# 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**

Erin Casey.

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

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

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

**Michael GALEA**: Michael Galea, Member for South-Eastern Metropolitan Region and Deputy Chair.

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

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

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

**The CHAIR**: Thanks very much. 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 things, those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded, and you will be provided with a proof version of the transcript following the hearing. The transcript will ultimately be made public and put on the committee's website.

Just for the Hansard record, are you able to say your full name and the organisation, if any, that you are appearing on behalf of – if not, just say yourself.

**Erin CASEY**: Erin Marie Casey, as myself.

**The CHAIR**: Thanks very much, Erin. I will hand it over to you. I will give you 10 minutes or so. If you go a little bit longer than the timer, that is all cool. The floor is yours. Welcome, and thanks so much for appearing today.

**Erin CASEY**: Thanks so much for having me, and thank you to everyone who has done all the advocacy to get us to this point. I am a little bit newer on my TAC journey. I was in a high-speed motor vehicle accident on 26 November 2024. I was driving, and I had my stepdaughter in the front passenger seat, who will be 15 in July. We were off to play netball together, from Birregurra to Colac. Three minutes from home there was a car going to turn who had come to a standstill, and a young P-plater driver at 100 k's smashed into the back of him. He had already turned his wheel and cut off our lane. Maybe I got down to 90 kilometres, and he had to accelerate to detach the vehicles, and then she and I hit head on. I remember the lead-up to that; I do not remember the moment of impact. And my daughter – I am going to call her my daughter moving forward, just for ease; I am not her mum, I am her parent – I do not know if she started screaming or I started screaming, but we were screaming, and all the airbags had gone off, and I did not know if there were flames. We could not see out of the vehicle. My daughter's door had popped open from the impact. The car was totalled.

So I said to her, 'We need to get out of the vehicle – can you get out? We've got to go.' We got out of the vehicle. And I live in a small country town, so I knew the guy that was turning. He was actually going to a mutual friend's house. And at the time I actually thought I was running into our mutual friend with his three kids in the car. I thought I was going to kill them all. We got out of the car, did not have phones, did not know if it was safe to go back there. I could not hold myself up. I was not in immediate pain – I guess I was still in so much shock – but I could not physically hold myself up.

Because of the impact and because of what was going on, I forgot I had my Apple Watch on, and that realised something was really wrong and actually prompted me to call 000 from that. We had been trying to get a phone, but I was like 'Don't go back to the car.' So I called them, and because I have emergency contacts set up, it actually notified my mum and my two brothers and my husband. Mum was eating dinner; I did not know. My husband was doing something else, but my brother was actually travelling at the time. He said, 'Are you okay?' I said no, so he was there pretty quickly, and at the same time he arrived onsite – the next farm further along is where our local GP lives, and he is also an active member of the CFA. So he was pretty much first on site with my brother, and I was now on the ground and had massive swelling in my pelvic region. My brother was in the squat position for an hour maybe, squatting to hold my head straight. Afterwards he had to go get his back fixed, you know, like just so on and so forth.

There are so many things that are affected, especially living in a small town. I knew all the CFA members that arrived. My GP was first on scene, you know – like people going around the thing were going, 'That's Erin's car.' You know, there was no hiding it. And it is the absolute beauty of living in a small town, but it also means every time I step out my door somebody wants to talk about it. Somebody wants to, you know, engage around it. And they care for me and it is lovely, but the anxiety I get about stepping out of my house now and having to have those constant conversations and either try and pretend that I am okay or be really vulnerable and go through the horrors of what has happened since is really difficult.

Pre accident – I was not working at the time. I was having a bit of a sabbatical, and we were in a financial position to do so. We had some exciting renovations coming up; I could be home and present for that. But my work experience prior – I worked in the trial zone for Barwon for the NDIA as a plan support coordinator. I was a delegate, I could build the funding and then I also wore the hat of helping with implementation, so quite a holistic wraparound service. So I am not unfamiliar with insurance models or navigating government systems. I have also been a team leader under the Job Services Australia contract, and I worked with some of the most disadvantaged: long-term unemployed, vulnerable youth, homelessness – you name it, I have done it.

