

# Submission: Tasmania's next Road Safety Strategy

## 1. Overview

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COTA Tasmania welcomes the opportunity to comment on Tasmania's next Road Safety Strategy. We support the proposed Safe System approach and recommend that safe mobility throughout later life become an explicit objective, with funded actions and measurable outcomes.

Road safety policy should help people remain connected to their communities throughout later life, recognising that older people use roads in many ways: as drivers, pedestrians, passengers, public transport users, cyclists and mobility scooter users

Tasmania's ageing population should inform road and transport planning from the outset. Roads, crossings and public spaces being designed today will serve a population with changing mobility needs for decades to come. Design that accommodates slower walking, greater physical vulnerability and ordinary human error improves safety and accessibility for people of every age.

To better understand how road trauma affects older Tasmanians, COTA requested data from the Department covering fatalities and serious injuries over the past decade, broken down by age and road-user type. The Department provided an unpublished extract from its crash database for 2016–2025, enabling this submission to draw on Tasmanian experience. <sup>[1]</sup>

Of the 3,145 people recorded in that data set as killed or seriously injured during that period, 819 (26%) were aged 60 and over. They included drivers, passengers, pedestrians, motorcycle riders and cyclists, demonstrating the breadth of the road safety task for an ageing population.

The data record people harmed, rather than everyone involved in crashes, and do not establish fault or account for distance travelled. It therefore informs where protection is needed, without implying that older drivers are more likely to cause crashes.

Fair access to fitness-to-drive assessment is also part of road safety. Individual assessment can identify ways for people to continue driving safely, but limited assessor availability and costs can place that opportunity beyond reach. When driving is no longer possible, practical transport alternatives are essential to maintaining access to health care, shops and community life.

COTA asks the Government to translate these priorities into a funded action plan that identifies responsible agencies, delivery milestones and measures of success. Older Tasmanians, including people ageing with disability, should help shape and evaluate the actions. Success should mean fewer deaths and serious injuries alongside continued access to safe, affordable journeys.

## 2. About COTA Tasmania

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COTA Tasmania is the peak body for older Tasmanians. We bring the experiences of older people to public policy and work for an age-friendly Tasmania in which people can contribute, remain connected and exercise choice throughout later life.

Our constituency includes people ageing with disability, people with acquired impairments or dementia, and older carers. Nearly every road safety decision affects their ability to participate in community life, whether they drive, travel as passengers, walk, cycle, use a mobility aid or depend on public and community transport.

We seek a transport system that recognises both safety and independence. Older people are not a uniform group, and chronological age alone is a poor guide to an individual's driving ability or travel needs. Their direct involvement in planning and evaluation will make the Strategy more useful for everyone.

## 3. Why this matters for older Tasmanians

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### 3.1 Demographic change and access

In 2025, people aged 50 and over made up 45% of the population outside Greater Hobart, compared with 37% in Greater Hobart. The median ages were 45.5 and 39.7 years, respectively. These figures describe population, not crash risk, but show why road design and transport alternatives must work in smaller towns as well as the capital. <sup>[2]</sup>

The Commonwealth Treasury's 2026 Intergenerational Report expects the number of Australians aged 85 and over to triple over the next 40 years. This national projection is not a Tasmanian forecast. It does, however, reinforce the case for planning long-lived roads and public spaces for a broader range of abilities. <sup>[3]</sup>

In many Tasmanian communities, a private vehicle is the only practical way to reach health care, shops, family and social activities. Longer journeys on higher speed roads and limited alternatives make safety and continued mobility inseparable. The implications of reducing or ceasing driving are different where there is no usable substitute.

### 3.2 What the Tasmanian injury data show

The Discussion Paper reports 324 people killed or seriously injured in 2025, against the current Strategy's target of fewer than 200 a year. <sup>[4]</sup>

Building Tasmania supplied COTA with an unpublished person-level extract of data relating to fatalities and serious injuries from 2016 to 2025. <sup>[1]</sup>

Of the 3,145 people killed or seriously injured over that period, 819 (26%) were aged 60 or over: 104 fatalities and 715 serious injuries. The figures were 387 aged 60–69, 249 aged 70–79, and 183 aged 80 or over.

Among people aged 60 or over, 401 were drivers, 132 passengers, 103 pedestrians, 138 motorcycle riders and 25 bicyclists. The dataset also includes smaller numbers of other road users.

People aged 60 or over accounted for 103 of 301 pedestrian casualties with a known age (34%). Of those 103 older pedestrians, 86 were in locations classified as urban. Among the 31 pedestrian casualties aged 80 or over, 29 were classified urban.

For pedestrians aged 80 or over, all 27 records with a specified speed category were in 60 km/h or lower environments: 16 in 50 km/h zones, seven in areas coded below 40 km/h, one in a conventional 40 km/h zone and three in 60 km/h zones. Four had an unclassified speed code. The below-40 category includes car parks and pedestrianised areas.

