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**PRIVATE AND CONFIDENTIAL**

DSA Review  
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**Review of the Disability Services Act 2011**

Thank you for meeting with me and Ms van Egdom in December 2021.

As discussed, this letter sets out some of the issues that formed the focus of that meeting and I thank you for the opportunity to provide further comments.

**A rights based social model of disability**

As in Topic 2 of the Discussion Paper, the *Disability Services Act 2011* (Tas) (the DSA) includes principles set out in the United Nations *Convention on the Rights of People with Disabilities* (CRPD), ratified by Australia in July 2008.<sup>1</sup> The principles in the DSA are also similar to the ones included in the *National Disability Insurance Scheme Act 2013* (Cth).

It is stated that the DSA principles 'form the basis of everything covered by the DSA and are important in guiding the behaviour of people using the DSA'. As such, a rights-based approach is essential.

The CRPD gives specific effect to the universal human rights obligations set out under core human rights instruments to which Australia is a party, including the *Universal Declaration of Human Rights*, the *International Convention on Civil and Political Rights* and the *International Covenant on Economic, Social and Cultural Rights*.

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<sup>1</sup> United Nations *Convention on the Rights of Persons with Disabilities* ATS 12 (entered into force 3 May 2008, ratified by Australia 17 July 2008)

These international instruments set out basic rights of all citizens, including people with disability. I note that *Australia's Disability Strategy 2021 – 2031*<sup>2</sup> is based on a social model of disability which aligns with the CRPD.

Importantly, the CRPD articulates a range of obligations and legal duties which, if implemented, will ensure that the rights of people with disability are realised, for example:

- *Article 9* requires that public spaces and buildings be accessible to persons with disabilities; and that transport and information is available on an equal basis with others.
- *Article 12* requires that appropriate measures are put in place to provide access to the support people with disability may require in exercising their legal capacity.
- *Article 13* requires parties to ensure effective access to justice for people with disability on an equal basis with others, including through the provision of appropriate procedural adjustments.
- *Article 15* requires parties to take effective measures to ensure that people with disability are prevented from being subjected to torture or cruel, inhuman or degrading treatment or punishment.
- *Article 19* recognises the equal right of people with disability to live in the community, with choices equal to others.
- *Article 20* provides a right to personal mobility and requires countries to take effective measures to ensure people with disability enjoy the greatest possible independence. It also requires that people with disability and are provided with the mobility aids, devices, assistive technologies and other forms of assistance (including intermediaries) necessary at an affordable cost.
- *Article 23* provides measures to eliminate discrimination in relation to matters relating to marriage, family, parenthood and relationships.
- *Article 24* recognises the rights of people with disability to education in inclusive settings.
- *Article 25* accords people with disability the right to the highest attainable standards of health care
- *Article 27* recognises the right of people with disability to work on an equal basis with others.

Many of these obligations reflect areas identified for action within *Australia's Disability Strategy 2021 – 2031*. Consideration of the same should be adopted regarding the approach to the DSA and I further note that the work in respect of the DSA should also be informed by the findings of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, which has exposed significant issues with the delivery of disability services.

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<sup>2</sup> *Australia's Disability Strategy 2021 – 2031*, Australian Government, 3 Feb 2022: <https://www.disabilitygateway.gov.au/document/3106>

It is concerning to note that each article of the CRPD is breached daily across Australia, adding to the need for robust Adult Safeguarding legislation. On this, I state that my office has been consistently advocating for the implementation of such legislation and I take this opportunity to reiterate my support for such reforms.

In Tasmania, under the *Anti-Discrimination Act 1998* (the AD Act) disability is a protected attribute.<sup>3</sup> Disability is defined<sup>4</sup> as:

**disability** means any of the following that presently exists, previously existed but no longer exists, may exist in the future, whether or not arising from an illness, disease or injury or from a condition subsisting at birth:

- (a) a total or partial loss of the person's bodily or mental functions;
- (b) total or partial loss of a part of the body;
- (c) the presence in the body of organisms causing or capable of causing disease or illness;
- (d) the malfunction, malformation or disfigurement of a part of a person's body;
- (e) disorder, malformation, malfunction or disfigurement that results in the person learning differently from a person without the disorder, malformation, malfunction or disfigurement;
- (f) a disorder, illness or disease that affects a person's thought processes, perceptions of reality, emotions or judgment or that results in disturbed behaviour;
- (g) reliance on a guide-dog, wheelchair or other remedial or therapeutic device;

This definition captures situations where people have temporary illness. The definition in the DSA is limited to only those disabilities which are permanent or likely to be permanent.