I also worked under the disability employment services contract. I have worked for large not-for-profits as a youth services manager in the disability space. I designed, implemented and trained an online team as a COVID response, making sure that the people that we supported that were vulnerable knew what they could access. So I think I speak as somebody who is quite capable. Working under Job Services Australia and disability employment, you also need to have good relationships and understanding of Centrelink. Because of that, and because of the people that I know, worked with, am friends with, I know really good people that have worked or do work at TAC. So I had pretty good access to general advice about what I could engage with and when I could really engage with it.

When you have been in a high-speed accident and spent five nights in a trauma ward because you were airlifted from the accident site on spinal precautions, you are so medicated. There was not even time to fully understand what had happened to me, like what the injuries were, where to from there. I think I just had in my head that it was just going to be tickety-boo and I would be back in action in no time. That has not been the case. Until recently I went to a physio each week to straighten my pelvic area. I think he was still recommending weekly sessions, but of course TAC deem that it is more appropriate to be fortnightly now. I cannot do the things that I used to be able to do. I know I did not work at the time, but to feel so insignificant as a caregiver to a child, a wife running a household – I have got two bouncy, active dogs, and I cannot take them for a walk anymore. I do not have the strength. I cannot do it. I loved gardening, so I get 2 hours of gardening support a month. I was playing netball twice a week. I had worked really hard to do that. I had had a little bit of anxiety and depression, and I thought, 'How am I going to tackle that?' So I built a team. I ended up on the Colac Night Netball Association's committee. I was still a contributing member of my community. Of course I am not entitled to any sort of income replacement, and I understand that, but we were in a different financial situation then, and I always had the knowledge that I could jump back into employment.

Writing the submission for today, which is not anywhere near the standard that I would want it to be, caused a headache that went for two weeks. That kind of level of concentration – and also that it is super traumatising – ruined me. Even when you think you are nearly on top of something, something else pops up. It is a very dehumanising process. I would like to do a big shout-out to our health service people, though, and I would also like to touch on the fact that we as a society ask a huge amount of them. They are meant to know how to navigate NDIA, Medicare, TAC, WorkCover, aged care – the list goes on and on, and none of them look the same. These GPs are overworked, and nursing staff are overworked. Everyone is overworked, and yet we ask

them to keep being an expert on everything. I am really blessed that I have a GP that I can access who has been a massive advocate for me. I do not know where I would be without him, and we still cannot get what we are trying to get. People say that they are a TAC provider. I had an experience with a provider psychiatrist, and they said they were a TAC provider. He went, 'Oh, I just do WorkCover. It's the same.' It is not the same: 'You don't know your reporting requirements to access additional funding, and now you've started bulk-billing me via Medicare.' That does not form part of my story and the supports that I need and require. There is a little bit of a nutshell. I do not know if that was coherent, but that is what I have got.

**The CHAIR**: Do not worry about it. You did great. Are you happy to take questions?

**Erin CASEY**: I totally am. I would also just add that the requirements to provide care and support from my family are ginormous. I cannot drive a car on a highway anymore, the PTSD is pretty significant and also the impact on my family and marriage have been substantial. Thank you.

**The CHAIR**: Thanks very much. I can only imagine the impact, and what we have seen is the tip of the iceberg. I can get that straightaway. I do not know where to start.

**Erin CASEY**: Knock yourself out.

**The CHAIR**: I want to talk about the process that you have had to deal with within the TAC itself. I notice in your submission that you said you are on your fifth claims manager now. I think you said that your second one was, I will say, problematic, but I will let you expand on that if you want. Tell us about that process and why you have got to your fifth one now.

