

Submission: Aviation Disability Standards Consultation

1. Overview

COTA Tasmania's interest in this consultation is specific.

We do not seek to represent the full diversity of disability experience. Organisations led by and representing people with disability, including Disability Voices Tasmania and national disability organisations, are better placed to address the broader disability-rights and accessibility framework.

COTA Tasmania's concern is the particular experience of older people - including older people with disability, people who acquire disability as they age, people experiencing age-related mobility, sensory or cognitive changes, and older carers and support people.

For this cohort, accessible aviation can be critical to maintaining independence, accessing healthcare, remaining connected to family and community, and participating in everyday life.

This is particularly important in Tasmania.

Air travel is essential social infrastructure for many Tasmanians. For people living in regional areas and on Bass Strait islands, alternatives may be limited, costly or unavailable. Older people may also be more likely to need specialist healthcare unavailable locally, require additional time or assistance when travelling, use mobility or medical equipment, or rely on a support person.

COTA Tasmania therefore approaches this consultation through the intersection of ageing, accessibility and geography.

Our central question is: *will these Standards enable an older Tasmanian - who may have reduced mobility, sensory loss, cognitive impairment, limited digital confidence or rely on a support person - to travel safely, affordably and with dignity from a regional or island community to the services and people they need?*

That is the lens through which this submission should be read.

2. About COTA Tasmania

Council on the Ageing (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 advocates for the rights, wellbeing and inclusion of older people and works to ensure that their voices are reflected in public policy and service design. Our work spans issues affecting older Tasmanians across metropolitan, regional and remote

communities, including healthcare, housing, transport, digital inclusion and community participation. This gives COTA Tasmania a strong interest in reforms that affect whether older people can remain connected, access essential services and participate fully in community life.

3. Summary of recommendations

COTA Tasmania recommends that the Australian Government:

1. ensure older people are explicitly recognised within the design and implementation of the Aviation Disability Standards;
2. adopt a whole-of-journey approach that recognises the cumulative barriers older passengers may face before, during and after air travel;
3. ensure digital systems supplement rather than replace telephone, face-to-face and assisted service channels;
4. require reasonable assistance to be available when unexpected problems arise, not only where every need has been anticipated and pre-booked;
5. provide stronger protections for people travelling for essential and health-related purposes, particularly where disruption affects appointments, medication, carers or onward transport;
6. preserve passenger dignity, independence, choice and control, and avoid ageist or paternalistic assumptions about capacity;
7. review small-aircraft exemptions so that genuine technical constraints do not become broad exemptions from accessibility obligations;
8. provide appropriate implementation support for regional airports and operators rather than accepting lower standards for regional passengers; and
9. ensure the Standards are enforceable, measurable and supported by continuing co-design with people with disability, including older people.

4. Detailed comments

4.1 Older people must be visible in the Standards

The Standards should recognise the substantial intersection between ageing and disability.

Disability may be lifelong, acquired progressively or first experienced in later life. Older passengers may experience reduced mobility, hearing or vision loss, cognitive impairment, reduced stamina or dexterity, or combinations of these.

Not every older person who requires assistance will identify themselves as a person with disability.

That distinction matters.

A system designed only around formal disability categories or pre-declared assistance needs may miss older passengers who nevertheless require practical support to travel safely and independently.

Universal design should therefore be the default wherever practicable, supplemented by individual assistance where required.

Accessible aviation should also preserve passenger choice and control wherever safety requirements permit. Age should not result in assumptions about what a person can or cannot do, what assistance they need, or how that assistance should be delivered.

4.2 For Tasmania, aviation is essential social infrastructure

COTA Tasmania recently made a submission to the Tasmanian Government's Bass Strait Islands Transport Strategy consultation in which we argued that reliable, affordable and accessible transport is essential social infrastructure. The same principle applies here.

Tasmania's Bass Strait islands provide a particularly useful test case.

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.

For these communities, air travel may be necessary to access specialist healthcare, family, government services and the broader Tasmanian community.

Small aircraft are therefore disproportionately important to populations that may also have higher proportions of older residents and fewer alternative transport choices.

