COTA TASMANIA
for older Australians

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Submission: Bass Straight Islands Transport Strategy

1. Overview

COTA Tasmania welcomes the development of a long-term transport strategy for King Island, Flinders Island and truwana/Cape Barren Island.

Reliable, affordable, and accessible transport is essential social infrastructure for island communities. It determines whether residents can obtain healthcare, maintain relationships, access government and commercial services, receive essential goods and remain connected to the wider Tasmanian community.

The Strategy must explicitly address the needs of older residents.

The 2021 Census recorded a median age of 57 on Flinders and Cape Barren Islands, with approximately 36 per cent of residents aged 65 or over. On King Island, approximately 24 per cent of residents were aged 65 or over. These proportions are substantial and should influence the objectives, investment priorities and performance measures adopted in the final Strategy.

Equity does not require identical services. It requires transport arrangements that give island residents a fair opportunity to access essential services and participate in community life, recognising the additional cost, complexity, and risk created by island geography.

2. About COTA Tasmania

COTA Tasmania is the peak body representing the interests of older Tasmanians. We work to ensure that Tasmanians can age with dignity, security, opportunity and choice, and that public policy, services and communities recognise the diversity, experience and contribution of older people.

COTA Tasmania brings the perspectives of older Tasmanians to government, service providers and the wider community. Our work includes advocacy on health, aged care, housing, transport, digital inclusion, safety, participation and the rights of older people to make informed decisions about their own lives.

3. Summary of Recommendations

- Make equitable access for island residents, including older people and people with disability, an explicit objective of the Strategy.
- Assess the complete door-to-door journey rather than considering air, sea, and local transport services separately.
- Give particular priority to reliable and affordable health-related travel, including travel by necessary carers and support people.
- Establish clear accessibility and service standards for vehicles, terminals, booking systems, information, and disruption management.

- Improve local and demand-responsive transport connections for residents who do not drive.
- Retain telephone and assisted booking and information channels; no essential service should be digital-only.
- Engage directly with older residents, carers, Aboriginal Elders, health and aged-care providers, community transport services, and local councils on each island.
- Include funded actions, transparent timeframes, and public reporting using data disaggregated by island, age, disability and journey purpose.

4. Detailed Comments

4.1 An equity and ageing lens must be explicit

Older island residents are not a small or peripheral user group.

On Flinders and Cape Barren Islands, people aged 65 or over comprise more than one-third of the population. Older residents are also more likely to have health conditions or mobility limitations, require regular specialist care, rely on a carer, or cease driving during the 20-year life of the Strategy.

The Strategy should therefore include equitable access, age-friendly design, and universal accessibility as core objectives and as criteria against which investment options are assessed.

A general commitment to 'accessibility' is insufficient unless it is translated into practical service standards and funded actions.

4.2 Plan for the whole journey

Island travel is a chain of interdependent journeys: from home to the island airport or port; boarding and travel by air or sea; transfer on arrival; and travel to the final destination. A service may be technically available but practically inaccessible if one link is missing, unaffordable, or poorly coordinated.

The Strategy should address:

- accessible and affordable transport between homes, townships, health facilities, airports, and ports;
- coordination between island services, mainland public transport, and common medical appointment times;
- adequate connection times for people who move slowly or require assistance;
- safe transfer of luggage, medication, and mobility equipment; and
- availability of wheelchair-accessible and assisted transport at both ends of the journey.

4.3 Health-related travel requires particular protection

Many specialist and diagnostic services are not available on the islands. Consequently, transport reliability is inseparable from healthcare access. Missed connections, short-notice cancellations, or schedules requiring extra overnight stays can delay treatment and impose significant financial and physical strain.

The Strategy should be developed in coordination with the Department of Health and the Patient Travel Assistance Scheme.

It should examine the real cost of health-related travel, including ground transfers, accommodation, meals, and the travel of an approved escort or carer. Assistance should be straightforward to understand and claim, and it should not require digital access.

People travelling for healthcare should receive practical support when services are disrupted, including priority rebooking where appropriate, clear advice about onward connections and accommodation, and assistance for travellers who cannot independently reorganise complex itineraries.

