



Women  
With  
Disabilities  
Australia  
(WWDA)

WWDA POSITION STATEMENT

# NDIS GENDER STRATEGY

We need a Gender Strategy to make the NDIS fair for women and girls.

## The issue

Women, girls, feminine identifying and non-binary people with disabilities experience multiple and intersecting forms of discrimination. Not taking gender into account in designing the National Disability Insurance Scheme (NDIS) has led to significant barriers for women and girls with disability in accessing reasonable and necessary supports. The NDIS Review did not adequately consider our experiences. We need a NDIS Gender Strategy to address inequities in the NDIS.

## What we know

### Access

Since the start of the NDIS, women and girls have had lower participation rates. Approximately 37% of participants are female, while 62% are male.<sup>1</sup> Women and girls are less likely to be found eligible for the NDIS compared to men, with the disparity increasing with age.<sup>2</sup>

Factors contributing to gender inequality in NDIS access include:

- Difficulty obtaining diagnoses which are required for access to the NDIS, due to gender biases in the health system, and diagnostic tools that are based on research conducted mostly with men or boys.<sup>3</sup>
- Women experiencing a higher prevalence of disabilities resulting from chronic health conditions, including autoimmune conditions which are less likely to meet NDIS access requirements due to their episodic nature.<sup>4</sup>
- Women experiencing barriers to seeking access including societal expectations preventing women from seeking support for their needs,<sup>5</sup> and the administrative burden of applying to the NDIS.<sup>6</sup>

### Services and supports

Some women, girls, feminine identifying and non-binary NDIS participants report not getting access to support that meets their needs, particularly in relation to sexual and reproductive health and their parenting or caring responsibilities.<sup>7</sup>

Factors contributing to these barriers include:

- Lack of understanding about the additional support needs that women with disabilities may have due to parenting or caring responsibilities and the different expectations in domestic responsibilities.<sup>8</sup>
- Inappropriate expectations from NDIA planners for children to provide care to their parent with a disability, including personal care such as showering.<sup>9</sup>
- Concerns among women with disabilities that advocating for parenting support may lead to perceptions that they lack the ability to provide appropriate care, and could lead to the involvement of Child Services.<sup>10</sup>
- Lack of clarity about how funds can be used to access supports for reproductive and sexual health needs.
- Difficulty communicating with NDIA staff or support coordinators about support needs that relate to reproductive health, periods, or menopause.<sup>11</sup>

## Violence and abuse

Women, girls, feminine identifying and non-binary people with disabilities experience violence and abuse at significantly higher rates than women without disabilities. Currently, the NDIS does not provide adequate mechanisms for preventing and responding to violence and abuse, or supporting people who experience it.

Factors contributing to this include:

- In the absence of a dedicated gender-based, domestic and family violence policy, NDIS staff are unable to respond quickly and flexibly to adjust plans to respond to violence and abuse. Some women with disabilities have reported that they have felt forced to stay in bad or violent relationships because they were unable to access the NDIS support or accommodation that they would need to live independently.<sup>12</sup>
- A lack of a pro-active approach to preventing and responding to violence in place to support women's safety, particularly in closed settings.
- A lack of appropriate safeguards to address the potential of abusers controlling or manipulating access to support services.

## Data

As recognised by the NDIS Review, the NDIS is not collecting or providing sufficient data and information disaggregated by gender and other attributes. This makes it difficult to identify and address differences in outcomes for women and girls in the NDIS.

## Our recommendation

The NDIA must develop a comprehensive NDIS Gender Strategy in consultation with women, girls feminine identifying and non-binary people with disabilities, and their representative organisations. This strategy must address:

- An equitable approach to access to the NDIS which addresses systemic gender inequality within the health system and how it interacts with NDIS access decisions.
- Supports provided to women with disabilities including how caring and parenting responsibilities should be considered in development of the NDIS budget, as well as access to supports relating to reproductive and sexual health.
- Pro-active measures to ensure women and girls with disabilities do not experience harm and neglect within support and service settings.
- A gender-based, domestic and family violence informed approach to plan reviews and emergency support (with mechanisms to remove nominees who are perpetrators of abuse) and training for NDIA staff to recognise and report concerns for participant safety and respond to disclosures of abuse.

## Endnotes

- 1 National Disability Insurance Agency (NDIA). (2021). Quarterly Report to Disability Ministers: 2021-22 Q1.
- 2 National Disability Insurance Agency (NDIA). (2023). Quarterly Report to Disability Ministers: 2022-23 Q1. Supplement E.
- 3 Tsirgiotis, J.M., Young, R.L. & Weber, N. A Mixed-Methods Investigation of Diagnostician Sex/Gender-Bias and Challenges in Assessing Females for Autism Spectrum Disorder. *J Autism Dev Disord* 52, 4474–4489 (2022). <https://doi.org/10.1007/s10803-021-05300-5>.
- 4 Yates, S., Carey, G., Hargrave, J. et al. Women’s experiences of accessing individualized disability supports: gender inequality and Australia’s National Disability Insurance Scheme. *Int J Equity Health* 20, 243 (2021).
- 5 Babcock L, Laschever S. *Women Don’t ask: negotiation and the gender divide*. Princeton: Princeton University Press; 2003.
- 6 Yates S, Carey G, Malbon E, Hargrave J. ‘Faceless monster, secret society’: Women’s experiences navigating the administrative burden of Australia’s National Disability Insurance Scheme. *Health Soc Care Community*. 2022 Sep;30(5):e2308-e2317. doi: 10.1111/hsc.13669. Epub 2021 Dec 5. PMID: 34866268.
- 7 NDIS Review Submission, WWDACT Key themes. (2023). [https://www.ndisreview.gov.au/sites/default/files/2023-11/WWDA\\_Key\\_themes\\_from\\_consultations\\_and\\_interviews.pdf](https://www.ndisreview.gov.au/sites/default/files/2023-11/WWDA_Key_themes_from_consultations_and_interviews.pdf) Accessed 5/2/2024.
- 8 Yates, S., Carey, G., Hargrave, J. et al. Women’s experiences of accessing individualized disability supports: gender inequality and Australia’s National Disability Insurance Scheme. *Int J Equity Health* 20, 243 (2021).
- 9 Ibid.
- 10 Ibid.
- 11 NDIS Review Submission, WWDACT Key themes. (2023). [https://www.ndisreview.gov.au/sites/default/files/2023-11/WWDA\\_Key\\_themes\\_from\\_consultations\\_and\\_interviews.pdf](https://www.ndisreview.gov.au/sites/default/files/2023-11/WWDA_Key_themes_from_consultations_and_interviews.pdf) Accessed 5/2/2024
- 12 Joint Standing Committee on the NDIS (2023) Capability and Culture of the NDIA.