While the policy aims underpinning these pieces of law differ, I note that the definition of disability under the ADA is wide, potentially wider than the definition contained in the DSA. The definition of disability in the DSA is set out below:

**disability**, in relation to a person, means a disability of the person which –

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<sup>3</sup> *Anti-Discrimination Act 1998* (Tas) s16(k).

<sup>4</sup> *Ibid* s3.



- (a) is attributable to a cognitive, intellectual, psychiatric, sensory or physical impairment or a combination of those impairments; and
- (b) is permanent or likely to be permanent; and
- (c) results in –
  - (i) a substantial restriction in the capacity of the person to carry on a profession, business or occupation, or to participate in social or cultural life; and
  - (ii) the need for continuing significant support services; and
- (d) may or may not be of a chronic episodic nature;

Further to this, in 2020, the Adult Safeguarding Unit in South Australia was expanded to include abuse of adults living with a disability. In this jurisdiction, disability is captured if it is intellectual, psychiatric, cognitive, neurological, of an episodic nature, sensory or physical impairment, or a combination.<sup>5</sup> The definition of disability in that jurisdiction is set out<sup>6</sup> as:

A person who has a disability:

1. that is attributable to intellectual, psychiatric, cognitive, neurological, sensory or physical impairment, or a combination of those impairments; and
2. that is, or is likely to be, permanent; and
3. that results in the person having both:
  - a reduced capacity for social interaction, communication, learning, mobility, decision making or self care; and
  - a need for continuing support services, and includes such a disability notwithstanding that it is of an episodic nature.

I note the current definition in the DSA does not include neurological disability, and stipulates that there must be a need for continuing 'significant' support services. The current DSA has an arguably narrower definition of disability, which likely results in

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<sup>5</sup> Disability and mental health services, *Government of South Australia*: <https://www.voc.sa.gov.au/help-and-resources/support-services/disability-and-mental-health-services>

<sup>6</sup> Adult Safeguarding Unit, *Legal Services Commission South Australia*: <https://lawhandbook.sa.gov.au/ch12s07s08s01.php>

the experiences of some people with disability not being covered by the scope of the legislation.

A wide definition of disability has the potential to capture both the varied lived experiences of people with disability, and may also contribute to the broader understanding and acceptance in the community as to the unique experience each individual has with disability.

While I understand that the definition used by the DSA is written in the context of anticipated service delivery and may be narrower for this reason, opportunity to access service delivery is a fundamental building block to community participation. Any consideration as to the scope of the types of disabilities the DSA is intended to capture should take this into account.

### **Anti-Discrimination legislation in Tasmania**

In relation to the AD Act, disability is consistently the main attribute on the basis of which complaints are made. In 2020 – 2021 disability discrimination<sup>7</sup> was alleged in 85 of 312 allegations of discrimination.

In relation to Topic 1 – Inclusion, accessibility and leadership, I observe that reductive perceptions towards people with disability continue to exist. Insofar as support services are under-resourced and unable to provide adequate support to assist people with disability to participate in broader society, these attitudes will prevail.

While the issue of limited support is experienced widely across the disability sector, Equal Opportunity Tasmania sees a number of complaints made by parents of children with disability, made in relation to education. By the time such issues escalate to the point the parent chooses to make a formal complaint under the AD Act, it is common that the problems have been ongoing for some time.

As an example, in 2020 – 2021 my office dealt with the following complaint, included in our Annual Report<sup>8</sup>, and summarised below:

A complaint was lodged by parents of a child with disability. Due to behavioural issues, the child was excluded from their school. The complainants alleged the school did not adequately consult with them regarding their child's behaviour, including whether the child should undertake an assessment for autism.

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<sup>7</sup> Equal Opportunity Tasmania Annual Report 2020 – 2021, p 10.  
[www.equalopportunity.tas.gov.au/about\\_us/annual\\_report](http://www.equalopportunity.tas.gov.au/about_us/annual_report)

<sup>8</sup> Ibid p 11.

The respondent said the child had demonstrated behaviour which the school deemed a risk to students and staff.

The parties attended a conciliation conference conducted by Equal Opportunity Tasmania. The parties were not legally represented, however the complainants brought an advocate for children with disability as they thought it would be helpful when discussing the complaint matters.

