

Review of Child Restraint Requirements in the Australian Road Rules

Consultation summary report



This document presents the key findings from the public consultation conducted by the National Transport Commission on improving child restraint rules. It summarises the feedback we received and key themes that will support decision making on potential changes to child restraint requirements within the Australian Road Rules.

This information will be used to develop a regulation impact statement for further consultation in mid-2026.



Overview

PROJECT BACKGROUND

This document presents the key findings from the public consultation conducted by the National Transport Commission (NTC) on improving child restraint rules. It summarises the feedback we received and key themes that will support decision making on potential changes to child restraint requirements within the Australian Road Rules (ARR). This information will be used to develop a regulation impact statement for further consultation in mid-2026.

CONSULTATION DETAILS

In October 2025, the NTC released a paper that set out issues with the current Australian Road Rules and presented alternatives to address those issues. This Issues Paper formed the basis of a public consultation conducted between Monday 27 October and Friday 19 December 2025. Members of the public and project stakeholders were invited to provide feedback.

Submissions were invited via the NTC website, where respondents could provide feedback on any or all of the 31 questions set out in the Issues Paper. Respondents were also able to upload supporting documents. A short online survey comprising six questions was available as an alternative way to provide feedback.

There were 199 submissions received:

- 82 submissions were lodged via the website, and
- 17 people completed the short survey.

CONSULTATION FINDINGS

The consultation findings are presented across four sections, reflecting the key areas examined in the Issues Paper. This structure supports clear comparison between the issues identified by the NTC and the perspectives raised during consultation.

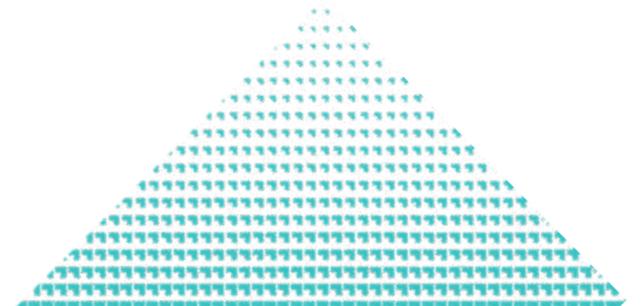
Each section briefly outlines the relevant context and analysis undertaken by the NTC, followed by a synthesis of stakeholder and public feedback.

Section 1: Appropriate use of child restraints

Section 2: Adult seatbelts and seating position

Section 3: Children with medical conditions or disabilities

Section 4: Scope expansion, including taxi and rideshare



Section 1

Appropriate use of child restraints



Section 1

Appropriate use of child restraints

ISSUES PAPER SUMMARY

The ARR currently sets minimum requirements for using approved child restraints and booster seats based on age. These do not fully align with best practice guidance that prioritises a child’s size and height. This misalignment can cause confusion and lead to premature transitions to less safe restraints, compromising child safety.

National and international best practice guidelines encourage drivers to keep children in their current recommended restraint type until they outgrow the restraint rather than transitioning them to the next category at a certain age.

While Australian law permits switching infants to forward-facing restraints at six months of age, the updated Child restraint systems for use in motor vehicles AS/NZS 1754 (Australian Standard) now recommends rearward-facing use until at least 12 months of age, revealing a gap between legal requirements and best practice.

Extended rearward-facing restraints designed for children up to two to three years old, and sometimes fitting smaller children over four years old, are available and compliant with the Australian Standard, yet current ARR prevent their use beyond age four.

There is also evidence that incorrect use and installation of restraints contribute to higher injury risk for children.

The Issues Paper outlined proposed options include mandating rearward-facing restraints for children under 12 months of age

unless outgrown, allowing children aged four to seven years who still fit these restraints to continue using them, and clarifying correct use. These options aim to align laws with safety best practices and support better public education.

OVERVIEW OF CONSULTATION FEEDBACK

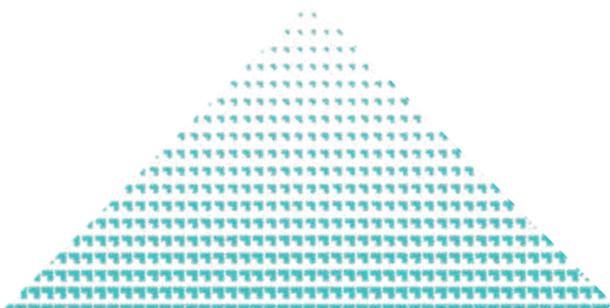
The minimum age for transitioning from rearward to forward-facing restraints should be increased

Respondents expressed near-universal support for raising the minimum age for transitioning from rearward-facing to forward-facing restraints.

