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 – Tuesday 9 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 *(via videoconference)*

Dr Jai Cooper.

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. I will go through and introduce our committee members now. To my left is –

David LIMBRICK: I am David Limbrick, Member for South-East Metropolitan Region.

Ann-Marie HERMANS: I am Ann-Marie Hermans, also a Member for the South-Eastern Metropolitan region.

Michael GALEA: Michael Galea, also a Member for South-East Metropolitan and Deputy Chair.

Sheena WATT: Hello. I am Sheena Watt from Northern Metropolitan Region.

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

Anasina GRAY-BARBERIO: Hello. Anasina Gray-Barberio, Northern Metro.

The CHAIR: Perfect. Thanks so much, guys. 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 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. You will be provided with a proof version of the transcript following the hearing, and the transcript will ultimately be made public because it will be posted on the committee's website.

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

Jai COOPER: Jai Cooper. I work for the Institute for Regional Futures at the University of Newcastle, but I am here in a personal capacity. My boss has given me the okay to appear during work hours.

The CHAIR: No worries. That is fine. Thanks so much for that. Jai, I will hand it over to you now. Ten minutes – is that okay, or thereabouts?

Jai COOPER: Yes, no problem.

The CHAIR: I will hand it over to you. Welcome, and thanks for appearing today.

Jai COOPER: Thanks, Joe. And thanks to David, firstly, for initiating the inquiry and to the rest of the committee. I would also like to acknowledge the TAC. We are having an inquiry. I feel like I am a well-rehabilitated client in a lot of ways and could perhaps provide some reflections on how the TAC can work well. I have been a client for almost four decades, and some of the initial experiences that I had set me up for life in a really, really good way. I have, however, seen some changes, so there are some opportunities for improvement. Also, I just acknowledge that these things are the social determinants of health. Good institutions – good public institutions like the TAC – and also your family and friends and good parliamentary processes mean that you can rehabilitate well. But I would, really importantly, like to acknowledge the fellow sufferers of motor vehicle accidents. There are a lot of people here who have been injured, probably far worse than I have – in some cases fatalities – and we do share trauma. There are some really horrible experiences out there.

I have provided my details in my submission. I was injured in a no-fault motor vehicle accident in 1987, and I was one of the earliest TAC clients. The Act was passed in 1986, and I was the 69th client through the Glen Waverley TAC rehabilitation centre. At that stage I understood the provisions of the Act. The intention was a public institution to return us to productivity. Over time I have become a long-term but low-needs client, so I have been able to observe almost a longitudinal study of the TAC for almost 40 years. I am not an expert in

rehabilitation and insurance schemes, but I am an academic and sociologist – I have taught sociology of health – so I have seen some of these processes, and it strikes me that some of the bureaucratic processes could be improved.

The TAC was set up with good intentions. It was innovative. Victoria as a leader – I am sorry I had to leave Victoria, but definitely the climate here is better for my arthritis. This is not about the TAC staff – it is not personal; it is about structural change. Some of those changes I noticed – it was probably about 2023 that I saw a bit of a turning point, and I thought maybe I should start asking a few questions. That led me to realise that there was a bit of an absence of long-term planning, even just – I am a long-term, low-needs client, but I had not been approached: 'Okay, how can we just set you up so that we don't have to approve things every time?' These bureaucratic inefficiencies were causing waste and a bit of distress as well. They were minor for me, but I can imagine that it could be quite severe for people with significant challenges.

The one that really disturbed me was the Client Voice experience. As a researcher, I saw that experience as being what I would describe as an unethical presentation of research. That was an example of the TAC losing a bit of interest in putting the clients first. So I reached out on social media and met some of the other clients, and they reported the same things I was experiencing: low payment rates to health providers and difficulties with proving causation, which of course was repeating the trauma, and a bit of a fear of retaliation from the TAC – concern at being cut off or being harassed, making it difficult for them, being tied up with assessments. And then people were saying, 'Just get on the NDIS, get out of this,' so there was a bit of disillusion with the TAC, which kind of went against my experience a bit.