COTA Tasmania recognises that smaller aircraft present genuine engineering, safety and operational constraints. Those constraints should be identified specifically.

They should not justify a broad assumption that passengers using small aircraft are entitled to lower standards of accessibility.

Any continuing exemption should be confined to requirements that are demonstrably impossible or unreasonable because of the physical characteristics of the aircraft.

It should not remove obligations relating to:

- accurate pre-travel information;
- booking and passenger assistance;
- respectful and competent staff support;
- communication;
- disruption management;
- mobility and medical equipment;
- boarding assistance where feasible; or
- reasonable alternative arrangements.

Where a particular aircraft genuinely cannot accommodate a passenger's needs, responsibility should not simply revert to the passenger. The limitation should be explained clearly before booking and reasonable alternatives identified where possible.

Regional constraints should influence how accessibility is delivered, not whether it is delivered.

4.3 The whole journey matters more as people age

For many older people, the challenge of air travel does not begin at check-in or end at baggage collection.

The complete journey may involve:

- travelling from home to the airport;
- walking or moving through large terminals;
- handling luggage, mobility aids or medical equipment;
- navigating security;
- waiting for extended periods;
- boarding and disembarking;
- changing flights;
- locating onward transport;
- managing accommodation; and
- getting to the final destination.

A service may be technically available but practically inaccessible if one part of that chain fails.

This is particularly relevant for older people who move more slowly, tire easily, have sensory or cognitive impairment, use mobility equipment or rely on a support person.

The Standards should therefore promote:

- accessible travel to and from terminals;
- safe and dignified movement through airports;
- adequate seating and rest points;
- reasonable connection times;
- clear and accessible wayfinding;
- assistance with transfers between services;
- safe handling of mobility and medical equipment;
- clear responsibility where multiple providers are involved; and
- effective handover of relevant assistance information.

Passengers should not have to understand the contractual relationships between airlines, airports, ground handlers and other providers simply to work out who is responsible.

The system should function as one journey from the passenger's perspective.

4.4 Systems must not assume digital confidence, speed or perfect forward planning

COTA Tasmania supports the use of technology where it improves access.

Passenger assistance profiles, for example, could reduce the need for passengers to repeatedly provide the same information.

However, digital systems must supplement rather than replace human assistance.

Telephone and assisted booking channels must remain available.

Passengers should not be charged more because disability, limited digital confidence, lack of internet access or difficulty navigating online systems prevents them from using the cheapest digital channel.

Passenger assistance profiles should remain voluntary, secure and limited to information reasonably necessary to provide assistance.

Older passengers should not have to disclose detailed medical information merely to obtain routine accessibility support.

Importantly, accessibility must not depend entirely on needs having been anticipated and pre-booked.

We understand that unexpected problems occur. A gate may change. A lift may fail. An accessible route may become unavailable. A passenger may become fatigued or overwhelmed. An announcement may be missed or misunderstood. A digital system may fail.

Older passengers should be able to obtain reasonable assistance when such problems arise. Airlines and major airports should provide a clearly identified escalation point to trained staff with sufficient authority to resolve accessibility problems in real time.

Passengers should not be repeatedly referred from one provider to another while the problem remains unresolved.

4.5 Disruption and health-related travel require particular protection

For many older Tasmanians, particularly people living in regional and island communities, air travel provides access to specialist and diagnostic healthcare that is not available locally.

Transport reliability is therefore inseparable from healthcare access.

A delayed or cancelled flight may result in:

- a missed specialist appointment;
- additional accommodation costs;
- disruption to medication or treatment;
- difficulties for carers or support people;
- missed onward transport; or
- the need to reorganise a complex itinerary at short notice.

For some passengers, the disruption itself creates the accessibility barrier.

Unexpected change may affect cognition, communication, orientation, sensory processing and the ability to make decisions quickly.

The Standards should therefore require:

- timely and accessible notification;
- telephone and in-person assistance;
- practical help with rebooking;
- assistance with onward connections;

- consideration of accommodation where unavoidable;
- support for passengers travelling with mobility or medical equipment;
- appropriate consideration of time-critical health-related travel; and
- additional help for passengers unable to independently reorganise their journey.

