Review of child restraint requirements in the Australian Road Rules

Issues paper

National Transport Commission

27 October, 2025

Report outline

Title	Review of child restraint requirements in the Australian Road Rules
Type of report	Issues paper
Purpose	For public consultation
Abstract	This issues paper considers the Australian Road Rules related to restraints for passengers under 16 years of age, and including children with medical conditions and disabilities. The paper seeks input from stakeholders on issues with the current rules and proposes preliminary regulatory options for addressing these issues. The aim is to help develop rules that are inclusive, up to date with best practice guidance, practical and easily understood by drivers responsible for ensuring their passengers are correctly restrained.
Submission details	The NTC will accept submissions until 19 December 2025 online at www.ntc.gov.au or by mail to: National Transport Commission Public submission – Review of child restraint requirements in the Australian Road Rules Level 3, 600 Bourke Street Melbourne VIC 3000
Attribution	This work should be attributed as follows, Source: National Transport Commission (2025) Review of child restraint requirements in the Australian Road Rules: issues paper. If you have adapted, modified or transformed this work in anyway, please use the following, Source: based on National Transport Commission (2025) Review of child restraint requirements in the Australian Road Rules: issues paper.
Key words	Child restraint, Australian Road Rules, ARR, appropriate use, seating position, rearward-facing, forward-facing, shoulder height, seatbelt, five-step test, medical condition, disability, taxis, rideshare, best practice
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

Have your say

What to submit

We are seeking submissions on the preliminary regulatory options and early-stage questions outlined in this issues paper. Input is welcome from all stakeholders with an interest in potential amendments to child restraint rules.

When to submit

We are seeking submissions on this issues paper by 19 December 2025.

How to submit

Any individual or organisation can make a submission to the NTC.

Making a submission

- Visit www.ntc.gov.au and select 'Have your say' on the homepage.
- Send a hard copy to:

  National Transport Commission
  Public submission – Review of child restraint requirements in the Australian Road Rules
  Level 3, 600 Bourke Street
  Melbourne VIC 3000

Where possible, you should provide evidence, such as data and documents, to support the views in your submission.

Publishing your submission

Unless you clearly ask us not to, we publish all the submissions we receive online. We will not publish submissions that contain defamatory or offensive content.

The *Freedom of Information Act 1982* (Cth) applies to the NTC.

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Summary

Project overview

Land transport crashes are the leading cause of death for Australian children aged one to 14 years. While child restraints are highly effective, their safety benefits depend on correct use and suitability for the child's size. Advances in restraint design and best practice guidance have outpaced current legal requirements, creating confusion for drivers responsible for ensuring passengers are safely restrained in the vehicle and contributing to unsafe practices. Research shows many children are not being transported in the safest restraint option recommended by best practice. These risks are even greater for children with medical conditions or disabilities.

The Infrastructure and Transport Ministers have tasked the National Transport Commission (NTC) with reviewing the child restraint requirements in the Australian Road Rules (ARR). The child restraint requirements within the ARR were last reviewed in 2010. Since that time there have been significant advances in child restraint design and research into best practice use in both standard restraints and special purpose or modified restraints for children with medical conditions and disabilities. Aligning the ARR with best practice is essential to improve safety outcomes.

The review aims to update the ARR requirements for restraints and seating positions for passengers under 16 years old to reflect current best practice. It will focus on proper child restraint use, safe seating positions and transitions to adult seatbelts and ensuring children with medical conditions or disabilities are safely accommodated within the legal framework. The NTC is also considering expanding the scope to review exemptions for taxi, rideshare and minibus drivers, subject to stakeholder evidence. The review will not consider broader bus requirements, design standards or implementation matters.

The project approach has involved thorough research, an exploration of case studies and targeted consultation with key stakeholders. An expert advisory group composed of subject matter experts has been established to provide insights on issues, impacts and potential solutions, and their feedback has helped develop this paper. These findings will be further tested through public consultation before the NTC develops a regulatory impact analysis and provides well-supported recommendations for Ministers' consideration at the Infrastructure and Transport Ministers Meeting (ITMM) in late 2026.

Issues

Appropriate use of child restraints

The ARR currently set 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, updated safety standards now recommend 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 safety standards, 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.

To address this, 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 regulations with safety best practices and support better public education.

Adult seatbelts and seating position

Evidence shows that children should only transition to adult seatbelts once 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 updated booster seat standards now accommodating older children, there is an opportunity to better align legal requirements with best practice safety guidance.

Proposed options include raising the minimum age for adult seatbelt use, defining proper seatbelt fit or increasing the minimum front seat travel age to 13 years.

Children with medical conditions or disabilities

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, new safety research, updated Australian Standards and support from Mobility and Accessibility for Children and Adults Ltd (MACA) have improved understanding and resources for safely transporting these children. 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.

To address these issues, stakeholder input is being sought to develop regulatory options that clarify suitable restraints, recognise the role of allied health professionals, remove age-based inconsistencies and promote consistent national implementation.

Scope expansion (taxi and rideshare)

The NTC is reviewing child restraint requirements for passengers under 16 years old in response to stakeholder concerns about current exemptions for taxis and the lack of clear rules for rideshare services. The review aims to assess safety implications and explore the feasibility of harmonising requirements across transport modes, despite potential legal and operational challenges.

Existing exemptions allow children to travel in taxis and minibuses without approved restraints under certain conditions, raising concerns that these do not provide adequate safety. With rideshare use growing rapidly across Australia, inconsistencies between child restraint rules for taxis, rideshares and private vehicles are contributing to public confusion and low compliance. The NTC is seeking evidence

and feedback on the need for regulatory change while also examining the legal and operational challenges of harmonising requirements across jurisdictions and transport services, noting that such changes may not necessarily lead to improved safety outcomes.

Next steps

The NTC is inviting stakeholder feedback on key questions and the proposed scope expansion in this paper. This feedback will inform the development of options for change. A regulatory impact statement may then be needed to evaluate the recommended legislative changes.

Consultation questions summary

Appropriate use of child restraints

Adult seatbelts and seating position

Children with medical conditions or disabilities

Scope expansion (taxis and rideshare)

1 About this project

Key points

- Seat belts and child restraints greatly reduce injury and death in crashes. To be effective, children must be correctly secured in size-appropriate restraints used as intended. Research shows some children in Australia are not optimally restrained, partly due to a gap between legal requirements and best practice.
- The Infrastructure and Transport Ministers have asked the National Transport Commission to undertake a review of the restraint requirements for passengers under 16 years of age within the Australian Road Rules (ARR). The review aims to ensure restraint and seating requirements in the ARR align with best practice and are practical, clear and easy to follow.
- The restraint requirements for passengers under 16 in the ARR have not been reviewed since 2010, despite significant updates to mandatory standards and advances in restraint design and research.
- The ARR review will assess current evidence and best practice on child restraint use, seating positions, transition to adult seatbelts and safety for children with medical conditions or disabilities.
- The National Transport Commission is considering expanding the scope of the review to broader restraint requirements for passengers under 16, including taxi, minibus and rideshare rules, and is seeking stakeholder evidence to support the need for change.

1.1 Project introduction and framework

Problem

In Australia, land transport crashes are the leading cause of death in children between one and 14 years of age (Australian Institute of Health and Welfare 2024). Seatbelts and child restraints are highly effective measures to reduce injury and death in vehicle crashes. But for children to realise the full safety benefits from a restraint system, they must be optimally restrained. This means using a restraint that is most appropriate for the child's size and using the restraint correctly, exactly as intended by the manufacturer (Whyte et al. 2020).

Since the introduction of minimum restraint requirements, there have been significant advances in child restraint design as well as in research and evidence-based recommendations. This has resulted in a gap between the minimum legal requirements and what is now considered best practice. This gap causes confusion for drivers responsible for ensuring their passengers are safely restrained, creating uncertainty and poorly informed decision-making that contributes to increased risk of injuries and fatalities.

A 2025 poll conducted by the Royal Children's Hospital Melbourne into car seat safety found that while most Australian drivers were complying with the laws, many were not making choices that reflect the expert recommendations for the safest car seat choices, with over half of children (55 per cent) first riding in a forward-facing car restraint before 18 months old and over one-third of children moving out

of a booster seat for reasons that do not align with best practice (34 per cent) (The Royal Children's Hospital Melbourne 2025).

A recent report into child road crash passenger deaths in Queensland also found that about 75 per cent of fatally injured children (who were restrained during travel) were not restrained in line with best practice for their age, with data suggesting there may be premature shifts in seat type, location and orientation before the child outgrows their existing restraint (Queensland Family and Child Commission 2024).

High rates of incorrect restraint use also contribute to increased risk of injuries and fatalities. Observational studies of child restraint practices in Australia have found that although nearly all children were placed in restraints in keeping with the minimum requirements in the ARR, errors in restraint use were widespread, with fewer than half of the children observed being correctly restrained (Brown et al. 2024).

Legislation, guidance, educational activities, awareness campaigns and enforcement all play an important role in ensuring optimal use of child restraints (NSW Ombudsman 2019). Therefore, addressing inconsistencies and gaps between the legal requirements and best practice is essential to supporting drivers to choose the safest option for transporting children.

For children with medical conditions or disabilities, the risk of suboptimal use of child restraints can be even higher, with evidence showing they continue to be inappropriately restrained in vehicles (Downie et al. 2020). There are significant gaps and inconsistencies in the legal requirements in this area, which reflects the limited information available on safe transport methods for children with medical conditions and disabilities when the minimum restraint requirements were introduced into the ARR.

Mandate

The NTC's mandate to review the ARR restraint requirements for passengers under 16 years old was introduced in response to concerns raised by Kidsafe Australia, an independent organisation dedicated to preventing unintentional death and serious injury to children aged 0 to 15 years. Kidsafe Australia highlighted that several sections of the ARR are outdated and no longer align with key national and international best practice guidelines and evidence-based recommendations about safe child restraint use, when a child can travel in the front seat, and children using adult seatbelts.

Mobility and Accessibility for Children and Adults Ltd (MACA), a charity driving research and development to advance the rights of people with disabilities and medical conditions to safe transport, also raised concerns that the current requirements for children with medical conditions and disabilities are poorly defined and do not offer enough levels of safety.

Background

The restraint requirements for passengers aged under 16 within the ARR were last reviewed in 2010. Since that time there have been significant updates to mandatory standards as well as advances in child restraint design and research into best practice use in both standard restraints and special purpose or modified restraints for children with medical conditions and disabilities.

Objective

In line with ministerial agreement, the primary objective of the review is to ensure the requirements for restraints (child restraints and seatbelts) and seating positions for passengers under 16 years old in the ARR are up to date with best practice guidance and that they are practical and able to be easily understood and followed by drivers responsible for ensuring their passengers are correctly restrained.

1.2 Approach

Scope

The review will focus on the latest evidence and guidance for:

- the appropriate and correct use of child restraints
- seating position and transitioning to the use of adult seatbelts
- ensuring children who cannot use standard approved child restraints or seatbelts because of a disability or medical condition are still provided with an appropriate level of safety under the legislative framework.