I have made some recommendations in my submission. It looks like some of those may be getting picked up already. The relationship between the TAC and NDIS: there is a section on that on the website that I have noticed now and a research planning page. I do recommend long-term planning for clients and then some improvements to the research program and the accessibility of data. It is just not there. There is the annual research plan. So the intent, it looks like, may be appearing, but it is time to carry those through. The other thing I have noticed is an absence of this sort of lived experience amongst the TAC. I did once speak to a TAC client services officer who admitted to being a client as well, but you do not see this lived experience on the board; it is separated off. I think whether that is a client advisory group or some greater presence of the clients involved in the organisation, it could be a useful contribution. Also, a review of some of the Act and terminology and the purpose of the TAC and what that is about in terms of the actual services that is provided.

But yes, I do not want to obscure the fact that this is really quite significant for so many other clients. Yes, it was traumatic – it still is in a little bit of a way – and it is nice to be able to have our say and be listened to. That is my 5 minutes or so.

The CHAIR: No worries. Thanks, Jai. I appreciate it. I will go first, then we will go through all the committee members who want to ask questions. My first one to you is: obviously you touched before on your recommendations that you have made. One I think you call here a client advisory group or something of equivalent. Obviously you have a view that that is lacking at this point in time.

Jai COOPER: Yes. Well, I had never seen it. I have worked in community engagement in a lot of different ways, and it struck me that there was not an involvement. The Amber Community got recommended to me and also other clients, and the social media group were saying, 'Look, we don't want to talk to Amber Community because it's run by TAC and is a bit of a platitude.' So that opportunity to have some genuine input. It is also in the nature of the research. I think the TAC conducts research. As a researcher, I would be looking for an independent organisation to do at least part of the research program, because you are going to get selection bias. If TAC is doing the research and saying, 'We are going to ring you up,' and people are scared of retaliation, then people are going to deselect themselves and not participate and they are not going to tell you what is really going on. Just that factor – it looked like there needed to be some mechanisms established for the TAC to get that client feedback.

It was in 2023 that I contacted two senior staff members within TAC and we had a productive chat, particularly around the research agenda. They were looking to engage me, saying that they might be implementing some changes in that regard. They emailed me that they would get back to me. I had not heard from them for a couple of months, and I looked them up and they were not with TAC – within a few months, both of those senior staff

members. So it was a little bit concerning that they were possibly looking to actually make some change within TAC and that momentum had gotten lost.

The CHAIR: Jai, one of the other things you talked about was changing the language. The example you used is recovery to a pre-accident condition as opposed to the need for ongoing support. What have you noticed that has prompted you to say that?

Jai COOPER: Oh, I think it was that you get letters from the TAC about whether you want to contest this decision or 'We want to support you with your recovery.' That one I noticed because I think it was about looking to return you to work, which is certainly a noble point, but it is not like 'Okay, that's your pre-accident condition' or the standard –

The CHAIR: Do you think the communication is of a good quality in your experience? We have had different comments from different people that have appeared earlier today having – I will be diplomatic in saying this – mixed responses. I would not say all of them were positive; I would say not many of them were positive. What is your experience?

Jai COOPER: In almost four decades I would expect there to be a few bureaucratic faux pas and things not to be perfect. There is a bit of a tendency towards – well, I am articulate. I am plenty personable when I am on a phone conversation or otherwise. So I think that I would be pretty good at articulating myself, and if I do not get what I want or do not get understood properly, then I can work out another way of going about it. Really, that was it. It was 'Okay, I'm not finding satisfaction through the communication channels' and that is why I did escalate to senior staff, because there were some issues that I wanted to –

The written word I do not have a problem with, but I would expect that a lot of people would be challenged with that. So there were some factors where staff members were not aware of things that existed within the organisation.

The CHAIR: Are you able to provide us with anything that could help us out in terms of any letters that you want to draw our attention to or something like that, which you might be able to send through? That would be really helpful.

