T R A N S C R I P T

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Claims Made through the Transport Accident Commission (TAC)

Melbourne – Wednesday 10 June 2026

MEMBERS

Joe McCracken – Chair
Michael Galea – Deputy Chair
Ryan Batchelor
Anasina Gray-Barberio
Renee Heath
Ann-Marie Hermans
Rachel Payne
Lee Tarlamis

WITNESS

David Petherick, Director, Advocacy, Rights Information and Advocacy Centre.

The CHAIR: Welcome back to the next session of the Legal and Social Issues Committee inquiry into the TAC. I am Joe McCracken, Chair of the inquiry. We are going to go through and introduce our inquiry members. I will go to my left and my right then online.

David LIMBRICK: David Limbrick, Member for South-Eastern Metropolitan Region.

Sheena WATT: Hello. Sheena Watt, Northern Metropolitan Region.

Michael GALEA: Michael Galea, South-Eastern Metro.

Renee HEATH: Renee Heath, Eastern Victoria Region.

Lee TARLAMIS: Lee Tarlamis, South-Eastern Metropolitan Region.

Rachel PAYNE: I am Rachel Payne from the South-Eastern Metropolitan Region.

Ann-Marie HERMANS: Ann-Marie Hermans, South-Eastern Metropolitan Region.

The CHAIR: We also have Anasina Gray-Barberio, who might just be 1 or 2 minutes, and she will be online. So we have got four in the room and four online.

All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during the hearing is protected by law. You are protected against any action for what you say during the hearing, but if you go elsewhere and say the same thing, you may not be protected by that same privilege. Any deliberately false evidence or misleading the committee may be considered contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript. That will ultimately be made public and will be put on the committee's website.

David, are you able to give your full name into the microphone and for the record any organisation you are appearing on behalf of, please?

David PETHERICK: My name is David Petherick. I am the Director of Advocacy for the Rights Information and Advocacy Centre. I am a rural–regional Victorian advocacy service based in Bendigo, Shepparton, Mildura, Geelong and parts in between.

The CHAIR: No worries. Thanks very much, David. I will hand it over to you. Welcome.

David PETHERICK: Thank you for the opportunity to come along and speak today. I think our written submission speaks for itself. I just want to draw your attention, I suppose, to a couple of points that are probably the key points for us. One is that we are really concerned about the impacts of family violence, especially where there is coercive control and family violence involved and the impact it has on our clients. The case example that we have put in our submission is an illustration of that, and we think there needs to be some more work done in that space to protect TAC clients who are victims of family violence or coercive control.

The other is one that we see too regularly, and that is the boundary issues between the TAC and the NDIS, often the NDIS in a lot of different parts of the service system but in this case with the TAC. While I understand that it makes perfect political and economic sense for the TAC to not be wanting to pay for things that it believes is the responsibility of the NDIS, and vice versa for the NDIS not to take responsibility to pay for things that are the responsibility of the TAC, the reality of that is that it creates a gap in the systems and there are very real people with needs who fall into those gaps. Often there is no dispute over the person needing and being eligible for services and for help, but it is just a dispute over who should pay for that. I think there really needs to be a way for the Commonwealth and the state – the TAC and the NDIS, in this instance – to find a way to take joint responsibility temporarily for those kinds of cases whilst ultimate responsibility is sorted out, so that vulnerable people do not fall into that gap where they are entitled to service and everybody

acknowledges they are entitled to service but there is nobody willing to pay for that service because they think the other should pay. I suppose those are the two areas that we would like to focus on most, but there are a number of others in our submission as well.

The CHAIR: I will go first with questions, then we will go through the committee members. One part of your submission talked about having a person-centred understanding of disability and how it works and almost a trauma-informed approach as well. We heard a lot of testimony yesterday that people that have contact with TAC feel that they are not being listened to, that people that they are talking to are not being trained in how to deal with people who are going through really significant issues. Do you have any comments?

