

Submission:

Tasmanian Disability Inclusion Plan

1. About COTA Tasmania

The Council on the Ageing (Tas) Inc (COTA Tasmania) is the state peak body representing older Tasmanians. We are an independent, not-for-profit organisation working with and for older people, and with the wide range of organisations that support them.

For more than 60 years, we have been the leading voice for older Tasmanians, promoting positive attitudes to ageing, advancing social inclusion, and championing the rights, interests and value of people as they age.

We listen to the experiences of older Tasmanians, analyse emerging issues, and provide independent advice to Government, service providers and the broader community.

COTA Tasmania works across three main areas:

- policy and advocacy,
- information and education, and
- community programs and partnerships.

Our interest in this consultation reflects both our role as an advocate for older Tasmanians and our long-standing concern that older people with disability, people ageing with disability, and people whose needs sit across disability, health, aged care, and safeguarding systems are too often overlooked or poorly served by government policy and service delivery.

2. Why this matters

Tasmania's demographics make the importance of informed disability inclusion policy unusually consequential.

Tasmania has the oldest population profile in Australia. At the 2021 Census, Tasmania's median age was 42 years (around four years older than the national median), and the population profile is projected to continue to age over time. In 2023, around 21% of Tasmanians were aged 65 and over, a larger share than in most jurisdictions.

Data clearly shows that disability prevalence rises sharply with age. The ABS Survey of Disability, Ageing and Carers (SDAC) 2022 estimates that 52.3% of Australians aged 65 years and over have disability (around one in two).

While the Census uses a narrower proxy measure ("need for assistance with core activities" - self-care, mobility or communication), it provides strong jurisdictional context: at the 2021 Census, Tasmania had the highest proportion of people reporting a need for assistance with core activities (6.8%), and this increases steeply with age (9.6% of people aged 65–74, 21.2% aged 75–84, and 49.2% aged 85+).

These factors underscore why older Tasmanians living with disability must be a visible priority within the Disability Inclusion Plan - particularly where needs sit across disability, aged care, health and community supports; and where many people will not be NDIS participants but still face significant barriers to participation, safety and access.

For this Plan to succeed, the implementation architecture must ensure that the issues facing older people living with disability are both visible and measurable, with actions, responsibility, timeframes and reporting that can show real-world change. If we don't make older people with disability visible in actions and reporting, we can't be confident the Plan is delivering inclusion where Tasmania needs it most.

3. Overall position

COTA Tasmania welcomes the opportunity to comment on the Discussion Paper Towards a Tasmanian Disability Inclusion Plan.

This first Tasmanian Disability Inclusion Plan offers an important opportunity to move beyond general statements of support and towards practical, measurable change across government.

We strongly support the intent of the new Plan and the human rights framework established by the Disability Rights, Inclusion and Safeguarding Act 2024.

We also encourage the Government to explicitly align the Plan with Tasmania's obligations under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), including the requirement to closely consult and actively involve people with disability, through their representative organisations, in decisions that affect them.

For COTA Tasmania, this includes ensuring older people with disability and people ageing with disability are visible in the Plan's priorities, actions and measures. Co-design should be embedded as a practical way of working (with clear standards, resourcing and feedback loops), not a one-off consultation activity.

From COTA Tasmania's perspective, the Plan will be strongest if it does three things well:

- Recognise the diversity of Tasmanians with disability, including older people who acquire disability later in life, people ageing with lifelong disability, and people whose circumstances fall outside the NDIS but who still face significant barriers to inclusion, safety, and participation.
- Focus on implementation. Many of the issues identified in the Discussion Paper are familiar and long-standing: inaccessible information, fragmented systems, poor transport, limited housing options, service gaps in regional areas, and safeguarding failures. The challenge now is not only to restate those concerns, but to assign responsibility, timeframes, and measures of progress.
- Make inclusion easier to experience in everyday life. For many people, inclusion is tested not in policy documents but in whether they can understand information, get to appointments, access housing, participate in decisions, find the right service, and receive help when something goes wrong.

This submission highlights the issues COTA Tasmania sees as particularly important for older Tasmanians with disability and for the development of a practical, accountable and inclusive Plan.