The rules to be considered are:

- **ARR 266C:** Wearing of seatbelts by passengers less than 6 months old
- **ARR 266D:** Wearing of seatbelts by passengers 6 months old or older but less than 4 years
- **ARR 266E:** Wearing of seatbelts by passengers 4 years old or older but less than 7 years
- **ARR 266H:** Seating position for passengers 4 years old or older but less than 7 years
- **ARR 266I:** Seating position for passengers 7 years old or older but less than 16 years
- **ARR 266F:** Exemption for driver because of passenger's medical condition etc.
- **ARR 267:** Exemption from wearing seatbelts.

Scope expansion (taxis and rideshare)

The NTC is also currently considering expanding the scope to other ARR restraint requirements for passengers under 16 years old that may no longer be fit for purpose because of changes in the regulatory environment or a demonstrated safety issue. This includes exemptions for taxi drivers and public minibuses and rules for rideshare services.

To support a case for expanding the review scope, stakeholders will be asked to be provide further evidence of problems with the current requirements.

Out of scope

This project does not cover:

- restraint requirements for buses or coaches with more than 12 seats (these are not covered by the ARR)
- changes to child restraint standards and manufacturer's guidance requirements
- design rules or vehicle modification requirements relating to child restraints
- drafting legislative amendments to the ARR
- implementation of changes to jurisdictional legislation and community education.

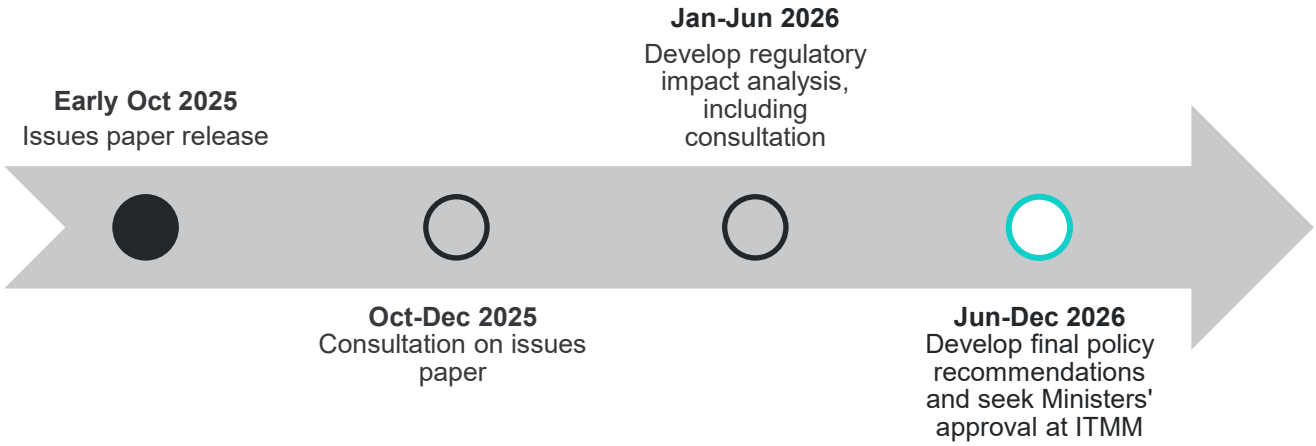
Methodology

The methodology for this project has involved comprehensive research, analysis and consultation on the child restraint requirements in the ARR. This included desktop study, an examination of academic literature and research in best practice, an exploration of illustrative case studies and targeted engagement with the expert advisory group, made up of key stakeholders.

The primary function of the advisory group is to provide advice to assist understanding of the issues, their impacts, and potential solutions. Key stakeholder insights have been integrated into this paper

and are to be tested further through an extensive public consultation process to seek feedback on the identified issues, any additional issues that have not been captured, and potential solutions. The NTC will then develop recommendations for Ministers' consideration at ITMM, underpinned by solid evidence and rigorous analysis.

Timeline



2 Appropriate use of child restraints

Key points

- The ARR sets minimum age-based restraint requirements for passengers under 16 years old, but best practice recommends keeping children in their current restraint until they outgrow it. This mismatch can confuse parents and lead to premature transitions to less suitable restraints.
- Best practice recommends rearward-facing restraints until a child is at least 12 months old, but the ARR permits forward-facing from six months old, creating a gap between the law and safety guidance. Although extended rearward-facing restraints suit children up to three or even over four years old, ARR rules limit their use beyond age four.
- Misuse of child restraints also compromises safety. Clearer definitions, national consistency and better public education are needed to improve compliance.
- Medically vulnerable infants may need lie-flat restraints. Their limited availability in Australia has safety and social impacts, underscoring the need to update regulations to include transverse restraints.
- Proposed options include increasing the minimum age that infants must be kept in rearward-facing restraints, using size as the minimum requirement rather than age, allowing children aged four to seven to use them if they still fit, providing clarity on correct use and allowing transverse restraints.

2.1 Overview

The ARR provide the minimum restraint requirements for passengers under 16 years old based on age and, to some degree, height, with the rules allowing for children to transition up an age group if they have outgrown the restraint for their age.

In developing the minimum requirements, age-based criteria were used because it was simpler for drivers to understand and comply with (National Transport Commission 2007) and for police to enforce. However, the relationship between good restraint fit and a child's age is not straightforward. A good restraint fit is largely determined by the dimensions of the child in relation to the restraint system.

There are different types and designs of child restraint systems, but they must all comply with Australian/New Zealand Standard 1754: Child restraint systems for use in motor vehicles (AS/NZS 1754). This mandatory standard sets out the design, construction, performance, user instructions and marking requirements for a child restraint system.

Because the fit is largely determined by the dimensions of the child, since 2010, AS/NZS 1754 has required all restraints to have markings for minimum and maximum shoulder heights on a child restraint to make selection and use of an appropriate restraint easier for drivers.

Best practice guidance recommends that a child should use their current category of restraint until they outgrow it (reach the maximum shoulder height) rather than transitioning to the next category of restraint at a certain age.

This is an area where the minimum requirements in the ARR do not align with best practice guidance and are creating uncertainty for drivers about when to transition their children to the next restraint type.

Areas of specific concern include allowing early transition to using a forward-facing restraint and using an adult seat when best practice guidance indicates that most children are unlikely to get a good fit from these restraint types at the minimum age requirements currently in the ARR.

2.2 Current requirements

Currently in the ARR infants aged under six months old must be restrained in a suitable and properly fastened and adjusted rearward-facing approved child restraint. Children between six months and four years old must be restrained in either:

- a rearward-facing approved child restraint, or
- a forward-facing approved child restraint with inbuilt harness.

Children from four to seven years old must be restrained in either:

- a forward-facing approved child restraint with inbuilt harness, or
- an approved booster seat and restrained by a lap and sash type seatbelt or by a suitable approved child safety harness.

The ARR allow children to move up to the next age category if they cannot be safely restrained in the prescribed restraint because of their height or weight.

2.3 Restraint types and Australian Standards

AS/NZS 1754 specifies the requirements for restraining devices for children in passenger cars to reduce the risk of injury in a vehicle impact. It provides minimum design, construction and performance requirements for child restraint systems to provide a high level of protection for children travelling in motor vehicles. The most recent version of the standard is 2024.

Since the 2010 version of the standard, seated shoulder-height markers have been used to determine the minimum occupant size. When the child's shoulder is above the upper shoulder they should transition to the next appropriate restraint type. Approximate age nominations are referenced on packaging, product labels and instructions books as a way of indicating the potential suitability of the child restraint. However, the shoulder-height markers are the only accurate method to determine the suitability of a particular restraint for a particular child.

Manufacturers must provide detailed instructions on correct installation, use and maintenance of their products. For products manufactured to meet the 2024 version of the standard, this includes scannable codes with links to short videos to demonstrate critical tasks.

The standard outlines different type designations of restraints (Table 1). These can be broadly categorised as follows:

Rearward-facing restraints

A child car seat or infant capsule that:

- faces the back of the car
- has an inbuilt harness.

These are covered by types A1, A2, A4 and D in the Australian Standard.

Forward-facing child car seat

A child car seat that:

- faces the front of the car
- has back and side wings that protect the child's head
- has an inbuilt harness.

These are covered by types B and G in the Australian Standard.

Booster seat

This is a seat that:

- faces the front of the car
- has back and side wings that protect the child's head
- does not have an inbuilt harness
- is usually used with an adult lap-sash belt.

These are covered by types E8, E10 and F in the Australian Standard.

Table 1: Child restraint type designation (from AS/NZS 1754:2024)

Type	Description
Rearward-facing restraints/chairs	
A1	Rearward-facing restraint with a harness, suitable for infants, approximately 6 months of age
A2	Rearward-facing restraint with a harness, suitable for infants approximately 12 months of age
A4	Rearward-facing restraint with a harness, suitable for a child up to approximately 30 months of age
D	Rearward-facing chair with harness, suitable for children approximately 6 to 12 months of age to 4 years of age
Forward-facing chair	
B	Forward-facing chair with harness, suitable for children approximately 6 to 12 months of age to 4 years of age
G	Forward-facing chair with harness, suitable for children approximately 6 to 12 months of age to approximately 8 years of age
Child harness	
C1	Forward-facing harness to be used in conjunction with a booster seat suitable for children approximately 4 to 10 years of age, depending on whether the booster seat is types E8, E10 or F
C2	Forward-facing harness without chair, suitable for children approximately 7 to 10 years of age, used with just the vehicle seat and seatbelt. Not suitable for use with a booster seat
Booster seat	
E8	A booster seat used in conjunction with a lap-sash seatbelt suitable for children approximately 4 to 8 years of age. May also be used in combinations with a seatbelt and a child harness that meets the requirements of type C1
E10	A booster seat with seat width restrictions used in conjunction with a lap-sash seatbelt suitable for children approximately 4 to 10 years of age. May also be used in combinations with a seatbelt and a child harness that meets the requirements of type C1
F	A booster seat with seat width restrictions used in conjunction with a lap-sash seatbelt, suitable for children approximately 4 to 10 years of age. May also be used in conjunction with a seatbelt and a child harness that meets the requirements of type C1
Transverse	
A3	Transversely installed restraint with a harness suitable for infants approximately 6 months of age

2.4 Recommended best practice

In Australia, the *National guidelines for safe restraint of children travelling in motor vehicles* provide best practice recommendations for how to safely transport children in motor vehicles. These guidelines were updated in 2020, based on the latest evidence and expert opinion. In general, the best practice recommendations are based on size (primarily height) rather than age and encouraged parents and carers to exhaust all options for restraints in the child's current or 'recommended' category before transitioning them to the next category (Neuroscience Research Australia and Kidsafe Australia 2020a).

Recommendations specifically relating to the child restraints for children under seven years old include:

- Children, from birth, should use rearward-facing child restraints for as long as they fit within them (rec 1.5).
- Restraints designed for extended rearward-facing use up to approximately 2 to 3 years of age are now available and are an acceptable alternative to forward-facing child restraint for children who fit within them (rec 1.6).
- Children who have outgrown a rearward-facing child restraint should use a forward-facing child restraint with an inbuilt harness until they outgrow it (i.e. their shoulders are above the maximum allowable height) (rec 1.7).
- Restraints designed for extended forward-facing use with an inbuilt harness for children up to approximately 8 years of age are now available and are an acceptable alternative to a booster seat for children who fit within them (rec 1.8).

