I have investigated. There was a very serious crash in New South Wales involving a roadworks site where a B-double came and impacted with seven other vehicles, a horrific event. I was there for three days inspecting those vehicles and trying to work out what had happened. A lot of the time these are very high speed crashes, and many times they involve heavy vehicles that have simply, for whatever reason, not stopped. They've run into the back of a queue, for example.

I would highlight that again it's an area where I think it's completely preventable. A large part of that prevention is, as you mentioned, speed. It's compliance with that 40-kilometre-per-hour limit. I am on the reference group for the Victorian Road Safety Camera Commissioner, so I know a lot about how speed cameras are governed. What we see often is that when you first install a roadworks site you might see quite good compliance with the speed limit, but after that site has been there for a period of time what happens is that you start to see that compliance drop off. People know it's there and they kind of know: 'Okay, I don't have to go 40; I can maybe go 60.' What they don't realise is that on that specific day something may have changed; there's something that they haven't seen before. It really is that constant need to enforce the speed, and speed cameras are a really good way to do that. What David highlighted is true in that, when you have a speed camera offence, you have to prove legally that signs were in the correct position and that there was enough lead time for a driver to be able to stop. If you have a dynamic site that's often changing, it's often very difficult to prove those things in a courtroom. Often these things are not successfully enforced. I know they're going to trial speed cameras at work sites very soon. I can't remember if it's in Queensland or in New South Wales, but they certainly do this in other countries. Speed cameras at work sites are just a given in lots of other countries and it's absolutely something that we should strive to do here.

Mr McTiernan: Expanding on one point that Tia raised, which is the back-of-the-queue type crashes, we've been involved with a couple of jurisdictions in the last little while in researching that. That's an example where it's outside the work site and, depending on the traffic, particularly in rural areas, the tail back could be quite long and there ends up being no warning of what's happening ahead. There have been some very high-profile fatal crashes of B-double trucks in particular that ran into the back of queued vehicles. It is definitely a challenge. It's another example where we should be engaging more with the community and letting them understand why there's a need to slow down, and, as Tia said, how it can change from day to day. You may go through an area three days in a row and say, 'I don't need to slow down anymore,' and suddenly something is different. There was a campaign in the UK that was particularly engaging to the community: 'Our father, our brother, our mother,' who might be a traffic controller or a worker on a site, 'wants to come home at the end of their shift.' They engage with the community in that way to say, 'This is why we do what we do with roadworks.'

Mr THISTLETHWAITE: Your submission is very good. It's quite detailed and there is a lot of information. Thank you. That's it from me.

CHAIR: This question is out of left field, so be prepared to ignore the question. In your submission, in section 12, you have 'Enforcement of high-risk behaviour', and you define the problem, what occurs. Some of those actions of drivers or other road users are illegal actions. Do you think there's some merit, if we're going to have a real conversation about road trauma, in actually acknowledging that [inaudible] car, a bunch of drunk young men, resulting in multiple fatalities'? Let's be honest, it's not the road engineer's fault and it's not the vehicle's fault; this was a criminal act. Shouldn't we try to measure that as well so we have a genuine conversation going on: 'Well,

we've actually got an element of crime here that we're trying to deal with as well? Right now, we're having a conversation. The Victorian road trauma statistics will go up as a result of a recent incident where multiple deaths occurred, but I'm not sure that's a particularly fair reflection on how they're going this year. Is that a reasonable comment? I'm not sure what we could do in terms of research or how it would help us, but it seems that we're not really measuring a true statistic.

Mr McTiernan: That's a good point. Tia will want to wrap up with a comment. One of the things that we have in how we record and investigate crashes at the moment might be one way of helping to understand that and differentiating it. A lot of people criticise Safe System and Vision Zero about it: 'We'll never get to zero because there are always people who will get drunk and whatever.' If we adopt something else, we let our system managers off the hook, because there is always more we can do. One of the things that we don't do well, in my view, is properly investigate a crash to understand the factors that led to the crash. The resourcing of police leads to some of this, but it's the road agencies as well. It's slowly happening, but it's what we call a blameless crash investigation. It may be that someone was inappropriately speeding or they were drug-impaired or drunk. It's about understanding that they made a mistake, it was an error of judgement or they were breaking the law, but what else is it about the system that could have prevented that from happening? It could be everything from making sure they weren't over the limit to making sure their vehicle didn't start and what it is about the infrastructure that could have mitigated the severity of the crash once it occurred. That is not adopted widely enough across Australia at the moment—a blameless crash investigation that gets in there to try to learn how we could make sure this doesn't happen again, even if there has been a flagrant disregard for the rules. That's always going to be a challenge. We have crime in so many areas. That's why we have the police force there, and it needs to be enforced, but we have also set up other systems to try to prevent crime from happening. I don't see that happening quite enough within the transport safety system. Tia and I and another colleague have been working with a state jurisdiction on developing a framework so that we can learn more about it. That then may help differentiate some of those statistics that you raised. Tia, did you want to add anything to that? I know it has certainly been close to your heart.

Mrs Gaffney: I'll just highlight that I have testified in many of these cases that go to court. What I will say is that, while often the people who are drinking or speeding to excess have what we'll call a lower moral compass, many of them really are just like you and me. When you see an 18-year-old kid sitting there on trial because he has driven drunk and killed some people in his car, it is absolutely terrible. I think what all of us are saying is that we owe it to that kid who did make a mistake to try to improve the system. That's what it's about. We know that people controls do work, but they don't work as well as when we engineer the system. People are part of that, but the infrastructure is part of it and the vehicle is part of it. Equipping vehicles with technology that doesn't allow drunk driving is a great answer. At the road safety conference last week we heard from a company that does that, so this is available. What we're really trying to show here is that it's a systems response, just like any other response that we've seen lately. That's where I will end.

CHAIR: I'm not suggesting that you wouldn't address the system response to try to reduce the likelihood. But in terms of honesty in reporting and statistics, it may help overcome some of that reluctance amongst people who are saying that it's zero by 2050 if you actually say, 'That section of the trauma at the moment is coming through criminal activity.'

Mr McTiernan: That's a challenge.

Mrs Gaffney: That's a good point, and there's really no crossing back to highlighting how many of those people are actually convicted. You're absolutely right: that doesn't really reflect in the statistics. When you hear about people speeding or drinking, it's really coming from the police report, but it's not talking about their role in these 1,100 to 1,200 deaths, for example, in terms of what we'll call, as you said, criminal activity.

CHAIR: I have a quick last question. Again, this is a community question. The conversation of community support for reducing speed limits isn't really happening—in the regional setting anyway. The idea that I go out and tell my community that I'm going to lower a speed limit from 100 to 80 on an undivided road is political suicide. The answer will be, 'Well, fix the bloody road. What are you doing?' That is a fundamental challenge that we have even in towns. Within three kilometres of where I am sitting here in Sale I have a 70 zone, a 60 zone, a 50 zone and a 40 zone, plus the highway another kilometre out, which is a 100 zone. The number of different speed zones is confusing for motorists, and there is no community appetite for lowering them. I want a good explanation. Even though I have the appetite for it, who's having that conversation or who has to lead that conversation?

Mr McTiernan: That's a really good point. I don't have a problem with the number of speed zones; it's the application of them. As soon as you start getting rid of some of those speed zones to have other defaults, you have

to make a judgement call as to whether you raise it above what might be safe or you lower it so much that the community will really arc up about it. The movement and place framework is probably the best reset of that conversation. That's about making sure we have the right road environment that is suitable for the right speed limit for the function that we're intending it to be. Where I live, on the corner of two cul-de-sacs which are about 200 metres long, legally they're 50 kilometres per hour speed limits. If I park opposite my neighbour it's one lane, and there's no footpath. So, again, I think it's a mix of us having forgotten to bring the community along so they understand why speed limits need to be set appropriately and the planning of the infrastructure in our communities so that we have the roads defined to address the level of function that we want them for. Where I live, 50 kilometres per hour is just a silly speed limit to have. Thirty is more than safe and appropriate. On a road next door, 50 will be appropriate, and we have to make sure that the infrastructure is right to cater for that. If we're going from Sydney to Melbourne, 100, 110 or maybe even higher is appropriate if the infrastructure supports it. But who should be leading that? It depends on what we're doing. If we want to engage the community, it's you, the politicians, understanding why we need to do something and engaging with the community to explain it. It's getting feedback from the community leaders on why we have concerns about safety and then understanding why speed is a critical factor in managing that risk. It's about the planners and the engineers applying the correct speed limit to the appropriate infrastructure. So it's multiple people leading that conversation, but it's something that we all need to do because it is a big challenge. I know, from talking to the local communities trying to lower speed limits, they will arc up. I'm not a politician, but I've had to face the wrath myself in community meetings.

