



Disability
Commissioner
Tasmania

Submission to the Tasmanian Disability Inclusion Plan

16 March 2026



Acknowledgements

Disability Commissioner Tasmania (DCT) respects the Palawa and Pakana people as the Traditional Owners and continuing custodians of Lutruwita (Tasmania), where this submission was written. We honour their enduring connection to land, waters and skies, and pay our respects to Elders past and present.

We also respect, acknowledge and thank Tasmanians with disability, allies and supporters of our community whose collective lived experiences continue to shape our work. As an organisation, we are committed to inclusive and accessible engagement. We stand in solidarity with all people working to advance human rights.



Table of contents

Acknowledgements.....	2
About Disability Commissioner Tasmania.....	4
About this submission.....	5
Our submission.....	6
Understanding Tasmania’s History: Willow Court.....	6
Shaping Willow Court’s legacy: An opportunity for Community Unity	6
Theme 2 – The Tasmanian Context.....	7
Autonomy, Inclusion and Access	7
Accessibility of Information	8
Consultation and Codesign	9
Education.....	10
Employment	13
Health and Wellbeing.....	16
Housing and Inclusive Communities	17
Intersectionality	19
Justice	20
Supported Decision Making.....	23
Transport	24
Theme 1 – Governance and system coordination.....	26
A Universal Definition of Disability.....	26
Effective Use of Data.....	27
Theme 4 – Safeguarding.....	27
Theme 5 - What else do you want to tell us about disability inclusion?.....	29
Structuring the TDIP for effective implementation	29
Governance	29
Building a culture that supports people with disability to thrive	30
Acronyms.....	32



About Disability Commissioner Tasmania

The Tasmanian Disability Commissioner is an independent authority established on 1 July 2025 under the *Disability Rights, Inclusion and Safeguarding Act 2024* (the Act).¹ Disability Commissioner Tasmania (DCT) refers to the office and staff supporting the Commissioner to deliver their functions under the Act.²

The Tasmanian Disability Commissioner is a regulator, working to protect and promote the rights of people with disability across Tasmania/Lutruwita to create safer, inclusive and accessible communities.

While the Act³ gives the Commissioner a broad range of functions and powers, DCT's work focuses on three key areas:

- Driving systemic change through the regulation of Disability Inclusion Action Plans created by government agencies (referred to in the Act⁴ as defined entities);
- Receiving and investigating reports of violence, abuse, neglect, coercion, and exploitation of people with disability; and
- Monitoring and investigating systemic issues of concern to Tasmanians with Disability.

¹ *Disability Rights, Inclusion and Safeguarding Act 2024* (Tas).

² *ibid*

³ *ibid*

⁴ *ibid*



About this submission

This submission is made on behalf of the Tasmanian Disability Commissioner. The Commissioner welcomes the opportunity to contribute to the development of the inaugural Tasmanian Disability Inclusion Plan (TDIP) under the Act.⁵ The TDIP is a critical mechanism for strengthening rights and ensuring that disability inclusion is embedded proactively across all defined entities. It is also a tool for social cohesion that, where embedded in hope and strength, has the capacity to unite the disability community with our allies and non-disabled Tasmanians to create a state where all residents engage in life meaningfully and with ease.

Tasmania's context makes this especially important. Our State experiences comparatively high digital exclusion: around 25% of Tasmanians face barriers to digital participation, and more than 54,000 people are considered highly digitally excluded.⁶ In addition, 18.7% of Tasmanian households lacked internet access,⁷ and 30.5% of Tasmanians have disability compared to 21.4% nationally.⁸ These realities mean that the TDIP cannot assume universal digital access, high literacy, or the ability to navigate complex systems.

The approach in this submission draws on the *Convention on the Rights of Persons with Disabilities* (CRPD),⁹ the findings of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission),¹⁰ and the principles of the Act.¹¹ Rather than propose operational detail, this submission focuses on system-level expectations that enable defined entities to act early, reduce avoidable harm and embed dignity, autonomy and belonging in everyday practice.

Throughout this submission, we have referred to this as belonging and inclusion. Belonging in this sense is where people can express themselves as they are and fully participate in society without assimilation. However, many disability organisations refer to inclusion instead.¹²

We have not responded to each question in the Consultation Paper individually. Instead, we have consolidated our input to avoid repetition and focus on areas where we can contribute meaningfully.

⁵ *ibid*

⁶ Tasmanian Council of Social Service, *Digital inclusion in Tasmania* (2025) TasCOSS.

⁷ Australian Bureau of Statistics, *Household use of information technology* (2016) ABS.

⁸ Australian Bureau of Statistics, *Survey of Disability, Ageing and Carers* (Table 4.3, 2022). ABS.

⁹ Convention on the Rights of Persons with Disabilities, opened for signature 13 December 2006, 2515 UNTS 3 (entered into force 3 May 2008).

¹⁰ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final report recommendations* (2023).

¹¹ N1

¹² Inclusion Australia, *Inclusion Australia – The National Voice of People with an Intellectual Disability and Their Families* (Web Page, 2024) <<https://www.inclusionaustralia.org.au/>>; Speak Out Association of Tasmania, *About Speak Out* (Web Page, 2026) <<https://www.speakoutadvocacy.org/about>>.



Our submission

Understanding Tasmania's History: Willow Court

Tasmania's history of institutionalisation, including the long legacy of Willow Court in New Norfolk, continues to shape the environment in which disability inclusion is being rebuilt today. Willow Court began in 1827 and became one of Australia's oldest and longest-operating institutional sites. It later formed part of the Royal Derwent Hospital and closed in 2000.¹³

Historical accounts describe periods of overcrowding, stark conditions and repeated inquiries into standards of care over many decades, with reform occurring slowly and inconsistently. Many people who lived at Willow Court or Royal Derwent left without the supports needed to build safe and connected lives in the community.¹⁴ Not all people with disability were institutionalised, but for those who were, the impacts were profound and long-lasting.

Institutionalisation also influenced Tasmania's broader community culture. When many disabled people lived apart from public life, most Tasmanians had fewer opportunities to learn alongside disabled peers at school, work with disabled colleagues, or build everyday relationships. The Derwent Valley Council notes that Willow Court "left an indelible mark on the Tasmanian community," reflecting its long influence on how disability and care were understood.¹⁵

Shaping Willow Court's legacy: An opportunity for Community Unity

Many Tasmanians, whether they are part of the disability community or not, have some form of connection to Willow Court. In the first months following appointment, Willow Court was a topic of conversation amongst many who sought to meet with the Commissioner. The same was true at community events, forums and expos. When tackling cultural change and community consciousness raising, it can be difficult to find the kinds of shared connections and experiences that bring groups of people together. The legacy of Willow Court appears to be an opportunity worthy of consideration within the very first TDIP. To consider how the legacy might be acknowledged, understood and then used as a tool for collective learning and healing presents an exciting opportunity for continued momentum in Tasmanian Disability Rights Leadership. It also provides an opportunity for our state to be nation leading. These opportunities are broad ranging in nature and may extend beyond considerations of the physical site itself.

¹³ [University of Tasmania – Companion to Tasmanian History: Royal Derwent Hospital](#)

¹⁴ N13

¹⁵ [Derwent Valley Council – About Willow Court](#)



Theme 2 – The Tasmanian Context

Autonomy, Inclusion and Access

The Discussion Paper recognises barriers across physical environments, service design and community attitudes, and notes that inclusion depends on consistent, rights-based practice rather than ad hoc accommodations. It also acknowledges structural power imbalances in everyday interactions with government. These issues affect whether Tasmanians with disability can exercise autonomy to their fullest individual extent in ordinary life.