The current requirement allowing forward-facing transitions from 6 months attracted much criticism, with age-only thresholds viewed as encouraging premature and unsafe transitions for the majority of children. Many noted that parents equate legal compliance with safety, leading to potentially unsafe behaviours.

Most commonly, participants favoured a minimum age of 18 to 24 months. The majority viewed 24 months as most consistent with evidence-based, developmentally appropriate, and internationally recognised best practice.

Participants consistently observed that parents and caregivers often treat legal minimums as model indicators of safety, transitioning children as soon as it is legally permitted. They highlighted that parents are unlikely to adopt best practice



Section 1

Appropriate use of child restraints

recommendations unless they are clearly reflected in legislation.

Contributors stressed that laws should clearly state that age thresholds are the minimum requirements rather than best practice targets, expressing concern that current laws can lead to children being transitioned to forward-facing while they still safely fit rear-facing seats. Some advocated for children to remain rear-facing until at least three to four years or until they outgrow the restraint.

Overall, responses indicate strong support for reform, with the view that extending rear-facing use in legislation would enhance child safety outcomes and positively influence caregiver behaviour.

Height should be used as the primary criterion for safe child restraint use, with age as a safeguard

Consultation responses demonstrated strong support for using height, size, and fit as the primary indicators of safe child restraint use. It was consistently noted that height-based measures better reflect how restraints are designed, tested, and intended to be used than age alone, with many noting the wide variation in childrens' size at the same age.

Respondents widely endorsed shoulder-height and seated torso height markers as clear, practical, and caregiver-friendly indicators of correct restraint use, observing that although these markers already exist, they are poorly understood and overshadowed by age-based messaging.

A smaller group acknowledged the utility of the current system,

maintaining that age-based rules are simple to understand and enforce, and help ensure minimum legal compliance. However, even these respondents agreed that age alone is insufficient and should be strengthened by the inclusion of other best practice measures.

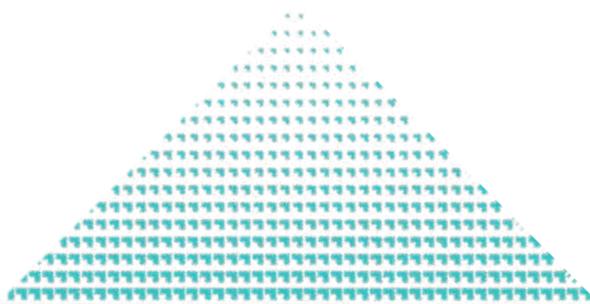
As participants overwhelmingly agreed that age alone is a poor indicator for when children should transition between restraints, a significant number recommended a combined approach, with height or shoulder-height markers guiding the main decision, and minimum age thresholds serving as a secondary safeguard to prevent very young children from transitioning too early.

There is strong support for greater legislative clarity on what correct use looks like, supported by education programs and campaigns

Consultation responses demonstrated overwhelming support for clearer national legislative requirements to address the incorrect use of child restraints.

Respondents widely reported that misuse is common, generally unintentional, and often driven by ambiguity and limited education. Many noted that terms such as "properly fastened" and "correctly installed" are too vague and open to interpretation, contributing to widespread, unintentional misuse.

Participants also consistently reported that many parents and caregivers are unaware that adding accessories or modifying restraints can significantly compromise safety, particularly



Section 1

Appropriate use of child restraints

when these products are widely available through major retailers and online platforms, are marketed as compatible, and perceived as legal, due to silence of the current legislation. The absence of clear prohibition in the law was seen to create a false perception that these products are acceptable or compliant. A significant number of respondents supported a blanket ban on aftermarket accessories, unless tested and approved by the restraint manufacturer in accordance with relevant Australian standards for accessories. A 'black and white' approach was frequently recommended, as ambiguity was seen as a direct contributor to unsafe practices. However, some respondents noted that the aftermarket accessory landscape is complex and evolving and questioned whether the ARR are the most appropriate mechanism through which to address these issues.