CHAIR: That's alright, David. I've successfully reduced speed limits in a lot of parts of my electorate, and it has been well received months later, so it has worked.

Mr McTiernan: I think, too, there's a counter to it. It's not about lowering speed limits. There are other environments where we could raise the speed limit.

CHAIR: You're right: it's appropriate speed limits.

Mr McTiernan: That could help bring the community along.

CHAIR: I haven't got to a point yet in my electorate where I've been able to successfully argue for an increase, but when I get a duplicated highway that'll happen. I would annoy you all for the rest of the day, but I shouldn't. Thanks, David, for appearing before the committee today. Congratulations on your work and your submission. There's a lot in that. We didn't even get to the provision of off-road facilities for cyclists and better safety for motorcyclists. We'll save that for round 2. Thank you very much for your presentation today. The committee secretariat will be in touch with you in relation to any matters arising from today's hearing. You'll be sent a copy of the transcript of your evidence, to which you can make corrections of grammar and fact. I now suspend proceedings.

Proceedings suspended from 12:52 to 13:47

WEBER, Mr Scott, Chief Executive Officer, Police Federation of Australia [by video link]

CHAIR: Welcome. Do you have any comment to make about the capacity in which you appear?

Mr Weber: I am also a serving member of the New South Wales police, a sergeant of police.

CHAIR: Thank you. I remind you that, although the committee doesn't require you to give evidence under oath, the hearings are legal proceedings of the parliament and warrant the same respect as proceedings of the House. The giving of false or misleading evidence is a serious matter and may be regarded as a contempt of parliament. I now invite you to make an opening statement.

Mr Weber: I realise that you've had a very limited lunch and obviously a lot of information has been given to you, not only today but over the last couple of days and last month as well. The Police Federation of Australia represents in excess of 65,000 police officers across the states and territories and also the Federal Police. We have a longstanding role in providing submissions and appearing before committees like this.

Firstly, thank you for the work that the committee has been doing. This is of critical importance to police around the country. These are horrible incidents that we, along with other emergency services, have to deal with. It's not only the death and disabilities; it's the day-to-day trauma and fears that families have when someone is involved in one of these horrible incidents involving a motor vehicle. Police officers, with some of our colleagues, have to face that horrible task of informing people about loved ones that have been injured in a motor vehicle accident or, even worse, a fatality. This can leave long-lasting psychological scars not only on the community, the families involved and friends but also on police officers.

I'll take it that the committee has read our submission. We really support your endeavours and the government's endeavours for zero deaths and serious injuries on the roads by 2050. I'm happy to take some questions.

CHAIR: I note in your submission the point around recognising that high police visibility on our roads is the most important deterrent to dangerous driving. I invite you to expand a little bit on the justification for that point but also the question around the role of enforcement and the inconsistency across state and territory jurisdictions. There doesn't seem to be an agreement on best practice for types of police operations you see. They all tend to run their own different programs or campaigns at different points. Is there much sharing of information across jurisdictions now? And are they getting to a point where they agree on the best approach for a whole range of these matters?

Mr Weber: The committee would know, and obviously your research would base this, that Australia is a real leader in regard to dealing with road safety and also road trauma. We'd like harmonisation with a lot of laws, whether it be procurement of equipment, and you'll see our submission talks about motor vehicles and also technology. But, again, as for having laws that are universal, we do exchange that information, especially with driver's licences, and we do exchange it more than we ever have, but there's always more that we can do, and this is where the federal government could come into play. Harmonisation of laws and harmonisation of information are key here.

Previously, you've discussed in this committee that technology doesn't replace everything and that there's nothing more important than a police officer out on the street as a visible deterrent. I'll tie both of those questions into one answer. A police officer standing on the side of the road doing RBT or in a marked police vehicle is a visible deterrent. Every single person that sees that police vehicle checks their speed, checks that they have their seatbelt on, whether it be consciously or subconsciously, and makes sure that they're driving in a correct manner. If someone is actually doing something wrong in an unregistered vehicle or under the influence of drugs or alcohol, they focus on their behaviour, and police can have an interaction. I think the reason we highlight this so much—whether it be point-to-point cameras, mobile speed cameras or even cameras that can detect mobile phones—is that it's critically important that police officers have an interaction with someone.

So many times, we've seen people who are committing offences drive straight past those points. They may get a ticket for speeding, and they may be going 40 or 50 kays over the speed limit. That actually doesn't stop that incorrect and unsafe behaviour. But if a police officer's there and has an interaction, not only do we stop that unsafe behaviour straightaway; we may detect other offences. They may be under the influence of drugs or alcohol. Even though that camera picked them up, they may go five, 10, 15 or 100 kays down the road and be involved in a serious motor vehicle accident, or they may get home and commit a serious offence, or they may be conveying drugs, or they may have been involved in a domestic dispute, or they may have kidnapped someone. We've had interactions across this entire country where just a random breath test or just a random motor vehicle stop has actually stopped extreme offences. That's why I think it's critical that we have police officers that have those interactions. If we do have those interactions, we can stop those problems then and there and they doesn't go on and lead to something more.

In regard to the other part of your question, the most important thing for police officers is deterrence. Having a police officer there in a marked vehicle and stopping someone before they do that incorrect behaviour is critically important. Some of the other speakers spoke about RBT and how it's implemented and that how many RBT sites are done varies from state to state. Obviously that's not a priority of taskings and police workforces, but what we would like to see is harmonised laws in regard to certain offences, whether it be defecting of vehicles or speeding. It would make it a lot easier. We do have systems that talk to each other, and they're a lot better than they used to be. I think the committee would be aware that decades ago you could get a licence in Queensland, lose that licence and get one in New South Wales. That doesn't occur anymore. All the systems have started to talk to each other. But it needs to be more rapid, and we can do that with technology.

With some of the other offences—and I know you've been talking about roadworks and some of the visibilities of police—it would be great if we had universal approaches across all states and territories so everyone knows that, when you go to a construction site, there are enforceable speed zones, whether they are 40, 30 or 20 kilometres. We all know that school zones are 40 kilometres. In Canberra, where parliament sits, it's 40 kilometres all day during school, but in other jurisdictions, it's only for certain hours. Again, it is up to the states to dictate what those rules are, but I think the federal government has a leading role where it can say: 'This is best practice; this is what the statistical data and the research says. We strongly suggest, with the help of funding, that you change your rules or change the signing, or develop these hotspots or critical points where there are injuries. The federal government's going to offer assistance in regard to drafting the legislation but also assistance money to change those signs and change the roads as well.'

CHAIR: On your point about worksites, where there are roadworks underway, there's nothing to stop the Commonwealth from making it mandatory to have speed detection data or speed advice data provided as part of the worksite on any roads its funding in partnership with the states. There is a whole range of other OH&S issues that are compulsory on those sites. There's nothing to stop them from saying, 'If you're doing a road project worth more than \$10 million, you've got to have a speed camera permanently in place.' That's a statement rather than a question.

Data collection is one area that has come forward. There are differences across state jurisdictions, which makes it hard for researchers to try and extrapolate information—that what's collected at some crash sites is different in different states. I'm seeking your feedback on that. The other one is in relation to pressure on police time, and I understand what you're saying about the high profile police presence on our roads. Given the competing demands put on our police officers, particularly during this COVID period, have we seen a reduction in the capacity to undertake these high-visibility patrols at the moment?