Beyond this, there are additional, preventable problems that risk excluding people from participation. Many systems still assume a “standard user” and require people to adapt to services rather than services being designed to accommodate diverse communication, sensory, cognitive and mobility needs.¹⁶ Unnecessary disclosure and gatekeeping persist (for example, being asked to repeatedly “prove” needs, or to share information at open counters), unpredictable processes make planning difficult, and frontline environments can compromise privacy. In Tasmania, concentration of services in major centres compounds these barriers, especially when combined with strict evidence requirements or an increased user administrative burden such as repeated forms. Systems must anticipate where access barriers are likely to occur and provide stabilising supports up-front, rather than waiting for disclosure or distress. To do so benefits the entire Tasmanian community.

These patterns reflect the Disability Royal Commission’s findings that systemic assumptions, unconscious bias and the failure to provide necessary adaptations routinely undermine people’s autonomy, with distress or communication differences frequently misinterpreted as behavioural issues rather than indicators of unmet need.¹⁷

Tasmania has around 170,400 people with disability (30.5% of the population), of these people about 14,000 are National Disability Insurance Scheme (NDIS) participants.¹⁸ This means many Tasmanians with disability rely on mainstream systems. It is essential that access, privacy and low-effort pathways are built in from the start rather than triggered only for NDIS participants.

Defined entities should lead by designing systems that anticipate access needs rather than waiting for people to ask for support. When accessibility, privacy and low-effort pathways are built in from the start, people are not forced to disclose unnecessarily or navigate barriers on their own.

The TDIP should therefore make access and inclusion a standard expectation across government, rather than something that depends on individual staff or programs. This includes setting preventative expectations for systems to be predictable, portable and low-effort — meaning people do not have to navigate unnecessary complexity, repeat their

¹⁶ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report – Volume 6: Enabling Autonomy and Access* (29 September 2023).

¹⁷ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report: Executive Summary, Our vision for an inclusive Australia and Recommendations* (2023).

¹⁸ National Disability Services, *2024–25 Tasmania State Budget Submission* (Submission, November 2024).



story to multiple agencies, or adapt to services designed around a ‘standard user’ rather than diverse communication, sensory, cognitive and mobility needs. Minimum whole-of-government standards should cover privacy at front-of-house, quiet/low-stimulus options for appointments, clear “what to expect” information in advance, and simple next-step pathways that do not rely on discretionary goodwill. Documentation burdens should be reduced through consent-based information-sharing and data minimisation (collect only what is necessary), with voluntary, needs-focused identification options that trigger support without forcing diagnosis disclosure. De-identified, system-level reporting on accessibility issues should be used to fix service design, not to monitor individuals. These measures shift the default from “the person must fit the system” to “the system is built to include the person”.

These expectations align with Tasmania’s obligations under the CRPD, including equality and non-discrimination (Article 5), accessibility (Article 9) and the right to live independently and be included in the community (Article 19).¹⁹ The Principles in section 6 of the Act require systems to uphold dignity and autonomy, recognise the intersectionality of a person’s circumstances, and provide supports that meet communication, sensory and cultural needs.²⁰ Together, they confirm that access and inclusion must be built in proactively, not delivered only on request.

Accessibility of Information

The Discussion Paper notes that information across government is often inaccessible in practice, that accessible formats must extend beyond a single channel, and that many Tasmanians rely on non-digital pathways to understand and navigate services. It also recognises that digital capability barriers limit access and that accessibility standards are applied inconsistently. However, the Paper does not establish minimum expectations, nor reflect that many accessibility failures occur not because supports are unavailable, but because they are not offered proactively. The Disability Royal Commission similarly found that necessary communication adaptations and supports are frequently not provided in practice, even when available, undermining people’s ability to understand and use essential information.²¹

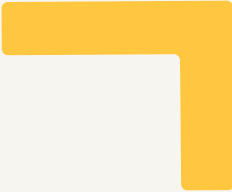
Belonging and inclusion approaches recognise systems create the end experience, instead of assuming a “standard” user who can navigate dense documents, shifting websites, inconsistent structures, or digital-only releases. When information is visually overloaded or designed for administrative convenience, it excludes people who rely on clear, timely and accessible communication. Internal systems—such as HR platforms, training modules, intranets and document libraries—are also frequently inaccessible, reinforcing these barriers for staff as well as the public.

The TDIP must address this on a whole of government level. Defined Entities should lead by demonstrating what accessible information is in everyday practice. This includes providing information in multiple formats, from screen reader compatible documents through to easy

¹⁹ N9

²⁰ N1

²¹ N17



read and where appropriate, Auslan content. Proactive accessibility benefits the wider community — including people with low literacy, ageing Tasmanians, migrants, people experiencing stress or crisis, and those without stable internet — reinforcing accessibility is not a specialist add-on, but a core feature of strong public administration. The Royal Commission found that failing to provide necessary adaptations and supports is a recurring barrier to safe, effective participation, reinforcing the need to release information in accessible formats proactively rather than on request.²² This includes anticipating diverse ways people process information, using plain language as the default, releasing accessible formats at the same time as standard versions, and ensuring non-digital channels remain available through Service Tasmania, libraries and community settings. Entities should identify high-friction information points in advance and provide stabilising supports up-front, rather than relying on people to seek help after barriers emerge. Information should be organised predictably, include clear “what to do next” steps, avoid unnecessary cognitive load and meet WCAG 2.2 AA for internal and external platforms. Entities should also ensure internal communication systems, templates and staff-facing tools meet accessibility expectations; staff cannot provide accessible information publicly if the systems they rely on are inaccessible themselves.

Making information usable in practice reflects the CRPD (Article 9: Accessibility; Article 21: Access to information)²³ and the Principles in section 6 of the Act, which require practical, effective and targeted services that meet diverse communication needs.²⁴ These obligations confirm that accessible information is a proactive duty across government and may require shifts within whole of government procurement.

Consultation and Codesign

People with disability can be excluded when engagement assumes prior familiarity with government services, internal processes, decision pathways or the role of the agency convening the consultation. The Royal Commission found similar patterns, noting that systems frequently fail to recognise the diverse, intersecting identities and contexts of people with disability, which contributes to exclusion when consultation relies on assumed knowledge or a single “standard” participant.²⁵ Many participants need additional clarity about why input is being sought, how contributions will influence decisions, what the service is intended to do”, how people typically interact with it, and what barriers might prevent access. Without this foundation, systems create uncertainty and reduce people’s ability to contribute safely and confidently—particularly for those who have previously experienced failures in health, education, housing, justice or complaints pathways. Engagement approaches characterised by rapid verbal exchanges, online-only materials, short lead times, inaccessible venues or dismisses issues as “out of scope” can replicate the exclusion and loss of agency people have experienced in other systems.

²² N17

²³ N9

²⁴ N1

²⁵ N17



To prevent these harms, the TDIP should require minimum accessibility standards for consultation and co-design across all defined entities. These standards should align with the principles in section 6 of the Act²⁶ and with Tasmania’s obligations under the CRPD.²⁷ They should include:

- Clear, plain-language explanations of the consultation purpose, what is in scope, the decision stage, what the service or system is meant to do, and the types of barriers people may wish to comment on;
- Accessible venues with seating, clear sightlines, quiet/low-stimulus spaces and nearby accessible toilets;
- Participation options across multiple channels, such as phone, post, Service Tasmania counters and hybrid dial-ins;
- Materials available from the outset in accessible formats, with predictable timelines that allow supported participation;
- Defined entities actively connecting with the disability community and using existing guides and research for consultation and co-design (e.g. People with Disability Australia, Inclusion Australia, Australian Disability Network, Modality Co, Speak Out, Disability Voices Tasmania);
- A “no wrong contribution” approach, ensuring all issues raised are accepted, recorded and internally redirected rather than dismissed as out of scope;
- Publication of a short outcomes summary after each consultation (“what we heard, what changed, what didn’t and why”).