Contributors consistently advocated for greater clarity in the law through explicit, practical definitions referencing manufacturer instructions, relevant Australian standards, and observable criteria such as strap position, harness tightness (pinch test), tether use, and acceptable seat movement. There was also strong support for supplementary measures, including visual guidance (images and videos), strengthened accreditation for installers, free or low-cost fitting and inspection services, and education.

Indeed, education was identified as critical for successful reform. Respondents highlighted the need for consistent, repeated education delivered through hospitals, child health services, childcare, schools, retailers, and public campaigns.

Many also noted the importance of training enforcement authorities, as inconsistent knowledge can undermine enforcement and confidence in the rules.

Transverse or lie-flat restraints should only be used in exceptional cases

Consultation responses reflect caution regarding the routine use of transversely installed or lie-flat child restraints. Most respondents expressed concerns about potential safety risks or improper use in vehicles not designed for transverse restraints. However, these restraints were generally supported as medically justified exceptions, provided they meet the Australian Standard and were installed according to the manufacturer's instructions. It was noted that allowing for their use in the ARR may encourage more manufacturers to invest in lie-flat restraints for the Australian market, which would benefit those families who need to use lie-flat child restraint options for children with complex medical needs.



Section 2

Adult seatbelts and seatings position



Section 2

Adult seatbelts and seating position

ISSUES PAPER SUMMARY

Evidence shows that children should only transition to adult seatbelts when they achieve a proper fit since poor fit significantly increases injury risk.

The national guidelines recommend that children use approved child restraints or booster seats until they outgrow them and advise that children up to 12 years old should sit in the rear seat to minimise injury risk. However, the current ARR allow children to use adult seatbelts and sit in the front seat from age seven, even though most children do not achieve proper seatbelt fit until 10 to 12 years and face higher injury risk in the front seat. With booster seat criteria in the Australian Standard now accommodating older children, there is an opportunity to better align legal requirements with best practice safety guidance.

The Issues Paper outlined proposed options, including raising the minimum age for adult seatbelt use, defining proper seatbelt fit or increasing the minimum front seat travel age to 13 years.

OVERVIEW OF CONSULTATION FEEDBACK

The current minimum age for using an adult seatbelt should be increased or replaced with height and fit criteria

A majority of respondents viewed the current minimum age of seven years for using an adult seatbelt as inadequate from a safety perspective. However, there were mixed views on what updates should be made to these minimum requirements.

Respondents who saw value in keeping the age criteria wanted

to see the minimum requirement increased to at least eight, but preferable, 10 years of age.

Many respondents preferred height/size as the criteria for using an adult seatbelt rather than age. It was also noted that these criteria might be more difficult to enforce or to understand and comply with, and some held the view that improved education or public campaigns might be a better approach than incorporating these criteria into the law. Many supported a hybrid approach that keeps age for clarity and simplicity but also incorporates requirements relating to fit.

Children under 13 years should be required to sit in the rear seat, with exceptions only allowed in a narrow set of circumstances

There was strong support for increasing the minimum age for front-seat passengers from seven to 13 years, with many citing airbag injury risk and how this could be better aligned with best practice. There was support for exemptions to this requirement when the rear seat was fully occupied by younger passengers or for reasons relating to children with medical conditions or disabilities.

There were mixed views on requiring the use of child seats when younger children were travelling in the front seat, with some respondents indicating that there are limited options and it may not be practical in certain circumstances.

A small minority oppose changes to the current requirements due to practicality for larger families.

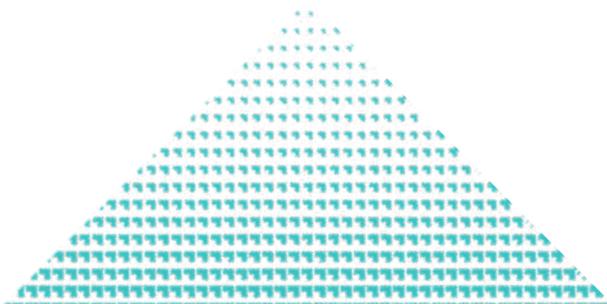


Section 2

Adult seatbelts and seating position

Changes that increase the minimum requirements would have financial impacts and different approaches to address these costs should be considered

Respondents acknowledged that there may be practical or financial challenges for some families. However, there was a view that child safety should take precedence. Many proposed financial support or affordability programs to make compliance feasible and emphasised the need for community education to support the changes as well as a phased approach to implementation.



