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

WITNESSES *(via videoconference)*

Andrew Harriott, President, Victoria Branch, and

Jarrod Stonham, Co–Vice-President, Victoria Branch, Australian Rehabilitation Providers Association.

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

Sheena WATT: Good afternoon. Sheena Watt, Member for Northern Metropolitan.

Michael GALEA: Hello. Michael Galea, Deputy Chair, Member for South-Eastern Metropolitan.

Renee HEATH: Renee Heath, Member for Eastern Victoria Region.

The CHAIR: Thank you. And then those online.

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

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

Anasina GRAY-BARBERIO: Good afternoon. Anasina Gray-Barberio, Northern Metro.

The CHAIR: Thank you. 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 that 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 repeat the same thing, those comments may not necessarily be protected by that privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. Andrew and Jarrod, you will both be provided with a proof version of the transcript after the hearing, but ultimately it will be made public and put on the committee's website.

Just for the Hansard record, are you able to say your name and the organisation that you are appearing on behalf of, please.

Andrew HARRIOTT: My name is Andrew Harriott. I am the President of ARPA Victoria.

Jarrod STONHAM: My name is Jarrod Stonham. I am the Vice-President of ARPA Victoria.

The CHAIR: Perfect. I will hand over to you guys for 5 minutes for whatever you like to do as an opening. Welcome. The floor is yours. Thank you.

Andrew HARRIOTT: Thanks, Chair. And thank you for the opportunity to appear before the committee today. The Australian Rehab Providers Association is a national peak body for workplace vocational rehabilitation providers across Australian personal injury schemes. ARPA represents 24 vocational rehab providers within Victoria. The TAC Vocational Rehabilitation Panel consists of five vocational rehab providers, each of which are council members of ARPA Victoria. Our Victorian members deliver vocational rehabilitation, functional assessment and return-to-work services to injured road users every day. These services are delivered by allied health professionals who are accredited. Given the nature of our role, we see firsthand how the TAC scheme operates and the impact that this has on injured road users. From a vocational rehabilitation perspective, our overall assessment of the scheme is positive. The TAC is fulfilling its mandate.

ARPA supports recent improvements made to the vocational return-to-work services, including clearer expectations, service model changes, earlier intervention and faster referral timelines, all of which have been welcome developments. We appreciate the opportunity to speak on these points today. This submission is informed by the experience and input of ARPA Victoria council members operating within the TAC scheme, and our recommendations are intended to strengthen rehabilitation outcomes, return-to-work transparency and scheme sustainability. There are four suggestions that we have made within our submission. The first was to

enhance the strategic engagement between the TAC and rehabilitation providers. This could include a quarterly or biannual strategic dialogue with ARPA Victoria's leadership team to help canvass and explore issues more fully, such as what occurs within the WorkSafe Victorian model.

We believe that there could be increased transparency of claims expenditure and rehabilitation investment. We believe that transparency supports accountability and continuous improvement. The TAC would benefit from providing a public-facing website which publishes claim costs breakdown by service type and heads of damage.

Thirdly, we believe there could be stronger use of provider performance data to drive return-to-work outcomes. There is an opportunity for the TAC to leverage vocational payments data to match performance outcomes across providers, region and injury type. Currently data is self-reported by providers, which limits the reliability of comparative performance insights. Centralised performance data management has been successfully deployed in other schemes, such as WorkSafe Victoria's model, and remains a driving force for the return on investment.

Finally, we believe there could be an alignment of return-to-work supports that are consistent with other schemes. Return to work forms a key component of an injured person's recovery journey. Employment, both with the pre-accident and/or new employer, plays a key part in ensuring that this opportunity is provided. ARPA recommends that further opportunities are explored to ensure that the employer is fully engaged in the return-to-work process, and this is vitally important given that 64 per cent of injured road users were employed at the time of their accident. Thank you again for having us along today.

The CHAIR: No worries. Thanks very much, Andrew and Jarrod. I will start off with questions, and then we will go to other members of the committee. I had a look through some of the things you have said in your submission, and part of it talks about sort of aligning things more with WorkSafe. Can you just flesh that out a bit more? Why would that help?