Together, these measures operationalise the Act’s inclusion and participation principles and align practice with Tasmania’s CRPD commitments, ensuring that engagement is safe, clear, respectful and consequential.

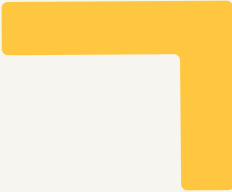
Education

The Discussion Paper acknowledges barriers to inclusive education across early childhood, schooling and transitions, including inconsistent adjustments, exclusionary practices and variable access to specialist supports, particularly in regional areas. It also notes difficulties navigating evidence requirements and complex processes that affect access to assistance. These issues can disrupt attendance, participation and longer-term educational outcomes for Tasmanian students with disability.

There are additional system-level problems not covered in the Paper that the TDIP should address by placing a proactive duty on defined entities to prevent foreseeable harms. One of the most significant is that students with disability are still excluded—formally and informally—when disability-related distress, sensory overload or communication differences

²⁶ N1

²⁷ N9



are interpreted as behaviour rather than unmet need.²⁸ Children may be sent home, placed on reduced timetables or repeatedly removed from class without adjustments in place.²⁹ These responses interrupt learning and increase the likelihood of disengagement. In Tasmania, this can be amplified by delays in accessing specialist support, long waits for assessment without interim adjustments, and predictable risk points such as the Year 10 to senior-secondary transition where supports commonly lapse. These findings are consistent with the Disability Royal Commission, which identified widespread gatekeeping, inappropriate exclusionary discipline, and systemic failures to provide adjustments across Australian schools.³⁰into

Behaviour as Communication and System Misinterpretation

The Adjustments Model Review³¹ highlighted that inconsistent processes for identifying and applying adjustments increase the likelihood of distress, which is misinterpreted as behaviour, that leads to escalation instead of early support. This misinterpretation creates foreseeable and preventable harm: when behaviour is incorrectly framed as non-compliance.

Care must be taken to ensure there is not an over-reliance on the NDIS to deliver behaviour support essential to the functioning of the education system. Many children with disability are not NDIS participants, cannot access the scheme due to eligibility or migration barriers, or have plans that do not include behaviour support. Even for NDIS participants, delays, nominee issues or plan gaps mean support may not be available when early intervention is most needed.

Disability Literacy Across the Education Workforce

Disability literacy across the education workforce. The Adjustments Model Review similarly found inconsistent understanding of inclusive practice across schools and recommended targeted workforce capability uplift to address this gap.³² Teachers and support staff are routinely expected to respond to complex disability-related needs without the training, time or resources required to do so safely. When the system does not equip staff to recognise sensory distress, fatigue, communication differences or disability-related behaviours, early signs of overload are missed and situations are more likely to escalate, creating preventable harm for students and unsustainable pressure for educators. A proactive TDIP must require the education defined entity to embed disability-aware practice into workforce capability, ensuring that practical strategies, induction, coaching and ongoing support are available so early indicators of distress are recognised and addressed before escalation occurs. Strengthening disability literacy across the workforce is essential to preventing foreseeable harms and enabling consistent, safe and inclusive learning environments.

²⁸ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Executive Summary, Our vision for an inclusive Australia and Recommendations* (2023).

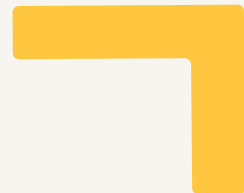
²⁹ N24

³⁰ N17

³¹ KPMG, *Review of the Educational Adjustments Model* (Report, May 2023)

<<https://publicdocumentcentre.education.tas.gov.au/library/Shared%20Documents/DECYP-Educational-Adjustments-Model-Review.pdf>>.

³² N31



Inclusive Teaching Workforce and Representation for Young People with Disability

A genuinely inclusive education system must also support a teaching workforce that includes people with disability. Many young people with disability see teaching as a meaningful career, particularly because their lived experience positions them to understand disability-related distress, recognise sensory or communication needs, and create safer, more responsive learning environments. Seeing teachers with disability signals to students' disability is an ordinary part of school life, strengthens belonging, and helps young people imagine futures in which they are valued contributors to their communities.

A proactive TDIP should aim to remove structural barriers to teacher education and employment—through accessible professional experience placements, flexible pathways, and routine workplace adjustments—so people with disability can participate fully as educators. Supporting teachers with disability strengthens the workforce, embeds lived expertise in classrooms, and models inclusive practice across school communities.

Disability Literacy Across Child Safety and Out-of-Home-Care

Tasmanian oversight has identified that core information about disability is often missing from Child Safety caseloads. The Commissioner for Children and Young People reported “there remains a lack of detailed data about whether children in care have disability”, meaning Child Safety may not always have the foundational information required to interpret behaviour accurately or apply early, disability-aware support.³³

Where the State holds guardianship, Child Safety is the child representative under the NDIS Act and is responsible for NDIS access and planning decisions on the child's behalf. National NDIS guidance on child representatives confirms that the person or entity holding parental responsibility is responsible for gathering functional evidence, submitting access requests, participating in planning meetings and ensuring plans reflect the child's goals and needs. OOHC guidance in other jurisdictions demonstrates the capability expectations for caseworkers undertaking these functions: identifying potential eligibility, gathering evidence, coordinating assessments and leading NDIS planning as part of supporting the child's safety and wellbeing. These responsibilities are directly relevant to Tasmania when the Department holds guardianship.

Data capability is a core prevention duty. Disability information must be recorded respectfully, updated when needs change, and used consistently across intake, assessment and case review—without requiring children, young people or families to repeatedly retell their history or re-disclose information already provided. This aligns with child-safe, trauma-informed practice and responds directly to CCYP's finding that disability data in OOHC is incomplete.

Embedding Inclusion and Accountability Across the System

To prevent the foreseeable harms outlined throughout this section, the TDIP must embed clear, proactive duties on the education system. These duties should ensure that inclusion is

³³ Commissioner for Children and Young People (Tas), *Data Monitoring Report No 2: 2nd Edition 2020–2022* (Report, July 2023) <<https://childcomm.tas.gov.au/wp-content/uploads/2023/07/2023-07-11-FINAL-Data-Monitoring-Report-No-2-2nd-Ed-2020-2022.pdf>>.



predictable, portable and consistent across all settings and transitions. Where not already in action, care should be taken to:

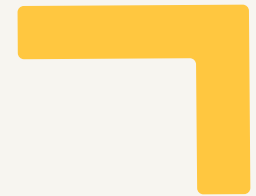
- Recognise and respond early to disability-related distress
 - Treat behaviour as communication and ensure early indicators of distress trigger stabilising adjustments rather than exclusion.
 - Prevent reliance on restrictive practices by embedding preventative supports and reviewing any occurrence as a system failure requiring immediate stabilisation and oversight.
- Guarantee timely access to disability-informed support
 - Ensure access to disability-informed behaviour support regardless of NDIS status.
 - Put interim supports in place while waiting for specialist advice, assessments or external input so students remain safe and connected to learning.
- Make adjustments predictable, portable and consistent
 - Ensure adjustments transfer automatically across classrooms, schools and transitions through a single, plain-language plan that follows the student.
- Strengthen disability literacy across the education workforce
 - Embed disability-aware practice into induction, coaching and ongoing capability development so staff can recognise sensory distress, communication differences, fatigue and disability-related behaviours early and respond appropriately.
- Ensure genuine educational choice
 - Provide clear pathways and balanced information about mainstream and support school options, ensuring families can make informed decisions.