David PETHERICK: Yes. Again, we understand the systems evolve in ways that support how the system operates and in response to issues and concerns that arise over time, but if there is not a human-centred, person-centred approach to how we deal with these things, it ends up becoming much more confusing. The rules and regulations and changes and complexities end up –

The CHAIR: Do you find the system is too complex, from the feedback you have had?

David PETHERICK: Yes, it certainly is, for a large number of our clients, too complex and complicated for them to navigate without support. For example, we know TAC only appoints case managers in the most complex cases, and again, from an economic sense, I understand that, but what that leaves out is support for people who struggle cognitively to understand what is happening, and that would be a reasonable percentage of TAC's clients, I imagine, given the nature of car accidents and the injuries that occur from them. They get left maybe because their injuries are not deemed complex enough, but they struggle to understand what is going on and to comply with directions in a timely fashion, within the tight timeframes the TAC has, not because they are recalcitrant but because they do not understand.

The CHAIR: It makes perfect sense. I guess you are suggesting perhaps – I am not sure exactly what the nature of the role might be – some sort of advocacy person to help people navigate the system, or I guess, conversely, to make the system easier.

David PETHERICK: Both those things would be good. I understand it is difficult to make complex systems easier, but if that cannot be done and cannot be achieved, then certainly have navigation support for clients of TAC who are struggling with understanding and maybe do not have the formal and informal supports around them who can help them. Sometimes people are lucky enough to have family around them who can navigate the systems, but often our clients do not – they are doing it on their own, or they are doing it with informal supports who also have difficulty with navigating complex systems as well. There certainly needs to be some flexibility and consideration around providing the level of supports that people require to engage with the TAC in this case.

The CHAIR: So it is not just a tick-a-box sort of exercise.

David PETHERICK: Yes.

The CHAIR: Yes, okay. All right. Thank you for that. I will hand over to Mr Galea now.

Michael GALEA: Thank you, Chair. Thanks, Mr Petherick, for joining us today. You talked a bit about the interface between the NDIS and the TAC. If I can ask you the multibillion-dollar question, where do you draw that line? Where do you think that line should be?

David PETHERICK: Around who should provide the supports?

Michael GALEA: At what stage?

David PETHERICK: In relation to the TAC, it is difficult, because often there is maybe pre-existing disability, disability may be exacerbated over time, people may decline – so there are issues around the accident. I do not necessarily know the answer, apart from the suggestion that there needs to be some way for the NDIS and the TAC to agree to shared responsibility, so that where there is no dispute over the person requiring and being eligible for support but there is dispute over who should pay, rather than just having a Mexican stand-off, with both of them saying, 'No, it's not us, it's you,' and the person gets nothing, they take

joint responsibility while that is sorted out, because they are the only people who can sort it out. The person who is looking for help is not able to sort that out.

Michael GALEA: That is very fair. Obviously without going into the current prospective reforms, are you seeing more NDIS patients being pushed towards state systems already?

David PETHERICK: Yes, certainly through the Thriving Kids initiative and we expect through the recent announcements made by the federal minister. Again, we have some sympathy for the need for the Commonwealth to rein in costs, and we see a need for states to step up in those mainstream supports, to be more inclusive of people with disability and in this case for the TAC to be more inclusive of the needs of people with disabilities.

Michael GALEA: Do you also see an argument that, obviously, sustainability runs both ways? And when you have one level of government that has a much more disparate ability to raise revenue, do you see a disparity there?

David PETHERICK: We see the agreements that have been made around Thriving Kids. My understanding is the states and territories and the Commonwealth agreed with Bill Shorten in principle two or three years ago to share responsibility for paying for those mainstream costs. But we have not seen anything come of that yet in a concrete way, and it is creating huge anxiety in the disability sector.

Michael GALEA: The specific agreements with the states and Commonwealth to actually –

David PETHERICK: Yes, and then the co-design process with people and the information sharing with people about how those things will be rolled out and what it means. Again, people who are worried about losing their NDIS supports, either wholly or partially, will be less anxious if there is a clear pathway to getting the support they need through the mainstream service system, through the health system, through the public transport system, through the criminal justice system, through the education system.