Jai COOPER: Yes, over three decades worth.

The CHAIR: All right. Thanks so much.

Jai COOPER: But I did pick out those ones as some key examples. In terms of the staff in telephone conversations, I do not think I have ever been spoken to rudely. I have never been hung up on or any of those experiences. I am not saying that that has not gone well for others. But obviously when you are doing a client service role, you do not necessarily get everybody who is going to be easygoing about the decisions too.

The CHAIR: I appreciate that. Thanks. I am going to pass over to Mr Galea now.

Michael GALEA: Thank you, Chair. Thank you, Dr Cooper, for your very expansive submission and for your presentation to us. Just at the outset, you mentioned that you had your very recurrent applications for ankle braces rejected on all occasions despite having had them approved for years and years and years. Were you given any reasons for those rejections?

Jai COOPER: From memory, no. It was just 'This was not related to your motor vehicle accident, and here's your letter.'

Michael GALEA: So then you had to go through an appeal process just to get –

Jai COOPER: Yes. It was early on the first time, and then I went 'Okay'. 'Please refer to previous correspondence' went into every submission that I made. I used to submit by email. That then went into the app, and I would do the same thing. There was one where I did ask for it. It took a little bit of time. It was only earlier this year that I finally spoke to one team leader, and she said, 'Look, we'll just give you a five-year approval for that.' But that would have been something simple that could have been done a long, long time ago. It is more about the process rather than whether you get refused. The issue is not just whether I am having to go

through that but whether the TAC is putting themselves through that by doing this repeatedly. It just seems absurd.

Michael GALEA: You have answered my next question about if there can be, like in this case, a five-year thing put in for an approval. That seems a lot more straightforward. I am glad to hear that is hopefully resolved for at least five years for you.

Jai COOPER: Just that one issue, yes.

Michael GALEA: Yes. Just on your submission – page 14, review of the client services – you have put the question as to the delineation between the TAC and the NDIS and who is better placed to support people in the long-term range. Do you have any views yourself on that?

Jai COOPER: Well, my first view, in concert with David and being a civil libertarian, is why duplicate government processes when there are two things? The TAC was set up. I knew at the time, back in the 80s, that okay, yes, I have had my right to medical and rehabilitation costs removed from common law, but we have that for the rest of life. The NDIS comes in, and they are looking to actually meet the same thing. There is going to be a cost-shifting exercise between state and feds. I did not see any formal process for that. That has now appeared on the website. My opinion would be do not duplicate services. I did just see the federal health minister say that state schemes would be taking up some of the slack from cuts to the NDIS. There has got to be a bit of argy-bargy between feds and states. That is for you guys to work out, I suppose.

Michael GALEA: We do a lot of that, yes.

Jai COOPER: The duplication is a bit absurd.

Michael GALEA: We certainly do. Dr Cooper, you mentioned just then that certain things – indeed from your submission – have been picked up, and you said you are seeing them reflected on the TAC website. Do you generally find them to be pretty proactive and willing to engage and change things where they acknowledge a fault?

Jai COOPER: There have been a few examples where I have had fault acknowledged. I think I mentioned a couple of those in my submission – so yes on those minor ones. The structural ones seem to be a bit slow. The research agenda is the one that I think is probably a bigger question, the availability of that. It is not anything yet. There is no research plan presented on the website, and the TAC has been going for four decades now. It is a great opportunity. The TAC is a remarkable social experiment: a public health institution for road safety and for client management. To not be presenting that to the public, and in some ways the research that is presented from the TAC's internal surveys is pretty limited – there is a bit of a disconnect there. I would say that they probably should have picked up their game a little bit earlier – again, not to blame any individual, but it is a really good opportunity that I think has gone a bit astray.

Michael GALEA: Thank you very much.

The CHAIR: Mrs Hermans, over to you.