The World Health Organization (2022) also provides best practice guidance on the use of seatbelts and child restraints, based on the latest evidence and advice. Guidance specifically on child restraints for children under seven years old includes:

- Rearward-facing child restraint systems provide the best protection for infants until they are aged one year and weigh at least 13 kg.
- Emerging data from Sweden and other Scandinavian countries indicates it may be best to keep children in rearward-facing seats until they are aged three to four years to minimise neck and head injuries in collisions.

2.5 Gaps and issues

2.5.1 Allowing early transition to forward-facing child restraints

Rearward-facing restraints are very effective in reducing injuries to infants if used correctly. While data is not available on the optimum age or size at which rearward-facing child restraints are not effective, the evidence suggests that children should stay rearward-facing as long as they fit within a rearward-facing restraint (Neuroscience Research Australia and Kidsafe Australia 2020b).

Under the ARR, infants are currently permitted to move from rearward-facing to forward-facing child restraints at six months of age. This is the youngest of almost any developed nation in the world. By comparison, New Zealand requires that children remain rearward-facing until two years of age, and the United Kingdom, Canada and most of Europe require that children remain rearward-facing until at least 15 months old (Queensland Family and Child Commission 2024).

When the minimum requirement of 6 months of age was introduced in 2010, the evidence was not considered compelling enough to regulate that children should be in rearward-facing restraints until the age of 12 months old in Australia. This was based on Australia's history with smaller infant

restraints at the time, where children tended to outgrow their rearward-facing restraints at ages ranging between five and 10 months. Plus, the use of top tether straps in Australia since the late 1970s meant there was more than 25 years of experience developing forward-facing restraints for infants aged between six and 12 months old (National Transport Commission 2007). It was noted that keeping infants rearward-facing was more important in overseas countries because they did not have the long history of using top tether straps to limit forward rotation and displacement of the child restraint.

However, there have been significant changes in the design of rearward restraints since this time, with many of the current Australian rearward-facing restraints now catering for and being recommended for children up to at least 12 months of age. This is reflected in the 2024 update to AS/NZS 1754, where the shoulder-height marker requirements have been changed, increasing the approximate age of children transitioning from rearward to forward-facing from six months to about 12 months.

In short, this means that most infants are now unlikely to outgrow their rearward-facing restraint (i.e. meet the shoulder-height marker to be forward-facing) until at least 12 months of age. As such, there is a widening gap between the current minimum requirement that allows infants to be transitioned to forward-facing restraints from six months of age and the best practice guidance to keep infants rearward-facing until they outgrow the restraint.

2.5.2 Preventing the use of extended rearward-facing restraints

As noted in the national guidelines, restraints designed for extended rearward-facing use up to about two to three years of age are now available and are an acceptable alternative to forward-facing child restraint for children who fit within them. For these restraints, the sign of the child having outgrown the restraint is when the child's shoulders are above the upper shoulder-height marker for rearward-facing restraint use. Although designed for children up to three years of age, professional fitters have advised of instances where smaller children over four years of age do not meet the upper shoulder-height marker for rearward-facing restraint use so they are still fit for rearward-facing use.

Currently, the minimum requirements in the ARR do not allow children over four years old to use a rearward-facing restraint. This is most likely because restraints designed for extended rearward-facing use were not available in Australia when the minimum requirements were set.

Best practice advice recommends that children should stay rearward-facing as long as they fit within a rearward-facing restraint. A minimum requirement in the ARR that potentially prevents this for smaller children using extended rearward-facing restraints is, therefore, out of alignment with best practice guidance.

2.5.3 Lack of clarity on correct use of child restraints

Correct use of child restraints is critical to achieving the intended safety outcomes in the event of a crash. Just as non-use of restraints puts children at serious risk, misuse such as improper fitting, incorrect installation or using inappropriate accessories can also significantly compromise protection.

Evidence suggests that many children are placed in the correct type of restraint but are not adequately protected due to poor fit or improper use (Brown et al. 2024). This includes issues such as loose harnesses, unfastened tether straps and restraints not properly adjusted to the child's size.

Clear and consistent communication of restraint requirements is essential, especially because many parents and carers rely on advice shared in online parenting forums or through informal networks that may contain misinformation. This highlights the need for harmonised national messaging and better public education. It also reinforces the importance of clear guidance on what constitutes a 'properly fastened' or 'correctly installed' restraint.

Also, clarity is needed around the legal and safety implications of using accessories or modifying restraints outside manufacturer specifications. In South Australia, for example, such modifications are not permitted under current law, and this principle could be adopted more broadly to support consistent national practice and improve safety outcomes.

2.5.4 Not allowing for transverse transport

Some infants and young children with significant medical vulnerabilities are physically unable to tolerate upright or semi-reclined positions, necessitating the use of lie-flat child restraints.

While lie-flat child restraints (also known as car beds) are commonly available as standard child restraints internationally, no AS/NZS 1754-compliant lie-flat bed has been available in Australia since the 1980s. This lack of access has led to serious consequences, including:

- some infants and young children being unable to be discharged from hospital
- compromised safety during travel in reclined positions
- social isolation for families unable to transport their child safely.

Since 2019, MACA, the Royal Children's Hospital Melbourne and Medifab have collaborated to introduce lie-flat child restraints in Australia. This effort has involved two global product reviews and extensive assessment through the Australian Safety Assessment Program (AuSAP), supported by Neuroscience Research Australia – Transurban Road Safety Centre, Britax Childcare and Transport for NSW (Safer Vehicles and Crashlab). To date, this collaboration has resulted in the availability of one lie-flat child restraint (a special-purpose car seat), with a second product currently undergoing testing and expected to be available in the near future. Both products are installed transversely within motor vehicles.

AS/NZS 1754 provides for lie-flat child restraints (type A3) and defines 'transversely installed restraints' as those where the child lies more or less at right angles to the vehicle's forward direction of travel. However, despite potentially being an approved child restraint that meets the safety standard, lie-flat restraints cannot be used in Australia without an exemption because the ARR do not provide a definition for transverse restraint.

2.6 Potential regulatory solutions

2.6.1 Support for rearward-facing restraint use as long as the child fits

The rules should prioritise safety, guided by scientific evidence and crash data, rather than simply setting minimum standards. When legislation defines only the minimum, many parents may view that as the goal. Strengthening the law would provide clearer guidance for parents and help ensure children remain in appropriate restraints for longer, improving overall safety outcomes.

The following options are put forward to encourage rearward-facing restraint use for as long as a child fits in their rearward-facing restraint.

Increase the age for mandatory use of rearward-facing restraints

The ARR could mandate a rearward-facing approved child restraint for children under 12 months old unless they have outgrown their rearward-facing child restraint. A more conservative approach could also be taken, setting the minimum age requirement to 18 months to encourage infants to be kept rearward-facing for longer.

This aligns with the best practice guidance that children should stay rearward-facing as long as they fit within a rearward-facing restraint.

Align the use of rearward-facing restraints with size instead of age

Alternatively, the ARR could require that children remain rearward-facing until they reach the maximum size limits of their restraint in that position, which may be defined as under the maximum shoulder height marked on the restraint.

Remove the barrier to using extended rearward-facing restraints

The ARR could allow children between four years and seven years old to also be restrained in a rearward-facing approved child restraint if they still fit in it. This aligns with best practice guidance that extended rearward-facing restraints are an acceptable alternative to forward-facing child restraints for children who fit within them. While extended rearward-facing restraints are designed for children up to about three years of age, this option provides for smaller children who do not meet the upper shoulder-height marker on their rearward-facing restraint by the time they are four years old. This may also enable children with additional needs to remain rearward-facing for longer, allowing them to use an Australian Standards–compliant restraint for a greater period.

2.6.2 Clarify correct installation and use of restraints

Manufacturers of child restraints must provide consumers with all the information on how to install and use their restraint correctly, as designed and constructed, in keeping with the Australian Standard. Using a restraint exactly as intended by the manufacturer is essential in ensuring children have the highest level of crash protection.

The ARR could provide clarity on what is meant by ‘properly fastened and adjusted’, with a stronger focus on correct use and installation, to provide guidance and support better community education. This could be requirements similar to those provided for in South Australia, where a child restraint fit to a motor vehicle must:

- only be used in line with the manufacturer’s specifications
- be securely attached to an anchorage as specified by the manufacturer
- be maintained in sound condition and good working order.

2.6.3 Allow for transverse transport

The ARR could include a definition for transverse restraints in the ARR that aligns with the terminology in AS/NZS 1754. This would enable the ARR to formally recognise child restraints installed in a transverse position rather than through the exemption framework.

To support their use, the ARR would allow infants to travel in a transverse restraint as long as they fit in it (i.e. they are below the maximum shoulder-height marker).

2.7 Consultation questions

Question 1: How effective do you believe the current age-based criteria in the ARR are at ensuring children are using appropriately fitting restraints?

Question 2: Should the ARR incorporate height or size measures (such as shoulder-height markers) more explicitly to better align with best practice guidance?

Question 3: Do you support increasing the minimum age for transitioning from rearward-facing to forward-facing restraints to at least 12 months old? Is 12 months old sufficient or would 18 months old (or another age) be preferable?

Question 4: How can legislation better clarify the meaning of 'properly fastened' and 'correctly installed' restraints to reduce misuse?

Question 5: Should national legislation address incorrect use and modifications and accessories to restraints more clearly?

Question 6: How can the ARR be improved to reduce confusion among parents and carers and enforcement authorities regarding when and how to transition children between restraint types?

Question 7: Should the ARR allow for the use of transversely installed (for example, lie-flat) child restraints?

3 Adult seatbelts and seating position

Key points

- Evidence shows children should not use adult seatbelts until they achieve proper seatbelt fit, as assessed by the 'five-step test'. Poor seatbelt fit increases injury risk.
- The national guidelines recommend that children use a booster seat or child restraint until they either outgrow it or pass the five-step test for proper adult seatbelt fit. Children up to 13 years old should sit in the rear seat due to significantly lower injury risk, regardless of restraint type.
- Current ARR permit children aged seven or older to sit in the front seat using adult seatbelts, despite most not achieving proper seatbelt fit until ages 10 to 12. Updated booster seat standards now provide an opportunity to better align legal requirements with best practice.
- The proposed options include raising the minimum age for adult seatbelt use, defining 'good seatbelt fit' using the five-step test, or increasing the minimum age for front seat travel from under seven to under 13 years.

3.1 Overview

Evidence suggests that children should not use an adult seatbelt alone until they can achieve good rear seat and seatbelt fit (they can sit upright without slouching). Good seatbelt fit can help prevent the risk of 'submarining' (where the child slides underneath the lap belt) or 'seatbelt syndrome' (injuries to the lumbar spine or abdominal region, or neck injuries from the sash belt) (Neuroscience Research Australia and Kidsafe Australia 2020b).

Good seatbelt fit depends on the match between the child and the vehicle seat and seatbelt geometry. It requires that the child's thighs are long enough to allow them to sit comfortably with their lower back against the back of the seat, their knees bent in front of the front edge of the seat and the sash part of the seatbelt should pass across the middle of the shoulder, not across the neck (Figure 1). These are the elements that are assessed by the 'five-step test'.