Michael GALEA: So all those things, like access to public transport even, is a part of that, you would say, and equity in fares and things like that?

David PETHERICK: Yes. There are clearly areas that are the responsibility of the states and areas of responsibility of the Commonwealth, and the negotiations around balancing that are held between the Commonwealth and the states. Again, our concern is that people with disability who have genuine needs are not left behind or left in the gaps in those negotiations.

Michael GALEA: Thank you.

The CHAIR: Thank you. Mr Limbrick, over to you.

David LIMBRICK: Thank you. And thank you very much for coming in today. In some of the evidence that we have heard so far from people, one of the complaints is that when searching for a provider lots of providers do not want to deal with the TAC, and this makes accessibility and navigation for clients very, very difficult. Some of the reasons given for that were administrative complexity for the providers to deal with TAC and TAC not paying these providers, or short paying them. This makes it very difficult for people, especially in regional areas, to access these services that they are entitled to. What is your suggestion here for how the TAC could better deal with this to make it easier or more attractive for providers to engage with the TAC rather than just say, 'No, I don't want to deal with them. It's too hard'?

David PETHERICK: Again, I am not here to lobby for providers, but we certainly see that. We see already-thin markets in regional and rural areas of Victoria. We have had our clients talking to us about providers charging above the Medicare benefit scheme rate, which means there is a co-payment. They are already often financially disadvantaged because of the accident they have had and so do not have the capacity to pay, so they either go without the treatments they need or they skimp in other areas in order to do that. They do not have necessarily the choice to do that. I imagine those providers would be saying their costs are higher and attracting skilled staff into rural and regional areas is – I am not pretending there is a simple fix. But the person least able to navigate that and the person for whom the schemes exist is the person with disability who is the TAC client. If not for them, none of these things would be a problem. They would all go away if we did not

have clients, I suppose. The issue is that the people who are most vulnerable are the ones who have the least amount of power in that whole debate, I suppose, so they are the ones who miss out.

David LIMBRICK: And on that point, it was raised yesterday that there is a lack of some sort of independent client group to provide advice to the TAC. I mean, what are your thoughts on that, having some sort of client reference group or something like that to share experiences in this sort of thing? Is that something useful?

David PETHERICK: I think that the kind of principle that is involved in the disability sector is about 'Nothing about us without us' and co-design. I think it is always a good idea to talk to people with disability who are your clients in the design of anything you do. I think that would seem eminently sensible to have a mechanism to allow TAC clients to be consulted and have a say in how the TAC is operating.

David LIMBRICK: Okay. Thank you.

The CHAIR: Ms Watt, over to you.

Sheena WATT: Chair, thank you so much. I was expecting you to go to my colleague who has just stepped out, but that is all right. I am going to ask you a couple of questions. Your clients are particularly in regional and rural Victoria?

David PETHERICK: Yes.

Sheena WATT: We heard earlier about telehealth and how that has unlocked access to some health professionals. Are there any views around other shortcomings in terms of rural and regional clients receiving access to TAC medical professionals? I am just interested to understand what the experience is of our rural Victorians.

David PETHERICK: Look, there is certainly a place for telehealth, but a number of our clients do not do well in that environment.

Sheena WATT: Could you talk to me about why that is or what they require?

David PETHERICK: I think it is the nature of people's disability, whether it is a psychosocial disability or whether it is a cognitive impairment. That two-dimensional telehealth, without having a person in front of them, takes away a whole lot of communication, body language and other types of communication, that is powerful for many people. Many people with disability find telehealth just daunting and that it is inaccessible for them.

Sheena WATT: Yes. Earlier you spoke about family violence and some concerns around family violence and financial abuse and the intersection with TAC claims. I am just interested in family violence and telehealth. I mean, it has been reported that then you have got a family member perhaps in the appointment as you are sitting there talking to your medical professional.