Mr Weber: I'll touch on COVID. Yes, of course. RBT is just a highway patrol. A lot of them end up being utilised to actually prop up the borders because they have automatic number plate recognition technology. That's not in all police vehicles, and it varies from state to state. It's critically important that they be on those border controls, because, all of a sudden, it can highlight that Scott Weber's vehicle is registered to Canberra, so why is he coming into Queensland. So, yes, highway patrol is being utilised. Also, RBT, even at the start of the pandemic, there were issues in regard to police officers being contaminated by coronavirus or police officers passing on coronavirus. We are interacting with someone who is talking into a random breath test machine and actually getting a sample of their breath, which could therefore be passing on coronavirus. So there has been a reduction.

We've changed our protocols and our hygiene standards. As you can see, police officers around the country wear masks when they're having those interactions with the public. We've just seen the demonstrations in Victoria. Even with those violent arrests, we still saw police officers in protective gear to keep them safe not only from physical assaults but also from the virus. But it has been a huge burden on police officers. Police officers have been the face of social distancing. It has really been difficult for them to deal with this health crisis and actually mandate people to wear masks and restrict their behaviours not only within their own houses but also within their own communities. It has led to a lot of animosity towards the police.

When we come back to road enforcement and road safety, that has been lacking, but probably one of the saving graces—and, again, the researchers need to break this down—is that there have been fewer vehicles on the road. We just had those long weekends in New South Wales and numerous other states where people weren't travelling those long distances, where speed and fatigue aren't kicking in, which are part of the fatal five for motor vehicle accidents. We're not having people travelling as much as they have been or travelling to work. So there has been a little bit of an equilibrium. But, in saying that, people who are breaking the rules by driving unlicensed and driving uninsured are still out there committing the offences, regardless.

CHAIR: Before you get to the second part of my question, Matt has to duck out for a moment and he has a question for you.

Mr THISTLETHWAITE: I've just got one question. I noticed in your submission that you've called for national standards for police vehicles. I'm surprised that that's not already there. Are there state standards? I would have thought, given that they spend a lot of their time in cars and that's their workplace, that police officers would have the highest rated vehicles, in terms of safety standards. Is that the case?

Mr Weber: They have the highest rated standards of safety, but, in saying that, no, there's nothing mandatory across the board. One of the things that I and numerous police officers always regret is we had a purpose-built vehicle in South Australia, before the factories closed down there, that they were exporting to the United States but Australia wasn't taking it up. We have many different jurisdictions across Australia that have their own tests and balances.

There are Australian standards in regard to the vehicles: rollover capability, safety, seatbelts, where we put our technology, our mobile data displays and charging of our batteries and other equipments, the radars and ViDARs and all those sorts of things. So there are standards but they're not purpose built or there's not a standard across the entire country. This is what a police vehicle needs across all jurisdictions and this is the benchmark that should be reached. That's why different states choose different vehicles and do different deals with different providers. I think the economy of scale—and COVID has highlighted this. We need to have that economy of scale in procurement; it's so critically important.

We should be able to get a purpose-built police vehicle that can deal with all situations across Australia. We probably buy five or six different types of vehicles for our conditions. It's quite easy that we could have a vehicle that deals with highway patrol, a vehicle that deals with city policing, a paddy wagon—or a cage vehicle or a cage truck, whatever you want to call it—in the different jurisdictions, something that can contain prisoners and then transport beds. Yes, we'd be quite happy with that harmonisation.

As we highlighted in our report, ANZPAA is probably one of the mechanisms that we could utilise for that. We had the same problem with taser. Taser was a brand, in regard to a device that immobilises people, but every single jurisdiction was buying it in a different format and at a different price. Now, under ANZPAA, that's bought at the same collective price and people can get attachments, whether it be cameras or extra clicks, if they want that in that jurisdiction. I think it would be great if we could buy vehicles that way, because there would be a massive saving to all police forces around the country.

Mr THISTLETHWAITE: Thanks for your evidence, and I'm sorry I have to duck off.

Ms VAMVAKINO: I want to go to the recommendations regarding the nationalisation of drivers' licences for young people and training, which makes eminent sense. [inaudible] beyond me. Can you give me some understanding, from a political [inaudible] consistencies, state by state, of age when you get your driver's licence, training or expectations? If I could just work backwards, what are some of the major shortcomings that would make the case for recommending the nationalisation of standards for the licensing of young people—or new drivers too, presumably, because we have to take into consideration that people come from elsewhere and settle in Australia and need to get a driver's licence?

Mr Weber: As I've highlighted in our report, I think we made those recommendations back in 2010, and other people who have presented to this committee have highlighted numerous discrepancies with young drivers. I think some previous people today highlighted that they get vehicles that are of less standards, less safety ratings, used vehicles, yet they're the ones most at risk. Statistical data highlights that young drivers are at such a risk. There's a limitation of engine power of vehicles, and that changes across different jurisdictions as well. We do that with motorcycles quite well and speed limits. Some states have speed limits for the amount of progression you do in your log books and some states have one set speed limit all the way through, and there are restrictions on the number of passengers. All states have the zero blood alcohol limits for L-platers, and for P-platers some have 0.02, which is obviously just for medication. The minimum hours of training from a qualified training instructor change from state to state, as do the penalties and logging the drivers.

This is where federal harmonisation could be really critically important. A standardised education package with regard to the restrictions for an L-plater or a P-plater regardless of where they go—on top of that, I think it highlights that, whether you're driving in New South Wales or Queensland, those rules should be maintained the same, because it's about education and keeping our young people and all the other road users there safe.

There are numerous different research papers and initiatives about this, but from our point of view it would obviously be easier with federal government intervention and harmonisation, because we could utilise this and do

that. Every single P-plate and L-plate driver would have standardised standing, which would be best practice. I think that's what was highlighted before by the chair—what is best practice and how we get there.

Ms VAMVAKINO: One of the questions that I tried to tease out with the previous submitters was about the impact or the changing of behaviour from the interaction of technology and driver behaviour and learning to make decisions. It strikes me that with the advancement of technology not only in terms of having an app to tell you how to get to someplace and having all those features about the car—the whistles, the rear vision. All of those things are very helpful, but do they have an impact on younger people in particular, who take to them like ducks to water? I don't know the answer to this or whether you have any anecdotal answers, but does that have any impact on their decision-making as drivers and the self-discipline of being alert themselves and using the technology as assistance rather than to totally control? This would go to the whole business of the driverless vehicles. That's the future that we're looking at. It's a whole new world, and I wondered whether police would have a very hands-on understanding of some of these issues.

Mr Weber: For young drivers, one of the most important things—and I recommend this to all my friends who have adolescent children—is doing advanced driver training. There are simulations. There's virtual reality where you can practice driving. We use that in policing; we have virtual reality for our training, especially with regard to dealing with active armed offenders. We have scenarios that way that are also role-plays as well. But there's nothing more valuable for a young driver than actually getting on a skidpan or driving with a skilled driver who can say, 'This is what occurs when you do this silly action, when you speed or when you go into a wet surface.' All of a sudden, in a safe environment, it adds that fear factor where it scars into memory: 'Hang on a minute. I remember what happened in that driver training when I am coming into that corner and it is raining.' I think advanced driver training is critically important; but, again, that's optional for drivers at the present time.

Ms VAMVAKINO: Would you recommend that as almost mandatory if you were looking harmonisation nationally?

Mr Weber: That would be great. Any further education or awareness—again, we're dealing with young people. It is stereotyping, but they are risk-takers. Obviously, they don't have the driving experience. They haven't slammed on the brakes and just missed a car. They usually haven't seen an accident. They haven't been involved in driving in the snow or driving in wet or torrential rain conditions. There are all those sorts of issues. Once you start to develop that training and give them education and awareness, it leads to a far more capable driver. Technology is great, as you said, whether it be ways or all the different systems that are up and available—such as Google Maps, which highlights the best way to get to a location so you're not looking at the old Refidex beside you. But that technology leads to distractions too, and that's why mobile phones are one of the lead indicators of accidents—especially minor accidents. That is because people aren't focused on the task at hand.