Andrew HARRIOTT: Yes. Well, there are a couple of components to that. ARPA has a strong relationship with WorkSafe Victoria, and what that allows us to do is to co-design model changes and look for ways to improve how return-to-work services are delivered within that scheme. But there also are other opportunities which you can derive from WorkSafe's approach within how they evaluate performance within those return-to-work providers or vocational rehab providers that are referred to in the TAC, and that is around performance management. So as a representative body we think it is really important to ensure that there is a clear understanding of what the return on investment looks like, and performance outcome measures are the best way of being able to do that. So we feel as though there is an opportunity to leverage some learnings from what WorkSafe Victoria do and how they could be implemented within the TAC model. Given, there are quite distinct differences, but there still are a lot of consistent themes.

The CHAIR: So would you be able to provide some examples, like, what do you think that would look like? What are some of the things you would like to see measured for performance?

Andrew HARRIOTT: Yes. I think more particularly the lengths of services that are undertaken by providers within the vocational rehab providers within the scheme, the types of outcomes that are achieved, but more importantly, trying to understand what some of the barriers are to return to work taking place for this cohort of individuals. There are things such as the location, the injury type. They are all components that would be better understood so that we might be able to provide a more targeted approach to the service delivery model.

The CHAIR: Okay. Thank you. I am going to hand it over to Mr Galea now. Michael, over to you.

Michael GALEA: Thanks, Chair. Thanks, Mr Stonham and Mr Harriott. I just want to ask you, in your submission you talk about the benefits that would come from – you recommend that all providers who deliver TAC-funded attendant care and community support be required to hold ACIS certification. I just want to talk a bit deeper into this and specifically how that would work in communities where there is already a bit of a disadvantage with some people accessing providers that will perform TAC services.

Andrew HARRIOTT: Yes. I can probably only sort of talk on the vocational rehabilitation services. ARPA represents the vocational rehab providers that offer return-to-work services within the TAC model. So that does not lead to sort of attendant care services and other services that sit outside of the vocational rehab model.

Michael GALEA: Okay. Thank you. Do you have views, in a broader sense, on how we can ensure that any gaps, even in metropolitan communities but particularly in regional communities – how we can go about addressing those gaps in TAC providers?

Andrew HARRIOTT: The TAC went through a tender at the end of last year, which was finalised at the beginning of this year. Five vocational rehabilitation providers were chosen on that panel. As a part of that tender process, those vocational rehab providers had to outline their service model, and that included components of metropolitan and regional coverage. A big part of what we do is getting out and seeing people in person, so it is vitally important that our vocational rehab providers have the capacity to actually deliver services, both in regional and metropolitan areas.

Michael GALEA: Thank you very much. Thank you, Chair.

The CHAIR: Thank you. I will now hand it over to you, Dr Heath.

Renee HEATH: Thank you so much for presenting today and also coming and having this discussion. I just wanted to bring up one of the issues that you raised, which was about service delivery providers having, I guess it is self-reporting rather than mandatory reporting. Is the reason you were talking about that the concern that potentially people are only reporting when the results are good? What are your thoughts around there?

Jarrod STONHAM: Not necessarily, Renee. Working for a provider that delivers vocational services, what we find is that – and I do not think this is intentional – when providers are reporting large amounts of information it can be prone to error. We do see in other schemes, as Andrew referenced before, when that calculation of performance and data is coming from the TAC and potentially, as we have suggested in our submission, some payment data, then there is an objective way of actually measuring provider performance not necessarily based on what providers submit directly to the TAC. I just probably want to stress that I do not think providers are intentionally providing information that is incorrect, but it is prone to error when you are talking about providers managing at any one time upwards of 500 clients on return-to-work programs and providing that data monthly. That data is quite considerable. There is information that has to be provided in relation to clients' names, claim numbers, capacity, return-to-work progress, hours of work et cetera, et cetera. It is quite detailed. So it is more just that that transparency and objectivity can be provided if other methods are used rather than providers providing that information themselves.

