

# **Submission to the Legal and Social Issues Committee**

## **Inquiry into claims made through the Transport Accident Commission (TAC)**

**Submitted by:** Rights Information and Advocacy Centre (RIAC)

**Date:** April 2026

### **Executive Summary**

This submission draws on lived experience advocacy and systems-level observations from RIAC regarding the operation of the Transport Accident Commission (TAC), particularly as it affects people with disability, cognitive impairment, acquired brain injury (ABI), and psychosocial disability.

RIAC has identified systemic issues relating to claim delays, disputed claims, accessibility of TAC processes, inequitable power dynamics, lack of advocacy and navigation supports, provider charging practices, and significant gaps and conflicts between TAC and the National Disability Insurance Scheme (NDIS) systems of support.

These issues are exacerbated for Aboriginal people, people experiencing family violence, and those living in regional and rural areas. The current design of TAC processes does not adequately allow for disability, trauma, cultural safety, or system-navigation needs, particularly in the context of NDIS changes that increasingly divert people with disability into State systems that are not disability-centred.

RIAC urges the Committee to recommend reforms that strengthen accessibility, fairness, coordination between systems, and safeguards for people with disability engaging with TAC.

### **About RIAC**

Rights Information and Advocacy Centre (RIAC) is a community organisation engaged since 1984 in independent disability advocacy support for people with disability and their families across a significant portion of rural and regional Victoria. RIAC uses a rights-based approach to support clients to self-advocate, provides representative advocacy where requested, and draws on the insights of client lived experiences to advocate for systemic changes.

# Response to the Terms of Reference

## 1. Processes around legitimate claims, including disputed claims

RIAC has consistently observed that TAC claims processes are **lengthy, complex, and difficult to navigate**, particularly for people with cognitive impairment, ABI, or psychosocial disability.

For many people with disability making TAC claims:

- Communication is inaccessible and overly technical
- Reasonable adjustments are inconsistently applied
- Decision-making lacks transparency
- TAC's processes strongly favours institutional presumptions over lived experience

When claims are disputed or partially rejected, people with disability often face:

- Little or no access to legal or specialist advocacy support
- Significant power imbalances
- Strict timeframes that do not account for disability-related communication or capacity needs

Clients report that disputes over claims interrupt essential care and supports, increase reliance on informal carers, heighten stress and trauma, and actively undermine recovery, participation, and independence.

## 2. Circumstances and systems related to fraudulent claims

RIAC recognises the importance of safeguarding public funds and addressing fraudulent claims. However, we are concerned that heightened scrutiny has unintended consequences for people with disability whose circumstances are complex or do not fit neatly within categorical systems.

In particular:

- Cognitive and psychosocial disabilities may affect consistency, recall, or communication
- Trauma histories, including family violence, may complicate documentation or financial records
- Aboriginal clients may experience compounded barriers due to systemic racism and inadequate cultural safety

Anti-fraud measures must be trauma-informed, disability-aware, and culturally safe, ensuring that legitimate claimants are not unintentionally harmed or excluded.

### 3. Private provider discretion to set fees exceeding the Medicare Benefits Schedule rate

RIAC has observed significant inequity arising from TAC-approved providers charging above MBS rates.

The impacts include:

- Out-of-pocket costs for people with disability
- Delays or missed treatment when fees are unaffordable
- Reduced access compared to other TAC clients whose needs align more closely with standard service models

These impacts are particularly acute in **regional and rural areas**, where provider choice is already limited. People requiring specialised, disability-specific or trauma-informed care often struggle to find providers who are TAC approved:

- Accept TAC rates
- Practice cultural safety
- Have expertise in complex disability

This creates a two-tiered system of access that undermines equity and outcomes.

### 4. Interactions with other services, including the NDIS

#### 4(a) Impact of federal NDIS reforms

One of the most significant systemic issues identified by RIAC is the **increasing diversion of people with disability into non-disability systems**, including TAC, as a result of tightening NDIS eligibility and funding decisions.