The complaint was resolved at the conciliation conference, with the respondent agreeing to:

- a reimbursement of school funds;
- a letter of acknowledgement;
- provision of its newly reviewed policies to the complainants;
- a targeted professional development exercise to be undertaken by involved staff; and
- discrimination training for the entire staff of the school.

Although this complaint ultimately resolved by conciliation, advancing and driving the inclusion of people with disability is especially essential within the education system. I am concerned that children who are excluded from education on the basis of their disability are positioned to accept such exclusion throughout their life. I am also of the view that such employees across the education sector, school communities and students witness 'othering' of these children, which directly contributes to the continuation of stigmatisation and discrimination against people with disability.

In attempting to remove barriers, it is vital that attitudes regarding people with disability are changed. While much advocacy work has been done, and continues to be done in this area, people with disability still regularly encounter discrimination.

Under the AD Act, discrimination on the basis of disability occurs in two ways, directly and indirectly. The tests for discrimination are set out below:

#### **14. Direct discrimination**

...

(2) Direct discrimination takes place if a person treats another person on the basis of any prescribed attribute, imputed prescribed attribute or a characteristic imputed to that attribute less favourably than a person without that attribute or characteristic.

- (3) For direct discrimination to take place, it is not necessary –
- (a) that the prescribed attribute be the sole or dominant ground for the unfavourable treatment; or
  - (b) that the person who discriminates regards the treatment as unfavourable; or
  - (c) that the person who discriminates has any particular motive in discriminating.

and

### **15. Indirect discrimination**

- (1) Indirect discrimination takes place if a person imposes a condition, requirement or practice which is unreasonable in the circumstances and has the effect of disadvantaging a member of a group of people who –
- (a) share, or are believed to share, a prescribed attribute; or
  - (b) share, or are believed to share, any of the characteristics imputed to that attribute –
- more than a person who is not a member of that group.
- (2) For indirect discrimination to take place, it is not necessary that the person who discriminates is aware that the condition, requirement or practice disadvantages the group of people.

I note that complaints received by my office often arise in circumstances in which the alleged treatment is a result of a presumption made about the person. As further examples, the following were both complaints dealt with by Equal Opportunity Tasmania in 2020 – 2021<sup>9</sup>:

The complainant, recently diagnosed with Multiple sclerosis (MS) attended a music event. Security determined she was alcohol affected and told her not to consume more alcohol in the venue. Her friends advised security of her medical condition which presented in part as unsteadiness. Security approached the complainant three times telling her to go home and eventually evicted her from the venue.

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<sup>9</sup> Ibid p 19 – 20.

The respondent denied discrimination, and argued that the decisions made related to the complainant's presentation, its obligation to the responsible service of alcohol and compliance with relevant legislation.

The complaint was resolved at conciliation. The respondent provided the complainant with vouchers for accommodation and a meal.

and

The complainant uses a guide dog. She sought to book an appointment with a service provider, whose rooms were on the second level.

The complainant alleged she was denied an appointment which would take place in the privacy of the second floor, after the service provider told her the stairs were too dangerous for her and her guide dog.

The complainant said she told the service provider her guide dog allows her to go anywhere a person without disability would go, but the appointment was still refused.

The service provider denied discrimination, stating that the stairs posed a risk because they were too steep and narrow, and that alternatives were offered, including an appointment in the shop front, or a referral to another service.

The complaint was resolved at conciliation. The service provider agreed to undertake discrimination training with a focus on disability, and provided a written apology to the complainant.

As evidenced by the above, allegations of discriminatory conduct on the basis of disability are often made in circumstances where existing attitudes of others negatively impact the person with disability, blocking them from full and equal participation in society. I note the above allegations also involved situations where choice was removed from the people with disability, where they were refused participation in decision-making in circumstances specifically involving them, and were adversely affected as a result.

Access to service delivery and facilitation of reasonable adjustments enables visibility and participation. This also positions people to advocate for themselves when they are treated unfairly by others. Advocating for oneself is more effectually done where a person has been supported to exercise choice and control, and is empowered through that support.

### **Complaint based processes**

While Equal Opportunity Tasmania operates a complaint-based process under the AD Act, this approach requires people who have been subject to allegedly unlawful conduct to pursue their rights. The rights of people under the AD Act are essential, and the processes under it are generally effective, for some people it can be burdensome and difficult to access their rights in this way.