Section 3

Children with medical conditions or disabilities



Section 3

Children with medical conditions or disabilities

ISSUES PAPER SUMMARY

In 2015, the ARR introduced child restraint requirements for children aged under seven with medical conditions or disabilities to ensure appropriate restraint based on medical advice. However, limited research, inconsistent application across states and territories, and insufficient recognition of specialty restraint systems have undermined these rules, leaving many children at increased injury risk.

Since then, developments such as the National Disability Insurance Scheme (NDIS), new safety research, new and updated Australian standards, and support from Mobility and Accessibility for Children and Adults Ltd (MACA) have improved understanding and resources for safely transporting children with medical conditions or disabilities. Despite this progress, the definition of 'suitable restraints' remains unclear and inconsistently applied, with no mandatory safety standards for special purpose restraints, resulting in unsafe transport, delays in access, funding challenges and confusion for families and professionals.

The Issues Paper sought stakeholder input on regulatory options to clarify suitable restraints, recognise the role of allied health professionals, remove age-based inconsistencies and promote consistent national implementation.

OVERVIEW OF CONSULTATION FEEDBACK

Legislative requirements should be practical and easy to understand

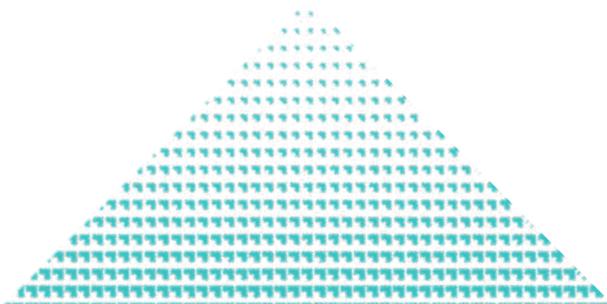
Most respondents were supportive of introducing legislative requirements that could be applied to all passengers under 16 years of age with medical conditions or disabilities. There was a strong view that the current approach of only allowing medical practitioners to issue certificates for exemptions is inadequate, creating a burden for parents/carers and acting as a barrier to accessing safe transport options in a timely way. There was also a view that the current age-based criteria create unnecessary complexities, impacting safe transport and compliance.

Respondents emphasised that legislative requirements need to be simple and practical to implement and must be applied consistently by all jurisdictions. The primary focus should also be assessment that is based on individual needs when determining suitable alternative methods of travel.

It was noted that requirements need to be flexible enough to recognise new evidence as it emerges and to allow for innovation in alternative transport options.

Simple, nationally consistent definitions in the ARR are required

There was broad support from respondents to include clear definitions for approved child restraint, approved booster and approved child safety harness in the ARR. It was noted these definitions should refer to products complying with the 2013 version of the Australian Standard (AS/NZ 1754:2013) or subsequent versions. Respondents emphasised the importance of keeping these definitions in the law simple and ensuring they



Section 3

Children with medical conditions or disabilities

were applied consistently by all jurisdictions.

It was also noted from several respondents that variations catering for specific disabilities (section 7 in AS/NZS 1754:2024) should be excluded from these definitions and covered as approved alternative methods of travel for children with medical conditions or disabilities instead.

The ARR should provide more clarity on suitable alternative methods of travel

A majority of respondents stated that currently there was not enough or mixed information available on safe transport options for children unable to use standard approved child restraints and that this caused confusion and frustration. There was support for defining alternative methods of travel in the ARRs, provided it gave enough flexibility to incorporate the various methods of travel and the ongoing research and innovation that is happening.

There was support for defining alternative methods of travel as those approved by a prescriber because this could provide the appropriate flexibility and adaptiveness to apply best practice as it evolves as well as recognising the individual needs of children with disabilities and medical conditions.

Several respondents noted the importance of considering standard car seats that meet the Australian Standard with minor modifications in the first instance, rather than expensive overseas options and that any definition of alternative methods of travel should allow for and encourage this.

The ARR should formally recognise the role of allied health professionals in determining alternative methods of travel

There was strong support from most respondents for formal recognition of allied health professionals as prescribers in the ARR. Respondents stated that only recognising medical practitioners can result in unnecessary barriers, time and costs burdens for families.