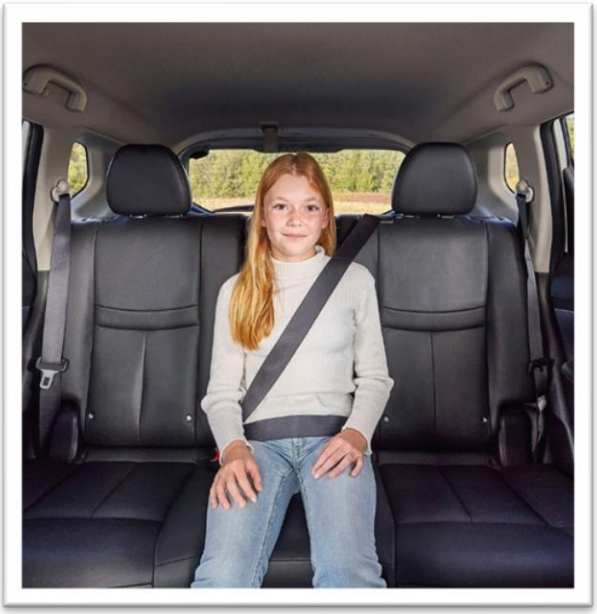


Figure 1: Good seatbelt fit

There is considerable variation in rear seat and seatbelt geometry across different vehicles, and in children's proportions, even when they are a similar standing height (Bilston and Sagar 2007). It is therefore problematic to have a recommended transition point to adult seatbelts that is based on either age or height. However, as noted previously, age-based criteria was the preferred approach when setting the minimum restraint requirements because it was easier for drivers to understand and

comply (National Transport Commission 2007). Evidence suggests parents and carers know the age of their children but may not know accurately know their height or weight (Bilston et al. 2008).

Given good seatbelt fit depends on the match between the child and the vehicle seat and seatbelt geometry, minimum requirements based on age and/or height are problematic because there is considerable variation across these factors. However, these are widely used as minimum requirements in car seat laws because they are simple to understand, communicate and comply with.

In terms of seating position, the ARR have set requirements about where children can sit in a vehicle. The purpose of these requirements is to ensure, where possible, children travel in the back seat because this is the safest place for them. The requirements do allow for children to travel in the front seat in situations where all the back seats are occupied by other children.

Seating position is closely linked to minimum requirements for transitioning to adult seatbelts. Therefore, the issues associated with an adult seatbelt being a poor fit for children apply. There is also evidence that injury risk to children is nearly 50 per cent lower in the rear seat, irrespective of restraint type (Neuroscience Research Australia and Kidsafe Australia 2020b).

3.2 Current requirements

Adult seatbelts

Children from seven to 16 years old must be restrained in either:

- a suitable approved child restraint, or
- a suitable approved seatbelt (adult seatbelt).

Seating position

If a vehicle has two or more rows of seats, a child who is under four years old must not be in the front row of seats.

If a vehicle has two or more rows of seats, a child who is four years or older, but under seven years, must not be in the front row of seats unless all other seats are occupied by passengers who are under seven years old or there is no empty seating position where they can be properly restrained.

For children seven years or older there are no restrictions on where they can sit in the vehicle, provided they are occupying a seating position that is fitted with a suitable approved seatbelt and they wear the seatbelt.

Exemptions for children with a medical condition or disability

The driver is exempt from the requirements for a child with a medical condition or disability who is under seven years old to travel in the rear row of a vehicle with two or more rows, providing they are carrying a certificate that states a medical practitioner believes the passenger should be in the front row of the vehicle because of a medical condition or disability that the passenger has.

However, the ARR do not provide a similar provision for passengers with a medical condition or disability from seven years of age, where they have been issued a medical certificate seatbelt exemption. In this case, they must travel in the rear row of a vehicle with one or more rows.

3.3 Recommended best practice

Transition to an adult seatbelt

The national guidelines recommend that once a child has outgrown their forward-facing child restraint, they should use a booster seat until they can no longer fit within it or when they can achieve good seatbelt fit as assessed by the 'five-step test' in the vehicle in which they are travelling. Though definitions vary across states and territories, broadly, an approved booster seat is one that meets AS/NZS 1754 types E, E8 or E10. It is designed to be used in conjunction with a seatbelt, positioning a child so the vehicle's seatbelt fits correctly over the strongest parts of their body, typically the shoulder and pelvis.

The national guidelines recommend using the five-step test to determine whether a child is big enough to be optimally protected using an adult seatbelt in a particular vehicle. The five-step test determines whether a child is big enough by assessing:

1. whether a child can sit with their back against the seat back
2. with their knees bent comfortably over the front edge of the seat cushion
3. with the sash part of the seatbelt kept across the mid-shoulder and
4. the lap belt low across the top of the thighs and
5. can stay in this position for the duration of a trip.

The five-step test has not been formally accepted but is widely used in practice worldwide to assess whether a child is tall enough to achieve and maintain a good adult seatbelt fit (Neuroscience Research Australia and Kidsafe Australia 2020b).

Seating position

The national guidelines recommend that children up to and including 12 years old should sit in a rear seating position. This is based on strong evidence that injury risk to children is lower in the rear seat, irrespective of restraint type (Neuroscience Research Australia and Kidsafe Australia 2020b).

3.4 Gaps and issues

3.4.1 Allowing early transition to an adult seatbelt

The current minimum requirements in the ARR allow children to use an approved seatbelt once they are seven years old. When the amendments that underpin the current minimum requirements were being considered, it was acknowledged that most children do not achieve a good seatbelt fit until about 10 to 12 years of age. However, the AS/NZS 1754 (2003) requirements at that time had a booster seat weight limit of 26 kg. Based on anthropometric data, this limit meant that booster seats did not cater for about one-third of children aged seven years or older. It was therefore considered unreasonable to legislate mandatory use of these restraints beyond seven years of age (National Transport Commission 2007).

Since this time, AS/NZS 1754 has undergone a few significant reviews and now provides for booster seats that can be used up to about eight years of age for type E8 or about 10 years of age for type E10 and type F. Because the lack of booster seats for older children is no longer a constraint, the opportunity now exists to better align the minimum requirements in the law with the best practice recommendations.

In short, the minimum requirement allowing children to use adult seatbelts from seven years of age is out of alignment with best practice guidance. The national guidelines recommend children use a booster seat until they can no longer fit in it or can get a good seatbelt fit using the five-step test. Most children don't achieve a good seatbelt fit until 10 to 12 years of age. Boosters are also now available for older children, which wasn't the case when the current minimum requirements were set.

Case study: United Kingdom and European approaches to child restraint regulations

In the United Kingdom, regulations require children to use an appropriate child restraint (such as a car seat or booster seat) until they are either 135 cm tall or 12 years old, whichever comes first. Once a child reaches this threshold, they may legally use an adult seatbelt (Gov.UK 2025). This approach acknowledges that size, not just age, is critical in ensuring seatbelt effectiveness and protection during a crash. It also reflects an understanding that premature transitions to adult seatbelts can expose children to serious injury risks such as abdominal or spinal trauma.

Across European Union countries, the standard is similar. Under EU Council Directive 91/671/EEC, children must use booster seats until they reach either 135 cm or 150 cm in height, depending on the choice of individual members states, regardless of age (UNECE 2016). This offers added protection for smaller or lighter children who may still be vulnerable in adult restraint systems. Child restraint systems within the European Union must adhere to UN Regulation R129, which mandates rearward-facing travel for infants up to at least 15 months and includes enhanced side-impact testing, reflecting modern safety research and crash data (UNECE 2016).

These examples show a shift towards height-based requirements over age-based ones, aligning more closely with best practice and crash research. They offer a useful benchmark for Australia as it considers whether current ARR provisions offer sufficient protection for children, and whether clearer, size-based rules could improve safety outcomes. However, caution is needed when applying overseas research directly to the Australian context due to differences in child restraint design and usage. Indeed, the availability of appropriately sized booster seats in Australia is crucial to replicating this approach.

3.4.2 Allowing children to sit in the front seat from seven years of age

The ARR do not prescribe the seating position for children aged seven years or older, only that the seat position is fitted with an adult seatbelt. This means that children aged seven years or older can travel in the front seat. This is a significantly younger age than the recommended age of up to and including 12 years of age.

There is some evidence that drivers are making poor choices about front seat travel, putting children at higher risk of injury and death in the event of a crash. A recent Queensland report into seatbelt and child restraint use in children up to 12 years old found an increase in the proportion of deaths where the child was a front seat passenger for children seven to nine years old (16 per cent) and 10 to 12 years old (38 per cent), indicating a deviation from best practice (Queensland Family and Child Commission 2024).

Also, a poll of Australian parents and carers conducted by the Royal Children's Hospital Melbourne (2025) found that almost half of children (47 per cent) aged between seven and 12 years travelled in the front seat of the family car at least some of the time, suggesting that a significant number of children are being put at an increased risk of injury or death in the event of a crash.

3.4.3 Lack of clarity on restraint rules for front seat travel

While the current ARR allow for a child four to under seven years of age to travel in the front seat when all seats in the back row are occupied by younger children, they do not clearly state whether a child sitting in the front seat must still comply with restraint requirements, such as using an approved booster seat. This lack of clarity leaves the rule open to interpretation.

Noting that front seat travel for this age group is not recommended at all from a safety perspective, it is likely that a child will have a better level of protection in an untethered booster seat that promotes a better seatbelt fit, rather than using a seatbelt only, in circumstances where front seat travel is unavoidable.

3.4.4 Do not allow front seat travel due to another passenger's medical condition or disability needs

There are rare cases where a child without a disability or medical condition, aged four years to less than seven years, may need to travel in the front row of a vehicle that has two or more rows (see case study below). This situation may also occur with the increased availability of lie-flat child restraints that require two seating positions for installation and adult supervision of the child.

Case study: Unclear exemption pathway means family unable to travel together

A recent case involved a hospital seeking to discharge twin boys, aged eight months. Both twins have full-time oxygen requirements, requiring a parent or carer to supervise them when travelling. The family also has a four-year-old daughter. It took more than four months for policy advice to be provided to the family from the relevant regulator, leaving the family unable to travel together during this time, significantly impacting their participation in the community. The advice placed obligations on the family to find a medical practitioner who would provide an exemption and did not provide legal protection from enforcement activity.

3.5 Potential regulatory solutions

A combination of the following options could be incorporated in the ARR.

3.5.1 Increase the age requirement for using adult seatbelts

The minimum age requirement, allowing children to transition to adult seatbelts from seven years of age, was set based on a lack of booster seats for older children at the time the requirements were considered. This is no longer a constraint, with booster seats now available for children up to about 10 years of age.

While age as the criteria for transitioning to adult seatbelts is problematic because of the different elements that make up a good seatbelt fit, it does provide a clear signpost to drivers that is easy to understand and communicate.

There are several approaches that the ARR could take. Two are outlined below, but other minimum ages may also be appropriate.