That training and education comes back. You're driving a vehicle that can travel at substantial speeds with substantial amount of weight. If it hits a human, it is going to cause serious injury or death. For all intents and purposes, you're driving a weapon, and it's extremely important that people get the most amount of training. So we're happy from a policing point of view to have across the country further education and further packages that actually deliver an outcome where we get as the end product a better driver who's going to be safer not only for themselves and their family but for the community and other road users.

Ms VAMVAKINO: It sounds to me that your view is that the approach that we should take to training and educating new drivers is to introduce a very reactive type of driving where you foresee possible dangers. Most people want to get their licence so they can go out. They don't think, 'I'm driving a weapon or a vehicle that can cause harm.' They don't necessarily think that way. That leads into my question: This is about the absence of the road facility statistics or reporting. When I was growing up, we used to get weekly reports in the paper about accidents. It seemed to be that the road toll itself was a bit like the COVID numbers ever day. Darren, I don't know if you feel the same, but one waits to see what number is today. I remember that that prominence was given to the roads and the fatalities. Of course, that kept in people's mind the idea that driving can be pleasurable but also has dangers. Do you think the shift of the focus away may perhaps have led to a diminishing sense of fear or alertness about being a better driver in younger people?

Mr Weber: For young people it still is front and centre, because they're always hearing about some accident or someone doing something. Drugs, alcohol, seatbelts, better vehicles, safer by design, road changes, actually limited speeds—they all have effects. It's still horrific. There are still so many people who don't need to die on our roads. Targeting toward zero is an aspirational goal that we will want to get to. With young drivers, I think any form of education and awareness is critically important, because there are so many different things in life. Everyone deems driving a car or having a driver's licence a rite of passage, but, in saying that, the age group is

over-represented in injuries and crashes, and we do need to get them more education and more experience so that those numbers are [inaudible].

Ms VAMVAKINO: Thank you.

CHAIR: In relation to your statement regarding the need for the establishment of a separate portfolio of a federal minister for roads: given the cross-jurisdictional aspects—at state and federal levels, but particularly state, you've got police ministers with some responsibility, health ministers who certainly do and the transport ministers who do as well. I think WA has a designated minister for roads. I personally think we need a federal minister for roads or minister for road safety, however we want to describe it. Right now it falls to the assistant minister role within the broader cabinet minister's responsibilities. What feedback have you received from other jurisdictions or at any other point when you've raised this issue? Has it been well received or is it something then passed along [inaudible]?

Mr Weber: I think it's been well received. On top of that, too, it's probably a bit more pertinent than it ever has been. With COVID-19, the lack of information or the misinformation that's out there has really hindered some of the responses from Health and police. It's made our policing job extremely difficult, especially with social distancing. There is the amount of information that's coming out and the amount of false information that's coming out. People don't know what direction to go to with COVID-19.

If we relate it back to roads, you've got police ministers, transport ministers and other ministers responsible and, from a federal point of view, you've got the Department of Infrastructure, Transport, Regional Development and Communications portfolio responsible for the regulation, funding and safety of roads. They're also responsible for aviation, shipping and railways. I think it's such a critical issue, that a federal minister for roads would be great.

A federal minister for roads could cut through the border restrictions and actually start to look at harmonising best practice. They could say, 'Hang on a minute, Western Australia has a really good model because this is what has occurred over a period of time.' It could be research based. The federal minister would probably start with a lot of research and funding, as you've been discussing, for black spots or some predictive roadworks. That would be the sole responsibility of the minister for roads and the whole department would be focused on that. That's not to say that anyone has dropped the ball, but I think it's such a critical issue. Getting everyone on the same page is going to take years and years and years just in the exchange of data, upgrading infrastructure and also changes to legislation, so it is a task that should be the sole responsibility of a minister.

All the jurisdictions around the country would welcome that. It would mean that we have one central point that we can go to and discuss our ideas. We could say: 'Hang on a minute, we've discussed this with our different jurisdictions and this is probably the best practice. Let's go to the federal road minister.' The minister then takes on the initiative. We can look at the legislation and there can be some federal funding jointly with the states. Then we'll have a full interlocked, multijurisdictional approach to these problems which has been lacking in the past and is sorely needed.

CHAIR: Thanks, Scott. I acknowledge your commentary around enforcement being primarily a state responsibility, but in relation to drug-driving, you raised a point that the issue could be best pursued by a national standard. I know in Victoria we are seeing a greater incidence of positive drug tests than alcohol amongst road crash survivors in recent times—exponential increases, as I understand it. It seems to me we're playing catch-up on this issue. What are your police officers telling you? Obviously there is a significant drug problem in a proportion of the community. What are your officers telling you in terms of the presence of things like methamphetamine as a contributory factor to road crashes?

Mr Weber: Firstly, it's a huge issue in regional areas. I'll talk about New South Wales because I'm a New South Wales based police officer. As soon as you start to go out west to some of those large regional centres like Dubbo or Wagga and set up a random mobile drug testing unit, sometimes you can get 50 per cent of the people coming back with a positive drug test. Whether it's THC linked to cannabis or methamphetamine, or usually a mixture of both, that's extremely alarming. These are not only illicit drugs but, on top of that, drugs that affect your capability to respond.

I think one of the big issues is getting funding and research. We've done a lot of funding in regard to alcohol. We know that when you are 0.05 it dramatically increases the risk of you having an accident. There's research that highlights the affect of alcohol on the body, how you react and your response times. But with some of the other drugs, especially with THC because it lingers in your body for such a long period of time, there have been arguments that it doesn't affect your driving capabilities and questions about what a safe limit is and what's not. One of the saving graces is that they're all illicit drugs, but I do note that some jurisdictions are starting to go

down the path of making certain amounts of illicit drugs not illicit anymore. How does that translate to dealing with someone who is drug-driving?

CHAIR: Just for clarity, and I apologise for the gaps in my own knowledge, what is the residual time for cannabis or methamphetamine? Is it possible that a person could take an illicit substance—so they've broken the law already—but then be at a point hours or days later where their driving isn't impacted, even though it is an illicit substance? Is that the argument that the users of these substances would put?

Are you suggesting more research on the level of detection that warrants a road safety offence, let alone a potential criminal offence?

Mr Weber: When we talk about methamphetamine or cocaine, we are usually looking at 24 to 48 hours to totally get it out of the system. Cannabis, if they're a chronic user, will be in their system for probably a couple of months. In saying that, they may be a chronic user of these illicit drugs which alter their metabolism, sleeping patterns, perception and reaction times. Police are of the opinion that, if you have it in your system, you shouldn't be driving a car. That's on top of the fact that, as you highlighted, Chair, it's an illicit drug; it's illegal to take it for a start. But we don't want to see the argument: 'Hang on a minute. There's been research that shows that someone took the drug two months ago and they tested positive for THC and were not affected.' No-one has really tested that argument in law and won. That is a major concern for us because the effect of the drugs hasn't been fully studied in regard to driving motor vehicles. The ACT is a prime example where it's being proposed that you can have two grams of methamphetamine or two grams of heroin or two grams of cocaine. How does that translate to a person then hopping into a motor vehicle and driving to pick up their kids from school or go to work? In some workplaces, there's a zero ban. Obviously in mining, policing and numerous other professions they are drug tested quite regularly. If someone gets into a motor vehicle, what is the deemed level, under research, so we can highlight: 'Hang on a minute, you cannot drive, even if, in your jurisdiction, you are entitled to take that for medicinal purposes or it's actually [inaudible].' That's one of our major concerns in regard to that, because illicit drugs are going to be an ongoing issue. We're one of the largest users of illicit drugs around the world. Once COVID and the borders open up, we will see a huge spike again. Obviously there have been some restrictions with border control mechanisms and also police targeting local suppliers, but we will see a huge issue again in the near future. We need to make sure that there are national drug testing standards as well—what are the levels that are specifically needed for the offence?