Ann-Marie HERMANS: Thank you so much for your submission. Obviously you work in the field of research, and you have mentioned that we need to have an independent group, which I think is fair enough. I mean, it does not hurt for the TAC to do its own research as well. It gives us something to compare to. But you have mentioned the benefit of ongoing independent research where client cases or their voices are heard. I am trying to just gather exactly what you would be thinking in terms of research. You are talking about an opportunity for the client's voice, whether it is a post client or ongoing, short-term, long-term or a variation of all to have an opportunity to speak. Given that you work in research, are there other things that you think would be beneficial in terms of research for us to look at going forward to be able to have more clarity on what perhaps needs to change, not just the Client Voice? Obviously you have mentioned having five-year approvals and what a benefit that would be. But is it just looking at it from the client's experience and what they undergo, or is there more to it that you would suggest from your research background and your own personal experience?

Jai COOPER: Well, probably from a health policy research perspective, consult health policy research experts. I am an environmental sociologist rather than a health policy expert, but I would expect that there would be – when I started looking for academics who are in this field, I did not find anybody who had really been studying the work of the TAC. I found a couple of professors interested in the NDIS and disability schemes, but I could not find any interaction or studies of how the TAC had operated. I would suggest that direct connection in that regard would be a good opportunity. I am sure there would be some university researchers who would be glad to receive research funding to look into the social outcomes of the TAC. A comment that was made to me by those senior staff members was 'You're a great example of successful rehabilitation outcomes. You were a 19-year-old male who was injured in a motor vehicle accident and you don't have an opioid addiction or other impairments or trauma that's an extent of that.' So if the TAC is successful in what it is doing, then there should be a better evidence base to be able to show that. If I was to look at the TAC research that is available publicly on the website, I would look at it and go, 'That looks like almost a mirror image of their road safety.' It is self-promotion. And that was the real concern with the Client Voice – they were misusing clients for self-promotion of the TAC.

Ann-Marie HERMANS: Can I just ask on that basis, because you have mentioned the ad hoc manner in which the TAC potentially saves costs. Right down the bottom there is sort of this sense of it not being consistent. It is very much, one would think, on an individual basis how everything operates – this person's scenario. Do you think, in your own experience, that having that individual basis is helpful, or do you feel that there is more uniformity that could be put into place in order to make it more streamlined?

Jai COOPER: I am not sure on the question. In some ways individualising clients and doing qualitative research with people is useful, as is having quantitative data and comparative data – longitudinal studies of individuals and of groups and then comparatives.

Ann-Marie HERMANS: I was not thinking in terms of the research; I was thinking in terms of your own personal experience. You are obviously a success story for the TAC, in their own words that they have given to you, but we have an inconsistency in how each individual person is treated and how everything is done individually. But I am hearing coming through from you and from others that there are things that could be done that would be more streamlined, which would make the process – like you have mentioned, five years, and if we have already got this, we have it. So are you suggesting that that is something that we should be looking at and perhaps making recommendations to the government about as well?

Jai COOPER: Well, probably the thing is to have people like me and other clients to consult upon regularly. It is fantastic, but this should be something that is ongoing, the potential to engage with clients. And there would be a degree of change over time with people who would be participating, say, on a client advisory group. So you would have both large-scale data sets from doing research that may be internally delivered through TAC or may be done independently of TAC, and then you would have clients, amongst other experts within TAC, who would be collaboratively reviewing that and looking at what some of the benefits would be. An example might be: 'Why don't we do five-year planning?' So you are going to get a whole series of different policy recommendations that come out of it. It would be something that would be great to have ongoing. I am not expecting there to be an ongoing parliamentary inquiry eternally for TAC, and that I suppose is where it is unsure. I mean, there might be people who are on TAC's board who have lived experience, but we do not know.

Ann-Marie HERMANS: My time is up, so I am going to have to let some of the others have a go. But thank you very much for being so detailed in your answers. I appreciate it.

Jai COOPER: Thank you.

The CHAIR: Thank you. Mr Limbrick.