It was also noted that recognising some allied health professionals as prescribers would reflect the role they already undertake in providing clinical assessments and prescribing alternative methods of travel for children with disabilities and medical conditions and would align with other comparable frameworks, such as the NDIS.

Under the ARR prescribers should be limited to established professions

There were differing views on which allied health professionals should be included as prescribers. Some respondents saw merit in aligning with the definition of prescribers in AS4370:2013, which covers occupational therapists, physiotherapists, psychologists, medical practitioners or rehabilitation engineers/ biomedical engineers. However, others were of the view that AS4370:2013 was outdated and no longer reflective of current practices.

There was a view that prescribers should be limited to the health professions regulated by the Australian Health Practitioner Regulations Agency (AHPRA). This would remove the need to define 'suitably trained' in the ARR as AHPRA sets



Section 3

Children with medical conditions or disabilities

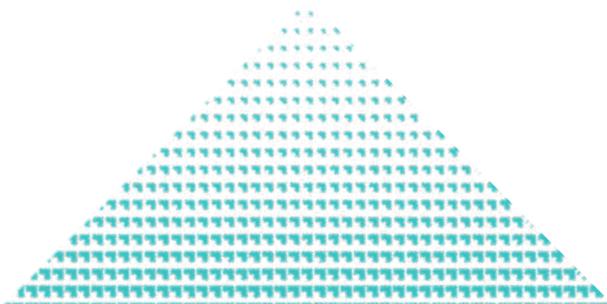
and enforces professional standards, registration requirements, and codes of conduct, and requires practitioners to practise within the limits of their training and expertise.

Several respondents also noted the importance of allied health professionals collaborating with specialist vehicle restraint fitters and vehicle modification technical experts when recommending suitable alternative methods of travel.

Any changes to the ARRs need to be applied consistently

Many respondents emphasised that variations across jurisdictions would undermine the success of any new regulatory framework. Effort needs to be put into achieving consistent national application of any new requirements

Respondents also outlined additional changes that would support safe transport of children with disabilities and medical conditions, including investment in training, research and safety testing.



Section 4

Scope expansion including taxi and rideshare

Section 4

Scope expansion including taxi and rideshare

ISSUES PAPER SUMMARY

Under the ARR, a taxi or minibus driver is exempt from the child restraint rules for children under seven years old, if there is no suitable approved child restraint available, provided applicable conditions are met. These conditions include:

- that the child is not in the front seat
- that if the child is older than one but under seven years old (and is not exempt from wearing a seatbelt) they must wear an approved seatbelt that is properly adjusted and fastened to the best extent that is possible, given the height and weight of the child; and
- that if the child is under one, they must be seated in the lap of another passenger who is at least 16 years old.

Concerns have been raised with the level of protection this gives children travelling in taxis, particularly for those under the age of one.

The ARR do not currently address child restraint requirements for rideshare services. The responsibility for determining if any child restraint guidelines apply to ridesharing services has been left to individual jurisdictions, leading to inconsistencies across states and territories.

The significant uptake of rideshare services over the past decade has led to a context where the justification of different rules for taxis and rideshare services is unclear. This has led to confusion and potentially contributed to non-compliance.

OVERVIEW OF CONSULTATION FEEDBACK

No clear consensus on the age at which taxi exemptions pose the greatest risk

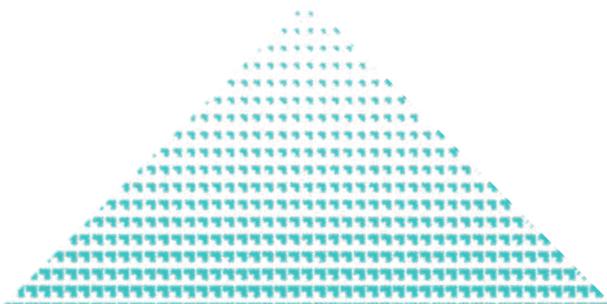
Overall, most respondents expressed concern that taxi exemptions pose a risk to children, with only a small number indicating otherwise. There was no clear consensus amongst respondents on which age groups were most at risk, however concerns for infants and younger children were predominant.

Robust discussion around the practicality of carrying child restraints

Most respondents felt that it would be impractical for taxis and minibuses to always carry approved child restraints. The impracticality included how it would restrict available boot space, difficulties for drivers in correctly fitting children into restraints due to a lack of training and the many different types of child restraints.