4. Summary of recommendations

To deliver practical, measurable inclusion, COTA Tasmania recommends the Plan should focus on the following priorities:

- Embedding an explicit age and disability lens throughout, including recognition of older people with disability, people ageing with disability, and people with cognitive disability or dementia whose needs often cross service systems.
- Ensuring the Plan does not focus only on NDIS participants. It should address inclusion, access and safeguarding for people whose needs sit across disability, aged care, health, mental health and community services.
- Making accessible communication a core deliverable, with plain language, Easy Read, accessible digital design, and simultaneous release of accessible formats as standard practice.
- Adopting minimum whole-of-government accessibility standards (including contemporary web accessibility standards) and ensure procurement and ICT settings embed 'accessibility-by-design' for all public-facing information and services.
- Committing to genuine co-design and inclusive consultation, with enough time, multiple participation options, feedback loops, and targeted efforts to hear from people who are less often heard, including older people in regional areas and those with complex support needs.
- Establishing clear co-design minimum standards across government (including early engagement, payment for lived experience expertise, accessible participation options, and published 'you said / we did' feedback).
- Strengthening system navigation, referral and warm handover pathways so that people are not left to work out for themselves whether an issue belongs to disability, health, aged care, safeguarding, housing, transport or another service system.
- Funding and resourcing 'no wrong door' navigation supports (including outreach and supported referral pathways via Service Tasmania and community partners) so people are not bounced between disability, aged care, health and community systems.
- Prioritising practical inclusion through better access to health care, liveable housing, community infrastructure and transport, especially in rural and regional Tasmania.
- Strengthening safeguarding by investing in advocacy, accessible complaints pathways, community education, and clear arrangements between the Disability Commissioner and other oversight bodies.
- Ensuring restrictive practice reform is accompanied by strong safeguards, public information, workforce capability and a clear interface with other settings beyond specialist disability services.
- Providing a clear implementation structure, with specific actions, lead agencies, timeframes, outcome measures and public reporting on progress.
- Clarifying how local government, government business enterprises, and publicly funded community services will contribute to disability inclusion outcomes in practice.
- Including explicit actions on accessible emergency information and inclusive disaster preparedness (including accessibility of evacuation centres), recognising the heightened risk for older people with disability.

5. Key considerations

5.1 An inclusive Plan must work for older Tasmanians with disability

COTA Tasmania welcomes the recognition that people with disability are not one group and that many people experience overlapping barriers linked to age, culture, gender, neurodiversity, geography and other factors.

The Plan must explicitly address the experience of people with dementia and other cognitive impairments whose needs may sit awkwardly across disability, aged care and health frameworks; and identify strategies to ensure these people do not fall between the cracks across separate systems.

One of the most important tests of the Plan will be whether it properly recognises the intersection between ageing and disability. This includes:

- older people who acquire disability as they age,
- people ageing with lifelong disability,
- older people with cognitive disability, psychosocial disability or dementia,
- people in aged care settings or receiving aged care supports whose disability-related needs remain significant, and
- older carers supporting family members with disability.

Too often, policy and service systems separate "older people" from "people with disability" as if these were distinct groups. In reality, many people are both.

This separation can create gaps in eligibility, accountability and service response. It can also produce an over-focus on NDIS participants, leaving others less visible in policy design.

The Plan should therefore explicitly recognise older Tasmanians with disability and people ageing with disability as a priority cohort within an intersectional framework. It should also acknowledge that not all disability-related barriers or safeguarding risks are resolved by the existence of another service system, such as aged care or health.

5.2 Accessible information and communication must be standard, not optional

COTA Tasmania strongly supports the Discussion Paper's focus on accessible information and communication. This is foundational: people cannot exercise choice, participate in services, assert rights, or raise concerns if they cannot understand the information they are given.

The Plan should commit to accessibility from the outset, not as an afterthought. At a minimum, this should include:

- plain language communication across all agencies,
- Easy Read and other alternative formats being available at the same time as standard documents,
- digital accessibility that meets contemporary standards (at least WCAG 2.2 AA for websites and online content),
- Auslan (Australian Sign Language) interpretation and captioning as standard for key public communications and online events,

- screen-reader compatible documents (including tagged PDFs) and accessible forms,
- large print, audio and Braille options available on request, with clear turnaround times, and
- phone-based and face-to-face options for people who cannot access digital channels.

To make this real in practice, the Plan should include a specific whole-of-government accessible communications commitment backed by guidance, training, procurement settings, compliance monitoring and public reporting. This should include clear requirements in ICT and communications procurement and regular auditing of public-facing information, websites and forms.