CHAIR: Given it's an international problem, is there any international research being done rather than the federal government arguing for further research? Is there an international standard we can rely on?

Mr Weber: No, not really. Canada is really struggling with this issue at the moment, especially the legalisation of cannabis. California is also really struggling with the laws and what's occurring there. There is some research, but, as I said, unlike alcohol, this has not been really researched and I'm not aware of any documentation that highlights those issues, where it says, 'If you've had cannabis in the last five days, it affects your driving to the capability of 0.05.' I'm not aware of any research and I don't think it exists. What most of those jurisdictions say is, even if cannabis is legalised, you're not allowed to drive with it in your system. Again, this comes up with constant legal battles, so it is going to be an issue, especially heading towards the future, if we go down the route of legalising some of these illicit substances.

CHAIR: Thanks, Scott. Maria, do you have any questions?

Ms VAMVAKINO: On that last point, it's quite interesting that there really is no other place that we can look to be informed in relation to the use of drugs and driving. I didn't have a question, but I've been inspired to ask: is there enough research capacity? There seems to be a lack of research capacity in this country in relation to some of these major issues that affect road safety. It seems to me that there might be a need for encouraging and funding tertiary institutions to do greater study and research into some of the issues that we've discussed.

Mr Weber: Yes, definitely. I think the statistical data is already there. To highlight Victoria, your jurisdiction, the studies show that 18 per cent of fatal injury motor vehicle controllers in Victoria in road crashes tested positive for methamphetamines and 16 per cent for THC. That's over 25 per cent of the accidents.

Again, it's a huge issue in terms of not only finding out how those drugs affect the driver's driving capabilities, but also putting into an education program that, if you are taking ice or cannabis and if you are going to hop into a motor vehicle, you're 10 times more likely to have a motor vehicle accident than if you're not taking the drug. They're huge issues. But those education programs are pretty hard, considering people are already taking illicit drugs. They're going against the norms and laws of society and breaking the laws and taking those substances anyway. I think we have to be realistic and come to a harm minimisation approach, where, yes, we will prosecute illicit drug use, and, yes, we will stop their supply. But, on top of that, if people are going to take illicit drugs and

drive a motor vehicle, we need to make sure that we can deal with those situations and make sure that they're aware of the consequences of their actions, not only in terms of punitive measures but also what can occur to them or their families or the general community if they are involved in a motor vehicle accident.

Ms VAMVAKINO: Thank you.

CHAIR: I have a question, Scott, which is a little bit off track, but I feel like asking it anyway. In relation to the Answering the Call research, the 21,000 police and SES employees who took part in that survey and the findings regarding trauma and the delayed impacts in terms of psychological effects, it worries me that perhaps that's not being measured in the context of road trauma. I think our figures around road trauma impacts are understating the scale of the problem, which risks jurisdictions understating their response as well. What's your sense of the degree of psychological distress amongst first responders related to motor vehicle accidents?

Mr Weber: That Beyond Blue survey, Answering the Call, was a real eye-opener for everyone. It highlighted what most police officers and the unions and associations have been talking about for decades. But, when we say one in three police officers experience high or very high psychological distress compared to one in eight Australians, it just shows the volume of their job. The problem is that, while there are debriefs and there are support mechanisms, they are reliant on the individual and their colleagues, their supervisor and their commander saying: 'Scott has gone to numerous motor vehicle accidents. It has been a horrible month. We can see the statistical data. We also know that Scott was on every shift. We need to make sure that we look after him.' But we don't really put that altogether, because what occurs over a period of time—and you would know this from your conversations with veterans—is that the glass starts to overflow, and, when we start to deal with it, it is all combined into one. It's combined with going to a SIDS death. It's combined with going to those horrific motor vehicle accidents. It's also combined with your life being threatened, being involved in major assaults, going to sexual assaults and child abuse matters. It's all compiled into one. That's where we don't deal with the actual incidents where some of the issues occur, because going to a motor vehicle accident is extremely traumatic.

I also note that some of your previous presenters talked about suicide by motor vehicle. We also see suicide by a cop. Decades ago we used to have a lot of suicides by people jumping in front of trains. We changed a lot of practices, and also the employees that work on those platforms got a lot more awareness. That's why I want to thank the federal government and the health minister, as well as one of your local colleagues in Victoria, Jason Woods, for assisting us a couple of years ago in getting funding for the BlueHub, which is now a pilot program in Victoria. It's a standalone clinic with clinicians skilled in police psychology who deal with police officers' trauma. These are extremely important results. We would only be dealing with fatalities, but maybe the coronial statistical data could assist with some of the data that you're after, and also the trauma and road safety statistical data as well. We do monitor it, but it wouldn't be done where you could readily pull it out of a police force's data to highlight, 'Scott has been to eight fatal motor vehicle accidents over his career.' It would be very difficult to pull that sort of data out.

CHAIR: Thanks, Scott. Just in terms of treatment for those who are impacted, one of the trials that DVA has now expanded into a permanent arrangement, which I think the Police Federation might be interested in, is the use of psychiatric-trained assistance dogs as a right of veterans on the advice of medical experts. I understand there's a push on in Victoria for that to occur as well. It's not a guaranteed service provided to police suffering from PTSD. It's certainly one the Department of Veterans' Affairs has now implemented. I think 40 dogs have been delivered to veterans around Australia, and another 150 are on the way. I would be interested in whether the Police Federation has an interest in that. There is a push on in Victoria to have that as a condition of employment, really: if you do experience that, you will be given the opportunity at some point if you need it.

Mr Weber: I think that's a great idea. Anything that limits the symptoms of post-traumatic stress disorder, anxiety, depression or any mental illness is welcomed. The Police Federation of Australia has been pushing up with regard to mental health and wellbeing for decades—all our jurisdictions have. We want to make sure we have people who are happy in their employment and who are resilient, who can go to those horrific motor vehicle accidents, realise that is acutely traumatic for them, deal with it, have proper psychological assistance and then, in a period of time—maybe the next day or a couple of days after—go back to work and have a long and healthy career. That is our ultimate goal. A lot of our police officers do have long careers, but we need to do that better.

We have seen a lot of your work as the veterans' affairs minister, but I will probably have to catch up with you in Canberra and have a conversation about that. It's something I wasn't aware of, but any of those strategies are extremely important.

Also, with the Police Federation of Australia, we have received proceeds of crime funding from the federal government. We've done numerous mental health initiatives, and continue to do that, with the support of the federal government. Again, we have to protect the protectors. These people are out on the front line, dealing with

these horrific incidents that most people never want to hear about, let alone see, and it does add up. We have a long way to go, but we are getting better.

CHAIR: Thank you, Scott. On that note, on behalf of the committee I extend our thanks to the federation and to all your members for the work you do, not only in relation to road trauma, but in upholding the law throughout Australia. Thank you for the work you do in often dangerous circumstances, and thank you to the families who support those officers in that work. Thanks for your appearance before the committee today. The committee secretariat will be in touch with you in relation to any matters arising out of today's hearing. You will be sent a copy of the transcript of your evidence, to which you can make corrections of grammar and fact. I look forward to catching up with you again soon.

Mr Weber: Thank you, Chair; thank you committee.

CHAIR: Thanks, Scott.

HAWORTH, Professor Narelle, Research Professor, Centre for Accident Research and Road Safety—Queensland [by video link]

RAKOTONIRAINY, Dr Andry, Director, Centre for Accident Research and Road Safety—Queensland; Professor in Road Safety, Queensland University Technology [by video link]

SENSERRICK, Professor Teresa, Professor, Queensland University of Technology; Professor, Centre for Accident Research and Road Safety—Queensland [by video link]

YASMIN, Dr Shamsunnahar, Senior Research Fellow, Centre for Accident Research and Road Safety—Queensland [by video link]

[14:33]

CHAIR: I now welcome representatives of the Centre for Accident Research and Road Safety of Queensland. I remind everyone that although the committee doesn't require you to give evidence under oath the hearings are legal proceedings of the parliament and warrant the same respect as proceedings of the House. The giving of false or misleading evidence is a serious matter and may be regarded as contempt of the parliament. I invite one or all of you to make an opening statement.