David PETHERICK: Yes, and that is the issue around the TAC needing to be, in our view, more cognisant of working with people who are subject to coercive control or to family violence. This can be particularly an issue in the Indigenous community. That is the example that we put in as our case study about someone who got a payout and it was really, effectively, stolen from them. Both the NDIS and the TAC were reluctant – they had the money, they had spent the money: your problem.

Sheena WATT: What does best practice look like for supporting clients around family violence or coercive control?

David PETHERICK: Well, I think, again, that is not our specialist area, but that is why we have recommended in our submission that the TAC work with specialists. I think we named a couple in our submission: Professor Kay Cook and organisations like the Centre for Women's Economic Safety, who have done some, in our understanding, really good work and important work in that space. I think they would be the people for the TAC to turn to around best practice in that space. But we certainly see the issue.

Sheena WATT: And others that came out of the family violence royal commission – there is obviously a whole service system around that as well, I imagine.

David PETHERICK: Yes.

Sheena WATT: All right. I have plenty more questions, but I am happy to leave it there and return to the Chair. Thank you.

The CHAIR: Thank you. Do you want to go right now, Dr Heath, or do you want to go afterwards?

Renee HEATH: I will go last.

Sheena WATT: Give her a moment.

The CHAIR: I know. I thought that might be the case, but I am trying to do all the people in the room first before I go to those online. That is okay. Ms Gray-Barberio, over to you as the first one online.

Anasina GRAY-BARBERIO: Thank you, Chair. Thank you, Mr Petherick, for your presentation. Can I ask you: have you reached out for a meeting with TAC at any point?

David PETHERICK: I believe we have spoken to the TAC at various points, and certainly my advocates have talked to the TAC in relation to their clients.

Anasina GRAY-BARBERIO: I am sorry, I should have been clearer: the executive leadership team?

David PETHERICK: Not recently, no.

Anasina GRAY-BARBERIO: Okay. So you have spoken to the executive leadership in the last 12 months, for example?

David PETHERICK: No.

Anasina GRAY-BARBERIO: Okay. Have you reached out to the minister at all at any point?

David PETHERICK: No.

Anasina GRAY-BARBERIO: Do you intend to?

David PETHERICK: I would need to talk to my CEO, but it seems like a sensible thing to do, yes.

Anasina GRAY-BARBERIO: Okay. Thank you. I actually did not realise until your presentation that only complex cases are assigned to case managers. I guess I obviously do not know the system very well. So the TAC clients come to a claims manager, and if their case is deemed complex, then they get assigned a case manager. From your experience with people that you support and individuals, what happens if your case is not deemed complex enough? What kind of supports do they receive from TAC?

David PETHERICK: Well, my understanding is not many. They need to navigate the system themselves – is what my advocates tell me.

Anasina GRAY-BARBERIO: Right. You spoke about co-design before. Given these nuances around family violence, vulnerable priority populations as well, First Nations communities and people with disability, the TAC has an access and inclusion plan. Have you read it, and what are your thoughts around it?

David PETHERICK: No, I have not read it.

Anasina GRAY-BARBERIO: You have not read it?

David PETHERICK: No.

Anasina GRAY-BARBERIO: Okay. Well, they do have a plan, just so you know. But I would have thought that you would have read it just to get your perspective on it. What is the most significant systemic issue, would you say, that has been commonly raised by TAC clients?

David PETHERICK: I think it is people caught between the NDIS and the TAC. We have certainly got some examples where either the NDIS or the TAC has stepped in when there has been dispute over who should

fund client support needs. There is a bit of luck involved in that, I suppose, and getting the right person, but often it is both systems denying that it is their responsibility – the NDIS claiming it is the result of the motor accident and the TAC claiming that it is largely the result of a pre-existing disability or disability issues that should be funded by the NDIS. They seem to be the areas that cause the most distress, because they often mean people get no service at all.

Anasina GRAY-BARBERIO: Okay. I think I just heard the bell, Mr Petherick. Thank you very much for your time. Thanks, Chair.