David LIMBRICK: Thank you, Dr Cooper, for your submission and appearing today. You bring up some really interesting points in your submission, and one of the points in particular that I have thought a lot about is the differing and potentially competing priorities of the road safety promotion aspect of the TAC and the client service aspect of TAC. They have got quite different objectives, and they are quite different things. In the road safety promotion it is about advertising and corporate sponsorships and safety campaigns and this sort of thing. They are trying to stop people coming in. Hopefully, if they are successful, they are trying to stop people

becoming claimants in the first place by reducing road trauma, but on the other side they are dealing with something quite different. I would be interested in your thoughts on those competing priorities and how that might be improved, potentially.

Jai COOPER: From my perspective, it appears that it may have gone too far. I go down to Melbourne every now and again and go to the G and see 'Wipe off 5 in the wet' or something and realise, 'Okay. Yes, that's great.' As they say, prevention is better than cure, but that is not if you have got people who are not getting the cure. And then also, if it was a physiotherapy expense and they went, 'No, we're not paying that rate; we're paying this cheaper rate,' I would go, 'Well, that's going to those advertising campaigns.' In Victoria it is pretty apparent even from an interstate perspective that there is a lot going into the preventive end, and that balance has to be worked out from a government perspective. Also, as you are aware, it is the motorists registrations that are going to that as well. I do not think that really happens in the same way in New South Wales because it is not a state-based system. You can go to whatever insurance company you want for your green slip up here. So if one is helping out the other, I can see the benefit, but it has got to be drawn at some stage.

David LIMBRICK: But of course determining that benefit is done by research, which you have said there are problems with. So that is actually a very good point. It is interesting that you brought up New South Wales – and I do not want to put you on the spot, because I do not know how much you understand the New South Wales system. But the New South Wales system is quite different to Victoria. They have a competitive market, unlike the monopoly system in Victoria. Feel free to refuse to answer this, but I am interested if you have got thoughts on what New South Wales does better or worse than Victoria, if you are in a position to compare those two systems.

Jai COOPER: Well, I am not a client of an insurance company and have not had an accident in New South Wales to really have that lived experience to that depth.

David LIMBRICK: Thank goodness.

Jai COOPER: I expect that dealing with a private insurer might not be very easy either. I do remember that being a relief, being in Victoria at the time of the accident, thinking, 'Okay, this is a state-based organisation whose primary interest is the public health outcome and rehabilitating clients to the best social outcome, as opposed to a bottom line in that economic perspective.' That was the great hope of the TAC. Back in the 80s that was what I thought: 'This is really good.' And I think I experienced that. I do not know if the Glen Waverley rehab centre is still going, but to me it seemed as if it was well resourced. I had a TAC client services officer at the end of my hospital bed. It was probably about four years before the injury stabilised, but pretty quickly, within the next few months, I was in the rehab centre. I think that was really significant, those two months of having vocational advice, counselling, hydrotherapy, physiotherapy and also other clients around me. I went from a hospital bed with other victims of motor vehicle trauma to an environment with a lot of other clients. And also there were a lot of people from a different scheme with traumatic head injury, brain injury, at the centre. That sense of isolation I think is going to undermine rehabilitation. That collective experience in Glen Waverley was really significant. In 2023 it was: 'I haven't seen another client.' That is what is missing. That engagement with other clients is something that is actually really missing from the rehabilitation experience.

David LIMBRICK: Thank you.

The CHAIR: Thanks. I am going to now hand over to Mr Tarlamis, who is online.

Lee TARLAMIS: Thank you, Chair. Thank you, Dr Cooper, for your submission and for talking to us today. You have spoken about some of the things that you have been advocating for that have been picked up and improved, and I know you have spoken at length about where there are still some improvements that can be made in the area of research. Are there any other areas that you have been advocating for change in that you feel could still be improved that you have not spoken about today?