Among injured people aged 60 or over, 240 of 401 drivers and 90 of 132 passengers were recorded in 80–110 km/h speed zones. These are speed-zone classifications, not measured vehicle speeds, and point to a substantial higher-speed road safety task.

These are casualty counts, not measures of risk per person or kilometre travelled.

It is thus clear that this is a wider issue than older drivers alone. Furthermore, the data does not justify any claim that older drivers cause more crashes.

## 4. Recommendations

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COTA Tasmania recommends that the Tasmanian Government:

1. Make safe mobility throughout later life an explicit Strategy objective, and incorporate current and projected age structure into action plans and infrastructure priorities.
2. Prioritise pedestrian safety in town centres, neighbourhoods, car parks and shared areas, with accessible continuous routes, safe crossings, adequate crossing time, lighting, visibility and safe access to transport stops.
3. Target high-energy crashes on regional and higher-speed routes through evidence-based intersection, roadside, delineation and speed treatments, including routes to health care and essential services.
4. Maintain individual, evidence-based fitness-to-drive decisions and ensure timely, affordable access to required assessments. Review assessor availability and financial assistance, improve regional access, and publish clear guidance on assessment processes, eligibility and review rights. Update older-driver and driving-transition publications with older people and health professionals.
5. Make the transition from driving a named cross-agency action, with practical, affordable alternatives and measures of access to essential trips, particularly outside major centres.
6. Assess vehicle safety and affordability together, including the age and safety profile of Tasmania's fleet, before relying on newer vehicle technology as a solution.
7. Publish age- and mode-disaggregated trauma data and a funded action plan with responsible agencies, milestones and evaluated outcomes; involve older people and people ageing with disability in design and review.

## 5. Applying the proposed strategic framework

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The Safe System principle that people make mistakes and the body has physical limits has direct implications for speeds, crossings, intersections and roadsides.

Movement and Place should encompass the actual routes between homes, health services, shops, community facilities and transport stops, including in smaller towns. <sup>[4]</sup>

Older residents and people using mobility aids should help identify and evaluate treatments with councils, transport providers and health services. Crash data reveal where harm has occurred; site audits, near-miss reports and accounts of inaccessible routes can identify barriers before a serious crash.

Any linkage with hospital or insurance data should protect privacy and account for differences in exposure.

### 5.1 Safer behaviour and choices

COTA supports education, safer vehicle choices and licensing processes that respond to demonstrated risk.

Decisions about fitness to drive should be individual, evidence-based and proportionate. Where a medical condition affects driving, assessment should also identify whether licence conditions, vehicle modifications or appropriate training could enable the person to continue driving safely.

Access to assessment is a significant equity issue. COTA's previous work has identified limited availability of occupational therapists qualified to conduct driving assessments. Assessment costs can also be beyond the capacity of people on low or fixed incomes to pay. Regional residents may also face travel costs and difficulty reaching an assessor.

The Department's August 2026 information sheet <sup>[5]</sup> confirms that private occupational therapists set their own fees. It identifies a free assessment pathway through the Community Rehabilitation Unit, subject to strict eligibility criteria.

The Strategy should review whether existing arrangements meet the needs of older Tasmanians and publish clear information about eligibility, fees, waiting times and regional availability.

When an assessment is required to determine whether a person can retain their licence, affordability and availability become part of delivering a fair licensing system. People should not lose the opportunity to demonstrate that they can drive safely because they cannot afford an assessment or obtain one within the required timeframe.

The Government should establish financial assistance for people unable to meet assessment costs and improve access in underserved areas.

Drivers and referring health professionals also need clear explanations of why an assessment is required, what it involves, possible outcomes and review rights. The assessment process should explain any options for rehabilitation, retraining or conditional licensing that are appropriate to the individual.

Victoria provides a useful example of guidance that explains how medical review and conditional licensing can enable people to continue driving safely.

Transport Victoria's Your health and driving resource explains that a diagnosis need not mean immediate driving cessation and describes conditions suited to an individual's capabilities. Its medical review driving test can assess people seeking a local conditional licence in their local area. That test is free, although OT assessments are separate and remain at the driver's expense. Tasmania should examine these features when improving its own processes and guidance. <sup>[6]</sup>

Safer vehicle messaging should recognise affordability. Many people cannot replace a functioning car simply to gain newer safety features. The Government should examine fleet safety, age, income and regional differences when selecting interventions. Insurance claims may inform that investigation, but raw claims or casualty counts do not measure individual driving competence.

Information on reducing or ceasing driving should include realistic transport alternatives for regional communities and current service contacts.

While the Department provides more recent online guidance, <sup>[7]</sup> the Tasmanian Older Drivers' Handbook currently linked from its website is dated October 2014. <sup>[8]</sup> Its Having the conversation about life beyond driving brochure is dated January 2016. <sup>[9]</sup>

COTA has repeatedly raised the need to update information for older road users. Both publications should be reviewed with older people and health professionals to provide clear, accessible guidance on current assessment processes, costs, financial assistance and options for retaining safe mobility.