The CHAIR: Thanks, Anasina. Over to you, Mrs Hermans.

Ann-Marie HERMANS: Thank you so much for coming in. I will be quick because a lot of the questions have actually been answered. What I am understanding from you is that the cracks have to do with case management. You have got the client who have their own case manager for their disability or maybe some support services, or maybe not, for family violence and/or coercive control, or do not yet have that support system and they are coming in with a TAC claim. If they are not deemed to be in that category of intensity, they are not getting the case manager, therefore they are not getting the explanation and they are not getting the additional support they need. Is that correct?

David PETHERICK: That is my understanding. In many of these cases, we think that a lot of distress could be avoided if the person was able to have somebody to talk to and be able to – I think there is a helpline that people can ring, but that is not necessarily specific help around their case. If people had an opportunity to be heard and to ask questions and to understand what is happening and why decisions have been made, that would take a lot of the stress out for them. We think in a lot of cases it would lead to a better outcome more quickly.

Ann-Marie HERMANS: Yes. So a person-to-person contact, let us say, in a regional area – you have mentioned that the phone does not always work. Obviously with people with cognitive processing issues, which are very prevalent at the time of an accident for many people because of concussion et cetera on top of what they may already have as a disability, would you say that it would be possible to do this level of support then through what we are doing right now – through Zoom or Teams – so that they at least have that face-to-face, should they want it, over and above a phone call, if they need that additional information? They would have an opportunity to connect online if it is not possible for that person to be able to – because of I think the amount of money that it would take then to start to put in support workers that are driving around or using services to see people, and then you have got an additional service that you are now adding into the system. I am just wondering; I am just trying to look for options here. Do you think that that would help? Would that make an improvement to the system?

David PETHERICK: It would for many people. Some of that would depend on what other supports the person has. If they are in a room on their own on Zoom, it is different than if they are in a room with people who are able to help them and support them both emotionally and cognitively in asking questions and interpreting the answers. There will be certainly a significant number of people for whom that would be a step up from telephones. But there will always be that smaller cohort of people who, for whatever reasons – previous trauma, lack of trust of government that may have been driven from their previous experiences and the trauma they have suffered – will just need face-to-face support. Whether that is with an advocate, like, from our service or whether it is with a case manager from the TAC, it is hard for me to conceive of never needing to go and meet people face to face. I think that is probably a problematic approach.

Ann-Marie HERMANS: Would you say that it would be possible then to maybe have that face-to-face that is not necessarily the TAC, but a support system that the TAC then is working through with the client so that the client is actually with that other case manager from that other service that they are getting additional support for their needs with. Then there is that ability then to have that client face-to-face. Would that work in a system?

David PETHERICK: I think in almost all cases yes, because it is about the client having a person in front of them to meet their needs, to be able to interpret their questions, to interpret the answers for them, to make sure they feel heard and that they are heard and that they understand what is going on, and that is difficult to do – almost impossible for some people – over the phone and still difficult if, again, the person is on their own in a room on a Zoom meeting, and often they do not have access to the technology either, so that makes that difficult as well. But it is not necessarily about who is providing that support. As long as it is independent and

not biased support – or there are not conflicts of interest with the person providing the advice – then I think, yes, it can be somebody who is local and place based.

Ann-Marie HERMANS: So local and place based –

The CHAIR: That is the end of the time there, Ms Hermans. I am so sorry.

Ann-Marie HERMANS: No worries.

The CHAIR: We might be able to come back to you if there is more time at the end. Apologies.

Ann-Marie HERMANS: No, that is fine. I think I have got an idea of how that could work. That is fine.

The CHAIR: Thanks for that. I will hand over to Mr Tarlamis now.

Lee TARLAMIS: Thank you, Chair, and thank you, Mr Petherick. You recommend that disability-centred, trauma-informed and culturally safe practices are embedded across all the TAC practices. Are there any specific improvements that you think the TAC could make in the short term, and what meaningful progress would those kinds of changes look like over the longer term?