Increase the minimum age requirement at eight years of age

There is good evidence for children aged four to eight years that lap-sash adult seatbelts are less effective than booster seats or child restraints due to poor fit. There are three types of booster seats allowed by AS/NZS 1754:2024 that cover this age range.

Advantages

- Supported by a good evidence base.
- Supports the use of all booster seat types in AS/NZS 1574:2024.
- It is a common transition point in other car seat laws.

Disadvantages

- Does not fully align with best practice guidance because most children don't achieve a good seatbelt fit until 10 to 12 years of age.

Increase the minimum age requirement at 10 years

Expert opinion is that most children do not achieve a good seatbelt fit until they are 10 to 12 years of age. Type F booster seats are available for children up to about 10 years of age.

Advantages

- Aligns with best practice guidance on the age children are likely to achieve a good seatbelt fit.

Disadvantages

- Drivers using type E8 booster seats would most likely be required to get a new booster seat that can accommodate children up to 10 years of age.
- There is a limited supply of booster seats for children up to 10 years old. Requiring their use until this age could create supply challenges. These issues could be reduced by allowing enough lead time before implementing the new rules, giving manufacturers time to adjust. Also, type G child restraints can accommodate children until around eight or nine years old, potentially reducing the demand for booster seats. But any legal requirement must be realistically enforceable and based on what is currently feasible to comply with.
- Fitting larger booster seats into some vehicles may be challenging for parents. If regulations require children up to 10 years old to use a booster seat, some families may find they can no longer legally transport their children in their current vehicle.
- The evidence that booster seats reduce injury risk for children between eight and 10 years is limited.

3.5.2 Define good seatbelt fit

The ARR could define what a good seatbelt fit is (in line with the five-step test) and then allow children who have outgrown their booster seat to be secured with an adult seatbelt when they can achieve a good seatbelt fit. This is similar to the approach taken in some American states such as Louisiana and Minnesota. In these states, the laws allow children who are at least nine years of age, and who have outgrown the weight or limit of the booster seat, to be secured with a seatbelt fitted correctly to the child, where correctly fitted means:

- The child sits all the way back against the vehicle seat.
- The child's knees bend over the edge of the vehicle seat.
- The seatbelt fits snugly across the child's thighs and lower hips (not abdomen).
- The shoulder belt snugly crosses the centre of the child's shoulder and chest.

Advantages

- Aligns with best practice guidance that children should use a booster seat until they can no longer fit within it or can achieve a good seatbelt fit as assessed by the five-step test in the vehicle in which they are travelling.
- Addresses evidence that shows considerable variation in rear seat and seatbelt geometry across different vehicles.

Disadvantages

- Adds complexity to the minimum requirements, which may make them difficult to comply with and enforce. The technical report (Neuroscience Research Australia and Kidsafe Australia, 2020b) notes that the complexity of remembering five steps and implementing them may act as a barrier to the correct use of this method. This has implications if these requirements are incorporated into the law.
- Other research shows that the effectiveness of the five-step test in promoting accurate decision-making is inconclusive (Powell et al. 2024).
- If there is no minimum age requirement used, it may create a 'compliance gap' where children have outgrown their booster seat but still can't achieve a good seatbelt fit and cannot comply with the ARR.

3.5.3 Increase the age that children must sit in the back seat

As noted, seating position is closely linked to transitioning to an adult seatbelt. Therefore, any changes to that transition point will also influence when a child can travel in the front seat of a vehicle.

Separate to transitioning to an adult seatbelt, the ARR could increase the age range where children are required to sit in the back seat. The maximum age is currently set at less than seven years old. This could be increased to less than 13 years, to align with recommended best practice. Allowances would continue for situations where the back seat is fully occupied by younger children or there is no empty seating position in which they can be properly restrained. Any rule changes should also align with vehicle manufacturers' guidelines, which often specify age limits for when it is safe for a child to sit in the front seat.

3.5.4 Clarify front seat travel rules for children four years to under seven years

The ARR could clarify that children four years to under seven years of age (or potentially older if minimal age requirements are changed) who travel in the front seat due to the circumstances allowed for in the ARR must be restrained in an approved child restraint or approved booster seat. Noting that most vehicles do not have anchor points for the front seat, this would mean using an untethered booster seat or having compliant anchor points retrofitted to the vehicle.

For children in this age range who may need to travel in the front seat due to another passenger's medical condition or disability needs, it is proposed to provide an exemption to the child to allow front seat travel where a passenger requires medical supervision and there is no available seating position in the back row. A certificate would be required from a medical practitioner to support the exemption, and the child travel in the front seat would also be required to be restrained in an approved child restraint or approved booster seat.

3.6 Consultation questions

Question 8: Should the current minimum age of seven years for using an adult seatbelt be increased? If so, what age is more appropriate, and why?

Question 9: Would increasing the minimum age for using an adult seatbelt create practical or financial challenges for families (for example, cost, fitting multiple large seats in vehicles)?

Question 10: How can we best balance clarity (i.e. age-based test) with the need for evidence-based safety thresholds (i.e. the five-step test)?

Question 11: Should the five-step test be incorporated into the law to determine when a child can transition to an adult seatbelt? If so, should the test be further simplified and how?

Question 12: Would a legal definition of 'good seatbelt fit' improve understanding and compliance? Or would it add confusion for drivers and enforcement bodies?

Question 13: Should the minimum age requirement for sitting in the front seat be increased from seven years to 13 years to align with best practice?

Question 14: Are there barriers to requiring approved child restraints or booster seats be used for front seat travel for children under the minimum age requirement in the circumstances allowed for in the ARR?

Question 15: Should the ARR be amended to allow for children aged four to seven years to travel in the front seat when rear seating is unavailable due to another passenger's disability or medical need?

Question 16: Are there specific vehicle types or family circumstances (for example, large families, carers of children with special needs) that should be considered in the design of revised requirements?

4 Children with medical conditions or disabilities

Key points

- In 2015 the ARR introduced child restraint rules for children under seven with medical conditions or disabilities, aiming to ensure appropriate restraint based on medical advice. However, limited research, inconsistent state implementation and poor recognition of specialty systems have undermined their effectiveness.
- Since the model rules were introduced, significant developments such as introducing the National Disability Insurance Scheme (NDIS), new safety research, updated Australian Standards and MACA's support resources have advanced the understanding, evidence base and support for safely transporting children with disabilities and medical conditions.
- Unclear and inconsistently applied requirements across states and territories, and the lack of mandatory safety standards for specialised restraint systems, have led to unsafe transport, product access delays, funding issues and confusion for families and professionals.
- As safe transport practices for children with medical conditions and disabilities evolve, stakeholder input is sought to develop regulatory options that define suitable restraints, recognise prescribers, remove age-based inconsistencies and ensure consistent national implementation.

4.1 Overview

In 2015 the ARR introduced the first specific child restraint requirements for children under seven years old with medical conditions or disabilities. The policy intention was to provide for children with a disability or medical condition to be restrained appropriately if a medical practitioner recommended they should be using a child restraint specifically designed for use by a child with a particular medical condition (National Transport Commission 2015).

At the time the requirements were introduced there was little research into the safe transport of children with medical conditions and disabilities and few suitable restraint options available for those unable to use standard restraint systems.

Consequently, the requirements have not met the original policy intention and have led to unintended outcomes when applied in practice. MACA, a not-for-profit organisation established to advance the rights of people with medical conditions and disabilities to safe transport, has advised that the current model rules do not adequately recognise the specialty vehicle restraint systems and alternative ways that some children with disability travel or support evidence-based best practice. Also, states and territories have not implemented the rules consistently, with some creating their own requirements (Austroads 2025).

Gaps and inconsistencies in the rules contribute to children with disabilities and medical conditions being transported unsafely. A recent literature review showed that children with disabilities continue to be inappropriately restrained in vehicles and are at increased risk of injury, with no improvements in safety over the past two decades (Downie et al. 2020). Recent Australian research also found that the use of specialty harnesses/vests in children under four years old, which is not in line with safety

recommendations, does occur (Austroads 2025) and that some forms of padding used for postural support for children with disability can increase injury risk (Cook et al. 2024)

4.2 Current requirements

The ARR provide exemptions for a passenger under 16 years old with a medical condition or disability who cannot travel in an approved vehicle restraint. These exemptions allow them to travel in specialty vehicle restraints (and alternative ways as described below) provided certain conditions are followed, such as having a certificate issued by a medical practitioner.

Exemptions are required when a passenger is travelling in an alternative method of travel. Examples of alternative methods of travel include:

- special purpose car seat
- modified Australian Standard child restraint
- using accessories that modify a seatbelt
- specialty harness/vest
- in the front seat/row of a vehicle (for children under 7 years)
- no child restraint or no vehicle seatbelt (rare cases).

Children under seven years old

Under ARR 266F, a driver is exempt from complying with the applicable age-appropriate child restraint requirements for children under seven years old if:

- the driver is carrying a certificate that states a medical practitioner believes the passenger should not be restrained in an approved child restraint or booster seat because of a medical condition or disability
- the passenger is properly restrained in a child restraint that has been designed for, and is suitable for use by, the passenger or a person with the same medical condition or disability as the passenger
- the driver complies with any conditions stated in the medical certificate.

A driver is also exempt from complying with the requirements for children under seven years of age with a disability or medical condition to travel in the rear seat, provided they have a medical certificate and are complying with any conditions in that certificate (ARR 266G and 266H).

Children seven years or older

For children aged seven years or older, exemptions apply under ARR 267 *Exemptions from wearing seatbelts*. Under this rule, a person is exempt from wearing a seatbelt if they or, if the person is a passenger, the driver of the vehicle is carrying a certificate that states a medical practitioner believes the person should not wear a seatbelt because of a medical condition or disability that the person has, and they are complying with any conditions stated in the medical certificate.

Where the person has an exemption, they must travel in the rear row of seats in a vehicle with two or more rows (ARR 267(1)).

4.3 Recommended best practice

Since introducing the requirements in the model rules there have been significant developments that are advancing the understanding and the rights of children with disabilities and medical conditions to safe motor vehicle transport. These include:

- The introduction of the NDIS, providing unprecedented access to funding for services and support to help people with disabilities take part in their communities. This includes funding for transport assessments undertaken by allied health professionals (for example, occupational therapists and physiotherapists) and supports and products required for motor vehicle travel. The NDIS requires an evidence-informed approach to assessing, prescribing and funding suitable child restraint systems for children with disabilities.
- New research and testing that is providing an evidence base on safe products and practices for transporting children with disabilities and medical conditions – for example, MACA's Australian Safety Assessment Program and Neuroscience Research Australia's research into modifications and accessory products such as modified Australian Standard car seats and specialty harnesses/vests (Cook et al. 2024).
- The introduction of the new Australian Standard 5384 *Accessories for seatbelts for use in motor vehicles* and the inclusion of a new section catering for some of the transport needs of children with disabilities and medical conditions in AS/NZS 1754:2024 *Child restraint systems for use in motor vehicles*.
- MACA's development of national information resources, an expert support service, evidence-based training and prescribing resources that support safe motor vehicle transport of children with disabilities and medical conditions.
- Austroads (2025) review of specialty harnesses/vests, including expert recommendations for selection and use.