Jai COOPER: I hope not. No, I think I have been pretty comprehensive. If something comes to mind, yes, I would be happy to – that is the thing: if there is an ongoing engagement process and having a client a little bit more on an equivalent basis as opposed to 'Hey, you're out there; we're doing research on you.' If there is a more engaged process, then I think there would be opportunity potentially. More ideas might come up from

people. And there are all these other clients out there. We were just listening to previous clients with all their other suggestions on improvements. There are going to be other people out there with good ideas too.

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

The CHAIR: That is cool. Thanks, Lee. I will hand over to Ms Gray-Barberio. Over to you, Anasina.

Anasina GRAY-BARBERIO: Thank you, Chair. Thank you, Dr Cooper, for being with us today. We really appreciate your time and your submission and evidence. I just want to start off – in your submission you said that TAC has begun to 'replicate the principles of workplace rehabilitation, not its intention to provide ongoing life-long support.' Are you saying there that TAC is meant to be there to provide people with road trauma lifelong support?

Jai COOPER: I suppose what I am trying to say there is that it is not simply about trying to get people back to work. My career at the time would have involved a lot of physical activity. If I then went back to work: 'Okay, we've gotten you back. You're all right; you're in a desk job. You're able to do your job' – that is not what I was planning. Common law and compensation claims can compensate for that in part, but the rehabilitation component is also about that. Your life is not just about being able to go to work and have a job that may be something that is far less enriching than what you were hoping to do in life. It is making sure that it is not just about having that but having the family life in place. I might be able to go to work, but the fact is that it takes me a lot longer to get to work because of the physical pain of actually getting there and all of those other things. Yes, I have got to work, but when I get home and I am not able to walk anymore, well, yes, I need other supports. Whether it is the letters I have received, okay, on your return to work – yes, it just seemed that that is not the only objective; it should not be the only objective.

Anasina GRAY-BARBERIO: Thank you. Just coming back to research, on TAC's website it has got a list of the different types of research, but when you actually click on it, it is very, very scant. Not a lot of information is publicly available. Is your advocacy also to drive a lot more transparency and accountability? Around what exactly is all this research about? They have got client research, road safety research, health, disability and compensation research. But the information is only a couple of paragraphs, so where is this research?

Jai COOPER: Consider the possibility that after 40 years, almost, there are thousands – I do not know how many. There is a research question: How many clients has TAC had over that time? And then take all of those clients, of which you have seen a handful today and you will see some tomorrow, looking at live links of research and what benefit that would be, because people are curious. You do not just suddenly become a researcher. People get on, and there are plenty of 'I have done my own research' kind of people nowadays. There is a real opportunity there. Plenty of people are going to read those papers that might come out and not be able to decipher the research, but some of it they are actually going to pick up. So yes, there is a real benefit there, and it might actually answer some of the concerns that make people go, 'They've actually looked into these things.'

Anasina GRAY-BARBERIO: Absolutely. Has TAC ever engaged you for any paid work around research?

Jai COOPER: That was the discussion in 2023 with those senior staff members. They raised it during our discussion and said, 'Look, yes, we might be able to. We're not sure what's going to happen, but there may be some funding at least to cover costs to get you to participate.' And that is one of the things. It did make sense. I am not in this to make money out of it myself and become a commissioned researcher for the TAC. I probably would have a bit to say, but there are also plenty of other people out there. I think, yes, it makes sense.

Anasina GRAY-BARBERIO: Have there been any ongoing conversations since then?

Jai COOPER: No.

Anasina GRAY-BARBERIO: Do you think you would be a good candidate to be commissioning research with them? I feel with your experiences they have actually marked you –

The CHAIR: I just say this is probably the last question too, Anasina, because time is up. But please continue on.

Anasina GRAY-BARBERIO: No worries. Thank you so much, Chair. You have actually been very fair with your criticisms of TAC and your experience, and that is probably very true. How do you maintain fairness around the processes that we have heard today that have really shown a power imbalance and the disadvantage that a lot of these vulnerable claimants are at?