**Erin CASEY**: Okay. I am unsure how aware you are of the processes, and I am learning as I go. You do not have contact directly from the TAC in the first three months post accident. I actually do not think that is long enough, based on my experience to date. In that timeframe you can access certain services without their approval. I wish in that time I had been to the dentist. Did I move my teeth? I wish in that time that I had done A, B and C. And once again, I know people who were giving me advice to do that. I did not have any capacity. I was not driving a car. I was medicated. I still constantly manage my energy levels and fatigue. As the day goes on, sometimes I will just look like a stunned mullet and I cannot get it all together. The energy conservation I have done to get here today – we arrived yesterday by train; tomorrow I will go see a solicitor – you know, it is absolutely ginormous.

But your first intake appointment with TAC, who are a claims manager – I think there is this really confusing language between 'claims manager' and 'case manager'. A case manager is normally more of a wraparound service who is there to guide and support you. So when you are highly medicated and you are setting goals and kumbaya: 'We're here on your journey' – absolute rubbish. It sets such a false expectation that they are there to support you.

**The CHAIR**: You did not feel supported then?

**Erin CASEY**: I still do not. I do not understand why we set goals. They are not measuring outcomes. They do not revisit it. They do not – it just seems like –

**The CHAIR**: A pointless experience.

**Erin CASEY**: It is a pointless exercise. No-one has come back and –

**The CHAIR**: How did you get to be on the fifth one then? How did that come about?

**Erin CASEY**: TAC like to talk a lot about courtesy and respect. I wonder if they know what that actually means, because in any role that I have had – 'case manager model', thanks for coming – if I am your new point of contact or I am leaving, I will let you know. That is courtesy and respect: 'Hey, I'm Erin. I'll be your new contact. What's the best way to do that? Is there a good time of day?' or 'Hey, I'm really sorry. I'm moving on to the next role. Here's your introduction'. I have not received one of those, and I am on my fifth. To me that is insane. The second person I had – I had actually called to speak to my first contact, who said, 'I'm not your contact anymore.' I said, 'Okay, who is?' And they gave me the name. I sat on that person's case load for two months without any introduction. I had made it really clear I was best to be communicated with early in the morning – not regarded. The first time that person called me was 4 o'clock on a Friday afternoon, and they

asked me, 'Is this a good time to talk?' I said, 'No, I'm sorry, it's not.' That person then steamrolled me with questions, obviously trying to fulfil their own obligations, and I got more and more and more distressed. My emotional regulation can be so poor, especially when I am tired, now. So I got louder. She did not have any skills to defuse that situation. She just kept barking 'Courtesy and respect' at me. That bamboozles me. The most basic courtesy and respect: if you ask if this is the right time, and I say no – no, it is not.

**The CHAIR**: I am sorry to hear that. It sounds awful. My time is unfortunately up.

**Erin CASEY**: Sorry, I am a talker.

**The CHAIR**: No, no. We need evidence. That is why we are here.

**Michael GALEA**: We are politicians. We are used to it.

**The CHAIR**: Yes, do not worry. I am going to hand over to Mr Galea now. Okay, Michael, over to you.

**Michael GALEA**: Thank you, Ms Casey, for coming today and for sharing that with us. You do have prior work experience in related fields, which many people of course do not have, but coming into a new scheme, as you said, with all the trauma that you were dealing with at the time, what would you tell yourself now? Now that you have got the, let us say, benefit of knowledge of what you have been through, what would you tell yourself about how to engage with the system from the get-go? What would you warn yourself about? What do you think people who enter the system need to be aware of in terms of just how it works or what they need to do? Are there any particular gaps where you think, 'I think that knowledge really needs to be made clearer'?