Prof. Haworth: Perhaps I will speak on behalf of my colleagues. I thank you for the opportunity to speak with the committee today. For 21 years CARRSQ has conducted research and been Australia's largest source of PhD and masters degrees in road safety. The centre also trains professionals and undergraduate students in the principles of road safety. Our fact sheets on road safety issues have been downloaded thousands of times by the media, police and the public.

Our submission was put together to support that of the Australasian College of Road Safety and the National Road Safety Partnership Program, so we try to reduce or minimise duplication there. We point out in our submission that road trauma is a longer and more deadly epidemic than COVID but society has, to a large extent, become desensitised to it. It's a bit like the lobster put into cold water and then the water heated up. So I think we do need to address it in a much stronger way. Our submission points out that road safety needs both increased resources and better accountability for the use of those resources.

In terms of the effectiveness of existing programs and opportunities to improve them, we stress in our submission the nine approaches identified by the academic expert group and adopted at the third Global Ministerial Conference on Road Safety in Stockholm last year. Those principles speak a lot to the role of other parts of government and general society in road safety as well.

One of the things we wanted to point out in our submission was the importance of coordinated funding to enable sustainable road safety research. Credible, independent road safety research is needed to understand emerging road safety problems and to develop solutions. Research is also critical to assess how well our current approaches are working and to identify ways that they can be improved. Yet the financial status of road safety research is precarious. The major government sources of research funding do not include the salaries of senior investigators. Some other sources are adopting procurement models such as cooperative research centres that also require the researcher's time to be provided as an in-kind resource, like the universities. We add to that the recent constrictions on university budgets, and many research groups, including our own, can no longer extend the contracts of all well-performing staff. So I think we have a challenge. We need to build capacity but, in some sense, road safety research is almost a gig economy.

I mentioned the nine principles for the academic expert group, and they're linked to the United Nations sustainable development goals. This is very important because they point out that road safety is impacted by the goals of quality education, decent work and economic growth, reduced inequalities, sustainable cities and communities, and climate action. Seeing road safety within the perspective of those sustainable development goals is probably a good way for a whole-of-government approach to road safety.

We did mention in our submission something of a concern about the social model, not with how it should be used, but perhaps with how it could be misused—that the social model could be misused to continue a culture of blaming the user for road trauma, rather than fixing the system. Certainly, in terms of the system, when we look at road trauma in the workplace, it's often the work practices and financial pressures that promote risky behaviour or result in drivers and other road users not being as well protected as they could be. That's the case whether it be food delivery riders or heavy-vehicle drivers. The organisational climate in which they work is important for road safety.

That's perhaps a general introduction. We certainly welcome any questions that the committee may have.

CHAIR: Thank you for that, Narelle. We now have Professor Teresa Senserrick with us, but Sham is not yet on board. We'll move on. Narelle, in your submission, you referred to the challenges of the National Road Safety Strategy 2011-2020 not being fully addressed. Do you want to expand on that? Where do you see the weaknesses in that document, given the new strategy is due to be released now? This resource and accountability issue seems to be fundamental to the argument you're putting to us in relation to how we go forward to achieve zero by 2050.

Prof. Haworth: One of the reasons we haven't achieved our goals is that we haven't put as many resources into fixing the problems as we needed to, particularly in terms of safer road infrastructure. We've also not implemented some proven solutions, which aren't necessarily related to actual dollars of funding, but are due to not implementing some of the things that we know do work—for example, some of the restrictions on younger drivers, which my colleague Teresa can talk further about. We also haven't put the resources into developing the skills of people in local government or given them the ability to implement things. We haven't put a lot of resources into evaluation either. Evaluation is important for learning what we need to know, how things worked and how we can improve them.

CHAIR: Thanks Narelle. Teresa, do you want to expand on that, in relation to the restrictions on younger drivers that Narelle referred to?

Prof. Senserrick: Yes. There's commonly a focus on the need for driver education and training, and there's an assumption that, because young drivers are new and inexperienced, and given their stage of development, they're wilfully breaking rules and making mistakes and that we just need to give them more training. There's a real difference between what you know and understand and what you are capable of and what you actually do. A lot of the education that doesn't work—and even recent releases say that just education in schools doesn't work—is because it just focuses on explaining risks and trying to improve people's attitudes. It's particularly hard for young people because they often get this education before they've even been in a car or they're a learner driver. What we really need to do in terms of education and training is actually give young people the skills they actually need, and that is giving them strategies and personalising their learning. What are my personal risks? What are my personal triggers to take risks or not take risks? And what can I do about them? It's very different to blanketly understanding why speeding is dangerous, why fatigue is risky. It's not a perfect example, but it would be very hard to find people who don't know that smoking is bad for your health or that they should be exercising more. They need to know how to achieve what they really want to achieve and what they need to achieve.

CHAIR: How would you individualise that experience?

Prof. Senserrick: You get young people to reflect. When you're teaching them about different risks, you ask them what their triggers are. Are there certain friends or family members that they know who are more accepting of speed? They see speeding around them, which is a really difficult one for us to shift in society. Then we teach them to pass tests to say that, yes, they know the speed limits; they can drive and keep to the speed limits. But is that really what they're going to do when they get their licence. They want to fit in with other people. If they've got other people in the car, they're more likely to speed. They need to reflect on that. Can you avoid being in the car with those people? What could you say or set up to save face so that you don't put yourself in that situation? Speeding is particularly tricky. For young people going out at night, it's planning ahead on how they're going to get home. You'd be surprised at how many young people will go out and meet, and they might be relying on someone to get them home but then find that that person's drinking or someone doesn't come, and they haven't got a backup plan on how they're getting home—so planning ahead. They're very capable of learning, but they need to think through strategies and be prompted to think about themselves, not just hear general messages but apply them to themselves and what they do.

There's a growing body of evidence that you can empower young people, that they do have the chance to make a decision, that it's not just a matter of things happening by 'accident'—the word that we don't love in the road safety world—that they can look at different scenarios and think: 'How can I eliminate the risk? Do I not drive on that particular road? Do I not go on that particular date? Should I change what I'm planning to do if there's a storm? Then I'll eliminate the risk in those scenarios. Or, if I still really need to go at that time on that day in those conditions, I'm going to slow down and drive more carefully because I know that I'm still inexperienced, and there's a lot more that I need to take in. I know it's more likely there's rear-end crashes and other risks on the road when it's raining.' Do you see what I mean? It's a different type of education. We don't do that. We do blanket things that don't really work, even for adults. So why would they work for people who are new and don't even have any practical experience in driving yet?

CHAIR: Narelle's commentary regarding the social system and the design of the system are always responsible, ultimately, for any crashes. Do you want to expand on that? I get the sense that it's very easy for governments to just point the finger at the motorist and say: 'Well, it's all your fault. If you didn't drive so fast, if

you didn't drink, if you didn't take drugs, if you didn't look at your phone, it wouldn't have happened.' Is it a bit of a cop-out by governments?

Ms VAMVAKINOU: I'll just add to that. It's along the same lines. The paradigm is to blame the driver, and maybe we ought to be looking at change. I understand what you are saying, Teresa, in relation to young people. I've always tried to tell young people to never assume that other drivers are going to observe the road rules. You can never rely on them—

Prof. Senserrick: That's right, it's really hard. They do a test about the road rules. Tick. They do their driving test. Tick. And then we tell them that they're not really good drivers yet. They've passed all the tests and they know what they can do, but we have to teach them how to drive safely. It's very different from knowing the rules and handling a car.

CHAIR: On the design of the system, I think, the same as Maria's pointed out, it's as you've described, Teresa. The failing in the system, in the scenario you're describing, is a failure of education. So, again, the designs of the system are ultimately responsible. We're going down this pathway. How do we change the narrative? I think it's, primarily, a government-driven narrative. To blame the driver is a bit of a cop out. It's an easy option, rather than admitting that we haven't invested enough in road safety infrastructure.