## **5.2 Safer cities, neighbourhoods and places**

The pedestrian pattern in the Department's database extract makes everyday streets and places a clear priority. Lower posted speeds can reduce impact energy.

The casualties recorded in 50 km/h streets and below 40 km/h environments reinforce the need to combine speed management with safer crossings, accessible routes and measures addressing vehicle–pedestrian conflicts. <sup>[1]</sup>

The Strategy should consider crossing placement and timing, continuous and maintained footpaths, accessible kerbs and refuges, visibility, lighting, car-park layouts and reversing movements. It should also address conflicts involving e-bikes and personal mobility devices.

An accessible journey includes the route to a bus stop or health service, not only the crossing itself. Treatments should be tested with people who walk slowly or use a wheelchair, walker or mobility scooter. Safer design for these users also assists children, people with disability and others moving through the same places.

## **5.3 Safer travel on roads designed for movement**

The Department's unpublished database extract records 240 older driver casualties and 90 older passenger casualties in 80–110 km/h zones. These figures warrant attention to protection from high-energy crashes. The extract also records opposing-direction, off-path and intersection crashes among older drivers.

These categories indicate where to investigate road geometry, clear markings, sight lines, forgiving roadsides, barriers, intersection treatments and appropriate speeds; they do not by themselves establish the cause of a crash. <sup>[1]</sup>

Investment decisions should consider routes to essential services alongside aggregate traffic volume. A regional equity assessment can expose places where low traffic counts conceal the importance of a route to older residents who have few alternatives.

#### **5.4 Safe mobility after driving**

The Discussion Paper refers to public and active transport. The final Strategy should go further by treating the transition from driving as a transport-system responsibility.

Accessible and affordable public and community transport, demand-responsive services, taxis and safe routes to stops determine whether a person can continue to attend appointments, shop and remain connected.

The Strategy should identify the agencies responsible, actions they will take together and a way to measure whether essential journeys remain possible, particularly in regional communities. <sup>[4]</sup>

#### **5.5 Implementation and accountability**

The Strategy needs an overall outcome target and a public action plan that names the responsible agency, funding source, delivery date and intended outcome for each priority.

Annual reporting should show deaths and serious injuries by age band, road-user type and suitable geographic and speed-zone categories, using multi-year averages where small numbers make annual rates unstable. It should also report completed crossing and road treatments, participation in their design, and access to alternatives after driving cessation.

Evaluation should test whether treatments reduce harm and enable safe journeys, rather than counting spending or education sessions alone. A scheduled review should allow actions to change as Tasmania's population and travel patterns change.

### **6. Conclusion**

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Tasmania now has both a demographic reason and a decade of its own injury data to make safe mobility in later life a deliberate part of the next Road Safety Strategy. The evidence calls for distinct responses: pedestrian safety in ordinary urban and lower-speed places, effective protection on higher-speed routes, fair assessment of individual driving ability and viable ways to travel when driving is no longer possible.

These priorities sit squarely within the Safe System approach. Roads and places that accommodate different walking speeds, physical abilities and ordinary human mistakes will be safer for everyone.

COTA Tasmania would welcome the opportunity to help translate the Strategy into practical actions and to involve older Tasmanians in assessing whether those actions work.

## References and data note

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- [1] Tasmanian Government, unpublished crash database extract supplied to COTA Tasmania via email September 2026, covering people killed or seriously injured in 2016–2025; COTA tabulation. (September 2026)

*The extract records injured road users, not all drivers involved in crashes, and does not measure distance travelled or determine fault. In this submission, we have used age 60 and over for COTA's constituency.*

*Fatal means death within 30 days; serious means hospital admission for at least 24 hours; 04L denotes below-40 km/h areas and 04S denotes time-dependent school zones. The extract does not measure travel exposure or determine fault. Population size, mode of travel and vulnerability to injury also affect comparisons between age groups. Its urban/rural field uses the ABS significant urban area definition and should not be read as a capital city/regional split. Speed-zone categories provide a separate description of the road environment; they are not measured vehicle speeds. The Department's DCA chart informed interpretation. No record-level personal data are reproduced here.*

- [2] Australian Bureau of Statistics, *Regional population by age and sex, 2025*, [Tasmania](#) section
- [3] Australian Treasury, *2026 Intergenerational Report*, fact sheet (September 2026)
- [4] Tasmanian Government, *Tasmania's Road Safety Strategy Discussion Paper* (2026)
- [5] Transport Tasmania, Occupational Therapy Driving Assessments, [reference](#) MR193 08/26 (August 2026).
- [6] Transport Victoria, [Your health and driving; Medical review driving test](#), current online guidance, accessed 5 October 2026.
- [7] Transport Tasmania, [Driving as you age](#), current online guidance, accessed 5 October 2026.
- [8] Department of State Growth, Tasmanian Older Drivers' [Handbook](#), Version 1, October 2011, updated October 2014, MR130 10/14 (2014)
- [9] Department of State Growth (2016), [Having the conversation about life beyond driving](#), MR67, (January 2016).