**Erin CASEY**: Absolutely. I think from the get-go, where is the information to even navigate the system? I might get sent a page. A social worker pops in while you are in the trauma ward and says, 'You're going to be signed up to TAC. No worries.' You are still on spinal precautions, looking at the ceiling. It is so disjointed. I would come back to that intake appointment. You are putting your faith and trust that this is somebody there to support you. They are not. It is combative: money, insurance, that is it. And you just feel – I have never felt so little or dirty or like I am a liar. Why would I lie? Why do I want another medication? Why do I want to spend more time going to appointments? And then you want to keep asking me if I am ready to go back to work? I do not even understand why we have a contact when they do not take the time to get to know you. So note absolutely everything, and make sure that the providers you engage with really understand the process and what you need from them.

**Michael GALEA**: I did want to come to this later, actually, but you just touched on the providers, and you are the second person today that has told us your providers are billing Medicare as opposed to TAC. Have they told you why?

**Erin CASEY**: That experience was with the psychiatrist, and I had a really poor experience. I have lost a lot of confidence in my decision-making post accident. It can be because my brain is cloudy or I just think everything is my fault. It is not; there is a part of my brain that knows that. That psychiatrist experience was horrific, and he did not take the time to understand that his reports inform the other supports that I am entitled to and what the TAC decision-making framework and report looks like. TAC have grabbed hold of his recommendations. One of my other treating team said it is not even formatted in the report format that they require, and I was like, 'Isn't that interesting?' They do not look at any of these other documents that have followed their protocols to quote who I am and what I am entitled to, but this poorly written opinion piece, because it was not really centred around any assessments done, is what they grab to because it suits their agenda.

**Michael GALEA**: You touched on this, but given where you live, what sort of difficulty do you have in getting providers that will engage with the TAC?

**Erin CASEY**: Great question. Once again, I am blessed by my prior knowledge and relationship. I knew of an occupational therapist that would come to support me in the home – but I knew that. What happens when you do not know that? My GP was the first attending on my accident, so he has seen every step of the way, and I am really lucky in a small town that we have got him there. Thankfully, it all just lined up that I was the first patient of a new physio that attended town. Anything else revolves around getting in a car with somebody else driving me in a 100-k zone. It is terrible.

**Michael GALEA**: It would add to the trauma as well, if that is where the accident was.

**Erin CASEY**: Yes. Sometimes we have to go further around to avoid it.

**Michael GALEA**: Thank you.

**The CHAIR**: Thank you. I will now hand over to Mrs Hermans.

**Ann-Marie HERMANS**: Thank you. Thank you for what you have been sharing. It is very helpful. I have got a few small questions for you to begin with. First of all, we do not have an exact record of when you first started. I am assuming that it is 14 months roughly since you have had the accident. Is that roughly right, or a bit more than that?

**Erin CASEY**: I think it is more than that. It was end of November 2024, so we are 18 months. In 15 months I am on my fifth claims manager.

**Ann-Marie HERMANS**: So this is a fairly recent experience with TAC, as opposed to some that have been long term and over many, many years. So this is all you have ever known, basically?

**Erin CASEY**: This is all I have ever known, and listening to Tamara speak before me, I was like: is that what I have to do for the next decade of my life? Will I just have to continue to find energy to fight? I should not have to fight.

**Ann-Marie HERMANS**: I understand. And it is very difficult to navigate because they do not step you through what you can do next. Has anyone ever said to you in the next call, 'Well, this is where you can go from here. This is what you can do next. These are some of the tests you could go for'?

**Erin CASEY**: They will tell you how to dispute a decision. They must be pretty used to doing that, I would say. There have been gaps when I have not had a claims manager. It is not like it has smoothly rolled on from one to the next.

**Ann-Marie HERMANS**: Yes, and they do not tell you, 'Look, you're not going to have me. I'll be closing off with you.' And there is no other form of communication; it is just an actual conversation, phone call.

**Erin CASEY**: Absolutely. You can opt to have written communication, but after I had that explosive conversation with claims manager 2, I wrote an email and said, 'For my part in that and my emotional regulation, I apologise. Could you maybe clearly explain to me what your role is so I can manage my expectations better?' Never got a response.