For older Tasmanians, this issue also intersects with digital inclusion, literacy, confidence, vision and hearing changes, and the cumulative burden of navigating multiple systems. Government should not assume that publishing information on a website is enough.

Accessible communication is also a precondition for meaningful consultation and co-design, which is why the Plan’s engagement approach must be inclusive, targeted and accountable.

5.3 Consultation and co-design need to be inclusive, targeted, and accountable

COTA Tasmania welcomes the consultation approach outlined in the Discussion Paper and the intention to hear directly from people with disability, families, carers and supporters, service providers and the wider community. For consultation to be meaningful, it must be accessible, allow enough time, and include targeted approaches to reach people who are less often heard — including older people with disability, people in regional areas, and people with complex support needs.

Consistent with the UNCRPD, the Government should commit to co-design as a default approach, supported by whole-of-government minimum standards.

Co-design should be embedded early (before key decisions are set) and should include accessible participation options, culturally safe and trauma-informed practice, payment for lived experience expertise, and transparent feedback loops (“you said / we did”).

COTA Tasmania supports the development or refresh of a Tasmanian Government co-design guide, co-produced with people with disability and representative organisations, to ensure consistent practice across agencies and across government-funded providers.

This should include clear expectations about:

- when co-design is required (and when targeted consultation is appropriate),
- how participants will be recruited to ensure diversity of experience,
- accessibility requirements (format, venue, interpreters, support people, travel),
- remuneration and recognition of lived experience expertise, and
- how advice will be documented, reflected in decisions, and reported publicly.

Finally, co-design and consultation should not be treated as one-off events.

The Disability Inclusion Plan should include mechanisms for ongoing engagement and learning over the life of the Plan, including regular reporting back to communities about progress and what has changed as a result of lived experience input.

5.4 Health and wellbeing require better access and better system navigation

The issues raised in the Discussion Paper about health and wellbeing strongly align with concerns COTA Tasmania hears from older Tasmanians.

Cost, waiting times, service availability, transport barriers, poor coordination and uncertainty about which system is responsible all affect access to care and supports.

For many older people with disability, the challenge is not only accessing a specific service. It is navigating the boundaries between disability supports, primary care, hospital services, mental health, aged care, rehabilitation, continence support, allied health, and social support.

These boundaries are often confusing for consumers, carers, and even professionals.

The Plan should therefore do more than promote inclusive health care in principle. It should also include actions to:

- improve disability confidence and communication capability across the health workforce,
- strengthen referral and warm handover pathways between systems,
- reduce the burden on individuals and families to navigate fragmented services,
- improve regional access, including for people who need to travel for care, and
- recognise that people outside the NDIS still require inclusion and support.

5.5 Emergency preparedness and response

People with disability, including many older people, face heightened risks during emergencies and disasters — particularly where evacuation information is inaccessible, transport and support arrangements are unclear, or evacuation centres are not equipped for accessibility and support needs. The Plan should include explicit actions to strengthen inclusive emergency preparedness and response, including:


- accessible emergency communications (multiple formats, including plain language and captioning/Auslan where appropriate),
- accessible evacuation centres and facilities (including accessible toilets, quiet/low-stimulus spaces, and accessible signage),
- clear local arrangements for accessible transport and support during evacuations, and
- inclusive planning and exercising with councils, emergency services, and other relevant representative organisations.

These actions should be measurable, tested locally, and reported publicly over the life of the Plan.


5.6 Liveable housing and accessible communities are central to participation

COTA Tasmania supports the Discussion Paper's focus on liveable housing and accessible communities.

Inclusion is experienced locally.

It depends on whether homes are usable, footpaths are safe, public spaces are accessible, transport is available, and community infrastructure supports participation. 

For older people with disability, accessible housing is critical to independence, safety and ageing in place.

Housing policy should not treat accessibility as a niche  issue. It should be mainstreamed into social housing, planning, design, modifications, and transitions between home, hospital and residential care.

The Plan should support:

- accessible and adaptable social housing supply,
- Proper implementation and monitoring of liveable housing standards, including a State commitment to the Liveable Housing Design Guidelines (LHDG) at Gold level,
- easier access to home modifications,
- better location of housing close to services, shops, transport and community connection, and
- stronger consideration of accessibility in emergency planning and climate resilience.

Transport is equally important.

Accessible services mean little if people cannot get to them. This is particularly acute in rural and regional Tasmania, where limited routes, inaccessible infrastructure, cost and the scarcity of alternatives can leave people isolated.

