

Submission to the Legislative Council Legal and Social Issues Committee - Inquiry into Claims Made Through the Transport Accident Commission (TAC)

Term of Reference 4(a): Interactions with other services, such as the National Disability Insurance Scheme (NDIS), and how TAC clients have been impacted by federal reforms to the National Disability Insurance Agency and the NDIS

Date: 8th April 2024

Submitted by: Australian Community Industry Alliance (ACIA)

1. Introduction

The Australian Community Industry Alliance (ACIA) welcomes the opportunity to make a submission to the Committee's inquiry into claims made through the Transport Accident Commission (TAC).

ACIA is a not-for-profit peak body representing organisations that deliver community-based personal injury, disability and complex care services. ACIA administers the Australian Community Industry Standard (ACIS), a quality and safeguarding framework specifically designed for providers supporting people who have acquired disability, often through traumatic injury. This cohort includes people with acquired brain injury (ABI), spinal cord injury and other complex, lifelong impairments, many of whom receive funding through personal injury compensation schemes (such as workers compensation and motor accident schemes) and/or self-fund their care.

ACIA's submission addresses Term of Reference 4(a), with a focus on the impact of the growth of unregistered providers within Victoria's disability and rehabilitation markets, and how this trend has decreased the quality of support available to TAC recipients.

As federal reforms to the NDIS have expanded the market of service providers, a two-tiered system has emerged: registered NDIS providers subject to limited quality assurance, and unregistered providers operating with minimal oversight. This has exposed TAC clients—often with complex physical injuries and rehabilitation needs—to inconsistent and, at times, unsafe care.

2. Growth of the Unregistered Provider Market

The NDIS has fostered rapid market growth, particularly among unregistered disability service providers who now often operate within the same pool of workers and providers accessed by TAC clients.

This unregulated expansion has led to:

- Reduced quality assurance and limited vetting of support workers.
- Inconsistent training and supervision, especially for complex personal care tasks.
- Poor coordination with clinical teams, undermining rehabilitation outcomes.
- Increased risk of harm where providers are unfamiliar with clinical protocols or post-traumatic rehabilitation models.

3. Inadequacy of Current Quality Frameworks

The Victorian Social Services Standards are inadequate to safeguard clients with catastrophic injury or highly complex needs. These standards:

- Lack a clinical governance framework to ensure safe, evidence-based practice.
- Do not require trauma-informed care principles or staff training in psychological support post-injury.
- Allow providers to self-assess compliance, with minimal external verification.

Such standards are suitable for community-based or low-complexity supports but fall short for TAC clients requiring multidisciplinary and clinically integrated care.

4. NDIS Provider Registration and Quality Limitations

Even when a provider is NDIS registered, the NDIS Practice Standards do not include robust clinical governance, nor do they mandate trauma-informed or evidence-based rehabilitation frameworks. Providers delivering support coordination, daily living assistance, or allied health under TAC funding may therefore be registered without any demonstrated capacity to deliver these complex services safely.

In addition, NDIS Practice Standards only apply to people in receipt of NDIS funded services.

This gap leaves TAC clients exposed to:

- Support workers performing high-risk clinical tasks without proper oversight.
- Fragmented communication between TAC case managers, allied health professionals, and support providers.
- Recovery setbacks due to trauma-insensitive approaches or inadequate incident response processes.
- No real third party verification and oversight of TAC funded services.

5. Consequences for TAC Clients

The absence of a coherent, clinically grounded quality system for all TAC-funded services has measurable consequences:

- Decline in care quality and client experience.
- Variability in outcomes and service continuity, especially post-discharge from rehabilitation.
- Increased clinical risk, including infection, injury, and preventable hospital readmissions.
- Emotional harm arising from poorly trained staff and non-trauma-informed interactions.

Ultimately, the lack of consistent standards erodes trust in the TAC system and jeopardises recovery trajectories for injured Victorians.

6. Recommendation

To improve quality and safety for TAC clients, ACIA recommends that TAC require all providers delivering TAC funded attendant care and community support be certified against ACIS.

ACIS is the only standard specifically designed for complex injury support and includes requirements for clinical governance, risk management, and workforce competency. This standard has been utilised by icare in NSW since 2008.

7. Conclusion

The growth of unregistered providers and reliance on generalist social service standards have led to a deterioration in the quality and safety of supports for TAC clients. The Australian Community Industry Standard (ACIS) offers an immediately available, sector-specific benchmark capable of restoring clinical rigour, accountability, and trauma-informed practice.

A strengthened quality framework—leveraging ACIS, bolstered by TAC-specific governance requirements, and aligned with federal reforms—is essential to protect and improve outcomes for Victorians recovering from transport-related injury.

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