**Ann-Marie HERMANS**: Nothing in writing?

**Erin CASEY**: No.

**Ann-Marie HERMANS**: Okay. No response to that email?

**Erin CASEY**: No response to that email.

**Ann-Marie HERMANS**: At all?

**Erin CASEY**: No.

**Ann-Marie HERMANS**: You have mentioned post-concussion syndrome or persistent post-concussion syndrome. Have they navigated you to have ongoing tests to be able to –

**Erin CASEY**: I have seen two neurophysicians who have diagnosed that. They have declined that based on it not being captured in my hospital admission. The nature of long concussion syndrome is that it is not immediately present.

**Ann-Marie HERMANS**: No, that is exactly true. That actually does not make any sense.

**Erin CASEY**: It does not make any sense. The first neurophysician and my GP have both written strong letters disagreeing with their decision. Unfortunately, the dispute falls to me, though. So you need to find that time and energy to navigate and do it. Also, since writing that, they have declined an inpatient stay at a psychiatric facility to get my medication under control.

**Ann-Marie HERMANS**: Concussion is a bit difficult, isn't it, to diagnose if you are sedated?

**Erin CASEY**: Yes.

**Ann-Marie HERMANS**: There was no record of concussion in the documentation?

**Erin CASEY**: There was not. I had the appropriate scans, and there was no bruising or anything. But as we know, just that rocking motion at 100 k's is pretty significant. The concussion, I believe, went to the panel expert, who said that they thought it was related to my anxiety and depression that were present before the accident, which is really interesting, because as I mentioned before, I worked really hard to do netball and those things. I was probably ready to come off my medication, but my word means nothing.

**Ann-Marie HERMANS**: Are you saying, because it happens in 10 to 30 per cent – I have just been looking this up while we have been doing this – of people, the only symptom you had was the depression that comes from the –

**Erin CASEY**: Take your pick of where that falls in. I am sure I tick all the boxes for that. But just forgetting words, the fatigue that I have – I get wild headaches now. Yes, there are lots of things.

**Ann-Marie HERMANS**: I appreciate that. I am sorry if I am asking you lots of medical questions.

**Erin CASEY**: No, no. That is okay.

**Ann-Marie HERMANS**: It is just a little bit more to do with my background. Thank you so much for that. I really appreciate it, and I do hope that you do have the opportunity to recover quickly and to get back on your feet and that this process gets smoothed out a little bit better than it has been for you up till now.

**Erin CASEY**: Thank you.

**The CHAIR**: Thank you. Mr Limbrick, I will hand over to you.

**David LIMBRICK**: Thank you. And thank you, Erin, for appearing before the committee today. I would like to acknowledge the amount of work that you have done in putting forward a submission and coming in here today. It is my ambition that that will not be wasted and that this committee will make changes that will help Victoria. You mentioned in your submission that you had a claims manager that claimed that you were, I think the quote is, 'avoidant and uncontactable' before they had even introduced themselves to you. Can you explain a little bit to the committee, please, what happened there?

**Erin CASEY**: So we are talking about number two again. I think that I had had that contact and it had been a really negative thing. I then reached out with an email and did not receive anything back. We had an appointment – it is a little bit blurry for me without looking at notes, I am sorry. But maybe we had had another interaction. They declined some equipment because they based it off a conversation I had had with somebody else. They then contacted my psychologist and my GP, and they said those words to them about me, which was super hurtful actually, which just makes me angry. That person should have been better equipped to work with vulnerable people. And also, they did not contact me for two months. That is their paid employment as a public servant, to do that role. So labelling me as avoidant and uncontactable was super unprofessional in my opinion. And they also thought that it was valid to go through their CV and employment history when speaking to my doctor – to talk about how qualified they were, while wasting a GP's time, who has done years of medical training.

**David LIMBRICK**: So they were – just so I can get this straight – talking about their own qualifications to your doctor in order to, what, make the doctor believe that they are competent?