Renee HEATH: Yes, thank you for that. I understand that things are certainly prone to error, but how do you balance that administrative burden that would be required with the need to report without putting an incredible amount of burden on some of these businesses that could do them in?

Jarrod STONHAM: Yes, it is a good question. I guess speaking on behalf of a provider that does deliver these services and has done over some time, it is an investment in resources, essentially, Renee. Providers have to have skilled, experienced team members that are familiar with TAC and their protocols to be able to deliver the types of reporting that TAC ask of us. Sometimes that is quite administrative. Sometimes it is quite time consuming. However, that is the requirement that is set out in our contracts in our agreements with TAC to provide them with this data on a regular basis. However, it does require businesses that provide these services to have the expertise within those businesses to provide that information.

Renee HEATH: All right. Thank you so much. That is good.

The CHAIR: Thank you. Ms Watt.

Sheena WATT: Firstly, thank you both for appearing before us today and your submission. It was clear that there were considerable efforts that went into that. What I am keen to ask about is frankly our neighbours up north: New South Wales. In your submission you referenced icare in New South Wales and how they have required ACIS certification since 2008. Are you aware of any evidence of this change improving client outcomes ultimately? If we were to develop something similar, talk to us about what that might look like and

the costs, if any, that you know about or complexities that might come with transitioning to that sort of certification program.

Jarrod STONHAM: I am happy to take that one. The essence of our point with that one, Sheena, was just to make sure that there was greater transparency regarding the spend that schemes are utilising their funds for, whether that is rehabilitation services, whether it is treatment services, tenant care and those types of things. Having that information in the reference to New South Wales was that that information is freely available on the public record in New South Wales so that organisations like ARPA and other organisations can use that information to determine whether or not that spend is being used in an appropriate way – whether it is increasing or decreasing or whether funding levels are appropriate. Then that can guide those strategic discussions with TAC that we have outlined in our response that we think would be beneficial to have on an ongoing basis.

Sheena WATT: Any reflections on client outcomes since that change up north?

Jarrod STONHAM: The direct comparison is difficult to make. What I would say, though, is that our overarching goal is to improve the outcomes of any client that goes through the TAC scheme, or any scheme that ARPA provides services to. At a higher level, through having increased dialogue with TAC, we would design programs to make sure that they are optimising the outcomes for people that are going through those programs, and that regular dialogue would allow regular reviews and changes to be made. There is probably not a direct correlation between the two, but what it would do is just ensure that regular information is available and can be part of discussions between TAC and ARPA, as an example.

Sheena WATT: All right. Lovely. I might leave it there if that is all right, Chair, and return to you. Thank you so much for your submission and your answer today. You have certainly left us with much to think about. Back to you, Chair.

The CHAIR: Thanks so much, Ms Watt. I am going to hand over to Mrs Hermans, who is online. So, Ann-Marie, over to you.

Ann-Marie HERMANS: Hi. Thank you so much again for your submission. I have got a little bit of an issue with some of the things that you are proposing, given that WorkCover premiums for Victorian businesses had to be increased by about 41 per cent in order for WorkSafe to not have that $1.3 billion deficit that it had. It has been a burden to the taxpayer, and it has brought businesses to their knees. And then on top of it, we have got the TAC, which of course is functioning so well, it is like a cash cow for other services. I sort of feel like many people are wanting to get their hands on that without understanding the complexities. But I want to bring up something that you have mentioned in terms of workplace return-to-work issues and work programs and ask you what this would look like. You have mentioned that WorkSafe Victoria has benefits where people have to find something suitable for them so they can return to their workplace, and TAC does not have that. You have mentioned the idea, if you are going to look at a pre transport accident workplace type of thing, that there should be the option for maybe stronger incentives and easier deployment of incentives for new employment services if people cannot do that. What would that look like? How would we roll something like that out? What was in your thought process when you were putting that together?

