

Chapter 4

Conclusions and Recommendations

4.1 Motorised mobility devices – including mobility scooters and motorised wheelchairs – have become increasingly important to a growing number of older Australians. The issues around their use and their safety are, however, equally important to younger Australians – particularly those who live with a disability.

The importance of motorised mobility devices for Australians living with disabilities

4.2 Many Australians will have a disability at some stage of their lives. For some people the disability will be temporary, but others may be affected for a lifetime. According to statistics cited by the AHRC, approximately 6.8 million Australians aged 18 years and over report having a disability, or a long-term health condition. Most people with disabilities – 87 per cent – are restricted in their ability to carry out at least one everyday activity, such as self-care, mobility or communication.¹

4.3 The AHRC also notes that people with disabilities are more likely to experience poverty, live in poor quality or insecure housing and have low levels of education. They are often socially isolated and have fewer opportunities to take part in community life. Progress has been made towards fulfilling the Disability Standards for Accessible Public Transport 2002 requirement that all public transport services, infrastructure and conveyances fully comply with the relevant standards by 2032.² However, the fact remains that 1.2 million Australians with disabilities report having difficulties accessing and using public transport.³

4.4 It should be noted that according to recent figures from the AHRC, discrimination on the grounds of disability is the most frequent issue raised by people who enquire about their human rights or who lodge complaints about breaches of those rights. In 2016–17, the AHRC received 14 911 complaint-related enquiries and 1939 complaints. Of these, disability discrimination accounted for 20 per cent of total enquiries and 39 per cent of total complaints.⁴

1 Australian Human Rights Commission, *Face the facts: Disability Rights*, website <https://www.humanrights.gov.au/face-facts-disability-rights> (accessed 24 August 2018).

2 The Transport Standards prescribe minimum requirements to be met by transport operators and providers and includes performance requirements and timeframes for compliance. By December 2022, operators and providers are required to ensure that all public transport services (except trains and trams) fully comply with the relevant Standards.

3 Australian Human Rights Commission, *Face the facts: Disability Rights*, website <https://www.humanrights.gov.au/face-facts-disability-rights> (accessed 24 August 2018).

4 Australian Human Rights Commission, *Disability discrimination at top of Commission complaints data*, website <https://www.humanrights.gov.au/news/stories/disability-discrimination-top-commission-complaints-data> (accessed 30 August 2018).

Older Australians and community participation

4.5 Older Australians represent a growing proportion of the total population. In 2016, 3.7 million Australians were aged 65 and over, comprising 15 per cent of the total population. The proportion of older Australians is expected to continue to grow steadily over the coming decades. In part, the growth in the proportion of older Australians is due to increasing life expectancy. In 2011–13, a 65 year old man could expect to live another 19 years, and a 65 year old woman another 22 years, which is 7 years longer (for both sexes) than in the mid-1960s.

4.6 According to the Australian Institute of Health and Welfare (AIHW), Australians now have one of the highest life expectancies in the world. It is noted that the proportion of older Australians participating in the labour force doubled between 2000 and 2015 – from 6 to 13 per cent. While a significant proportion of older Australians reported their health as good, very good, or excellent, approximately 50 per cent of older people indicated they have some degree of disability.⁵

Concerns raised about safety

4.7 A number of submitters to the inquiry pointed to the increasing use of motorised mobility devices – particularly mobility scooters – and raised specific concerns about their safety. It was noted that while in theory, users of these devices are categorised as pedestrians, many mobility devices are heavy and some are also capable of reaching speeds of 10 km/h or more.

4.8 The committee received a number of detailed accounts of accidents in which submitters (or their relatives) had sustained a variety of injuries: ranging from bruising, grazes, skin tears and broken ankles to head injuries, broken legs and broken hips.

4.9 In addition to describing their first-hand experience of the types of injuries that can be caused by these devices, it was argued that the ongoing consequences of accidents involving motorised mobility devices can also be very serious. In addition to the impact on a person's physical and mental well-being, ongoing medical treatment can be painful, expensive and time consuming. Submitters also described circumstances where severe injury has made it impossible for a person to work and has caused considerable financial hardship.