We haven't had the courage to lower speed limits in towns to 30 kilometres where we should. We haven't made any decisions to encourage greater take-up of five-star rated vehicles. Therefore, 'It's all your fault.' We haven't done the hard things. We'll just blame the driver. That's a gross exaggeration but it does seem to me that we are not taking responsibility for design of the system and it's easy just to blame the motorist.

Prof. Haworth: Perhaps I could make a comment on that. I agree with what you are saying. Because we think that anybody can drive and it's an individual driver in each car, we tend to think that that person is in control; therefore, if things go wrong it's their fault. We have people operating in a very unsafe environment. It's really a quite different paradigm to what you might think of even in a factory. We don't train factory workers not to touch saws and machinery; we put guards around the machinery. In a workplace we design away the risk, and we don't blame the user unless the user has done something to circumvent the system.

The challenge is that we have a system in Australia where we know there are laws and we know that people don't keep laws, so the tendency is to say that if something bad happens it's because the person didn't keep the law, not because of the system. Our systems of crash investigation are based on finding who did the wrong thing, rather than finding out what part of the system failed and how we could have improved the system to prevent that sort of outcome or, at least, mitigate the severity of that outcome.

Ms VAMVAKINOU: I'm nodding in ferocious agreement because I've come to the view that we really need to fundamentally change. People are multitasking; they're doing all sorts of things. The roads are no longer for just 'getting in my car' and they're not just carrying people from point A to point B. They're doing all sorts of things. We're constantly designing and redesigning them and we're introducing technology for controlling speed and doing all sorts of things, but we're not getting any closer to zero results. I feel like we keep going around in circles. I think there's a new paradigm that needs to be put in place, and this particular submission, discussion, is very important, Darren. That's more of a statement than a question.

CHAIR: I won't pull you into order; I'm not the Speaker of the House!

Ms VAMVAKINOU: It's just interesting, the directions that can be taken. I believe they can only be taken up nationally, by the way.

CHAIR: Andry, you can respond to Maria's statement, which wasn't a question.

Dr Rakotonirainy: I want to mention that the notion of a safe system has been adopted by states, territories and the Commonwealth. One of the tenets of this safe system is that people make mistakes and crashes are a shared responsibility. So this is really a cultural shift that we need to let people know about and understand from the government to the community. If we keep blaming people for crashes, it's not going to help us at all. We really need to train people and have everyone understand this philosophy: that it is a shared responsibility and that people can make mistakes.

CHAIR: A mention of your point is on page 15, c.2 of your submission: 'A whole of government approach to distracted driving.' It seems to me there's been a lot of research in relation to distractions and mobile phones cop most of the flack. It goes to Maria's point as well. The system was designed in a pre-mobile phone era. The mobile phone is here; mobile phones are relied on for navigation, communication and safety. Thinking that anyone is going to turn their phone off when they get into their car is, I think, fanciful. Do the technology providers have a role in terms of discouraging the use of their technology somehow when the car is in motion? That's also the point about police avoidance technologies and preventing that from occurring. This whole area

of distraction is one that we all know is a problem, but is there an answer here for us? Is there more research going on at the moment that you think might provide a bit of a breakthrough in relation to distracted driving and its impact on crashes and trauma?

Dr Rakotonirainy: Narelle, do you want to start?

Prof. Haworth: Yes, I think so. An area of research of one of our colleagues Dr Oscar Oviedo-Trespalacios, who wanted to be here today but has another presentation to give at the moment, is looking at how we can have safe distractions. Let's not hope that we can actually completely avoid distractions; let's look at ways in which the system can be modified so that the distractions will not have the negative outcomes that they currently have. Part of that is to use the technology to minimise the parts of the distraction that are actually the most problematic. For example, the research has shown that talking on a mobile phone isn't that high risk; it's actually initiating the call or answering the call—the sorts of things that need both the hands and the eyes, as well as the brain. So it's the idea of actually making systems that prevent those most risky things: sending text messages or watching videos and things like that. It's also how you manage distraction because distraction isn't just mobile phones; it's also other things in the vehicle and things outside the vehicle as well.

CHAIR: My experience is that I do a lot of driving in a regional location and I make phone calls when I get in the car. It prevents me from being fatigued. I can have a conversation with someone for an hour or whatever it might be as I'm driving home. Is the research suggesting that that's not really a problem, but if you look down at your phone and send a text or you have to look at your phone to ring a number in the first place, they're the risk factors?

Prof. Haworth: Yes. Our advice would be to start your call before you start driving because it's starting that call that's problematic. And certainly—

CHAIR: Or to pull over to make another call. Yes, understood.

Prof. Haworth: Yes. I think it's really also a matter, and one that my colleague is looking at, of the context in which the distracting activity is occurring. In long distance driving on a highway with not much other traffic, your hazard frequency is not as high. But I certainly suggest that you don't continue those conversations once you get closer to Melbourne.

CHAIR: Understood. Thank you for the safety advice. You have your hand up, Teresa?

Prof. Senserrick: To add to that: a paper that I just had published recently says that, in the education context, another risk that we can't always plan ahead for and expect, as it comes on when we're driving, is fatigue. We might not always realise that we're fatigued until our eyes start drooping. If you can plan ahead, yes; but, otherwise, if you are nearly home—and we don't expect people are going to stop by the side of the road and have a sleep when they're only a couple of kays from home—at least be aware of your condition. Leave a longer gap to the vehicle in front. Slow down. Give yourself more space to respond and react. This is what we would call a harm reduction or harm minimisation approach, which we have had for a long time in drug and drink education, for example, even from the seventies and the times of safe sex education to 'just say no'.

There's quite a lot of research in other areas of youth risk and health that show you still send the message 'This isn't safe and these are the risks, but, if you are going to do it, at least be safe: use clean needles; use condoms.' Give them strategies where, if they're going to be in a situation where they're going to take a risk, they can make it safer. If you are going to answer a call, it's all voice activated, you are integrating it into your car system and you think you can handle a call, at least slow down, leave a greater distance and give yourself more room to see and react. There is some work that Oscar has done that shows that very experienced drivers tend to use these sorts of strategies without even necessarily being consciously aware of that but a lot of new drivers don't. Again, it's one of these strategies that you can teach people to do. If you give yourself a bigger distance, if something does go wrong, you're more likely to see it in time and you're more likely to be able to make an evasive manoeuvre to avoid a crash.

CHAIR: Thanks. While we're handing out handy tips, this is one of my strategies on country roads. I drive 50 or 60 kays sometimes, and at the first intersection I have come to for, say, half an hour, I always wind my window down. It forces me to look both directions through a clear window and wakes me up if I'm a bit tired. It's a forced strategy to have a really good look, because we know those T intersections in regional roads are high-crash sites and likely to be a traumatic event. But I'm not here to give road safety tips. Maria?

Ms VAMVAKINO: I really think there is a lot that's been discussed here and a lot that we can take from this conversation and this submission in relation to changing attitudes and focuses as we work towards zero, so I want to thank everyone for the work that they've done. It is a testament to having very good research and analysis and to the importance of data and the importance of being able to ensure that we do at least fund and ensure that

there are institutions that can actually do this work, because this work is critical. I feel that, going forward, establishing our own centres of excellence in relation to road trauma or road safety is going to be just as important to how we succeed in our mission into the future. So I wanted to thank you for your submission.

CHAIR: You don't get off that easily, guys! In one of the points in the submission, you refer to developing a road safety status for each electorate, which has never been put to me before. It's a fascinating idea. It gives the opportunity for comparisons and benchmarking. I know the department of transport currently can provide an electorate breakdown of funding being received. That could easily be a responsibility for the Office of Road Safety. It has the data on what funding has been provided around road black spots, the heavy vehicle safety program, Roads to Recovery. It knows what money has been spent in each electorate. It could easily provide the data inputs for the road safety status in each electorate.

CHAIR: Do you want to expand on that? I think that would be a really interesting tool to provide some accountability in the system.