**Erin CASEY**: Look, this is my personal opinion that has been built from dealings with them. I believe they are on a power trip and that they think they are of great importance and that they have the skills and experience to tell everybody what they think.

**David LIMBRICK**: And what do you think was the reason that they would claim that you were avoidant and uncontactable?

**Erin CASEY**: Because I put out boundaries about how I wanted to be contacted.

**David LIMBRICK**: Which seems totally reasonable, doesn't it?

**Erin CASEY**: I would think so, yes.

**David LIMBRICK**: I think so too. You mentioned money. You said that you felt that it was all just about money, right? Did you feel like when you were dealing in your case they were just trying to manage you in a way that would save money? Is that what this was about?

**Erin CASEY**: Look, I do not really know what that person's agenda was. It was a super negative experience and I really hope that they are no longer employed there, not that I have had the energy to submit a formal complaint, but I would like to because I think that somebody like that in a position of power with super vulnerable people – it makes me furious. And that is part of the reason I am here today too. There are so many people that do not know what they should be entitled to or expect, and potentially they are the ones that are missing out the most.

**David LIMBRICK**: Thank you. I believe I am out of time, but thank you very much.

**The CHAIR**: I am going to hand over now to Ms Watt. Sheena, over to you.

**Sheena WATT**: Thank you, Chair, and thank you to you, Ms Casey, for coming in today and also for the power of work that was your submission. Truly it has left me with a ton of questions, but I have only got 4 minutes.

**Erin CASEY**: I am so sorry.

**Sheena WATT**: No, no. It is the Chair who only gave me 4 minutes. I wanted to go particularly to something we have not discussed before, which is about equipment to support you. You did talk about an order for equipment and how that would help support your independence. I am interested in perhaps exploring that a little bit if that is something you are happy to speak to. What was your experience with getting any additional equipment that may assist you in the home or out in life, if you have got anything to say on that?

**Erin CASEY**: Absolutely. My background has been a lot in equipment and modifications for assisted daily living, so I knew the OT that I wanted to engage based on her knowledge of physical –

**Sheena WATT**: And your professional experience.

**Erin CASEY**: And my professional experience. One of my goals was to be able to return to household tasks and gardening and things like that. I am still not able or not recommended to lift over 5 kilos, so we looked at a lawnmower that was lightweight enough, a vacuum cleaner, a blower and a whipper snipper, because everything else I had was bulky and I could not manage it. I was really looking forward to that. I lived at Mum and Dad's post accident while I was in a brace for my injuries and then went home, and that was all so difficult that I broke down and went to return to Mum and Dad's. And because that had been reported by one of my other treating team, claims manager 2 took the word of that and cancelled the order of equipment – which would have been such a great incentive, to know that I could go home and do some of those things.

**Sheena WATT**: So do you have a recommendation for us around home equipment – it could be work equipment or whatever it is – and how we can perhaps improve that element, because I know that anything that improves your independence is incredibly important.

**Erin CASEY**: Absolutely. I believe that the pricing guide for NDIA versus TAC – there is quite a disparity in some of the funds, and I think that makes people more avoidant of TAC as well. But knowing, and this

probably is not available anyway, OTs have different areas of interest – it could be physical and it is around equipment, or it could be around mental health, or it could be A, B, C and D – it is about being able to know the right questions to ask to get the right person involved. But TAC are not there to hold your hand and let you know that – or that has not been my experience to date. So I think there just need to be more transparency and documents available around that process.

**Sheena WATT**: The other one you spoke to was around claiming for travel and some challenges around that. Do you want to speak to us about what has happened with you and how we can improve that?