Employment

The Discussion Paper notes barriers in recruitment, workplace culture and access to adjustments, and identifies that the Tasmanian Government has a role in modelling inclusive practice. It also recognises that accessibility is inconsistent across defined entities and that not all workers feel safe to request adjustments. These factors influence whether people can enter work, remain employed and progress in their careers.

Universal Design and System Barriers

In addition to individual adjustments, universal design should be built in from the start. The TDIP should commit to incorporating the Disability (Access to Premises—Buildings) Standards 2010 and National Construction Code requirements, including AS 1428.1:2021 (Design for access and mobility), into all new State Government and electorate office fit-outs. This establishes predictable baselines for accessible circulation spaces, routes and facilities and prevents costly retrofits.



The absence or delay of essential adjustments — such as communication supports, orientation assistance, accessible software, ergonomic equipment and predictable flexibility — causes pain, fatigue, sensory overload, cognitive strain and avoidable performance difficulties. These are foreseeable harms created by the system, not reflections of individual capability. Employer obligations to provide reasonable adjustments during recruitment and employment are well-established and require employers to implement adjustments unless doing so would cause unjustifiable hardship.

Digital systems are another predictable barrier. Many internal HR, learning and collaboration platforms do not meet contemporary accessibility standards. The TDIP should require internal systems to conform to WCAG 2.2 AA and align with the Australian Government Digital Service Standard, which emphasises inclusive design and ensuring digital services “leave no one behind.” These standards are practical, testable and widely used across government.

Low-effort pathways are essential. An Adjustment Passport pattern — adapted from existing JobAccess and Australian Public Service examples — allows employees to avoid repeatedly re-telling sensitive information when managers change or when moving roles. Because this integrates into existing supervision cycles, it does not create new administrative burden.

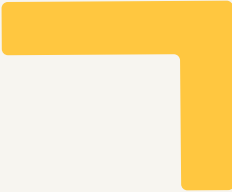
Recruitment, Job Design and Merit in Practice

Recruitment and job design processes can create structural exclusion if essential qualifications or requirements are added by default rather than through a deliberate assessment of the inherent requirements of the role. In large systems, there is always a risk that requirements such as qualifications, physical capabilities or licence conditions may be carried forward from earlier Statements of Duties (SoDs) without being reconsidered over time. Without routine review, these elements can become detached from actual job needs. This creates a foreseeable vulnerability: essential requirements may unintentionally narrow the field or exclude capable applicants if they are not regularly tested against the skills, capabilities and outputs that genuinely matter. A proactive TDIP should look to parity across state service recruitment to ensure accessibility is routinely embedded from role creation onward.

Many barriers emerge because the current application of the merit principle assumes idealised working conditions and a “standard” applicant. In practice, merit is shaped by recruitment design. When SoDs emphasise stamina, rapid verbal communication, familiarity with hidden norms or work without adjustments, selection processes unintentionally privilege a small amount of applicants.

Other jurisdictions demonstrate that merit can be applied inclusively within lawful frameworks. For example:

- The Australian Public Service RecruitAbility model progresses applicants with disability who meet the minimum requirements to the next assessment stage,



showing how process design can reduce barriers without displacing higher-ranked candidates.³⁴

- The Northern Territory Public Sector’s Special Measures provisions explicitly state that “the merit principle does not prevent the implementation of special measures” under s 38B of the *Public Sector Employment and Management Act 1993*,³⁵ enabling priority consideration or designated positions provided essential criteria are met.

These examples are not proposed for Tasmania, but they demonstrate merit may not be recognised if system design excludes. This provides clear justification for reconsidering how defined entities operationalise merit — ensuring that assessment tasks are accessible and relevant, default requirements are evidence-based, and selection focuses on actual capability with adjustments. This strengthens, rather than weakens, the integrity of merit.

Inaccessible recruitment information also creates predictable barriers. Not all applicants routinely use Tasmanian Government job sites, are familiar with government terminology, or can easily interpret HR-style Statements of Duties. When role descriptions, eligibility requirements, or application instructions rely on dense language or assume prior familiarity with government systems, capable applicants may be discouraged or unintentionally excluded. This is a foreseeable risk in any large system. Clear, plain-language information and multiple pathways to access recruitment material — including formats that do not rely on digital literacy — help ensure that people can understand the role, determine their suitability, and participate equitably in the process.

Leadership, Progression and Workforce Culture

People with disability must have genuine opportunities to progress. Technical adjustments alone do not create equitable career pathways. The TDIP should encourage the development of leadership pathways, such as partnering with Tasmanian Leaders (TasLeaders) to create scholarship opportunities for public servants with disability. This aligns with national examples such as the AICD Disability Leadership Program, which provides structured governance training and demonstrates the effectiveness of targeted leadership development programs.

Managers require practical capability in disability-aware supervision, accessible communication and psychological safety. Anti-Discrimination and Employment law must be understood in practice, including that the burden of demonstrating unjustifiable hardship rests with the employer, not the employee. A brief internal guide clarifying the use of JobAccess and the Employment Assistance Fund can support consistency without creating new forms or processes.

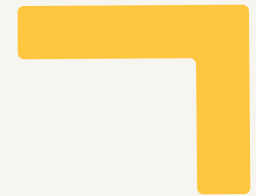
Embedding Inclusion and Accountability Across the Employment System

To prevent foreseeable harms and ensure people with disability can enter work, remain employed and progress equitably, the TDIP should enable the employment system to:

³⁴ Australian Public Service Commission, ‘RecruitAbility’ (Web Page, 19 April 2024)

<<https://www.apsc.gov.au/working-aps/diversity-and-inclusion/disability/recruitability>>. [abc.net.au]

³⁵ s38B of the *Public Sector Employment and Management Act 1993*



- Build accessibility in from the start: Apply universal design standards, including the Premises Standards and AS 1428.1:2021, in all new State Government and electorate office fit-outs.
- Ensure accessible, fair recruitment: Use plain-language SoDs; identify and evidence inherent requirements; offer adjustments up-front; ensure assessment tasks and platforms are accessible.
- Clarify how merit is applied in practice: Review recruitment processes to eliminate system-created barriers; ensure assessment focuses on capability with adjustments; draw on national examples only as evidence that inclusive interpretations of merit are lawful.
- Guarantee timely and ongoing adjustments: Provide essential tools on day one; set clear timeframes for additional adjustments; adopt an Adjustment Passport pattern to avoid repeated disclosure.
- Ensure digital accessibility: Require WCAG 2.2 AA for HR, learning, intranet and collaboration systems, aligned with the Digital Service Standard.
- Build manager capability and psychological safety: Provide practical training in disability-aware supervision and accessible communication; clarify reasonable-adjustment obligations, including unjustifiable hardship.
- Build consistent people-management capability: Ensure managers are supported with system-wide tools, guidance and predictable pathways so that inclusive practice, adjustments and policy application do not depend on individual experience or discretion.
- Support leadership and progression pathways: Implement leadership development programs and scholarships (e.g., with TasLeaders), drawing on national exemplars such as the AICD Disability Leadership Program.
- Clarify use of JobAccess and the Employment Assistance Fund: Provide a short, consistent internal guide to ensure adjustments are funded and implemented without delay (without new paperwork).
- Ensure accessible recruitment information: Provide clear, plain-language role descriptions and accessible pathways to apply, recognising that not all applicants read TasJobs routinely or are familiar with government SoDs or HR-centric terminology.

Health and Wellbeing

The Discussion Paper acknowledges barriers to inclusive health care, including inaccessible information, inconsistent adjustments, and environments that do not support diverse communication, sensory or cognitive needs. These issues affect safety, recovery and decision-making across all parts of the health system. Health care in Tasmania occurs in a wide range of settings — including primary care, community health, mental health, allied health, ambulance services, emergency departments and tertiary hospitals — and each



setting presents different risks and access challenges. It is therefore important not to assume that all health interactions follow a hospital admission model or that all services have the same roles, responsibilities or capacity.