David PETHERICK: The examples that we have given in our submission are around the complexity of the system and people being expected to navigate that, whether it be tight timeframes for producing evidence or for responding to questions that people do not understand and are not able to meet because of the nature of their disability or the inability to get the evidence they need in rural or regional parts of Victoria through to people not understanding decisions around cuts to their levels of support or decisions that go against them and feeling frustrated. It is about trying to come at those things from the point of view of the person with disability, if we are being person centred, trying to make sure they get every opportunity to understand what is happening in language that they are able to understand and that they have opportunities to be heard, to ask questions about those decisions and to appeal those decisions where they think they are wrong, based on them having a reasonable understanding of what is going on. It is right throughout, and it is the case example we gave, the family violence and coercive control example – the vulnerability of clients, especially if they are given a significant payout that makes them potentially targets of unsavoury operators.

Lee TARLAMIS: You recommend funded access to specialist disability advocacy and navigation supports for TAC clients with disabilities; that is one of the recommendations in your report. Do you think that would be best led by the TAC, government, the disability advocate sector or a combination of those? What would be the best model in terms of providing that service?

David PETHERICK: I think they are going to be a combination, because again, as a disability advocate we already have significant waitlists and the level of need we expect is going to go significantly higher in the coming months and years, given the changes that have been announced by the minister at the federal level. We expect that will drive a lot of anxiety and a lot of advocacy work for us. But the first port of call is the TAC, who are the organisation, and their responsibility to work with their clients to help them understand what is going on, to listen to their clients' concerns in ways that work for the client, using language that the client can understand and can make a meaningful contribution to.

Lee TARLAMIS: Thank you.

The CHAIR: Thanks, Lee. I will hand over now to Ms Payne.

Rachel PAYNE: Thank you, Chair, and thank you, David, for presenting before us today and for your submission. Something that struck me in your opening remarks was around the gap in the system around people who are clearly entitled to support, but people are falling through the gaps of who is responsible and who is meant to pay, whether that be TAC or NDIS. Just in your experience, I would love to hear more about the distress that puts on clients and people that you have provided support to, and particularly those that are in vulnerable cohorts.

David PETHERICK: Yes, and these cases are not all related to TAC, I hasten to add, but we are seeing an uptick in clients who are traumatised and anxious and angry and distressed, and we are concerned about the impact that is having on them but also on our advocates, who are bearing the brunt. By the time people get to

us, they are at the end of their tether. They are frustrated and angry with the system. And so we understand that that can spill out into angry behaviour. We understand that, but it has an impact on our advocates. In many cases they are the really most difficult clients – because they are in the gap, they may be getting nothing. So it is different. Having a cut in your funding can be distressing, of course, because people need the services they need, and so losing access to services that are really important to them is not a good thing. But what we often see in this space is people where there is no dispute over them needing support, but they are not getting support because nobody's willing to pay, because they are in this demilitarised zone between the NDIS and other service systems, and in this case the TAC, around who is responsible for paying for those services and for funding those services. That is distressing for our advocates and makes our advocates frustrated and angry as well, but it is incredibly frustrating and stressful for people with disabilities and their families and carers around them.

Rachel PAYNE: And I am imagining that that would impact their continuity of care as well, so that administrative burden is then placed on the client or the service provider, rather than either back over to NDIS or TAC. And I can imagine that that would be quite confusing for many people to try and navigate.

David PETHERICK: Yes. If you are in the shoes of that person at a time when it is interrupting their recovery and leaving them very vulnerable and they are just being told by one system, 'We don't deny that you need services, but it's not our responsibility. You should go to the TAC for those services. They're responsible,' and then they go to the TAC and the TAC say, 'We don't deny that you need services, but you should go to the NDIS. They're responsible for that' – it is impossible for a person to navigate that. They have no power in that situation, except to keep bouncing back and forward and pleading for help.