**Erin CASEY**: Yes, absolutely. I understand there needs to be evidence to make claims for government funds – I totally understand – but it is just another task. All the onus falls on you, and I am broken. I might not look it, but I am broken. Everything that gets stacked up, that has to be done, when I am just struggling to do daily life is enormous. I have not claimed for any medications in forever. Mum has been my taxidriver. I have not claimed k's for her. Mum used all her carers leave to bathe me and take me everywhere for the six weeks. It is just wild, the onus that is put on you to navigate this when you are broken.

**Sheena WATT**: Particularly the claims and reimbursements.

**Erin CASEY**: The claims, everything – but that included.

**Sheena WATT**: I appreciate that. Thank you, Chair. I will return to you if I can.

**The CHAIR**: Thank you. I will hand over now to Mr Tarlamis, who is online. You will see him on there. Lee, over to you.

**Lee TARLAMIS**: Thank you, Chair. Thank you, Ms Casey, for your contributions today and for sharing your personal experiences with us. I want to touch on goal setting, which you mentioned earlier. Do you think more could be done to properly integrate that goal setting but also reviewing those goals into TAC processes?

**Erin CASEY**: When that is figured out, it probably needs to be rolled out across a few of the systems. To my knowledge, there are no measuring tools in the NDIA framework or the TAC framework. So it just feels like a process that is a tick box – that is what it feels like. Until there is more meaning or reflection on how you are tracking, it is just a waste of your time, really.

**Lee TARLAMIS**: Do you think listening more to people that have lived experience when developing, modifying or reviewing TAC processes would help in actually delivering better processes for dealing with navigating complex issues and cases?

**Erin CASEY**: Absolutely. As I mentioned before, three months did not feel like a very long time in the scheme of things. I still did not really know up from down – my life had not settled enough to understand some of the implications that are still affecting me now. So anything that can be learned from TAC clients is golden.

**Lee TARLAMIS**: You have spoken at length about your personal experiences of dealing with staff and claims officers. I think it would be fair to say that you believe that better training in communication styles and basically managing those relationships is needed to address those issues so that those lines of communication are managed a lot better.

**Erin CASEY**: Absolutely. Is it an insurance scheme? Yes, it is. But you are also trying to wrap it like you are a support system, and it is not. It has got to be one or the other or a better merger of the two. I had one claims manager, who I will say I did not have huge issues with, except for the disputing – I needed to dispute the long concussion syndrome decision that he made. But there was one conversation where I had to ask two or three times, 'Could you please slow down? I'm trying to absorb, I'm trying to take notes – I just need a hot second.' And if I have to ask that many times, you are not listening to me. There have been so many instances when I did not feel heard and I felt like I am not an expert on myself.

**Lee TARLAMIS**: In addition to the various aspects that you have already spoken about today, are there any other elements to TAC processes that you would suggest or recommend need to change?

**Erin CASEY**: I do not think we have got enough time, to be perfectly honest. But yes, I do. I think it needs a massive overhaul, and the only way that the change is going to come is through discussions like this and people sharing their stories. But I do think that it needs to be very consumer driven and focused.

**Lee TARLAMIS**: Thank you.

**Erin CASEY**: Pleasure.

**The CHAIR**: Thanks, Lee. I will now hand over to Ms Gray-Barberio, who is also online. Anasina, over to you.

**Anasina GRAY-BARBERIO**: Thank you so much, Chair. Thank you very much, Ms Casey, for appearing before us. I really respect the strength that it takes to show up. I want to start by asking you: do you have any formal complaints currently with the TAC?

**Erin CASEY**: I do not. I meet with a solicitor for the first time tomorrow. There will be two things, to my knowledge, that will be disputed, and I would like an official complaint lodged about claim manager 2. I am about to start that process, I believe.

**Anasina GRAY-BARBERIO**: Okay. And have you heard from TAC? Do they have any knowledge that you are appearing before this parliamentary inquiry at all?