Health is a strong theme amongst reports and enquiries received by Disability Commissioner Tasmania to date. The concerns raised fall within the following areas:

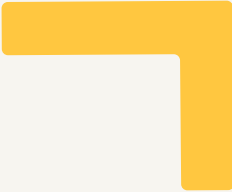
- Transition points from tertiary hospital settings to community settings and the intersection between state and federal funding systems, including NDIS and My Aged Care;
- Access to social admissions, particularly in relation to adolescent mental health or where community respite or care is not available. These issues have been consistently reported in regional or small communities in the Northwest and East Coasts of Tasmania;
- A lack of step-down forensic care facilities, potentially resulting in an over-reliance on the *Mental Health Act 2013* (Tas) and magnified poor outcomes for a small number of offenders with complex needs;
- Uncertainty in arrangements for children and young people receiving dual supports from child safety, health and the NDIS; and
- Matters where individual support workers and/or unregistered healthcare workers are alleged to have engaged in conduct contrary to the Code of Conduct for Unregistered Healthcare workers soon to be enacted in Tasmania and administered by the Health Complaints Commissioner.

In light of this, consideration must be given to ensure the TDIP provides a strong foundation for:

- Review of complex system interplays, particularly where state and federal funding models intersect;
- The development of health and public health strategies to have clear emphasis on areas where people with disability are more likely to be disadvantaged, for example forensic settings; and
- Resourcing of key oversight mechanisms such as the Health Complaints Commissioner where new legislation like the Code of Conduct for Unregistered Healthcare Workers will be enacted and can deliver regulatory outcomes (in the form of prohibition orders or undertakings) to uphold public safety.

Housing and Inclusive Communities

The Discussion Paper recognises that many Tasmanians with disability live in homes and neighbourhoods that are not designed for diverse mobility, sensory or communication needs. It highlights how inaccessible housing and public spaces limit participation, create safety risks and make it harder to maintain health, wellbeing and connection to community.



There are additional preventable harms not addressed in the Paper. Anecdotally, many people with disability living in social housing experience long waits for straightforward home modifications, repairs or maintenance that would make daily life safer and more workable. Others may be offered homes that are technically available but do not match their functional access needs:

In September 2025, Homes Tasmania reported that

- There were 1,281 more dwellings to build for the Tasmanian Government to meet its commitment of delivering 2,000 social homes by 2027
- Unmet demand for accessible homes was 1,197 dwellings
- 73% of new social housing delivered in the previous 5 years met the Silver accessibility standard or better.³⁶

If all 1281 new social housing dwellings are delivered in time, the rate of new builds meeting at least Silver accessibility standard would still need to be raised to over 93% in order to meet existing demand.

These patterns reflect broader system-level issues: limited accessible stock, housing allocations shaped by availability rather than suitability, and planning or zoning settings that constrain the type and location of housing that can be delivered.³⁷ This includes the distinction between mainstream social housing and Specialist Disability Accommodation (SDA), where eligibility, commercial investment and zoning controls can limit whether SDA can be built in the communities where people want and need to live.

Neighbourhood design also determines whether housing is genuinely usable. Footpaths, surface gradients, kerb ramps, lighting and crossings can create barriers when they are uneven, unpredictable or poorly maintained. A neighbourhood that is nominally “close to services” may be inaccessible in practice if the route to those services is unsafe or exhausting. This aligns with emerging public health policy work on liveable neighbourhoods, which recognises that safe, accessible urban design directly supports participation, health and belonging.

Planning and zoning frameworks shape these environments. Where zoning restricts the types of dwellings that can be built, limits density or inadvertently constrains SDA or accessible housing development in particular areas, the system may limit choice long before individual allocations occur. The Tasmanian implementation of the National Housing Code and broader planning reforms will determine whether new developments can incorporate universal design, accessibility and the principles of liveable neighbourhoods from the outset. A proactive TDIP should ensure that disability inclusion informs these settings so that regulatory structures do not unintentionally embed barriers.

³⁶ Homes Tasmania, *Homes Tasmania Dashboard – September 2025* (Tasmanian Government, September 2025) <https://www.homes Tasmania.com.au/___data/assets/pdf_file/0028/287722/Homes-Tasmania-Dashboard-September-2025.pdf>.

³⁷ N24



To prevent these harms, the TDIP should set expectations that defined entities treat accessible housing and inclusive neighbourhoods as core government business. At a minimum, the TDIP should require that:

- Minimum accessibility baselines are built into new public and community housing and major upgrades: Universal design should be embedded from the outset through clear accessibility expectations.
- Timely, predictable home modifications are available: Processes should be simple, transparent and supported by interim safety measures where needed, regardless of NDIS status.
- Access-fit allocations are standard practice: Homes should be offered based on functional access needs, not availability alone.
- Maintenance and repairs are communicated and scheduled accessibly: Processes should consider sensory needs, fatigue and support timetables.
- Portable and low-impact adjustments are routinely available: Items such as lever handles, threshold ramps, visual doorbells or handheld shower hoses should be easy to request and install in public and community housing.
- Healthy home performance is prioritised: Thermal performance, ventilation and building materials should reduce cold, damp and mould.
- Neighbourhoods support safe and independent mobility: Footpaths, kerb ramps, seating, lighting and crossings should be accessible and predictable, consistent with emerging liveable-neighbourhood principles.
- Safe transitions into housing are ensured: Essential accessibility features should be in place from day one when people return from hospital, mental health care or other settings.
- Accessible pathways for renters to request low-impact modifications exist across public, community and private rentals.
- Information and complaint pathways are accessible: Supported or assisted complaint-making should be available where needed.
- Data for improvement is collected: Information about modifications, repairs, declined offers, accessibility gaps and neighbourhood maintenance should be used to strengthen system design, not assess individuals.

A strong TDIP can ensure that housing and neighbourhoods support safety, predictability and participation. Accessible, suitable housing close to community and supports is essential to people's stability, health and everyday inclusion throughout Tasmania.

Intersectionality

The Discussion Paper notes that people with disability may have overlapping identities, but it does not fully describe how intersectionality shapes access, safety and inclusion in Tasmania. Intersectionality recognises that exclusion is not experienced in the same way by



all people with disability. Different identities—such as race, culture, gender, age, migration history, sexuality, neurodivergence or trauma experience—interact with systems, attitudes and expectations in ways that produce cumulative harm. These are not necessarily legal forms of discrimination.

People with disability are whole people who may also be Aboriginal, culturally and linguistically diverse, LGBTIQ+, neurodivergent, ageing, migrants, parents, carers, young, or survivors of trauma. However, many services still expect people to “fit into” a single category at a time. This can lead to foreseeable harms—for example, gendered assumptions compounding how a woman with disability is perceived and believed; cultural safety gaps compounding communication barriers for an Aboriginal person with disability; or a neurodivergent person from a culturally diverse background being judged as “difficult” when they are overwhelmed or communicating in a way the system does not recognise.

Intersectionality also influences whether people feel safe to disclose disability or request adjustments. People who have already experienced exclusion based on race, gender identity, age, culture or sexuality may be reluctant to disclose disability if doing so feels unsafe or if they fear further marginalisation. Others may be required to repeatedly “explain” or prioritise one identity over another to access a service, even though their experiences cannot be separated into categories. This forced identity-sorting creates additional burden, heightens emotional labour and can undermine trust in services.