Where airline approval is required for an accessibility arrangement, delays in that approval should not cause a passenger to lose an available fare or incur additional costs.

Consideration should also be given to fare-protection arrangements while a complete accessibility request is being assessed.

4.6 Dignity, independence and choice should guide assistance

Assistance should enable independence, not diminish it.

Older passengers should not have to rely on the goodwill or discretion of individual staff members. Nor should assistance be considered successful merely because it was technically “provided”.

Assistance should be effective and responsive to the individual passenger.

Passengers should be asked what assistance they require and, wherever practicable, how they prefer it to be delivered. Some people will want direct support. Others will prefer to remain independent.

The same principle applies to boarding. Passengers requiring assistance should have meaningful choice rather than automatically being required to board substantially earlier or disembark substantially later than everyone else.

Step-free and dignified boarding should be a central objective. Routine manual lifting or carrying should not be regarded as an acceptable substitute for accessible infrastructure.

Staff training is also critical. Training should equip staff to respond appropriately to older passengers, including people experiencing:

- mobility limitations;
- hearing or vision loss;
- cognitive impairment or dementia;
- fatigue or reduced stamina;
- non-visible disability; and
- reliance on mobility or medical equipment.

Training should also address ageist and paternalistic assumptions about capacity.

A fundamental principle should be that the passenger is generally the best source of information about their own needs and capabilities.

4.7 Practical accessibility matters

Some accessibility issues affect passengers of all ages but can have particular consequences for older people.

Mobility aids should be safely handled, promptly returned and supported by practical contingency arrangements if delayed, damaged or lost.

Airports should also provide the basic features that allow older passengers to move through the journey safely and independently, including accessible paths of travel, nearby drop-off and pick-up points, adequate seating and rest points, accessible toilets, clear wayfinding and appropriate boarding infrastructure.

COTA Tasmania also supports progressive improvement in accessible aircraft toilets, recognising that inability to use toilet facilities safely and privately may determine whether an older person can undertake a journey at all.

4.8 Implementation, accountability and regional equity

COTA Tasmania supports enforceable minimum standards for matters fundamental to safety, dignity and equal access.

Guidance has an important role but should not substitute for clear obligations.

Compliance should not depend primarily on individual passengers pursuing lengthy discrimination complaints after harm has occurred.

Standards should be proactively monitored and enforceable.

Public reporting should include meaningful measures such as:

- failure to provide booked assistance;
- mobility-aid loss or damage;
- refusal of carriage;
- accessibility-related complaints;
- significant delays;
- training compliance; and
- performance against accessibility requirements.

COTA Tasmania also supports continued co-design with people with disability.

Older people with disability and people ageing with disability should be included within that process, particularly those using regional and small-aircraft services.

Smaller airports and regional operators may require different implementation arrangements or targeted funding. They should not be exempt from the underlying objective.

The appropriate question is how accessibility will be delivered, not whether passengers living outside major metropolitan centres should be entitled to it.

5. Conclusion

COTA Tasmania strongly supports the development of aviation-specific disability standards. However, we recognise that disability organisations are better placed to address the full breadth of disability rights and accessibility issues.

Thus, our submission is narrowly focused on the issues that impact upon older Tasmanians.

COTA Tasmania's concern is the experience of older people - including older people with disability, people acquiring disability as they age, and older people whose mobility, sensory, cognitive or support needs affect how they travel.

For this cohort, accessible aviation is fundamental to remaining independent, accessing healthcare, maintaining family and community connections and ageing well.

The success of the Standards should therefore be tested not only against the experience of passengers travelling between major metropolitan airports on large aircraft.

They should also work for an older Tasmanian travelling from Flinders Island or King Island for specialist healthcare, perhaps with reduced mobility, sensory loss, cognitive impairment, limited digital confidence, a mobility aid or a support person, and needing to navigate connections and disruption along the way.

That is the practical test of whether the Standards are genuinely national and genuinely equitable.

Safety and legitimate operational constraints must of course be recognised – but they should not become broad justifications for avoidable exclusion.

Accessible aviation should ultimately provide older Australians with the same reasonable expectation of safety, dignity, independence and reliable access to the people and services that matter to them.