While avoiding “double dipping” is appropriate in principle, in practice:

- Funding decisions are often **jurisdiction-driven rather than needs-based**
- TAC is not legislated or designed as a disability support system
- TAC does not inherently provide disability-specific navigation supports such as support coordination or specialist advocacy

It is inconsistent with Victoria’s Charter of Human Rights and Responsibilities to expect people with disability to engage with systems that lack accessibility frameworks, disability-informed processes, and adequate safeguards.

### Case example (de-identified)

RIAC supported an Aboriginal woman with ABI who had previously received a TAC payout following a motor vehicle accident. She was also an NDIS participant.

Due to domestic violence and coercive control, the TAC payout was taken by her partner. This context was not adequately considered by either TAC or the NDIA. Subsequently:

- The NDIA was reluctant to fund ongoing supports
- The TAC funding had already been exhausted or was no longer accessible to her
- The impacts of family violence were not meaningfully assessed

The result was **no effective support from either system**, leaving an already vulnerable person without assistance.

### 4(b) NDIA–TAC boundary disputes and information sharing

RIAC has observed cases where the NDIA has reviewed participant files and ceased supports upon determining that a disability was caused by a motor vehicle accident, redirecting clients to TAC.

In some cases this is appropriate; however:

- In many cases, causation is unclear or multi-factorial
- Disabilities develop or are exacerbated over time
- Clients become caught between systems, with each disputing responsibility

While there have been instances of both systems stepping in to fill gaps, this is inconsistent and unreliable. The lack of clear, client-centred pathways leaves people without continuity of care and increases distress.

## Additional Systemic Concerns

### Lack of case management and navigation support

RIAC consistently observes that TAC only allocates individual case managers for the most complex claims. For many clients:

- There is no dedicated contact person
- Communication occurs through a general helpline
- Wait times are excessive
- Information is inconsistent and confusing

For people with cognitive or psychosocial disability, this model is inaccessible and ineffective.

## **Family violence, financial abuse, and system safety**

RIAC is deeply concerned about the safety of systems like TAC for people experiencing family violence and financial abuse.

There is a strong intersection between:

- Disability
- Financial vulnerability
- Coercive control

Work undertaken by experts such as Professor Kay Cook and organisations like the **Centre for Women's Economic Safety (CWES)** highlights the need for systems to actively identify and respond to financial abuse. Similar reforms are urgently needed within TAC, particularly where funding, compensation, or lump sums are involved.

## **Opportunities for Systemic Reform and Collaboration**

RIAC recommends consideration of structured engagement with cross-sector initiatives such as **Thriving Communities Australia (TCA)**. TCA's model of corporate-community partnerships has demonstrated success in improving responses to financial hardship and vulnerability.

Including TAC as a partner organisation could:

- Drive accountability
- Improve hardship and vulnerability responses
- Embed disability and family violence considerations into practice

This model has strong potential to be adapted and extended to disability inclusion.

## **Key Recommendations**

RIAC recommends that the Committee support the following reforms:

1. Embed disability-centred, trauma-informed and culturally safe practices across all TAC processes.
2. Ensure reasonable adjustments and accessible communication are mandatory, not discretionary.
3. Provide funded access to specialist disability advocacy and navigation supports for TAC clients with disability.

4. Address inequities arising from provider fees exceeding MBS rates, particularly in regional and rural areas.
5. Strengthen coordination between TAC and the NDIA, based on a participant/claimant centred approach that prioritises needs-based decision-making over rigid jurisdictional boundaries, and safety of claimants/participants.
6. Improve safeguards and responses to family violence, financial abuse, and coercive control within TAC systems.
7. Consider partnership models, such as Thriving Communities Australia, to improve systemic responses to financial and disability-related vulnerability.

## Conclusion

Government agencies operating systems have a duty to ensure those systems are accessible and inclusive to all citizens. For the TAC, in the context of many claimants acquiring a disability from an accident, alongside or interacting perhaps with pre-existing disabilities, it is a fundamental requirement that its systems be sensitive to diverse abilities and needs. The importance of this is only growing as NDIS reforms are increasingly redirecting individuals into TAC and other parallel systems, to meet disability, accessibility, and safety needs.

RIAC urges the Committee to ensure that the outcomes of this Inquiry lead to meaningful, structural reform that places the lived experience, dignity, and rights of people with disability at the centre of TAC operations.