Of those who felt it would be impractical, a significant number felt that safety outweighed practicality and child restraints should still be carried. Several respondents expressed a view that a solution could be for a portion of available taxis to be fitted with child restraints as is the case for specific wheelchair accessible taxis in NSW.

Respondents also regularly raised the issue of liability for drivers for correctly fitting child restraints in their vehicles. Some noted it as a barrier to changes to existing exemptions,



Section 4

Scope expansion including taxi and rideshare

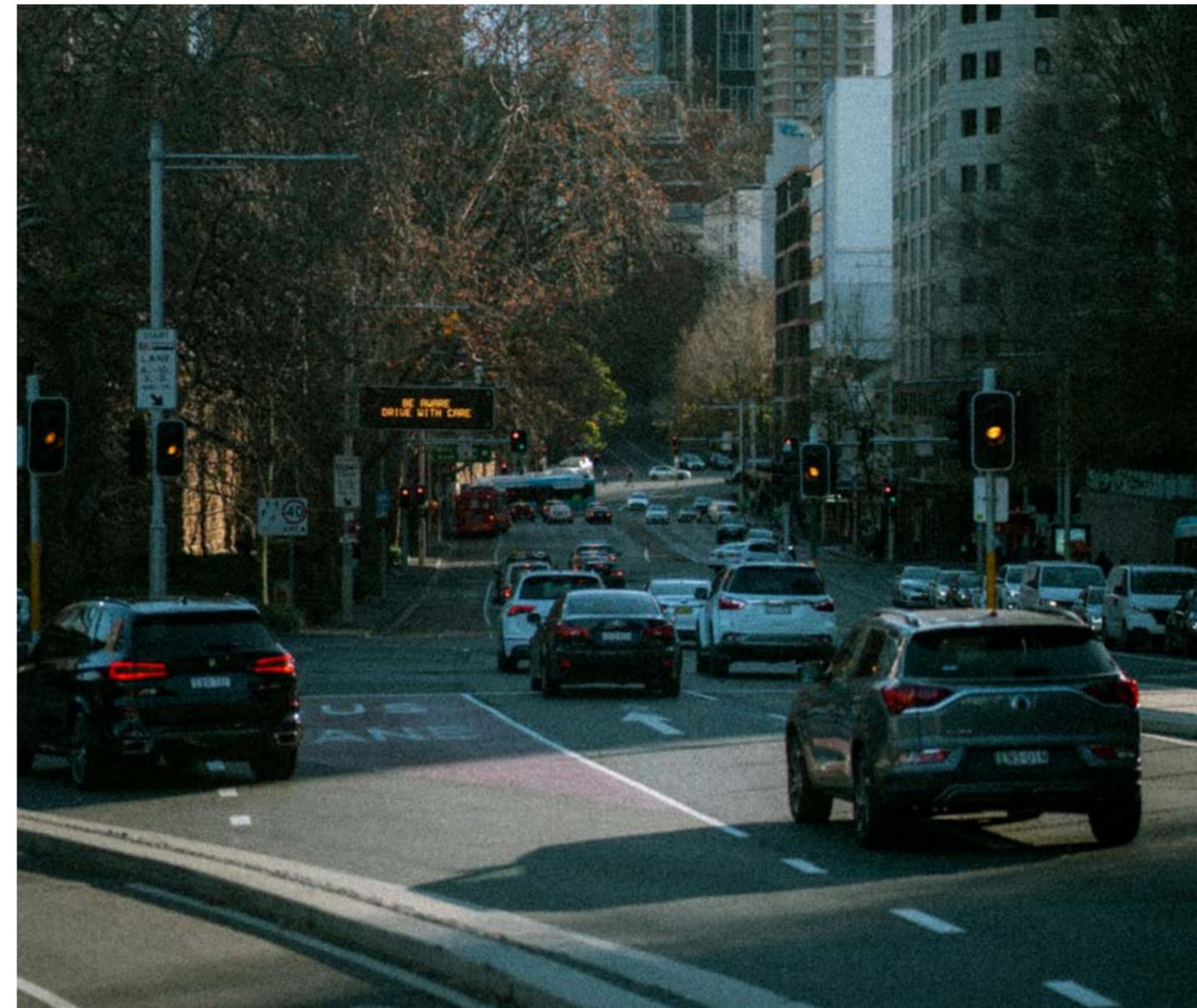
with respondents outlining the possibility that drivers could potentially face legal consequences for incorrectly fitting restraints, or that there could be confusion as to who was responsible for correctly fitting them.