4.10 Conversely, the committee heard of accidents involving injury to motorised mobility device users, often caused through no fault of their own. In a significant number of cases it is the user of the device who is injured, a reality that was borne out in evidence provided by stakeholders and included in Chapter 2.

The balance between independence and safety

4.11 The committee recognises that motorised mobility devices – including mobility scooters and motorised wheelchairs – can have a positive impact on people's

5 Australian Institute of Health and Welfare, *Demographics of older Australians*, website <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/demographics-of-older-australians> (accessed 29 August 2018).

lives. Mobility devices provide independence and movement to a large number of people who may otherwise have difficulty getting around their communities or undertaking any number of simple tasks that are frequently taken for granted by most people.

4.12 The committee notes that COTA Australia's views on the importance of mobility reflect those of a large number of submitters:

The capacity to visit friends and family, shop, attend appointments and be part of community activities are crucial to quality of life and to enable older people to remain independent and in their own homes for as long as possible. Mobility scooters are also particularly important to older people in areas with limited public transport.⁶

4.13 As noted previously, under current federal, state and territory legislation and in practice, mobility scooters and motorised wheelchairs are generally categorised as a medical device. Essentially, this means that the transit rules are largely the same as those which apply to pedestrians. At the same time, however, the road rules (and the interpretation of the road rules) can differ across the states and territories.

4.14 There is also some variation in the rules and regulations which govern the safe use of motorised mobility devices, including definitions of the rights and responsibilities of mobility device users. This lack of clarity and consistency adds to a confusing – and potentially dangerous – environment for scooter and wheelchair users, as well as other pedestrians and road users.

Education

4.15 The committee is of the view that the availability of information regarding the safe use of mobility devices is vitally important. In particular, it is critical that users receive appropriate and timely education and tailored training regarding the safe use of their own motorised mobility device.

4.16 The committee agrees with the views expressed by those stakeholders who argued that prior to a person purchasing (or being provided with) a motorised mobility device, they should be assessed by a qualified medical professional, such as an occupational therapist. The medical professional would be required to assess the person's fine and gross motor skills, balance and endurance, vision and perception, their planning skills and their memory as well as their concentration and reaction times. This assessment process would ensure that the most appropriate device is provided and potentially tailored to need. It would also provide the ideal opportunity for training in safe usage and standards. Finally, the assessment should include a functional trial to enable the user to learn the safest way to negotiate ramps, paths, shopping centres and to access public transport.

4.17 The committee emphasises, however, that any additional education and training should be well coordinated, easily accessed and not impose any additional financial burden on users.

6 COTA Australia, *Submission 101*, p. 3.

4.18 It is obvious that the provision of information, education and training is currently very ad hoc. Evidence suggests that various federal, state and territory departments, local government organisations, local councils and some aged care facilities provide good quality training material and information to users of mobility devices. Some people prescribed a mobility device by a government department or agency reported that they were provided with adequate information and training. However, evidence to the committee suggested that without a national framework in place, there is currently no mechanism to ensure that education and training are both accessible and consistently provided.

4.19 The committee has observed that there is a high level of goodwill across federal, state and territory road transport agencies, aged care and disability support groups, retailers and suppliers, community groups and individuals to ensure safety. On the whole, submitters were also supportive of the need for the provision of information – and training – to be mandatory.

4.20 The committee recognises that users need to be provided with clear, consistent information about the safe use of their motorised mobility device – including mobility scooters and motorised wheelchairs.

4.21 The committee is strongly of the view however, that safety is not solely the responsibility of those who use motorised mobility devices. The committee acknowledges the evidence provided by a large number of submitters which indicated that there is also a need to educate the general public about sharing public spaces safely. The problems associated with the inappropriate use of modern technology – including mobile phones, earphones and headphones – is obviously not limited to road users.

A common thread

4.22 It is clear that people have very strong views about motorised mobility devices: their increasing use, and their safety. Some submitters expressed strong views about the dangers posed by motorised mobility devices and raised specific concerns about their lack of regulation.