Jai COOPER: What is it they say about democracy? It is not a perfect system, but it is the least worst system that we have, or something like that. I am not suggesting we throw the baby out with the bathwater with the TAC, and I see a lot of really good potential there. There is obviously room for improvements. How do I maintain that? These are things that we can constantly improve on.

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

The CHAIR: Thank you. Lastly, but definitely not leastly, Ms Watt. Over to you.

Sheena WATT: Thank you, Chair, and thank you so much, Dr Cooper, for joining us. Earlier today we actually heard evidence from Tamara Tesseyman and Michael Tesseyman, and they talked about their child and how there were some growth plate challenges. There have been some growth plate challenges as their son has aged, and they require some different care and treatments. In your submission you talked a little bit about ageing and some of the differences that happen in the body as we age. I am particularly keen to perhaps pick up these things because physiologically we do change as the years go on. I am keen to perhaps pick up that particular point that was made by Tamara earlier and perhaps complement it with your remarks around as we age and some of the different challenges of the TAC to respond to that. Is there anything you would like to talk to about that particular point?

Jai COOPER: Yes. As I said, how many thousands of TAC clients are there over more and more time with increasing complexities, comorbidities and complications and then for the TAC – I am sure it is a really difficult job for them to try and tease out what proportion of that are related to the motor vehicle accident and what is a natural process of ageing. Obviously it is on a case-by-case basis; there has got to be a lot of medical understanding, so there is going to be a lot of that. What I did notice on the social media page was the medical assessment process and also some discussion around conflicted feelings between 'Did you speak to that independent medical assessor?' and 'Oh, yes. They are in TAC's pocket' or 'That legal firm are conflicted.' So by the very scale of TAC there is a deeper challenge there. I suppose that speaks to what David was asking as well about the difference in New South Wales being the risk of state capture, where you have such a monolith that there is the risk of you not having that independence. That is one of the ways in which it gets borne out, I suppose, during that – the difficulty for the medical examiners to actually go, 'Okay, yes.' It is obviously a tough position, and maintaining that independence is a real challenge. There is probably some significant process behind that of which I am not really aware of the details, but it is the kind of thing that a client advisory group would be able to scrutinise and go, 'Yes, that is a good process to cover that' or otherwise.

Sheena WATT: I appreciate that. One of your other remarks was really about low-needs clients and making sure that whilst rightfully there is so much support given to high-needs clients, folks like yourself that have been on the scheme for some time just need to be remembered. Do you have any particular recommendation around low-needs clients and how the TAC can improve its processes around low-needs clients? You mentioned that it had been some time since you have been around other peers and some sort of perhaps isolation that comes with being perhaps a low-needs client of TAC.

Jai COOPER: Yes. Well, we did mention just that five-year – taking the burden both off the client to have to prove themselves again as well as off the TAC of asking for burden of proof. The senior staff members I did talk to said, 'It's a bit of a blind spot. We've missed that.' From a personal perspective, it is self-interest. For me, it is 'Hey, what about us?' On the other side, because you are low needs and there are more important people, you do this sort of 'I'll just look after myself.' There probably is a degree of clients who just self-exclude and go, 'Oh, it's too much of a burden and I am just not going to. I'll just pay for that myself.' Then you are lost on the books. I was actually told early on, whether it was by a medical practitioner or a legal practitioner, 'Make sure that you just claim something every now and again, because you will stay on their books. Otherwise it will be really, really hard.' So they were observing that process elsewhere and could see that that was one of the potential processes that goes on with insurance companies of long-term, low-needs clients.

Sheena WATT: Which perhaps lends itself to that earlier point about as you age there might be some changes that require some attention and particular responses by TAC. I, in fact, might leave it there and return it to the Chair. But thank you so much for your contributions today, Dr Cooper. I certainly appreciate it.

Jai COOPER: Thanks, Sheena.

The CHAIR: Jai, that brings an end to our time today. I just want to thank you very much for the extensive and detailed responses that you have given. You will get a copy of the proof version of the transcript to have a look through. But from us, thanks very much for your time. We appreciate it very much.

Witness withdrew.