To prevent this, the TDIP should support defined entities to:

- embed intersectional analysis from the outset in policy and service design;
- ensure cultural safety and identity-affirming practice across systems, recognising discrimination and exclusion can compound;
- minimise the need for disclosure or identity-sorting as a condition of accessing safe practice or support;
- coordinate across portfolios so people are not moved between siloed services that each recognise only one aspect of their identity; and
- consider intersectional impacts when developing DIAPs, without prescribing content, to ensure that implementation across the State Service reflects the diversity of Tasmanians with disability.

Intersectional experiences reflect the broader cultural issues explored in Theme 5, where systems often narrow people into a single category rather than recognising the full range of identities a person holds. Intersectionality is not an exception — it is the norm. A strong TDIP must recognise that people with disability are whole people with multiple identities, and inclusive systems must be designed from the outset to anticipate and support this diversity.

Justice

The Discussion Paper recognises people with disability experience barriers at multiple points in the justice pathway, but it does not fully reflect how predictable and preventable these



harms are. People with disability are disproportionately represented in police contact, courts, detention and community supervision — not because disability increases risk, but because systems frequently misinterpret disability-related communication, behaviour and distress as non-compliance, intoxication or threat. The Disability Royal Commission similarly found that people with cognitive disability are significantly over-represented at every stage of the justice system and also experience high rates of victimisation.³⁸

Across the justice pathway, courts, police and custodial processes often assume a level of comprehension, communication and emotional regulation that many people cannot achieve under stress. Court processes rely on rapid verbal explanations, technical legal language and dense written material. People may agree to orders or conditions simply to end the interaction, without understanding the implications or the risk of breaching them later.

Preventable Harms in Policing, Courts and Custody

Disability-related communication and movement differences are routinely misinterpreted throughout the justice pathway.³⁹ People may not make eye contact, may stim, speak directly or appear confused or overloaded — all of which can be mistaken for non-cooperation or deception. Some may not understand why police are approaching them or may not process instructions at the pace officers expect. These misunderstandings can escalate situations that could otherwise be resolved through clearer communication, pacing and sensory awareness. Access to disability-aware legal assistance is inconsistent.

Gaps in Access, Participation and Cross-System Coordination

Many of the harms experienced by people with disability in justice settings stem from predictable system design gaps rather than isolated errors.⁴⁰ Cross-system interfaces — particularly between justice, housing, health, education and foundational supports — are critical risk points. People may remain in custody simply because a safe housing placement is not available or because support arrangements cannot be activated in time. Others may be released into homelessness or unsuitable accommodation, increasing the likelihood of crisis and return to custody. Complaint pathways across police, courts, custody and community supervision are often inaccessible, rely on high literacy or digital access, and are not designed for supported or assisted complaint-making.

These system-level risks intersect directly with Tasmania's obligations under the CRPD, including equal access to justice (Article 13), liberty and security of the person (Article 14), freedom from degrading treatment (Article 15), protection from violence and abuse (Article 16) and accessibility (Article 9).⁴¹ The Principles in section 6 of the Act require systems to uphold dignity and equality, recognise the intersectionality of a person's circumstances, and provide supports that meet communication, sensory and cultural needs.⁴² These obligations confirm that justice responses must be trauma-informed, recognising that many people with disability have experienced past harm, institutionalisation or distressing encounters with authority and may present with heightened stress responses that require


³⁸ N17

³⁹ *ibid*

⁴⁰ *ibid*

⁴¹ N9

⁴² N1



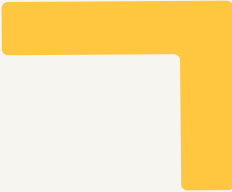
predictable, paced and supportive interaction. They also require disability literacy across police, courts, corrections and community supervision so that distress, communication differences and sensory overload are recognised early and do not escalate into avoidable justice involvement.

Monitoring patterns of access, participation, program exclusion and compliance is essential to identifying system-created barriers early and responding through system improvement rather than penalising individuals.

Embedding Inclusion and Accountability Across the Justice System

To prevent foreseeable harm and strengthen safety, fairness and participation, the TDIP should apply the following expectations across police, courts, custodial settings and community supervision:

- Disability-aware first response: Police and first responders are trained and supported to recognise communication differences, sensory overload, trauma responses and disability-related behaviours, using paced, clear communication before force where safe to do so;
- Accessible information at every stage: Directions, rights, orders and conditions must be provided in plain language and accessible formats, with time to confirm understanding;
- Supported participation in court: Courts should enable repeat-back explanations, communication supports, quiet waiting areas and the presence of a trusted supporter;
- Accessible complaints and safeguards: Complaints must be accessible in multiple formats, with supported or assisted complaint-making available;
- Equivalence and continuity of support: People in custody should have access to disability-aware supports for daily functioning, communication and rehabilitation, independent of NDIS funding;
- Early identification and consistent adjustments: Screening at reception, transfer and key points must identify disability-related needs and embed adjustments across routines and programs;
- Accessible program delivery: Rehabilitation, education and offence-specific programs must be delivered in formats people can actually use – visual supports, plain language, sensory-aware environments and pacing adjustments;
- Supported participation in legal and parole processes: Plain-language information, adjusted formats, repeat-back checks and trusted supporters should be standard;
- Throughcare that does not rely on NDIS timing: Release planning should begin early, include accessible discharge information, medication instructions, transport, and warm handovers to health, housing and community supports; and
- Data for improvement: Systems should monitor access, participation and compliance to identify barriers and remove them, rather than penalising individuals.



A strong TDIP can ensure that disability-aware, trauma-informed, inclusive practice becomes core business across Tasmania’s justice system — reducing over-representation, preventing avoidable escalation and protecting the right to fair and equal treatment under the law.

Supported Decision Making

The Discussion Paper recognises that people with disability are often not supported to make decisions that affect their lives, and that systems can default to substituted decision-making.⁴³ It notes that people need clear information and appropriate communication support to exercise choice and control. These issues affect autonomy, safety and trust across service systems.

There are additional, predictable system-level harms not captured in the Paper. Many everyday decisions — such as health-care consent, tenancy processes, education planning, financial decisions, service access or participation in legal processes — require people to understand complex information quickly, often in environments that are rushed, noisy, emotionally charged or overstimulating. People may receive dense documents, rapid verbal explanations or choices framed in technical or bureaucratic language. This disproportionately affects people who experience cognitive fatigue, sensory overload, slower processing speed, communication differences or fluctuating psychosocial disability. Without support, people may agree to things they do not fully understand, decline supports they actually need or become overwhelmed and disengage.


Supported decision-making is often treated as an “extra” rather than standard practice. Support is frequently offered only when a person discloses disability or explicitly requests assistance, even though many need help to understand options, weigh risks or express preferences in a way that others can interpret accurately. Definitions of “capacity” may be applied inconsistently, and some practitioners continue to equate disability with diminished decision-making ability.⁴⁴ These assumptions can lead to decisions being made on a person’s behalf without meaningful involvement, or to reliance on family or informal supporters without structured processes that protect the person’s rights and wishes. When communication is not understood, people may be seen as refusing, consenting or agreeing when this is not the case.

To support consistency across government, the TDIP should signal that a whole-of-government Supported Decision-Making Practice Guideline be co-designed with input from people with disability. This Guideline would apply across all defined entities — including customer-facing services, education, housing, health care, justice settings, Service Tasmania and legal services — and would provide practical tools for day-to-day decision support without altering existing legal capacity frameworks.

A strong TDIP can ensure that supported decision-making becomes predictable and routine across government systems. When people are supported to understand their options,

⁴³ N17

⁴⁴ *ibid*



express their preferences and make decisions in ways that work for them, participation becomes safer, more equal and more sustainable.

Transport

Transport plays a vital role in daily life. It enables people to reach work, education, health care, shops and community events. When transport systems are predictable, accessible and easy to use, they support people to participate confidently and independently. The Discussion Paper recognises that transport is essential for inclusion and that many Tasmanians with disability face challenges using public and community transport. It also notes that information and communication are not always accessible.