4.4 Gaps and issues

4.4.1 Suitable restraints are poorly defined

Often children with medical conditions and disabilities will be able to use standard approved restraints. Provided they are used correctly, these will provide a high level of protection for children in the event of a crash and have been tested against the safety requirements in AS/NZS 1754.

The 2024 iteration of AS/NZS 1754 now has some requirements for variations to child restraints to cater for children with medical conditions and disabilities. This includes specific design, testing, instructions and marking requirements. However, the availability of these products depends on manufacturers choosing to supply them in Australia's small market, and even then, they are likely to meet only a limited range of needs and users.

Some children and young people may not be able to use a standard approved restraint due to their medical condition or disability and require an alternative method of travel. This includes, for example, children and young people with:

- disabilities impacting their posture, movement and positioning
- needs-based behaviours (for example, where they may get out of their car seat/seatbelt)
- medical conditions such as prematurity, congenital respiratory diseases, burns, orthopaedic conditions, congenital hip dysplasia and cancers.

It is these situations where the ARR exemption provisions apply. To meet the exemption requirements a medical practitioner needs to provide a medical certificate stating that the person should not wear the approved restraint type because of a medical condition or disability.

For children under seven years old, the ARR exemption also requires that the passenger be properly restrained in a child restraint that has been designed for and is suitable for use by the child or a person with the same medical condition or disability as the child. However, the law does not provide clarity on how this should be determined.

Unlike mainstream child restraints, which must meet the requirements of AS/NZS 1754 to be sold in Australia and are therefore known to provide a certain level of safety protection when used correctly, there are no similar legal requirements for specialty vehicle restraints and accessories (for example, specialty harnesses/vests), with some product types not catered for in Australian Standards.

To address this gap and to better understand the safety and performance of specialty vehicle restraint systems, MACA introduced AuSAP. This program independently assesses products, and MACA publishes a national product register of AuSAP-assessed special purpose car seats.

Research on other product types such as modified Australian Standard car seats and specialty harnesses/vests is also well progressed and incorporated into specialist training for allied health professionals, supported by prescribing resources. This is enabling evidence-informed assessing and prescribing practice.

4.4.2 There are inconsistencies across state and territories

Approved child restraints, approved booster seats and approved child safety harnesses are defined in the ARR as being those approved under another law of the jurisdiction. All states and territories refer to AS/NZS 1754, but there are variations in how this standard is referenced and the version that is picked up (Austroads 2025). This creates complexities for the exemption framework and a lack of clarity about when an exemption from an approved standard restraint is required.

Adding to this complexity, the ARR exemption requirements relating to suitable restraints have not been implemented consistently across states and territories.

Victoria does not have a specific requirement that a child with a disability or medical condition be properly restrained in a suitable child restraint. The only requirement is for the medical practitioner to issue a certificate stating that because of a disability or medical condition it is impracticable or undesirable that the person wear a seatbelt or be restrained in an approved child restraint or be placed on an approved booster seat.

Queensland and Western Australia have chosen to provide more clarity on what is considered suitable restraints by introducing specific requirements using AS/NZS 4370:2013 *Restraint of children with disabilities or medical conditions in motor vehicles*. Under this approach, a child under 16 years old who cannot be transported in an approved restraint because of a medical condition or disability must be restrained in a child restraint (Queensland) or a device (Western Australia) prescribed by a specialist (Queensland) or prescriber (Western Australia) in line with AS/NZS 4370. Western Australia defines a prescriber as a medical practitioner, occupational therapist, psychologist, physiotherapist, rehabilitation engineer or biomedical engineer. Queensland defines a specialist as a medical practitioner, occupational therapist, psychologist, physiotherapist, rehabilitation engineer or biomedical engineer. Western Australia also requires a medical certificate to confirm the child's disability or medical condition. These exemptions only apply in the respective jurisdictions.

Also, while the intention may be to provide more clarity around what is safe and suitable, AS/NZS 4370:2013 is not a safety standard. Its purpose is to provide guidance to the person responsible for prescribing restraints for children with medical conditions or disabilities on the process for assessing and determining suitable restraints. It does not provide minimum design, construction and performance requirements for the range of products and accessory devices documented in AS/NZS 4370. Therefore, unlike AS/NZS 1754, it does not provide a level of safety protection for children using the systems prescribed under this standard. It is also an aged standard and may no longer be fit for purpose when considering the new research, improvements to Australian Standards and

developments in the safe transport of children with disabilities and medical conditions that have happened since it was last updated.

The lack of clarity around what constitutes a suitable and safe restraint for children with medical conditions and disabilities, combined with inconsistent approaches across states and territories, creates significant confusion and frustration for parents, carers, allied health professionals and service providers. This contributes to incorrect prescribing practices and increases the risk of unsafe transport (Black et al. 2024). It can also contribute to non-compliance with laws, particularly for families travelling interstate or living on border towns.

These gaps and inconsistencies in the regulatory environment also contribute to delays in accessing products and a reluctance from the government to fund products. The NDIS, which requires evidence that assistive technologies such as special purpose car seats are safe and fit for purpose, has experienced challenges in approving funding applications. This results in long wait times and, in some instances, children not benefiting from the scheme for their motor vehicle transport needs (Lindner and Clarkson 2023).

The ARR review provides an opportunity to consider regulatory options that clarify what constitutes a safe and appropriate restraint for children who cannot use standard child restraints, based on the new research and developments in safe transport of children with medical conditions and disabilities over the last decade, and to support states and territories to implement these requirements consistently.

4.4.3 There are inconsistencies across age groups

As noted, specific child restraint requirements for children under seven years old with medical conditions or disabilities were introduced in 2015. Before this, exemptions from approved restraint requirements for children with disabilities and medical conditions were managed under the seatbelt exemption provisions. These exemptions continue to be used for children seven years of age or older and are also used for children under seven years old for some alternative methods of travel, or where it is unclear if this specific exemption applies due to the lack of definition of child restraint for a child with a medical condition or disability.

The policy intention when introducing these specific exemption requirements was to keep them similar to the exemptions from wearing seatbelts. However, in drafting the requirements, inconsistencies were created between the requirements for children under seven years old and those aged seven years or older. These inconsistencies have been further exacerbated when states and territories have implemented the amendment package into their own legislation.

Children and young people with disabilities and medical conditions may need to use modified or special purpose restraint systems for a variety of reasons including different postural support needs, orthopaedic limitations, challenging behaviours or respiratory conditions (Cook et al. 2024).

When determining the most suitable restraint system for these different conditions, age is unlikely to be a primary consideration. Having inconsistent exemption requirements across the different age group adds unnecessary complexities that contribute to confusion and frustration among parents and carers, allied health professionals, medical practitioners and disability service providers.

The ARR review offers the opportunity to reconsider how to get the most consistent approach for all passengers under 16 years old who cannot use standard approved vehicle restraints, both child restraints and seatbelts, because of their medical condition or disability.

4.4.4 The role of allied health professionals is not recognised

Allied health professionals, like occupational therapists or physiotherapists, play an essential role in assessing seating needs and prescribing specialised vehicle restraint systems for children with medical conditions or disabilities that may affect their ability to use standard restraints.

Assessing and prescribing for motor vehicle needs is recognised as a specialised area of practice and aligns with physiotherapy and occupational therapy frameworks (Australian Physiotherapy Association 2023; Occupational Therapy Australia 2025).

Occupational therapists work in multidisciplinary teams and apply a holistic person-centred approach when assessing transport needs. They consider the dynamic relationship between the person, the occupation and the environment, and identify enablers and barriers to participation in daily life and routines.

Allied health professionals working in this area are experts who have significant professional obligations and are regulated by the Australian Health Professionals Registration Agency (Ahpra). This ensures all practising allied health professionals meet national standards for education, professional conduct and ongoing competence, similar to the requirements for medical practitioners.

When assisting clients to access NDIS funding, they must provide documentary evidence that products meet the requirements of 'reasonable and necessary'. To meet their professional obligations, they need up-to-date training and resources to inform best practice decision-making.

To support allied health professionals in applying current and evidence-informed knowledge in this area of practice, MACA has developed an online training course aimed at building knowledge and confidence in supporting children and young people's motor vehicle transport needs. Nearly 800 allied health professionals have completed this training. Occupational therapists represent the largest cohort in this course (87%), followed by physiotherapists (10%). A recent evaluation has found significant improvements in allied health professional knowledge and confidence in assessing and prescribing, with a 70% decrease in reports of a lack of appropriate training and professional supports and increased confidence of road laws relevant to children with disabilities (D'Arcy et al., submitted for publication).

Despite their professional expertise and scope of practice in supporting the safe transport of children with medical conditions and disabilities, the model ARR do not recognise the role of allied health professionals as 'prescribers' of suitable restraints for passengers who are exempt from using standard approved restraints. The current exemption requirements focus solely on a medical practitioner providing a certificate stating a passenger cannot use a standard approved restraint because of their medical condition or disability. There is no requirement to specify what alternative restraint (or other method of travel) should be used instead.

Not recognising allied health professionals as prescribers in determining a suitable and safe restraint system can lead to poor outcomes for children with medical conditions or disabilities. It can contribute to delays in accessing products, creating situations where the product assessed and prescribed as most suitable for the child's needs is questioned and unsuitable alternatives being suggested, particularly when NDIS funding is being sought. The results can be long wait times for funding and, in some instances, funding not being provided for the safest and most suitable restraint product.

The review of the ARR offers the opportunity to explore regulatory options that recognise the role of allied health professionals as the experts responsible for prescribing alternative methods of travel for children with disability and give them clear authority to approve their use.

4.4.5 Exemptions do not cover alternatives due to a parent's disability

The ARR exemptions currently focus on children not being able to use mainstream restraints because of their medical condition or disabilities. However, there are circumstances where a special restraint system is required for a child because of a parent's or carer's medical condition or disability. For example, Transport for NSW and MACA recently supported a family where the parent's medical condition meant they could not use an approved child restraint for their child and instead needed to use a child restraint with a swivel base. These circumstances are not currently provided for the ARR.

4.5 Potential regulatory framework

Understanding safe transport practices for children with medical conditions or disabilities in motor vehicles is an evolving area. There is more research being undertaken, the knowledge base is growing and product supply market is changing. It is important that any changes to the model ARR strike a balance between setting clear, practical safety requirements that can be applied consistently and allowing flexibility to accommodate emerging developments.

The following outlines a potential regulatory framework that aims to address the gaps and issues outlined. The key elements of this framework are:

- providing a definition of **approved child restraint, approved booster and approved child safety harness** in the ARR to support states and territories to apply these definitions consistently
- defining a **prescriber** of alternative methods of travel, which would include suitably trained allied health professionals
- allowing a **prescriber** to issue an exemption from the standard ARR restraint requirements for children with medical conditions or disabilities (to complement the existing requirement for a medical certificate from a medical practitioner)
- defining **approved alternative method of travel** and requiring these to be used as a condition of the exemption requirements.

This framework would apply to all passengers under 16 years of age with medical conditions or disabilities, removing the current split between children under seven years of age and those aged seven years to under 16 years. This would shift the primary focus from age to an assessment of individual needs, size/shoulder height and suitability of an alternative restraint method.