**Erin CASEY**: I wanted it known that I was. I have had quite a few people question if I think that it will reflect poorly or add another layer. I have not had a good experience to date, and I cannot imagine it getting much worse. I have a new claims manager who directly communicates with my treating team, because I just do not have the energy to try and navigate that, and I asked that my psychologist let my number five claims manager know that this week is not a good week to contact me because I am attending the inquiry and meeting a solicitor.

**Anasina GRAY-BARBERIO**: Thank you. At any time during your interactions with TAC were you at all referred to go to the NDIS?

**Erin CASEY**: No, I have not been.

**Anasina GRAY-BARBERIO**: Thank you. I just want to follow up on Mr Tarlamis's questioning around training. Is it a case of training or is it a case of structural and cultural issues happening at TAC?

**Erin CASEY**: I think it is a really – look, I could not speak to the culture of TAC.

**Anasina GRAY-BARBERIO**: Based on your own experiences with claims managers and whoever else?

**Erin CASEY**: If I ever heard somebody in a team I was managing, supporting or working amongst speak to me the way that claims manager 2 had, I would not sit quietly. I assume it is open-plan offices, because that is all the rage these days; there would be somebody in earshot that could hear that conversation, and I cannot imagine I am a one-off. If the culture is that they think that that is acceptable to speak to somebody like that, then maybe their culture does need a review.

**Anasina GRAY-BARBERIO**: In your recommendations during your submission you said the TAC needs to listen more to lived experience of road trauma. Why do you think there is no lived experience working group within the TAC to help them better respond with trauma-informed practices when dealing with claimants?

**Erin CASEY**: I guess because of that negative experience with claims manager 2 and, as I mentioned before, continuously repeating that I needed somebody to slow down. I just think that they are skills and knowledge that people that work with traumatised individuals should know. If it not a commonsense approach, then there should be some training around that at induction time. It actually bamboozles me that somebody could speak to another person like that.

**Anasina GRAY-BARBERIO**: Are you part of or a member of the support group?

**Erin CASEY**: I learned of it not long before the submissions closed. I am a very new member and missed the cut-off for the submission date, and then Tamara, I think it was, told me that there was an extension and helped guide me. So I feel very blessed that I learned about it right on time.

**Anasina GRAY-BARBERIO**: Thank you. We heard from previous witnesses that you basically have to be a problem to be able to progress your claims: one had intervention from the minister; the other went to the media. Is this what you have had to resort to in order to get some results and outcomes?

**Erin CASEY**: Not yet, but I am not discounting it. To listen to other people's submissions and read them, I feel like this is a long-haul battle, and I totally understand why people quit and give up.

**Anasina GRAY-BARBERIO**: And that is why you are seeing a solicitor to get some outcomes?

**Erin CASEY**: Correct.

**Anasina GRAY-BARBERIO**: Thank you so much, Ms Casey, for your time, and look after yourself.

**Erin CASEY**: Thank you.

**The CHAIR**: That brings our questions to an end, but I just want to ask if you have got any final messages that you want to say. We are an inquiry. We are here to make recommendations to government. What should we be recommending?

**Erin CASEY**: I feel really blessed to live where we live and have access to what we do. But if the left hand does not know what the right hand is doing and we have all these great support systems but they are all completely different, I think that things could be a lot more streamlined. We were talking about NDIA and disability, and they do goal setting and funding. Then we were talking about TAC. I feel like we are spending a lot of money on a lot of different processes that could probably sit under similar umbrellas, to be perfectly honest. Even if it is an insurance model, the people that are employed there are dealing with some of the most vulnerable people in society, and if they do not have the skills to change their communication or listen, they are not right for the job.

**The CHAIR**: The client focus.

**Erin CASEY**: Client focus, absolutely.

**The CHAIR**: Thank you. We really appreciate that.

**Erin CASEY**: Thanks for having me here today.

**The CHAIR**: Thanks very much. That brings an end to this session, but you will be provided with a proof version of the transcript to have a look over. I know it has been difficult, but we really appreciate your time. From us to you, thanks very much.

**Witness withdrew.**