There are additional, predictable system-level barriers not captured in the Paper. Many people cannot use fixed-route services without safe footpaths, kerb ramps, lighting, shelters, seating and clear wayfinding at and around stops. In regional and outer-suburban areas, infrequent or limited services can make public transport unusable, particularly for people who cannot drive or afford alternatives.

Even when buses are technically accessible, everyday practices can create preventable barriers. Boarding supports may only be offered to wheelchair users or people with prams, even though many others benefit from them. People with balance, fatigue or pain-related conditions may need time to sit before the vehicle moves. While many people rely on real-time digital information, others need accessible non-digital channels. Maintaining both ensures people can stay informed regardless of literacy, device access or digital confidence. Retaining cash and low-tech payment options is also essential so transport does not become inaccessible for those without electronic payment methods.

Some people cannot safely use fixed-route services and rely on door-to-door transport. These pathways can be difficult to navigate. Older people may need to enter through My Aged Care, while younger people may need to use the Tasmanian Home and Community Care program.⁴⁵ Many do not know these programs exist, are unsure which one applies to them, or find the per-trip cost difficult to manage. Clear communication in both digital and non-digital formats is essential when routes or stops change, so people can understand what to expect and continue using the service confidently.

Wheelchair-accessible taxis and rideshare services play an essential role, particularly for medical appointments, evening travel or when fixed-route services are inaccessible. People frequently experience long waits, difficulty securing bookings or inconsistent acceptance of assistance animals. Improving these processes supports safe participation in community life.

Changes to bus routes, timetables or stop locations can also affect mobility. When stops are removed or moved further apart, some people may have to move longer distances, navigate uneven footpaths or reassess their route. These changes can unintentionally reduce independence or disrupt predictable routines, particularly for people who rely on familiarity

⁴⁵ Home and Community Care (TAS HACC) program <https://www.health.tas.gov.au/health-topics/community-health/home-and-community-care-tas-hacc-program>



for safe travel. Clear communication in both digital and non-digital formats help ensure people know what to expect and can continue to use the service confidently.

These issues directly intersect with Tasmania's obligations under the CRPD, including accessibility (Article 9), the right to live independently and be included in the community (Article 19), and equal access to public services (Article 5).⁴⁶ The Principles in section 6 of the Act require systems to uphold dignity, equality and autonomy, recognise the intersectionality of a person's circumstances and provide supports that reflect communication, sensory and practical access needs.⁴⁷ These obligations place a proactive duty on transport systems to anticipate where barriers are likely to arise and design environments, routes and information pathways that minimise effort, reduce risk and support safe, independent travel.

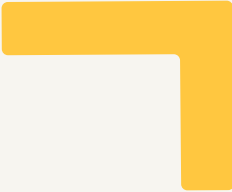
A proactive approach requires transport systems to identify foreseeable barriers, embed stabilising supports from the outset and ensure people can travel safely without relying on disclosure or self-advocacy.

To enable safer, more predictable transport across Tasmania, the following should be considered:

- Accessible approaches to transport: Defined entities should work with relevant road and infrastructure authorities to support safe, accessible approaches to transport — including footpaths, kerb ramps, lighting, shelters, seating and wayfinding — so people can move to and from services predictably and safely;
- Extending the definition of defined entities within the Act to Local Government to ensure infrastructure that falls within council responsibilities can be appropriately considered, monitored and updated through the DAIP mechanism;
- Build accessibility requirements into tendered contracts, for example to external ferry service providers;
- Reliable boarding and safe settling: Transport entities should ensure predictable boarding practices, including activating manual ramps whenever needed, offering boarding assistance proactively, and allowing people time to sit safely before the vehicle moves;
- Disability-aware customer service: Clear, paced communication and supportive assistance that reflects diverse access needs;
- Accessible information at every stage: Timetables, delays and diversions available in multiple formats, with both audible and visual announcements, and non-digital channels alongside real-time apps;
- Accessibility impact considerations for network changes: Before changing routes, stops or service patterns, transport entities should assess the likely accessibility impacts — including walking distances, predictability, cognitive accessibility and

⁴⁶ N9

⁴⁷ N1



communication needs — and consult with people with disability to prevent foreseeable barriers;

- Door-to-door supports: Access to community or demand-responsive transport that does not depend on NDIS or My Aged Care eligibility;
- Mode-to-mode continuity: Accessible assistance and information at interchanges and terminals;
- Regional and evening safety: Lighting, predictable layouts and accessible help points to support safe travel in regional or night-time settings;
- Accessible help and complaint pathways: Multiple channels, including supported or phone-based options, for seeking help or raising concerns; and
- Data for improvement: Monitoring of boarding issues, ramp usage, inaccessible stops, disruptions and assistance-animal refusals to inform system-level improvements.

Transport systems are at their best when they enable people to participate independently, safely and with confidence. Aligning these expectations with the Housing and Inclusive Communities theme supports a future where people can move through Tasmania predictably and with a sense of belonging.

Theme 1 – Governance and system coordination

A Universal Definition of Disability

The TDIP would benefit from including a universal, whole-of-government definition of disability. A shared, coherent definition strengthens consistency across DIAPs, data collection, planning, reporting and communication, and provides a common foundation for policy development and service design. It reduces ambiguity for defined entities preparing their DIAPs and helps ensure disability inclusion work is grounded in the same conceptual understanding across government systems.

A clear definition is also consistent with Tasmania’s obligations under the CRPD, particularly Articles 1 and 3, which emphasise dignity, autonomy, participation, non-discrimination, respect for difference and acceptance of disability as part of human diversity.⁴⁸ The Principles in section 6 of the Act recognise that people with disability are whole people with intersecting identities and require practical, targeted services that uphold dignity and autonomy.⁴⁹ A consistent definition supports these obligations by ensuring that disability inclusion efforts are proactive, predictable and aligned across government, rather than dependent on individual interpretation or local practice.

The Act provides for a definition of disability Tasmanians will be familiar with and which will be used within DIAP regulation by the Commissioner’s office.

⁴⁸ N9

⁴⁹ N1



Effective Use of Data

The TDIP should encourage defined entities to make thoughtful, proactive use of the information and data they already hold—within the limits of the *Personal Information Protection Act 2004*⁵⁰ — to understand how people with disability interact with their services, programs and policies. Using existing data helps identify where barriers arise, highlight predictable points of exclusion and shape system-level priorities without requiring people to repeatedly share personal stories in ways that may not feel safe or relevant. Drawing on information already collected also signals that people’s interactions with government matter and that their experiences are recognised and valued.

More intentional use of evidence supports Tasmania’s obligations under the CRPD, including accessibility (Article 9), equality and non-discrimination (Article 5) and participation in public life (Article 29).⁵¹ The Principles in section 6 of the Act require systems to provide practical, effective and targeted services that respond to people’s actual experiences.⁵² Proactive use of data enables entities to anticipate barriers before they escalate, identify patterns that indicate unmet need, and adjust system design rather than relying on individuals to correct failures themselves.

Data use must also be trauma-informed. Many people hesitate to disclose disability or access needs because of prior negative experiences, stigma or fear of consequences. A safe, low-effort approach involves analysing information that entities already hold, minimising the need for repeated disclosure and reducing administrative burden. It also involves reviewing data collection practices for unintended consequences—for example, recruitment questions that inadvertently focus applicants on perceived employability rather than adjustment needs.

When used thoughtfully, existing data enables government to design systems that are predictable, inclusive and aligned with people’s everyday realities, strengthening belonging and reducing the effort required to navigate services.