4.4 Affordability must reflect total travel costs

The Strategy should also consider how essential travel can remain affordable during periods of high visitor demand.

Affordability should be assessed across the complete journey, not solely by reference to the advertised air or sea fare. Older people living on fixed or modest incomes may face ground transport, accommodation, booking fees, baggage charges, and the cost of a support person in addition to the main fare.

Pensioner and concession arrangements should be transparent, consistent and easy to access. Pricing and booking systems should not disadvantage people who cannot book far in advance, use an app, monitor changing fares online, or travel at the cheapest available time.

4.5 Accessibility must be practical, not nominal

Accessibility requirements should cover the full service environment. This includes safe paths of travel, nearby drop-off points, seating, shelter, lighting, accessible toilets, ramps or boarding assistance, clear signage, and staff able to assist passengers respectfully.

Transport procurement and service agreements should address the carriage of wheelchairs, walkers, other mobility aids, medical equipment, and assistance animals. Information about any aircraft, vessel or vehicle limitations should be accurate and available before booking. Where a mode cannot accommodate a person, an effective alternative must be identified rather than leaving the traveller to solve the problem.

4.6 Local transport is essential to independence

People who cease driving can become isolated even if regular off-island services exist.

Low population density may make conventional fixed-route services difficult, but it strengthens the case for flexible solutions such as demand-responsive transport, community transport partnerships, coordinated health transport, accessible taxi or hire services, and scheduled connections to flights and maritime services.

The Strategy should support residents to age in place by treating local mobility as part of the island transport network, not as a separate community-service issue.

4.7 Reliability, disruption and resilience

Weather and operational disruption cannot be eliminated, but its consequences can be reduced.

The final Strategy should establish minimum expectations for timely notification, accessible customer support, rebooking, connecting travel, and assistance with unavoidable accommodation requirements.

Contingency planning should recognise people at heightened risk, including those travelling for time-critical care, carrying medication requiring refrigeration, living with cognitive impairment, or relying on a mobility aid or support person.

The resilience of freight links for medicines, food and other essentials must also form part of the equity assessment.

4.8 Information and booking must remain inclusive

Digital services can be useful, but they must supplement rather than replace human assistance.

Timetables, fares, concession information, accessibility details, and disruption notices should be available by telephone and in accessible printed formats as well as online. Assisted booking should not attract a higher price.

Information should be clear, consistent across providers, and available early enough for people to make arrangements for carers, accommodation and connecting transport.

4.9 Consultation and implementation

COTA Tasmania welcomes the use of community drop-in sessions, an online survey and written submissions.

However, general consultation may not adequately capture the experiences of people who are isolated, have limited mobility, lack digital access, or depend on others for transport.

The project team should undertake targeted discussions with older residents, carers, Aboriginal Elders, and community organisations on each island, together with health and aged-care services, community transport providers and local councils. Engagement with truwana/Cape Barren Island communities should be culturally informed and community led.

The final Strategy should contain an implementation plan with responsibilities, funding pathways, timeframes, and measurable outcomes.

Reporting should distinguish between islands and, where possible, be disaggregated by age, disability, and journey purpose. Measures should include affordability, reliability, accessibility, missed health appointments, disruption outcomes, and user experience-not simply passenger volumes.

5. Conclusion

For Bass Strait island communities, transport is a prerequisite for access to healthcare, essential goods, family relationships, and community participation. The Strategy provides an important opportunity to move beyond piecemeal consideration of individual services and establish a coordinated, equitable transport framework for the next 20 years.

COTA Tasmania urges the Government to place older residents and others at risk of transport disadvantage at the centre of this work. Their ability to remain healthy, independent and connected should be a fundamental measure of the Strategy's success.

Sources

Tasmanian Government, Bass Strait Islands Transport Strategy consultation page

Australian Bureau of Statistics, 2021 Census QuickStats: Flinders and Cape Barren Islands

Australian Bureau of Statistics, 2021 Census QuickStats: King Island

Tasmanian Department of Health, Review of the Patient Travel Assistance Scheme (2022)

COTA Tas Briefing Note - SOTON Analysis Tas 2025.pdf