Andrew HARRIOTT: Thanks for the question. It probably comes from a view that work should form a really big part of someone's recovery. And we understand – there are a number of studies out there, and the evidence is overwhelming – that for someone to have an optimum recovery from a workplace or a motor vehicle accident they need to have work as a part of their rehabilitation. We can see in other schemes the benefits of ensuring that the employer is part of that process, and that is both from a psychological perspective and a physical recovery perspective – so it was probably more from that perspective. We appreciate that there are a lot of challenges that might exist with that, and employers across the nation are feeling the pressure in that sense. But we are very much talking about how we can engage an employer better within the TAC scheme and whether that comes from some better, more aligned incentives that might be available for an employer to do so, both from a pre-accident employer but also from a new employer. We understand that the injuries that might be sustained by a road incident can be catastrophic, so –

Ann-Marie HERMANS: Can I just interrupt with one thing, because in WorkSafe and now, as I have become aware more, in TAC as well, there are the mental health issues. In terms of rehabilitation for that and

work, do you have any suggestions or thoughts on how we could make that more sustainable? Is there anything that we need to look at in terms of legislation?

Jarrod STONHAM: Ann-Marie, do you mind repeating that question for me really quickly?

Ann-Marie HERMANS: Just in terms of mental health becoming a greater issue that people are now more focused on and more aware of in terms of being able to return to work, is there anything that we need to be considering to help facilitate that appropriately in legislation?

Jarrod STONHAM: Yes, I understand the question. What I would say, and it is referenced in our submission, is that what we often see with the TAC is the secondary psychological impact of a road accident. There is often the physical injury that occurs obviously in the immediate aftermath. When the recovery does not progress and the outcomes are not moving as expected, the psychological impact can be pronounced, notwithstanding the trauma that goes alongside a road accident injury. So to Andrew's point in relation to our engagement in services, the more timely it occurs, the better. The sooner that we are engaged, the better the recovery outcomes will be. The sooner we can coordinate with injured road users, their treating practitioners and their employers to facilitate return to work, the better the long-term outcome will be and the better chance we have of offsetting any psychological secondary impacts. As well, if we are engaged at that point in time, if those psychological or mental health issues present themselves sometime down the track, which can often be the case in TAC, we have got a supportive network around that individual and we can hopefully engage them in appropriate treatment as soon as possible to minimise the impact of such injuries. I guess, a short answer to your question, Ann, is I would definitely say that the sooner we are engaged, the better chance that we have, as allied health professionals, of delivering these services to offset the impact of mental health.

Ann-Marie HERMANS: So like an assessment? Like optional or everybody has an assessment psychologically?

Jarrod STONHAM: It probably would not be an assessment so much. It would be that if we were involved, we would have an ability to identify the potential symptoms or signs that someone may be having a deterioration with their mental health and then be able to coordinate with their treating practitioners et cetera and their employer and the TAC to make sure that the appropriate supports are provided in a timely manner so that we can hopefully offset the impact of such symptoms presenting.

Ann-Marie HERMANS: Thank you.

The CHAIR: I have got time up there, so I might hand over to Mr Tarlamis now. Lee, over to you.

Lee TARLAMIS: Thank you, Chair. You described the deterioration in quality of supports available to TAC clients because of unregistered providers in the market and how that has been growing. Is this primarily a TAC scheme design problem, or is it a consequence of the broader NDIS-driven market changes that the TAC are responding to?

Andrew HARRIOTT: We can probably only comment on the vocational rehabilitation panel. That consists of five providers who go through a tender process with the TAC, and those five providers are appointed to undertake the vocational rehabilitation work within the scheme.

Lee TARLAMIS: Is that what you referenced when you spoke about the growth in the market of unregistered providers?

Andrew HARRIOTT: I do not recall that we spoke about there being growth in the market of unregistered providers. We just spoke more so on the point of how vocational rehabilitation providers can best assist the scheme.

Lee TARLAMIS: Thank you. I do not have any further questions.

Andrew HARRIOTT: Thank you.

The CHAIR: Thanks, Lee. Over to you, Ms Gray-Barberio.