The Plan should therefore set out practical transport actions, including improvements to physical accessibility, information accessibility, end-to-end journey safety, and the availability of affordable alternatives where public transport is limited.

5.7 Safeguarding must be practical, visible and easy to access

COTA Tasmania strongly supports the safeguarding emphasis in the Discussion Paper. Safeguarding is not only about formal oversight structures. It is also about whether people know their rights, know where to go, can access advocacy, and receive a timely, effective response when concerns arise.

For older Tasmanians with disability, safeguarding pathways can be especially confusing because issues may sit across disability, aged care, health, guardianship, elder abuse, mental health, police or anti-discrimination systems. A person should not need expert knowledge to understand where to begin.

The Plan should make the first step clear, accessible and consistent - regardless of which service system a person is in.

Implementation of the Plan should be supported by the policy levers Government controls, including procurement, contracting and funding agreements.

Where services are delivered by government business enterprises or community providers on behalf of Government, inclusion and accessibility requirements should be embedded in contracts, with clear performance measures and consequences for non-compliance.

The Plan should therefore prioritise:

- accessible complaints information,

- warm referrals between agencies and oversight bodies,
- investment in independent advocacy,
- outreach and education so people understand rights and options, and
- clear explanations of the roles of the Disability Commissioner and other complaints or oversight bodies.

COTA Tasmania also supports the future development of a Community Visitor Scheme and sees value in strong independent oversight of settings where people may be isolated or at heightened risk of abuse, neglect or exploitation.

5.8 Restrictive practice reform needs clarity, capability, and strong safeguards

COTA Tasmania's previous submission on the Disability Rights, Inclusion and Safeguarding legislation highlighted the need for clear public information about restrictive practices, the distinction between restrictive practice and abuse, and the importance of robust safeguards. Those points remain relevant.

The Plan should support community understanding of restrictive practices and explain, in plain language, what has changed, what rights people have, and where concerns can be raised.

It should also support workforce capability, including behaviour support capacity and a stronger understanding of chemical restraint and other restrictive practices.

Just as importantly, restrictive practice reform should not be treated as relevant only within specialist disability services.

Older people may encounter similar issues in aged care, health, education, child and youth settings, or other regulated environments. While the legal frameworks may differ, the human rights implications are closely connected.

The Plan should therefore support coordinated reform, information-sharing and policy development across settings, with a clear goal of reducing and eliminating restrictive practices wherever possible and ensuring that safeguards are meaningful in practice.

5.9 Supported decision-making and human rights protections matter

COTA Tasmania welcomes the Discussion Paper's emphasis on supported decision-making and human rights.

These issues are highly relevant to older people with disability, particularly people with cognitive impairment, acquired disability, communication barriers or complex support needs.

Supported decision-making should be reflected not only in guardianship frameworks but in everyday service design. People should be supported to understand options, express preferences and challenge decisions made about them. Complaint pathways and review mechanisms need to be accessible, trusted and responsive.

COTA Tasmania also supports continued work to improve how the justice system responds to people with disability. Inaccessible processes, assumptions about credibility or capacity, and limited communication support can all undermine fairness and safety.

The Plan should keep these issues visible as part of a broader human rights agenda.

6. Suggested structure for the Plan

COTA Tasmania supports a Plan structure that is practical, easy to understand and easy to monitor.

One possible model would be:

- a short statement of vision and principles,
- a set of priority outcome areas,
- actions grouped under each outcome area,
- identification of lead agencies and timeframes,
- indicators or measures for each action,
- a short implementation and reporting section, and
- a description of how co-design, consultation and review will continue over the life of the Plan.

Whatever structure is adopted, the final Plan should be written in plain language and be accompanied by accessible versions (including Easy Read) released at the same time.

It should also make clear how it relates to other relevant strategies and reforms, while remaining a practical stand-alone document that communities can use to track progress.

7. Conclusion

COTA Tasmania supports the development of a strong first Tasmanian Disability Inclusion Plan and welcomes the Government's commitment to consultation.

The Plan is an opportunity to set a clear direction for a more inclusive Tasmania.

To do that well, it should combine human rights principles with practical implementation, recognise the needs of older Tasmanians with disability and people ageing with disability, and make it easier for people to access information, services, participation and safeguards in everyday life.

We would be pleased to discuss this submission further and to continue contributing to the development of the Plan.