The complaint-based process is a legal process, and is responsive in nature. The responsibility is, in essence, placed on the affected person (or someone on their behalf) to pursue the enforcement of their rights. An example of the way that this can become incredibly difficult for individuals is easily identified by the experiences of Mr David Cawthorn, whose case has proceeded to the High Court and has been subject to extensive media attention.

On this point, the risk of victimisation is an incredibly strong barrier for people who wish to exercise their rights under the AD Act. I am aware that this is also a concern across other complaint-based processes (such as in relation to the NDIS). While victimisation is made unlawful under section 18 of the AD Act, this provision is a responsive one, meaning that it can only be relied upon after victimisation has occurred. While the provision also operates as a deterrent, for some people the fear of negative repercussions occurring if they complain is enough to stop them from doing so in the first instance.

This perception of risk of victimisation is not limited to the AD Act or other complaint processes, but is also held by people wishing to express dissatisfaction with service delivery more generally. The possibility of the removal of services, being perceived as a trouble-maker, being treated as the lowest priority, or other negative repercussions is an ongoing and significant deterrent to complaining (formally or informally).

The opportunity for safe and open feedback should be facilitated in order for recipients of disability support services and their carers to contribute to continuous improvement approaches, and to feel comfortable to share issues. If such an approach is embedded into organisational service delivery as an expectation, it goes some way to removing the burden placed on clients in having to raise any issues of their own instigation.

I consider this a best practice approach which enables organisations delivering disability services to proactively address issues before they can escalate. Doing so ensures service delivery that meets the needs of clients, which sets expectations for both clients and staff that issues can be safely raised and addressed, and creates organisational culture where complaints from clients are not seen as threatening and to be actively avoided and discouraged.

Changing perceptions around complaints is a significant factor in enabling people to speak up. Creating safe processes to air grievances may assist with alleviating concerns of victimisation. When reforming the DSA, I would encourage consideration of how obligations of organisations may be able to be implemented to give clients a structured and safe way to have complaints heard informally.

## Exceptions

There are a number of exceptions set out under the AD Act. Exceptions are defences to complaints. Under the AD Act, the main exception argued in relation to disability discrimination complaints related to employment is contained under section 45. This exception sets out the concept of reasonable adjustments and sets out as follows:

### **45. Employment based on disability**

A person may discriminate against another person on the ground of disability in relation to employment if –

(a) the other person –

(i) is unable to carry out the inherent requirements of the employment; or

(ii) in order to carry out those inherent requirements would require services or facilities not reasonably required by a person without a disability, the provision of which would impose unjustifiable hardship on the person so discriminating; or

...

In response documents received throughout complaint processes administered by Equal Opportunity Tasmania, I have had the ability to observe a number of submissions arguing that particular aspects of certain roles are ‘inherent requirements’ to positions. At times, it appears that this argument is based on an organisation’s preference, rather than a genuine identifiable inherent requirement.

The conception of ‘inherent requirements’ in the context of workplace participation for people with disability is regularly contorted by organisational respondents in order to exclude a person with disability. I observe that organisations often adopt the perspective that people with disability cannot ‘hit the ground running’, that they create less output, and take more time to become integrated into teams.

The issue as I see it is that accessibility is often treated as a burdensome obligation which interferes with convenience and profit. Insofar as these types of attitudes prevail, people with disability will continue to encounter defensive organisations and be ‘othered’ by society.

### **Standards of service delivery**

The policy goals and aspirations sought to be achieved via reforms to the DSA will only be able to be effectively realised by a people-centred approach. While the DSA seeks to provide a framework for service delivery for Tasmanian people with

disability, the overarching aims of participation, inclusion, opportunity and accessibility may be facilitated by implementing measures such as:

- minimum standards of disability responsiveness for disability and other service providers;
- an obligation of flexible service delivery for people with disability; and
- required training to ensure staff and organisational knowledge is built and maintained, and skills subsequently used in service delivery practice.

Although it is critical that people with disability receive the level and standard of individualised support they require, it is also critical that mainstream services deliver non-discriminatory services to people with disability. It is essential to recognise that people with disability do not just access specialist disability services, that some people who need disability services do not meet the access requirements for the NDIS scheme, and that all service delivery needs to be accessible.

To do this, service delivery of mainstream service providers need to be disability-ready, responsive, and able to delivery services in a non-discriminatory way.