It is anticipated that clearer definitions and exemption requirements in the ARR would support consistency and improve clarity for families, medical practitioners, allied health professionals, enforcement and service providers while also reducing reliance on ad hoc or discretionary interpretations.

The framework also better aligns with the role of allied health professionals in other frameworks addressing transport needs for children with medical conditions or disabilities such as the NDIS, hospital-based policies and school transport policies, where they are already responsible for undertaking transport assessments, prescribing alternative restraints/methods of travel and developing transport plans.

4.5.1 Key definitions

For the proposed regulatory framework to achieve its intended benefits, clear and accurate definitions are essential. We have outlined draft definitions and are seeking feedback on their practicality and ease of implementation.

Approved child restraint, approved booster seat and approved child safety harness

As noted, all states and territories currently refer to AS/NZS 1754 in their definitions of approved child restraint, approved booster seat and approved child safety harness. To address the issue of variations in versions and terminology, the ARR could include more detailed definitions and refer to a child restraint, booster seat or child safety harness that complies with AS/NZS 1754:2013 or any subsequent versions of the Standard.

It is noted that this does not align with the current Australian Competition and Consumer Commission consumer protection notice (no. 3 of 2014), which is the mandatory standard that must be met by suppliers and hirers of standard child restraint, booster seats and child safety harness in Australia.

The current consumer protection notice refers to versions 2004, 2010 and 2013. However, as AS/NZS 1754 was updated in 2024 it is anticipated that the consumer protection notice will also be updated to pick up the newer version, noting there is no timeframe for this update. When the update occurs, it is also anticipated that versions older than 2013 will be removed from the notice. Manufacturers are no longer making restraints that meet these older standards, and these restraints are unlikely to be used anymore because they generally have a usable life of 10 years from the manufacture date.

In relation to variations to child restraints to cater for specific disabilities (section 7 in AS/NZS 1754:2024), it is proposed to exclude these from the definition of approved child restraint, approved booster seat and approved child safety harness. These would be captured under approved alternative ways of travel instead, ensuring they are assessed as suitable for the child's need by a prescriber.

Prescriber

This would be a new term for use in the ARR, noting that some states and territories already define the term in their legislation. The ARR could define prescriber as a person who is suitably trained and responsible for assessing a person's needs and prescribing the way in which a person with disability or a medical condition should be transported in a motor vehicle. This is an occupational therapist, physiotherapist, psychologist, medical practitioner or rehabilitation engineer/biomedical engineer.

This definition aligns with the current definition of prescriber in AS/NZS 4370 and the definitions in the states and territories that currently define a prescriber in their legislation.

It is proposed to expand these definitions to include a person who is suitably trained to undertake these assessments as this is a specialised area of practice and not all the practitioners listed in the proposed definition would cover this work in their scope of practice.

It is also noted that some car seat installers offer adjustments and modifications to Australian Standard child car restraints for children with disabilities (for example, NDIS services offered through Kidsafe Queensland). These fitters have undertaken specialised training and have expertise in this area. Fitters are not currently captured in the definition outlined above and we are seeking your feedback on potentially expanding the definition to cover suitably trained fitters.

Approved alternative method of travel

As outlined, the safe transport practices for children with medical conditions or disabilities is an evolving area and there is a need to strike a balance between clear requirements and flexibility to accommodate emerging developments.

As there are no other specific Australian safety standards for alternative restraints, the ARR could define approved alternative ways of travel as those approved for use by a prescriber. This provides the flexibility to recognise AS/NZS 1754:2024 child restraints with variations under section 7 and AS 5384 as well as other specialty vehicle restraints and accessories not provided for in Australian safety

standards that are deemed to deliver appropriate levels of safety for children with medical conditions or disabilities. It also allows the flexibility to incorporate any future revisions to AS/NZS 4370.

Under this proposal the requirement that a prescriber be a person who is suitably trained becomes more important because this will be the mechanism to ensure the latest knowledge and best practice is incorporated into what is considered an approved alternative method of travel.

4.5.2 Providing for parents with medical conditions or disabilities

The ARR could allow for children to be exempt from the standard approved restraint requirements where the driver responsible for ensuring the child is correctly restrained has a medical condition or disability that means using an approved restraint for the child is impractical. Similar conditions would apply in that a medical certificate or certificate from a prescriber would be required and the child would need to travel in an approved alternative method of travel.

4.6 Consultation questions

Question 17: Do you support updating the definitions of 'approved child restraint', 'approved booster seat' and 'approved child safety harness' in the ARR?

Question 18: Do you support introducing clearer legal definitions for approved alternative methods of travel in the ARR? What should these definitions be?

Question 19: Would a nationally consistent regulatory framework improve clarity and compliance for families, health professionals and service providers? What are the barriers to realising this approach?

Question 20: Should prescribers be formally recognised in the ARR as approvers of alternative methods of travel? If so, who should be covered by the definition of prescribers?

Question 21: Would removing the current age split and focusing on assessed needs better reflect real-world transport requirements for children with disabilities? How could this be achieved?

Question 22: Are the current requirements for obtaining and using a medical certificate adequate, or do they create barriers to safe transport? What could be changed?

Question 23: What additional changes (legislative or non-legislative) do you believe are needed to improve the safe and consistent transport of children with disabilities and medical conditions?

Question 24: Are there any unintended consequences of the proposed framework that should be considered?

5 Scope expansion (taxis and rideshare)

Key points

- The NTC is considering expanding the review to address additional restraint requirements for passengers aged under 16 years following stakeholder concern about taxi exemptions and is seeking evidence and feedback on the need for change.
- Current taxi child restraint exemptions allow travel without an approved restraint under specific conditions, and the ARR do not specify rules for rideshare services, leading to inconsistent requirements across jurisdictions.
- Current exemptions for drivers of taxis and minibuses may not deliver the acceptable levels of safety for children.
- Rideshare use in Australia has grown rapidly. Inconsistent child restraint rules between taxis and rideshares cause confusion and low compliance. However, harmonising rules faces legal and operational barriers and may not deliver improvements in safety.

5.1 Overview

The NTC is considering expanding the scope of this review to cover other ARR restraint requirements for passengers aged under 16 years that may no longer be fit for purpose due to regulatory changes or emerging safety concerns.

Stakeholders have raised concerns with the current exemptions for drivers of taxis and minibuses and the lack of consistency in the rules applying to rideshare services. To support any scope expansion, we are seeking evidence of problems with the current requirements.

This chapter outlines our current understanding and invites stakeholder feedback on the need for change.

5.2 Taxi driver exemptions

5.2.1 Current requirements

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. The following conditions apply to this exemption:

- The child is not in the front seat.
- 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.

- If the child is under one, they must be seated in the lap of another passenger who is at least 16 years old.

When setting these exemptions and requirements, it was acknowledged that these vehicles provide a public service, operating at all hours and in varied circumstances. As they may be required to transport children without notice, it was deemed impractical for them to carry dedicated child restraints at all times due to space and operational constraints. While not offering the same level of protection, it was considered preferable for a child to use an adult seatbelt rather than travel unrestrained when a dedicated restraint was unavailable (National Transport Commission 2011).

Also, there was limited data on children's travel in taxis and related crash outcomes, making it difficult to assess the extent of safety risks or whether the benefits of stricter measures would justify the regulatory burden.

These requirements have been implemented in all states and territories except New South Wales. In New South Wales, children under the age of one year old cannot travel in a taxi unless secured in an approved child restraint. Only wheelchair-accessible taxis are required to carry such restraints. Standard taxis are not required to carry them, but drivers must not begin a trip with a child under one year old unless the driver or accompanying adult provides an approved restraint.

5.2.2 Exemptions may not deliver acceptable levels of safety

Initial discussions with key stakeholders have highlighted concerns with the level of safety protection for children travelling in taxis under these exemptions, particularly for children under one year old. There is interest in revisiting the policy rationale underpinning these exemptions to assess whether they remain appropriate in light of best practice guidance, current data on children travelling in taxis and insights into the operation of stricter requirements in New South Wales.

5.2.3 Potential barriers to change

The NTC acknowledges that several barriers to change remain in this area and that many of the original policy considerations supporting the current taxi exemptions are still relevant. Taxis continue to provide a vital public service, often transporting passengers in unpredictable and varied circumstances and may be required to carry children without notice. Other potential barriers are outlined below.

Availability of data

As previously noted, when the taxi exemption requirements were introduced, there was limited data on children travelling in taxis, restraint practices and associated safety outcomes. The NTC understands that this data gap largely remains, making it difficult to determine whether the safety benefits of stricter controls would outweigh the associated regulatory burden.

Also, to understand the potential impacts of implementing a stricter requirement, like those in New South Wales, data on enforcement, customer and taxi driver complaints and the impacts on the availability of wheelchair-accessible vehicles would be required. This data may not be collected or readily available.

Interactions between the ARR and state-based taxi legislation

Legal obligations for taxi drivers and service providers are governed by state-based legislation. In New South Wales, the requirement for a suitable child restraint for children under one year old is addressed by mandating that only a specific segment of the taxi fleet – this is, wheelchair-accessible vehicles –

carry approved restraints. This approach balances the need to provide an essential service while minimising regulatory burdens on the wider taxi fleet.

Also, since taxi drivers may refuse fares only under limited circumstances, New South Wales legislation grants drivers the authority to refuse a fare if a child under one is present and a suitable approved restraint is not available.

These operational and legal constraints must be carefully considered when assessing the regulatory impact of any proposed ARR changes that would impose mandatory obligations on taxi drivers.

Taxi driver responsibilities

When a child restraint is provided in a taxi, the legal responsibility for its correct installation and the proper securing of the child rests with the taxi driver. This may be an unreasonable obligation because it would require drivers to be trained in both the installation and appropriate use of any restraint provided.

Availability of wheelchair-accessible taxis

Wheelchair-accessible taxis represent a small percentage of the taxi fleet in each jurisdiction and are often in high demand. Limiting services to these vehicles for parents and carers who aren't carrying a suitable child restraint may be unacceptable to the public where the restriction results in long wait times for a service. An example may be at airports, where parents and carers are travelling without a suitable child restraint and must wait for a wheelchair-accessible taxi to be available. This may also impact on the availability of these taxis to meet the transport needs of people in wheelchairs.

5.3 Rideshare services

5.3.1 Current requirements

The ARR do not address child restraint requirements for rideshare services because these services did not exist when the taxi exemptions were first introduced. Responsibility for determining how child restraint rules apply to rideshare services has been left to individual jurisdictions as part of their regulatory frameworks. As a result, there are inconsistencies across states and territories in how these rules are applied.

- Queensland and the Northern Territory only require a child restraint in a rideshare service if one is available.
- Western Australia has no requirement for children in a rideshare vehicle to use child restraints (but it is recommended as the safest option).
- South Australia, New South Wales, Victoria, Tasmania and the Australian Capital Territory do not provide exemptions for rideshare vehicles. Therefore, the rules for private cars apply.

Some rideshare operators, such as Uber, offer child seat services in some locations. These services provide a pre-booked ride with a driver who has been trained to install and use child car seats.