A significant number of respondents were not aware of NSW stricter requirements for the transport of children under the age of one in taxis. Despite this, some expressed support for the principle of stricter requirements, while others expressed opposition. Respondents who were aware of NSW's requirements were broadly supportive of them. Of those who were not, some felt they did not go far enough, that they were not enforceable, or that they may present challenges in an emergency.

Strong support for consistent rules between taxi and rideshare services

A majority of respondents were supportive of consistent rules between taxi and rideshare services. Respondents who were supportive of consistency, agreed that uniform rules across taxi and rideshare services would reduce confusion for passengers. Other respondents noted the lack of difference between a taxi or rideshare car in terms of safety.

For those who were not in favour, several reasons were given. These included concerns that broad consistency would lead to less strict rules on rideshare services, that it would restrict the ability of those to use taxis or rideshare in an emergency, and that there is enough of a distinction between taxi and rideshare services to require separate rules.



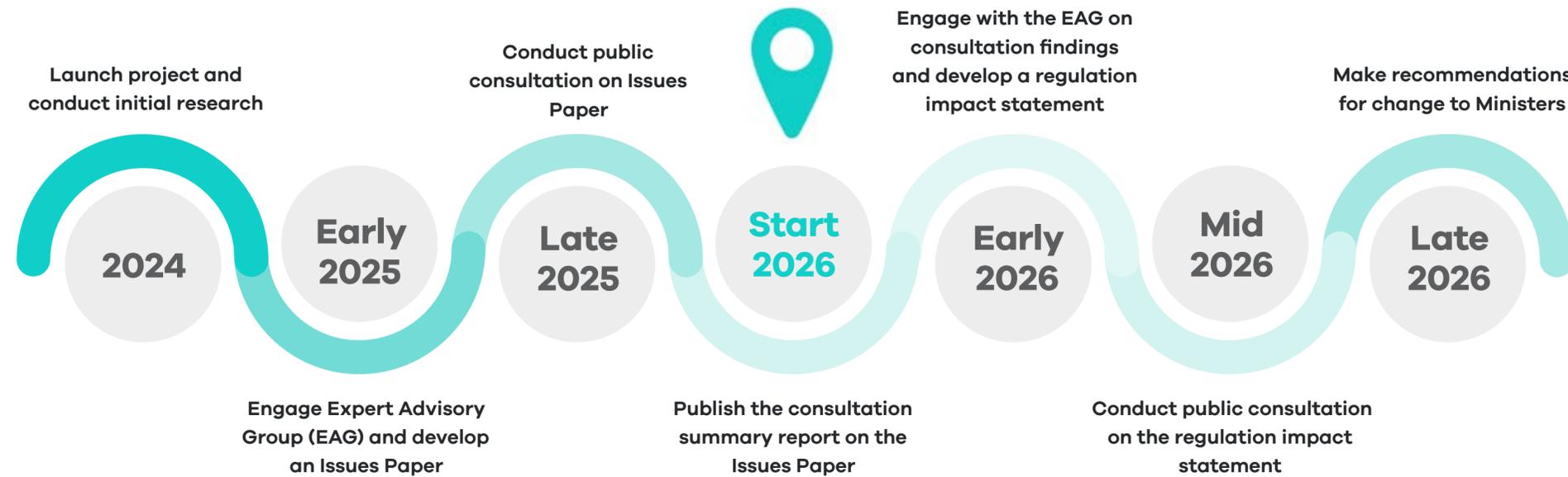
Next steps



Next steps

The NTC will use feedback from the Issues Paper consultation to inform the development of a regulation impact statement. The regulation impact statement will outline the preferred options for updating child restraint requirements under the Australian Road Rules, informed by an analysis of the potential impacts.

A further round of public consultation is expected in mid-2026.



Contact

National Transport Commission
Level 3/600 Bourke Street
Melbourne VIC 3000

Ph: (03) 9236 5000
Email: enquiries@ntc.gov.au

www.ntc.gov.au