This was identified in my Submission on the Disability Framework for Action 2018 – 2020 to the Tasmanian Government<sup>10</sup>, in which I stated:

The idea of disability ready and responsive services encompasses three key aspects. Firstly, organisations need to be pro-active in identifying and removing potential barriers facing people with disability accessing their services and having equality of opportunity in that access. Secondly, organisations need to develop knowledge and skills to be able to respond appropriately and inclusively when a person with disability seeks to access their services. Thirdly, all staff should be made aware of the procedures and a culture of service flexibility embedded in the agency (or agencies).

Taking time to identify barriers to the delivery of services to people with disability means that organisations take a planned approach to the removal of those barriers. By doing this, organisations can work out which barriers need to be removed as a priority and to allocate resources over an identified period to manage the removal of barriers. In many cases this may mean looking at ways in which reasonable adjustments can be made to services to meet the needs of people with disability. Not only does this mean physical and other barriers that prevent access to buildings or places where services are provided, it also means looking at where there may need to be changes to the way in which services are delivered to enable all people to be able to access them. This will apply across all service areas from the delivery of education services, justice services, housing, community services and transport.

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<sup>10</sup> Submission on the Disability Framework for Action 2018 – 2020, *Equal Opportunity Tasmania*, 2017:  
[https://equalopportunity.tas.gov.au/news\\_and\\_events/report\\_papers\\_submissions](https://equalopportunity.tas.gov.au/news_and_events/report_papers_submissions)

Whether it is the provision of materials in alternative formats that allow service users to understand the services that are being provided or identifying ways in which reasonable adjustments are made to the delivery of the service itself.

Importantly, it means staff and organisations must be given the necessary knowledge and skills to be inclusive of people with disability in their service delivery practice. This may include, for example:

- knowing how to recognise disability;
- producing information in a variety of relevant formats;
- having appropriate signage;
- using appropriate, inclusive language; and
- ensuring that buildings and services are accessible.

The planned approach to identifying and removing barriers and identifying where and how reasonable adjustments can be provided should include a mechanism for consulting with different disability groups and involving them in identifying priority actions to optimise accessibility. This approach is identified in the pro-active action planning mechanism under the *Disability Discrimination Act 1992 (Cth)*.<sup>11</sup>

Such work is not likely to identify all barriers or be able to achieve services that are completely free from all barriers. Rather, it is a process for identifying major and predictable barriers for particular disability types. It is about identifying systemic barriers that will predictably affect service users with disability.

Agencies and their staff also need to be supported to develop (or increase) their capacity and skills to respond appropriately to a person with disability who requires an individualised response to experience barrier-free access to services.

Organisations that are disability responsive model inclusive attitudes and preparedness to make further adjustments to meet individual needs arising from disability. Such flexibility needs to be built pro-actively. This would include, for example, having basic knowledge about alternative and augmentative communication systems; and/or having the capacity and flexibility to adjust service delivery arrangements to suit the needs of clients (eg, longer interview times, accessible facilities, arrangements for the inclusion of advocates or communication assistants) where required.

The introduction of flexible service arrangements includes sensitising front-line staff and systems to the needs of people with disability and eliminating negative attitudes and stereotypes.

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<sup>11</sup> *Disability Discrimination Act 1992 (Cth)* Pt 3.



In that submission, I identified ways that services can take action to build competency and become disability ready and responsive, which I have adapted and included below:

1. Ensure that people with disability receive the level and standard of support they require to enable them to fully participate in their community, including by disability and non-disability specialist services.
2. Require disability service providers to audit current service delivery approaches and practices at particular intervals (i.e. yearly), to identify barriers in access to services and develop plans to remove those barriers.
3. Implement a framework for continuous improvement of disability service delivery.
4. Support disability service providers to achieve and maintain relevant skills and resources needed to ensure that services are both as inclusive as possible up front and responsive to the individual or particular needs that arise as a result of disability.
5. Ensure protocols and procedures are understood by all relevant staff; that they are embedded into organisational culture; that they are well understood and supported by leaders across organisations; and that capacity is ensured to implement them in a timely, consistent and appropriate way.

Measures such as a strategic and planned approach to continuous improvement, regular consultation with stakeholders, a consistent review process and plan for the implementation of changes, ensures that approaches to service delivery do not become stagnant and fail to operate according to best practice principals and proactively address the real and changing needs of people with disability.

On this point, I refer to part 4 of the *Disability Inclusion Act 2014* (NSW) which sets out service standards. Section 20 of that Act says:

## **20 Disability service standards**

- (1) The regulations may make provision for or with respect to standards (disability service standards) relating to the provision of supports and services for people with disability in order to improve the quality and effectiveness of the supports and services.
- (2) The Secretary must make the disability service standards publicly available.