4.23 A large number of submitters also expressed strong views about the positive impact mobility scooters and motorised wheelchairs can have on people's lives. A number of individuals and representative groups made it very clear that they were opposed to any type of rules or regulations which could deter older or disabled Australians from accessing their communities. Submitters referred to the 'privilege' and the 'freedom' of independence and described it as a vital ingredient to health and wellbeing. Others noted that such independence is a fundamental human right.

4.24 The inquiry did, however, identify a number of areas of common ground. The majority of submitters, for example, stressed the importance of having an appropriate regulatory framework, which supports individual independence, but at the same time encourages safety on roads, footpaths, in shopping centres, on public transport and around recreational facilities.

4.25 The committee notes that the speed of mobility devices was a key concern for many. While a number of submitters pointed to the dangers of increasing the

permitted speed, a large number raised strong objections to the introduction of any regulations which would decrease the permitted maximum speed from 10 km/h.

4.26 Interestingly, the committee notes that there is a general consensus around the continuation of a 5 km/h minimum speed and a 10 km/h maximum speed. The committee suggests that this evidence should be taken into consideration by Austroads as part of its future deliberations.

4.27 The committee also notes the evidence provided to the inquiry which suggests that the current limits set for mobility devices – particularly motorised wheelchairs – is not practical. Modern motorised wheelchairs are frequently fitted with footrests, headrests and safety devices which take their weight beyond 110 kgs. The committee has concerns about evidence that under the current regulations, a large number of motorised wheelchairs could be deemed illegal because of the weight restriction.

4.28 The weight of mobility devices was raised throughout the inquiry, but was not identified as a key safety concern by submitters. The committee does have concerns about the lack of clarity in regard to weight limits and is of the strong view that further research is required to determine whether in fact weight limits have any major impact on safety, and whether it is necessary to set limits in future regulations.

4.29 The inquiry has determined that there is considerable agreement around the need to develop less complex, nationally consistent rules and regulations relating to the use of motorised mobility devices. Based on evidence provided to the committee during its inquiry, the committee suggests that there is a high level of agreement amongst stakeholders in relation to:

- the need for individuals to be assessed by a medical professional (such as an occupational therapist) prior to purchasing a motorised mobility device;
- the need for individuals to purchase a motorised mobility device that is suitable for both their needs and their (physical and mental) abilities;
- the need for users of motorised mobility devices to have access to appropriate training;
- the need for consistency in relation to the speeds at which motorised mobility devices are permitted to travel (including a maximum speed of 10 km/h);
- the need for further consideration to be given to implementing a simple, low-cost system which covers the licensing, registration and insurance of motorised mobility devices – including mobility scooters and motorised wheelchairs; and
- the need for individuals to have met both medical and training requirements prior to being permitted to purchase, register and insure their motorised mobility device.

Research

4.30 As noted earlier in this report, information about motorised mobility devices, including their use and their safety is difficult to find. There is little basic information available about the numbers of mobility devices in use across the country or the way the devices are being used inside and outside the home. There is even less information available about their safety and their compatibility with the urban environment. This lack of data has contributed to a reliance on anecdotal information, and the committee recognises the need for comprehensive evidence.

4.31 The committee acknowledges the excellent work that has been done, and the efforts that have been made by organisations such as the Australian Competition and Consumer Commission (ACCC), Monash University Department of Forensic Medicine (DFM), the University of the Sunshine Coast Adolescent Risk Research Unit (ARRU) and CQUniversity Australia's School of Medical, Health and Applied Science.

4.32 The research conducted by these organisations was cited by a number of submitters and has provided valuable historic information and some much-needed context to the issues raised during the inquiry.

4.33 The committee agrees with the researchers who gave evidence on behalf of these organisations that there is a lack of up-to-date data in relation to the use of motorised mobility devices. The committee is of the view that the current lack of up-to-date data makes it very difficult – if not impossible – for authorities to determine exactly what the specific problems are that they need to mitigate against.

