

My background

I was Policy Adviser to Andrew Constance MP from 2007 remaining in this role until 2014, responsible for transitioning NSW to the NDIS trial. I had oversight of the roll out of Stronger Together 2 through the 13,000 full time public sector community services workforce, and implementation of the growth in investments and reform objectives within the more than 600 non government organisations funded by the NSW Government.

I had oversight of the NSW Disability Council, Person Centred Approach Advisory Group, Carers Council, Ministerial Advisory Council on Ageing and the Aboriginal Advisory Committee, to oversee the shaping of the NSW Governments policy and reform plans.

From 2007 - 2011 I was Policy Adviser to Andrew Constance MP as Opposition Spokesperson for Ageing and Disability Services, remaining with him in government as Minister for Ageing and Disability Services and then Senior Policy Adviser to Minister John Ajaka MLC from September 2013 - June 2014.

I am also a parent of a young woman with moderate intellectual disability and complex needs.

I am well versed in sector development and have been in a position to come to a great understanding of the strengths and weaknesses of advocacy - both systemic and individual.

In the absence of information regarding the planning process for individual advocacy this submission is a little blindsided but I will set forward my view of advocacy as it is right now, based upon what I have seen working within a Ministerial portfolio.

Individual Advocacy

I am greatly concerned with regard to individual advocacy under NDIS.

There has never been a time in our history when we have needed more rigorous individual advocacy. Some people will never need the services of advocacy, others have parent advocates to act, as they do, in their son or daughters best interest, while others will need a great deal of funded advocacy. In particular First Nation Peoples, our first generation CALD populations and people with complex disability support needs, particularly people with moderate and severe intellectual or cognitive disability.

We need to build capacity for advocacy to be on hand, as it is needed. Some issues are easily sorted, others will take dedicated resources, possibly for lengthy durations. Therefore advocacy cannot, in any shape or form be inbuilt into a persons package.

It must be a separate pot of money that can be accessed when and as needed.

Advocacy organisations will need a base funding stream in order to survive. The advocacy that people want should shape the sector, by dropping down the funds as required, from a central pot held by NDIA.

I have been in a position to note great advocacy and extremely poor advocacy. Currently both good and poor advocacy is funded and there appears to be no compensation for great advocacy compared with poor. This method of funding will see the advocacy 'cream' rise to the surface. Advocacy that works for each client based on their determined individual needs, will be strengthened. The rest - that which is not person-centered, but rather ideology driven, will simply fade away as it should.

Systemic Advocacy

Systemic Advocacy is in danger of being shaped into a unrepresentative monster. There are many highly educated voices for people with physical and sensory disability within the Systemic Advocacy space.

They are not the only voices that need to be heard. Disadvantage occurs far more for people with severe and complex disability and particularly for those with moderate - severe intellectual or cognitive disability than any other cohort. The NDIS has been designed to finally support their significant unmet needs.

There are a myriad of voices that must be heard and must be given voice. The entire NDIS framework, in this instance; is built upon providing support that the family needs to maintain the care role. Yet, the advocacy system is built upon the foundations that the family should not be trusted to make decisions nor have any say within the National Advocacy Framework.

It appears that Systemic Advocacy concurs that it is only 'right' that family should give up their working and social lives to support and care for their high needs family member, but to make choices in the best interest for the person that they are trusted to support- apparently not.

If families cannot be trusted - as Systemic Advocacy in its current state constantly infers, how can they be trusted to be fee care providers - often for decades for these very same people?

I understand the views of government to silence the voice of families under a rationed system; so many were desperate for support for the person they care for and the funding was not available to assist.

Under NDIS where people *will* be funded according to need and also to support their family-carers with their care role; this **silencing of the voice of family becomes far more ominous**.

It is time to reset our values. Working in a Ministers office gave me a unique insight into the advocacy of families. It was passionate and it was, in 95% of cases always looking out for the best interest of their family members.

The family are the natural advocates with the greatest interest in the person requiring support.

They are the advocates of choice until such a time it is proved that they are either incapable or self-interested. These families are few and far between and we have guardianship laws to sort out the issues of the rare family who puts their interests first.

It is time to fund Systemic Advocacy for the people who will forever remain unrepresented except as a full stop to the needs of the less disadvantaged - those articulate voices of people with physical and sensory disability, who for decades have led this divide.

It is time to look at Systemic Advocacy not only from a 'rights based' framework, but from a 'needs based' framework and target the people with the greatest need.

Thank you