I note the similar provision in section 6 of the DSA, however draw attention to the reference made in the NSW Act that the regulations are to 'improve the quality and effectiveness of the supports and services'. Building the concept of improvement specifically and clearly into statute creates an ongoing expectation that the approach to disability services in Tasmania will not be updated once and thereby considered complete. Rather, there is a continuous commitment to ensuring that standards within the disability sector consistently require improvement to service delivery, requiring service providers to adopt approaches based on most recent research and which are updated to reflect the changing needs of the community.

### **Proposed Disability Commissioner**

I understand there is an existing commitment to create a Disability Commissioner, however I would like to share some of my concerns in relation to access to justice and jurisdictional overlap.

Equal Opportunity Tasmania receives a number of enquiries regarding complaining about services relating to disability. Some of these complaints fall within the jurisdiction of the AD Act, however many are related to NDIS service provision.

As the AD Act is Tasmanian legislation, it cannot deal with complaints made against federal bodies. Enquiries made about the NDIS are referred to the NDIS complaints service and/or the Commonwealth Ombudsman.

For services which are delivered locally, a person is able to make a complaint of discrimination or prohibited conduct under the AD Act.

Victoria has a Disability Services Commissioner. On the website<sup>12</sup>, the following information is set out about the Commissioner:

**An independent oversight body resolving complaints and promoting the right of people with a disability to be free from abuse.**

Disability Services Commissioner (DSC) works with people with a disability to resolve complaints about disability service providers, and we work with disability service providers to improve outcomes for people with a disability.

**What we can help with**

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<sup>12</sup> Disability Services Commissioner, *Victorian Government*, 2022:  
<https://www.odsc.vic.gov.au/about-us/what-we-do/>

DSC can help with complaints and enquiries about registered disability support services that are either:

- **provided before 1 July 2019, including**
  - **NDIS**
  - **Local Area Coordinators (LACs)**
- **provided after 1 July 2019, and are**
  - **Funded or contracted by DFFH**
  - **In-kind support**
  - **Funded by the Transport Accident Commission (TAC)**

If you are a participant in the NDIS and your complaint is about something which happened on or after 1 July 2019 you can make a complaint by contacting the NDIS Commission via [ndiscommission.gov.au](http://ndiscommission.gov.au) or 1800 677 342.

This is extremely confusing to understand. While this is a Victorian example, for people navigating the system, even in Tasmania, it is incredibly difficult to try to identify the appropriate body to make their complaint. Added to this is the emotional labour undertaken by people in telling their story over and over, often resulting in staff of such organisations identifying that their experience does not fit, and only to be referred elsewhere.

I note that the Tasmanian AD Act does not just cover discrimination, but also offensive, humiliating, intimidating, insulting or ridiculing conduct on the basis of disability<sup>13</sup>, as well as sexual harassment<sup>14</sup>.

In attempting where to find help, people may call Equal Opportunity Tasmania, the Health Complaints Commissioner, the NDIS Quality and Safeguards Commission, and/or the Office of the Commonwealth Ombudsman.

By the enquiries received by Equal Opportunity Tasmania, I consider it is already confusing for people who are trying to understand the appropriate jurisdiction in which to lodge their complaint. I am concerned the same may occur in Tasmania, where people may have difficulty understanding the distinction between the Disability Commissioner and the Anti-Discrimination Commissioner (to whom complaints about disability discrimination can be made).

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<sup>13</sup> See note 3, s17(1).

<sup>14</sup> See note 3, s17(2).

Access to justice and the ability to have complaints heard is a fundamental cornerstone to improving accessibility, participation and opportunity for people with disability. However, it is essential that the legal framework setting out enforceable rights and responsibilities is easy to navigate and administered without unnecessary complexity.

I would ask that the issues I have set out above be considered as the Tasmanian approach is decided upon, in particular that the options for the enforcement of rights are not convoluted and difficult to navigate.

If you have any questions, please contact me on (03) 6165 7515 or [EOT.Commissioner@equalopportunity.tas.gov.au](mailto:EOT.Commissioner@equalopportunity.tas.gov.au).

Thanking you in anticipation.

Yours sincerely



**Sarah Bolt**  
ANTI-DISCRIMINATION COMMISSIONER

4 March 2022