Prof. Haworth: Yes, and that's why it was under that accountability system. We know that it's possible and we know that potentially a member could ask for information. But what we would like to suggest is for it to be pushed out—that it be sent to the member but also perhaps either sent to the media or be made available to the media or be able to be downloaded, so that what it's doing is raising awareness of road trauma and giving some sort of ability to see, 'Well, okay, it's worse than it was,' or, 'We haven't actually improved,' or, 'This is our new problem,' because it is quite important. The idea came from work we were doing—or at least some work that I was doing—in local government some years ago. I found that if I was talking to councillors, if I had a map of their electorate with the red marks on it, and if I could say to them, 'This is what's happening in your ward, in the district you're responsible for,' then they were much more engaged than if I was talking at a wider level.

CHAIR: That would address some of your earlier concerns regarding desensitisation of the broader public, too. Do you know if that has that been taken up by any jurisdiction?

Prof. Haworth: I don't know. I had thought of doing it myself at our research centre a few years ago because I thought it was doable. It just needs somebody to do it, to the extent possible, to push out that information so that people know what's happening. We did a study here some years ago. One of my colleagues asked the general public how many road fatalities happen in Australia each year, and most people had absolutely no idea. So, while we who are in the business are aware of the magnitude of the problem, many people out there are not, because they just hear about this one thing here and this one thing there and they don't realise how big an issue it is altogether.

CHAIR: Thank you for that. On the points around what road safety programs are effective, the question of speed is constantly presented to us by researchers and people with an interest in road trauma. Mandating a 30-kilometre-per-hour speed limit in urban areas without explanation or without bringing the community along would be very difficult to achieve. What is your research showing there? I know there are international examples of this, but I just can't see Australians accepting it until they're given an explanation, and I don't know if we've made the case strongly enough.

Prof. Haworth: We know that it is the default approach in most parts of Europe, so we know that it's not impossible. Perhaps the approach to take here in Australia, which is starting to get a fair bit of traction, including in the draft national strategy, is the 'movement and place' idea—that we identify particular parts of our road system which have particular characteristics and particular types of uses and users and that we adapt both the infrastructure and the speed to have a safe outcome within those particular types of combinations of movement and place. Maybe we can't just change the default, but maybe we can identify areas where it can come down and explain to people: this is the sort of environment in this particular area, and that's why it has these particular characteristics.

CHAIR: To explore that point a bit further, is there any research being done in an Australian setting on how you'd achieve that?

I support what you're saying, but I just don't see any community support yet or an understanding of what would be achieved by such a move in those locations where people are more vulnerable and there are high numbers of pedestrians, or whatever it might be. Is that something we've done research on or is it still a bit of uncharted territory in an Australian sense?

Prof. Haworth: In an Australian sense, there's been a lot done on 40-kay speed limits, rather than 30-kay speed limits. Even here in Brisbane, most of the streets in the centre of the city were reduced to 40 kilometres per hour, and it was surprising there wasn't much made of the results. The results showed quite significant reductions for crashes involving pedestrians and other types of crashes. We know that many of the inner-city municipalities

in Melbourne have gone towards 40-kilometres-per-hour speed limits, so it's happening more and more, but what we need to do is to, in a sense, be able to package that stuff together nationally so that it has impact upon policy and what people think, rather than having it spread in little places across the country. That's one of the things that would be a big advantage in having a nationally coordinated approach to road safety research rather than things being done in one state and not known about in another state.

Dr Rakotonirainy: Could I just make a comment with regard to what has been done in France. For example, in the regions, they reduced the speed limit from 90 to 80 and it created lots of tension. The community didn't like it, but they implemented it for at least one or two years and they looked at the crash data. The crash data actually improved, but the community was still not happy, so, in some regions where the crash data didn't change, they re-established the speed limit of 90, but in regions where there was a significant decrease in the number of crashes, they maintained the speed limit of 80. So it was really case by case per region, and that was more accepted because there was a real explanation and a real justification behind the reduction in the speed limit.

Prof. Senserrick: There is also some related research a little bit to one side, rather than attacking the actual overall speed limit on visual countermeasures, including very relatively low-cost countermeasures, such as the way that you paint lines or stripes, or other measures near the road that visually can make roads look more narrow and make you feel the need to slow down. There are examples in Australia that show the traffic will slow down without you even needing to post a speed-limit sign, because people get the sense that the road isn't capable of having the higher speed. It's very hard when you see a big open road and there are no houses next to it. People say, 'Why should this road be 80 kilometres per hour, because there's no-one here?' but engineers will know that it is the camber of the road, the site distance or a curve that's approaching, but that's not obvious to the everyday driver. So there are other measures that you can put in place that have been proven to slow people down that could be part of that package.

CHAIR: I couldn't agree more, Teresa. The road environment has to send a signal to the driver that the speed limit of that section makes sense to them. It defies belief that we can't have a national system of road markings and get some agreement across state jurisdictions. It is staggering to think we can't achieve that, but we live in hope. Matt, do you have any other questions for the team?

Mr THISTLETHWAITE: I have just one question: Your submission goes to distracted drivers and particularly mobile phone use. Under our road rules, you're not supposed to touch or use a mobile phone while you are driving a vehicle. We have the technology to ensure that can't occur, but we don't use it. Are there any jurisdictions in the world where they are starting to use this technology on a compulsory basis? For instance, you point out in your submission the 'do not disturb' feature on Apple technology. I can't understand why that isn't a feature of being on the road as a rule.

Prof. Haworth: I don't know of any country that has mandated it, but I'll certainly find out and, if that is the case, then I'll get back to the committee about it.

Mr THISTLETHWAITE: Thanks.

Prof. Senserrick: There are, of course, some related mandates for new young drivers where they do require more tougher restrictions. In some vehicles in the US, for example, it's programmed into the key of the vehicle that the young driver can only use this certain key, and that key will make sure that those features are switched on. So there are ways that jurisdictions have tried to apply that. Of course, there are always ways people can try to circumvent it, but there have been attempts to do that within high-risk groups, rather than across the board.

Mr THISTLETHWAITE: The other point is that more and more people are using mobile phones now for their work—I'm speaking of the gig economy—particularly Uber drivers and delivery drivers, whom you see constantly on our roads, either driving cars or riding motorbikes or bicycles, constantly clicking through apps because they're getting jobs sent to them. I can't understand why we haven't had a campaign against this. I don't understand why we haven't called in the big companies and said, 'You need to monitor your employees to make sure that they're not using this technology whilst they're driving.' Clearly, they have the ability to do that, but it doesn't appear that it ever happens.

Prof. Haworth: Yes. Particularly with the gig economy, we have the strange idea that the people who are working are not employees and therefore cannot be directed by the companies. I find that that beggars belief—I think that was the phrase that was used before. The other thing too is that we have actually just completed some research where we've observed delivery riders and we've observed other riders as well, and it is interesting that we haven't seen as much use of mobile phones as we thought. That was reassuring, but I think that the whole challenge of jobs which are designed to require people to interact with technology while they're driving—that's certainly problematic.

CHAIR: Thanks very much, team, and thanks for overcoming technology issues and meeting virtually. It has helped us to continue the work of the committee, so I really appreciate your support for doing that today. The committee secretariat will be in touch with you in relation to any matters arising out of today's hearing and you'll be sent a copy of the transcript of your evidence, to which you can make corrections to grammar and fact. Again, we thank you for the work you're doing in research and road safety. It's greatly appreciated.

Prof. Haworth: Thank you. All the best.

CHAIR: That's the conclusion of today's public hearing. If committee members have any further questions on notice, please provide these to the secretariat as soon as possible. It's proposed that witnesses be asked to provide responses to any questions on notice within 10 working days. Is it the wish of the committee that, pursuant to Senate standing order 73(1), the committee authorises publication, including publication on the parliamentary database, of any responses to questions on notice provided by witnesses at the public hearing today? There being no objection, it is so ordered. There being no other business, I declare this public hearing closed.

Resolved that these proceedings be published.

Committee adjourned at 15:18