Rachel PAYNE: Yes. I can imagine it would be incredibly distressing for your colleagues and advocates in that space. Can I have one more question, Chair, just in relation to family violence?

The CHAIR: Yes, just quickly.

Rachel PAYNE: Yes, great. You mentioned some safeguards. In your submission you talk about safeguards for people who are experiencing family violence – and may be receiving TAC claim support – and coercive control. Do you want to talk us through some of those recommendations about safeguards for those particular people?

David PETHERICK: Yes. Again, it is not my area of expertise, which is why we pointed out Professor Kay Cook in the Centre for Women's Economic Safety, and I think we should leave it to them, rather than me blundering into that space. But we clearly see the need for some work in that space, for the TAC to work with organisations like those to better protect people subject to family violence or coercive control.

Rachel PAYNE: And currently, in your experience, from what you are seeing, there is not that level of support offered?

David PETHERICK: There may be in some cases, but in the cases that get to us, in some of the ones we have seen, there does not seem to be.

Rachel PAYNE: Okay. Thank you.

The CHAIR: Thanks very much. I will hand over to you now, Dr Heath.

Renee HEATH: Thank you so much, David, for your presentation. Just so you know, in the next 3 minutes I am hoping to get through five questions, if that helps you. The first one is: everyone has spoken about the complexity of the system. Do you believe that that complexity is because it is poorly designed, outdated or that people are hiding behind the complexity of the system?

David PETHERICK: In my view, I have had 35 years in the disability and disability advocacy sector, and I think systems skew towards complexity as time goes on. In my humble opinion, I think that the rigidity that is built into the systems creates that. There just needs to be more flexibility and more capacity to consider individual circumstances instead of providing a level of rigidity that drives people into categories that they do not necessarily fit into. I understand, from a bureaucratic point of view, that makes some sense. I understand that systems that are trying to manage large budgets do not want upward pressure on those budgets and that

they are concerned that if they give too much flexibility to the staff, who are human beings who are sitting in front of people who desperately need help, that things might skew towards more supports and higher costs. But by driving flexibility and humanness out of the system in favour of bureaucracy and inflexibility and rigidity, that is where complex human beings who are going through traumatic circumstances fall into the cracks and are not able to respond to that rigidity and that inflexibility and that complexity.

Renee HEATH: So you said 'over time'. You said things skew towards complexity over time. So potentially it is more that the system is outdated and is not easily tailored to an individual.

David PETHERICK: The most recent example of that is the setting up of the NDIS back in 2013. All the talk was around it being simple conversations, people's own goals in their plans, in language they understood, and that that evolved over a relatively short period of time into lots of jargon in plans, lots of complexity and increasing complexity as bureaucratic systems move to address problems they identified by pulling very large levers at very high levels that all kept taking out flexibility and creating more rigidity.

Renee HEATH: Just in the last 30 seconds – I am sorry, I will try to get through four – do you think that people are missing out on care or delaying care when people are arguing about who is going to pay?

David PETHERICK: Yes.

Renee HEATH: Okay. Do you think that these delays are creating other issues and complexities in their condition?

David PETHERICK: Yes.

Renee HEATH: Do you think that a client feels empowered to choose the type of treatment that they want or do they feel locked into what they believe the TAC thinks is the right choice for them?

David PETHERICK: I think people feel locked in, particularly in rural and regional areas, through lack of choice and lack of options as much as anything the TAC does. I think as you get out to rural regions, there are less options.

Renee HEATH: Yes. Thank you so much for your help, David. That is amazing.

The CHAIR: No worries. Thank you. We have managed to get through all the questions in time. David, thanks very much for your time today and your submission. If we do have any other questions outside of this, are you happy to take questions on notice or anything like that?

David PETHERICK: Yes, absolutely.

The CHAIR: All right. Awesome.

David PETHERICK: We really support you. You have got really important work to do. The TAC is a really important part of the service system, and I wish you all the best in getting it fixed.

The CHAIR: Thanks very much, David – appreciate it. We will finish the session.

Witness withdrew.