4.34 The committee therefore supports the call for additional research. Such research should include as a minimum:

- a comprehensive epidemiological study in relation to motorised mobility device deaths and serious injuries (to include the use of some new codes that have recently entered some data systems) to specify mobility device injuries;
- an in-depth study of fatal and serious head injuries to scooter users to determine the potential for protection by helmets, such as bicycle helmets;
- a study to determine whether a systems approach should be applied to motorised mobility device safety – which includes the machine, the rider and the environment;
- the development and implementation of user assessment programs and training;
- research into whether the use of alcohol and/or drugs is a contributing factor in the number of deaths and injuries (attributed to accidents involving motorised mobility devices); and
- the ongoing collection of national mobility device data, which includes numbers of motorised mobility devices and users, the age and sex of users (to inform monitoring and research and to provide denominator

data so researchers can examine the rates of injuries and identify and trends or patterns).

National Approach

4.35 Clearly, developing a consistent national approach to the regulation of motorised mobility devices – including mobility scooters and motorised wheelchairs – is central to their safe use. Achieving this consistency will require standardisation of, and a consistent national approach to, regulation and the enforcement of that regulation.

4.36 The committee acknowledges the work undertaken by organisations such as the ACCC and Austroads over the past decade, and notes that Austroads is currently involved in various projects as they work toward developing a nationally consistent approach to the use of motorised mobility devices – including mobility scooters and motorised wheelchairs.

4.37 The committee notes that a number of the safety concerns in relation to these devices – particularly those which relate to their speed, could be resolved by enforcement of appropriate regulatory requirements. This includes those requirements which are the responsibility of the Department of Infrastructure, the ACCC, state and territory transport and traffic agencies and state and territory fair trading agencies.

4.38 It is clear that only mobility scooters and motorised wheelchairs that meet federal and state safety requirements should be imported and supplied to the Australian market.

4.39 The committee is of the view that mobility scooters and motorised wheelchairs are of significant benefit to a large number of people across the community including older people and people with a disability. Motorised mobility devices provide valuable support and assist people to remain independent and engaged in their local community. Any future regulation of mobility scooters and motorised wheelchairs needs to be evidence-based and must recognise the importance of safety – of users and others – but not add any additional barriers or make access and inclusion any more difficult for a frequently marginalised section of our community.

4.40 The committee notes that over the past decade, Austroads has initiated vital road and transport research which now underpins its current policy development role in relation to motorised mobility devices. The projects undertaken by Austroads, and the links it has established with stakeholders over recent years, provide an appropriate platform as it works toward the development of a nationally agreed framework for the safe use of motorised mobility devices. As noted previously, introducing improved construction requirements for motorised mobility devices and addressing the existing inadequacies in the ARRs (as they relate to motorised mobility devices) are key objectives of current Austroads projects.

4.41 As the peak organisation for Australasian road transport and traffic agencies, Austroads currently has the expertise required to develop a new framework which supports the safe interaction of motorised mobility devices with pedestrians and other road users – both on roads and road-related areas.

Recommendations

4.42 The committee recognises that the nationally consistent regulatory framework under current development must be evidence-based. The committee also recognises the importance of the collaborative work that Austroads is engaged in, as part of its efforts to establish the framework.

4.43 To this end, the committee recommends that Austroads is appropriately funded to ensure that comprehensive research and consultation activities are carried out. Furthermore, ongoing funding should be provided if necessary, to ensure that Austroads can conduct, or commission, the collection of national motorised mobility device data on a continual basis as identified in this report.

Recommendation 1

4.44 The committee recommends that the Australian Government ensure that Austroads has adequate funding to undertake research and consultation activities to inform the establishment of a nationally consistent regulatory framework for motorised mobility devices.

4.45 The committee also recommends that Austroads take this report, and the evidence provided to the inquiry, into account for the purposes of its deliberations. In particular, the committee draws the attention of Austroads to a number of issues for consideration and resolution. These include matters such as the education of users as well as issues with licencing and registration arrangements as well as third party insurance.

Recommendation 2

4.46 The committee recommends that Austroads take into account this report, and the evidence provided to the inquiry, for the purposes of establishing a nationally consistent regulatory framework for motorised mobility devices. As part of its deliberations, Austroads should consider simple and low-cost licencing and registration arrangements and third party insurance.

Senator Glenn Sterle

Chair