Theme 4 – Safeguarding

People with disability experience elevated risk when physical, social and attitudinal barriers prevent participation, when communication is inaccessible, when services rely on rapid verbal exchanges or assumptions of comprehension, and when environments are chaotic or sensory-intense. Safeguarding begins long before a concern is raised. It starts by removing these barriers so people can use services safely and with dignity. A preventative safeguarding approach requires trauma-aware practice across all defined entities, so that distress, communication differences or sensory overload are not misinterpreted as non-compliance, aggression or risk. Many people carry histories of institutionalisation, child safety involvement, coercive interventions or distressing encounters with government systems. Trauma-aware practice recognises how these histories shape a person’s sense of

⁵⁰ <https://www.legislation.tas.gov.au/view/html/inforce/current/act-2004-046>

⁵¹ N9

⁵² N1



safety and ensures that engagement is paced, respectful and responsive to sensory and emotional needs.

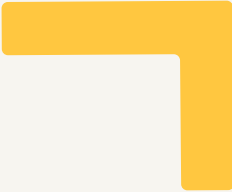
People with disability frequently raise concerns about unclear reporting pathways, long delays, digital-only complaint systems and difficulty navigating between agencies when a concern touches multiple systems. Safeguarding requires accessible, predictable complaint pathways available in multiple formats – phone, in-person, written, supported or assisted complaint-making – that do not rely on high literacy or digital access. Independent advocacy must be easy to access and able to support people to understand options, raise concerns and navigate complex systems. Warm, coordinated referral pathways are essential so that people are not bounced between agencies or required to rebuild their case each time. When concerns span systems, agencies should coordinate responses rather than redirect the person elsewhere.

Often safeguarding is confused with systems safety. When this happens, a person's dignity of risk and ability to live life with some spontaneity is lost. A more helpful framing is to think of a person's quality of life within a system. Quality of life as a concept can apply equally to service settings, employment settings and are easily measured.

To prevent these harms, the TDIP should set expectations that safeguarding is core business for all defined entities and is embedded into every stage of service design and delivery. Safeguarding must include:

- removing barriers to participation; accessible communication in multiple formats;
- trauma-aware, respectful and predictable service environments;
- supported decision-making and autonomy;
- privacy and dignity in frontline settings;
- Ensure systems designed to reduce organisational risk do not become a source of harm in the name of safety;
- clear and accessible complaint mechanisms; and
- coordinated cross-agency responses.

Safeguarding must protect people from harm before crises occur, reduce reliance on self-advocacy and ensure that people with disability can influence policy and practice without being placed at risk. Strong safeguarding across universal systems is essential to ensuring safety, trust and equal participation for all Tasmanians with disability.



Theme 5 - What else do you want to tell us about disability inclusion?

Structuring the TDIP for effective implementation

To be effective, the TDIP should centre on a small number of clear, whole-of-government outcomes that give defined entities a common direction. These outcomes should be supported by minimum expectations so that inclusion is not discretionary, unpredictable or dependent on local interpretation. The Plan should also identify the responsible systems or portfolios for each outcome area. This ensures that expectations align with the decision-makers who hold the relevant policy, funding, operational or legislative levers, and avoids situations where actions are unintentionally “owned by no one”.

Governance

The Discussion Paper explains that the TDIP will guide DIAPs across government but does not outline how the Plan should operate as a strategic document within existing whole-of-government structures. Under the Act, the TDIP provides high-level strategic direction for disability inclusion and cannot instruct operational changes within defined entities or across central systems. DIAPs remain the mechanism through which defined entities implement actions, guided by the Commissioner’s DIAP Guidelines. A clear governance narrative is essential to avoid misinterpretation, role confusion or delayed implementation.

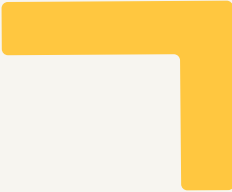
A predictable risk not addressed in the Paper is that, if the TDIP’s strategic direction is communicated inconsistently or not through the appropriate senior decision-makers, defined entities may interpret its implications differently or feel torn between overlapping State Service priorities. This can affect how entities allocate resources, sequence actions, or assess feasibility — particularly where TDIP direction intersects with areas overseen by central agencies or Ministers. The TDIP cannot instruct system changes in such areas, and unclear signalling may lead to uncertainty about how DIAPs should reflect the Plan.

To prevent this, the TDIP should briefly outline a proportionate governance approach that aligns with existing government processes and clarifies how strategic direction flows. The Plan should make clear that it sets high-level expectations, while defined entities use their DIAPs to determine how to implement those expectations within their remit and resourcing. The TDIP should also outline how updates will be communicated, ensuring entities know when to adjust their DIAPs and can plan predictably.

This approach aligns with Tasmania’s obligations under the CRPD — including equality (Article 5), accessibility (Article 9) and participation in public administration (Article 29)⁵³ — and with the Principles in section 6 of the Act, which require systems to provide targeted, practical and effective services that uphold dignity and autonomy.⁵⁴ Clear governance

⁵³ N9

⁵⁴ N1



ensures that strategic direction is aligned, feasible and consistent across government. It keeps expectations within legislative boundaries: the TDIP sets direction; defined entities implement DIAPs; and strategic alignment occurs through early engagement with senior leaders so that expectations flow predictably and without conflict.

Building a culture that supports people with disability to thrive

The Discussion Paper focuses on service areas but does not address the broader cultural environment that shapes how people with disability are viewed and treated across government. Many people live with pain, fatigue, sensory distress, communication differences or limited movement as part of everyday life. These realities exist regardless of how government operates. However, systems can either ease these difficulties or significantly exacerbate them through their design, expectations and assumptions.

A key problem the TDIP must help prevent is the way government systems often narrow people with disability into a single “service group.” Disability is not a cultural identity or homogeneous community; it can emerge at any point in a person’s life and is represented across every demographic. People with disability are whole people who may also be LGBTIQ+, Aboriginal, culturally and linguistically diverse, migrants, parents, carers or members of any other community – and may choose to lead with different identities in different contexts. When systems treat disability as niche or assume that “disability = NDIS,” they overlook the fact that people with disability interact with every policy area, program, public space, workforce setting and customer-facing service.

To address these issues, the TDIP must be framed in hope, and a recognition of people with disability as being anyone in the Tasmanian community, whether or not they disclose. This includes setting expectations that systems adapt to people – not the other way around – and acknowledging that people with disability are experts in identifying the everyday barriers that create unnecessary effort, fatigue or risk. It also means describing what it looks like for people to thrive: predictable, respectful systems that do not require high energy, diagnostic disclosure or self-advocacy simply to participate. Research in diversity and inclusion shows that people participate more fully when systems create environments where they can be themselves safely and predictably rather than masking or conforming to restrictive expectations. Cultural change requires reinforcing that disability inclusion is not about managing vulnerability but about designing systems that consistently support people with disability to participate fully and thrive across public life.

These cultural shifts align with Tasmania’s obligations under the CRPD, including equality and non-discrimination (Article 5), respect for inherent dignity and individual autonomy (Article 3), accessibility (Article 9) and full participation in community life (Article 19).⁵⁵ The Principles in section 6 of the Act require systems to uphold dignity, autonomy and equality, recognise intersectionality and provide practical, effective and targeted services.⁵⁶ A culture that reflects these principles supports belonging, reduces avoidable harm and ensures that

⁵⁵ N9

⁵⁶ N1



people with disability can participate as themselves without needing to reshape their identity to fit narrow expectations.



Acronyms

DCT	Disability Commissioner Tasmania
CRPD	Convention on the Rights of Persons with Disabilities
The Act	<i>Disability Rights, Inclusion and Safeguarding Act 2024</i> (Tas)
TDIP	Tasmanian Disability Inclusion Plan
NDIS	National Disability Insurance Scheme