5.3.2 Lack of consistency for rideshare services causes confusion

The use of rideshare services in Australia has grown significantly over the past decade following commercial passenger vehicle reforms. This growth has been accompanied by a shift away from unbooked 'rank and hail' services, traditionally provided by taxis, towards booked services offered by both taxis and rideshare operators. For example, in Victoria, unbooked taxi trips in 2019 were 20 per

cent lower than in 2018 and accounted for less than 13 per cent of the total commercial passenger vehicle market (Essential Services Commission 2022).

In this context, the rationale for applying different child restraint rules to taxis and rideshare services is unclear to the public, leading to confusion and potentially contributing to non-compliance with rideshare requirements. Recent research indicates a significant increase in the use of rideshare vehicles for family travel following the COVID-19 pandemic, yet only about two-thirds of children (61.4 per cent) travelling in these vehicles are appropriately restrained (Koppel et al. 2025).

5.3.3 Potential barriers to change

Consistent child restraint rules across taxis, rideshare services and states and territories would help reduce public confusion. However, similar barriers exist as outlined in section 5.2.3, including the interaction between the ARR and state/territory-based legislation, and the responsibilities placed on rideshare drivers. The definition of a rideshare service also varies across the different states and territories, creating an added layer of complexity.

In addition, given the growing use of rideshare services and existing safety concerns with current taxi exemptions, extending these exemptions to rideshare services is unlikely to deliver a safety benefit. This is particularly relevant because most states and territories currently apply private vehicle child restraint rules to rideshare vehicles.

5.4 Consultation questions

Question 25: Are there particular age groups or circumstances where the taxi exemptions pose greater safety risks?

Question 26: How effective do you consider the stricter New South Wales requirements for children under one year old to be? Should these be considered for adoption more broadly?

Question 27: How practical is it for taxis and minibuses to always carry and install approved child restraints?

Question 28: What are the main legal and operational barriers that should be considered when assessing potential changes to taxi exemption rules? How should they be addressed?

Question 29: Should child restraint rules be harmonised across taxis and rideshare services? Why or why not?

Question 30: What evidence or data can you provide to help assess whether current taxi exemptions strike the right balance between safety and regulatory burden?

Question 31: Are there any emerging trends or new information about child travel in taxis or rideshare services that should be considered?

6 Next steps

Key points

- NTC is inviting stakeholder feedback on the key questions and the proposed scope expansion.
- Stakeholder feedback will be used to refine options for change and to assess the impact of these options.

The NTC is inviting formal submissions and broad stakeholder feedback on the issues and preliminary regulatory options presented in this paper.

Stakeholders wishing to make a submission during the public consultation period should refer to the full list of questions provided in the *Summary* section of this report (page 8). The *Have your say* section of this report (page 2) outlines the submission process. These are intended to guide discussion only and stakeholders are not required to answer every question. Submissions are also welcome to focus on any other relevant matters within the project scope as detailed in section 1.2, including feedback on the proposed expansion of scope and evidence of problems with the current child restraint requirements.

At the conclusion of this public consultation, submissions will used to refine the options for change and the potential impacts assessed in a regulatory impact statement for public consultation in 2026.

The NTC will advise in due course about future consultation periods on subsequent documents. Concluding recommendations to ministers are expected to be finalised by the end of 2026.

Appendix: International restraint rules

Canada

Canadian law on the use of child restraints varies from province to province. Some provinces place specific requirements on when children should use either forward or rearward-facing seats. The Northwest Territories, Newfoundland, Labrador, Ontario and Nunavut require children to use rearward-facing seats until they weigh at least 9 kg, and car seats until they weigh at least 18 kg. Other provinces provide no specifications on seat facing, with Quebec, Manitoba and New Brunswick recommending that car or booster seats are used suitable to a child's age, weight and height. Separately, Yukon considers whether a child can walk unassisted when determining when a child can switch from a rearward-facing to a forward-facing seat (Babycenter 2023).

Provinces also vary on when a child may cease using a booster seat, and in the case of Alberta and the Northwest Territories, there are no laws on the use of booster seats. However, most provinces have requirements on when a child can cease using a booster seat, including determinative age and height metrics. Age requirements range from eight to 10 years old, while height is universally set at 145 cm. A smaller majority of provinces also include weight as an option, with weights ranging from 36 kg to 45 kg (Babycenter 2023).

For a child car seat to be used legally in Canada, it must be marked with a Canadian national safety mark, except for custom restraint systems designed for people with disability, which are exempt in most cases (Transport Canada 2019a).

There are no legal requirements on where a child seat should be placed within a vehicle, nor rules relating to rearward-facing child restraints in the front passenger seat of a vehicle (Transport Canada 2019b). However, Transport Canada (2019b) strongly recommends that rearward-facing children only be placed in the back seat of a vehicle.

In most Canadian provinces and territories, children can travel in taxis without child restraints, with taxi drivers exempt from ensuring children are appropriately restrained (Rhino Car Hire 2021). A few Canadian jurisdictions require parents to ensure their children are appropriately restrained when travelling in a taxi (Child Passenger Safety Association of Canada 2023). For rideshare services, rules vary between provinces and territories as to whether a child may travel via a rideshare service without appropriate restraints and who is responsible for ensuring they are appropriately restrained (Child Passenger Safety Association of Canada 2023).

European Union

Under EU law, all children aged under 12 who are under 135 cm tall and weigh less than 36 kg must use a child restraint system appropriate to their height and weight (Swandoo 2025). This serves as a minimum requirement, and several EU states have enacted legislation on child restraints with more restrictive requirements (European Road Safety Observatory 2022). Examples include:

- **Germany**: Children who are aged under 12 years and are less than 105 cm tall must be seated in a suitable child seat/restraint. Restraints used must conform to standards ECE 44/03 or ECE 44/04 (IDLTrip 2025).
- **Ireland**: Children under the age of three are not allowed to travel in a car other than a taxi unless they are using an appropriate child restraint. Children over the age of three who are less than 150 cm tall and weigh under 36 kg must use an appropriate child restraint when travelling in a car fitted

with seatbelts. If no seatbelts are fitted, they must travel in the rear seats (Road Safety Authority 2025).

- **The Netherlands**: Children up to the age of 18 and less than 135 cm tall must use an appropriate child restraint approved to ECE 44/03 or 44/04. Children under three years old may not be transported unless they are in an appropriate child restraint (IDLTrip 2025).

Child restraints in the EU must fulfill either the United Nations ECE R129 or ECE R44.04 safety standards to be legally used. The R44 standard is in the process of being phased out in favour of the R129 standard, which aims to implement stricter technical requirements while improving their user friendliness to reduce the risk of misuse. As of 2024, no new systems of type R44 can be approved or sold within the EU (European Road Safety Observatory 2022).

EU law explicitly makes it illegal to place a rearward-facing child restraint in the front passenger seat unless the front passenger airbag has been deactivated (European Commission: Mobility and Transport – Road Safety 2025).

There is no requirement under EU law for appropriate child restraints to be used in taxi or rideshare vehicles. Members states have enacted their own rules to govern the use of child restraints in taxis. Germany, for instance, requires taxis to carry a minimum of two child car seats (Hansa Taxi 2025). Ireland, in contrast, exempts taxi drivers from providing child car seats (Road Safety Authority 2017).

New Zealand

In New Zealand, all children must travel in child restraints until at least their seventh birthday, and if a child restraint is in the car must continue to use it until they turn eight (NZ Transport Agency 2025b). Exceptions apply in the case of:

- vintage vehicles (first registered before 1955) that are not fitted with safety belts
- passenger service vehicles where no appropriate child restraint is available
- vehicles without a back seat (NZ Transport Agency 2025b).

Child restraints in New Zealand must be certified under one of three types of certification of legal use. These certifications include the joint Australian and New Zealand standard AS/NZS 1754, the United States standard FMVSS 213, which must also show the New Zealand Standard ‘S’ mark indicating it is certified for use in New Zealand, and the European Standard ECE 44 or ECE 129 (NZ Transport Agency 2025b).

It is illegal to install a child restraint in the front seat of a vehicle if there are active airbags (NZ Transport Agency 2025a).

Child restraints must be used in passenger service vehicles such as taxis and buses only when appropriate child restraints are available (NZ Transport Agency 2025b), with no requirements for these restraints to be available for use (Rotorua Taxis 2025).

United Kingdom

In normal circumstances, children in the UK must use a child car seat until they are either 12 years old, or reach a height of 135 cm, whichever comes first (Gov.UK 2025). The rules vary in a few cases, including if:

- The child is in a taxi or minicab.
- The child is in a minibus, coach or van.
- The child is on an unexpected journey (for example, an emergency).

- There is no room for another car seat (Gov.UK 2025).

The same rules apply for children with medical conditions or disabilities, but they can use a disabled person's seatbelt or a child restraint designed for their needs. A doctor can issue an exemption if a child cannot use a restraint or seatbelt owing to their condition (Gov.UK 2025).

Parents and caregivers can choose a child car seat based on either their child's height or weight. For height-based seats, children must use a rearward-facing seat until they are over 15 months of age, at which point they may use a forward-facing seat. For weight-based seats and carriers, more granular rules apply based on both the age and weight of the child, up to a weight of 36 kg. Only EU-approved height and weight-based child car seats can be used in the UK (Gov.UK 2025).

The UK mirrors the EU in explicitly making it illegal to place a rearward-facing child restraint in the front passenger seat, unless the front passenger airbag has been deactivated (Safe Ride 4 Kids 2025).

Children travelling in taxis must use a child restraint if an appropriate restraint is provided. However, there is no legal obligation for taxi, private hire, or minicab companies to provide restraints. If no appropriate restraint is available, children must use the available seatbelts (The Royal Society for the Prevention of Accidents 2019).

United States of America

American law on child restraint use varies from state to state. Just over half of the states require children under the age of eight to be secured in a child restraint system, though age requirements before children can stop using child restraints can range as low as five and, provided certain weight and height requirements aren't yet met, as high as 16 (Safe Ride 4 Kids 2025). Several states, such as Louisiana (Louisiana State Police 2025) and Minnesota (CentraCare 2024), choose to incorporate the five-step test into law, requiring children to pass the test before they can legally use an adult seat. Meanwhile, other states such as California (California Highway Patrol 2025) and Tennessee (Tennessee Highway Safety Office 2025) only recommend the test's use. States also vary substantially on the use of height and weight requirements in determining when children may stop using use child restraints, though almost all states use at least two of the three metrics of height, weight and age (Safe Ride 4 Kids 2025).

All child restraint systems in the United States must comply with the US FMVSS 213 standard to be able to be used legally within the country (Safe Ride 4 Kids 2025).

Child restraint positioning requirements also vary between states. Most states have no requirements on the age at which a child may sit in the front passenger seat or where a child seat can be placed in a vehicle, though some may consider this to be covered by requirements to fit child restraints according to a manufacturer's specifications (Safe Ride 4 Kids 2025). Of those that do have requirements, most only specify an age when a child may sit in the front passenger seat of a vehicle. Some states specify seat location, with most of those requiring rearward-facing child seats to be placed in the back seat of a vehicle unless the front passenger airbag has been deactivated or is not present (Safe Ride 4 Kids 2025).

Whether or not taxis are exempt from these requirements also varies from state to state (Safe Ride 4 Kids 2025).

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