Anasina GRAY-BARBERIO: Thank you very much, Chair, and thank you both for being here this afternoon. I just want to follow on from Dr Heath's line of inquiry. Currently, rehab providers self-report their performance data to TAC, as you spoke about, as part of your contracts. What kinds of metrics or reporting do you get back from TAC so you know whether there are gaps that you need to assess in your work? What kind of two-way reporting is there, if there is any?

Jarrod STONHAM: Yes, it is a good question. And it goes to probably some additional points in our submission as well regarding the dialogue that providers individually have with TAC on a monthly and quarterly basis, which is part of the new contract that was tendered for last year and commenced in March this year. That is the forum where that two-way information occurs between providers individually and also the TAC. That can be regarding our individual performance regarding return-to-work outcomes and our timeliness with reporting submission and a lot of administrative things. It can be customer –

Anasina GRAY-BARBERIO: Are there any themes that are coming out of that that you can share with us?

Jarrod STONHAM: No. I do not want to speak on behalf of other individual providers, and that is probably the nature of our submission as well, is that at the moment at an upper level, so at an industry peak body level, we do not have the dialogue with TAC that we think would be beneficial like we do with WorkSafe.

Anasina GRAY-BARBERIO: I think that is a really good point you make. You do not have the dialogue. What do you mean? Do you mean you are not able to get a hearing?

Jarrod STONHAM: Yes. As per our submission, at the moment ARPA and TAC do not have a regular scheduled dialogue to discuss industry-related issues that are affecting rehabilitation providers going through the tender process –

Anasina GRAY-BARBERIO: Why not? Are you just waiting to hear back or are you not hearing anything back at all?

Jarrod STONHAM: We have had some contact with them. Particularly last year, they presented to all the ARPA members in Victoria regarding their current strategy and those types of things. This was prior to that tender process commencing. I would say that a lot of those things have gone on hold since that time. It was quite an intensive process, which started in August last year. The decision for those panel members was not advised until early in 2026, and then the commencement of that agreement has not started until March and there has been a significant onboarding requirement for providers in that time. So ARPA has kind of read the tea leaves in some regards in relation to that, and left TAC to work through that process, because it has been a piece of work, and there have been substantial changes to the voc services model and schedule and how we do the work. So now is the time to pick up that –

Anasina GRAY-BARBERIO: I am so sorry, I feel like I am going to rush out of time and I want to ask you one more question.

The CHAIR: Keep going. That is all right.

Anasina GRAY-BARBERIO: Is that okay, Chair?

The CHAIR: Yes.

Anasina GRAY-BARBERIO: Thank you. I just want to finish – in your submission you spoke about the committee should consider whether a public-facing actuarial review could be published to assist providers and the Victorian public to better understand TAC's performance in supporting injured road users. What is behind that? Why did you feel like that was important to put in your submission? It seems to me like you want to see some systems reforms here. Correct me if I am wrong.

Andrew HARRIOTT: Yes, it is probably more so just trying to align with what we see in other schemes and that there is a clear return on investment. That has worked quite well in other schemes. There is an opportunity to talk about what outcomes are being achieved, and this correlates with the discussion around what Jarrod was indicating there around centralised reporting, and that there would be clear and transparent information around how are the vocational panel performing and where there are some gaps and where there

could be some improvement, or maybe some targeted services which might support particular components of injured road users recovery.

Anasina GRAY-BARBERIO: Thank you very much. Thank you, Chair.

The CHAIR: No worries. Thanks so much, Anasina. That brings an end to our questions. Are there any final comments that you would like to make, Andrew or Jarrod, before we finish up?

Andrew HARRIOTT: Not specifically, but again, thank you. We appreciate the opportunity to be able to sit in front of you all.

Jarrod STONHAM: Likewise.

The CHAIR: No worries. Thank you, Andrew and Jarrod, both very much for your time today and your submission. We really appreciate it. As I said, you will get a proof version of the transcripts once they are drafted. So from us to you, thank you.

Witnesses withdrew.