



Submission in Response to the Productivity Commission's Disability Care and Support Draft Report

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Overview

Women With Disabilities Australia (WWDA) is the peak organisation for women with all types of disabilities in Australia. Women With Disabilities Victoria is the peak organisation for women with disabilities in Victoria. With other state networks these organisations aim to support women with disabilities to achieve their rights throughout Australia. This submission is a joint submission from WWDA and Women with Disabilities Victoria in response to the Productivity Commission (PC) Disability Care and Support Draft Report (February 2011).

The broad directions within the draft PC report are welcomed. The current system needs to change. This is landmark public policy development which will be keenly watched world-wide. The draft PC report proposes moving towards a national disability system which is better resourced and reliable over people's lifetimes and which aims to support women and men in the ways each person wants to live. This is a vast improvement on the current fractured and inadequate systems in each state and territory.

The emphasis for this submission is how to ensure lived experiences which arise from gender, with attention to the perspective of women and girls in particular, are considered in the development of the National Disability Insurance Scheme (NDIS) and addressed in its implementation. There is a real opportunity to build in gender responsiveness from the start of the NDIS through its foundational principles and assumptions; and in its implementation so that the disability system recognises and addresses the issues for women with disabilities. Incorporating gender inclusiveness does not require major changes to the final PC report as the draft PC report is premised on ensuring responses which are relevant to each individual - woman and man, girl and boy – who has a disability. Such changes have far reaching implications for the relevance of the NDIS to all people with disabilities.

We would be pleased to discuss further any of the issues raised in this Submission.

Key Recommendations

In the context of the issues highlighted in this Submission, Women With Disabilities Australia (WWDA) and Women with Disabilities Victoria recommend that:

1. Gender is explicitly mentioned as part of the overall framing and conceptualisation of the NDIS.
2. Gender and acknowledgement of the needs of women with disabilities are explicitly mentioned as part of describing how the NDIS will enable the access to, and collaboration with, mainstream services.
3. The NDIS employment strategy reduce disadvantage experienced by women with disabilities in gaining employment and in the workplace.
4. Women with disabilities have the same access to mainstream services and supports as women in general.
5. People with disabilities who have additional ancillary health support needs are subsidised on an ongoing basis.

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6. Gender considerations, the specific needs of women with disabilities, is explicitly mentioned as part of describing the NDIS assessment processes and tier 3 responses.
 7. Assessors for the NDIS are trained in relation to family and relationship violence when working with women and girls.
 8. The assessment of family and informal context recognises women's roles as givers *and* receivers of informal support.

1. Gender, diversity and the NDIS

This submission extends the WWDA material submitted in the first submission to the Productivity Commission titled '*Gendering the Disability Care and Support Scheme*' (WWDA 2010). That submission outlined the international, national and state-based public policy and legislation which establishes an Australian framework to eliminate all forms of discrimination against women with disabilities; to ensure equality between men and women, and to respect, protect and fulfil human rights of women with disabilities. The development of the NDIS is an opportunity for government to further its commitment to implement Australia's international human rights obligations to ensure gender equality and counter systemic discrimination against women.

This submission will not re-state the argument for gender equality and anti discrimination in relation to women and girls with disabilities. It is assumed that government and the Productivity Commission support these directions and that the final PC report will adequately reflect Australia's obligations under these conventions. This submission aims to suggest specific and practical ways the final PC report and proposed structure of the NDIS can set a foundation which will minimise gender-based discrimination and promote equal opportunities for women and girls with disabilities. (Relevant references have been included at the end of this submission).

The draft PC report is silent about gender. Disability policy is frequently silent about gender as if the lives of men and women, boys and girls with disabilities are the same. Our experience confirms that biases and stereotypes related to gender can be as pervasive and limiting as for disability. When the two are combined, gender and disability, the effects can be multiplied. Social inclusion and community participation mean different things to men and women and this is not currently reflected in the draft PC report. Disparities of opportunity and resources between men and women with disabilities cannot be addressed as part of the development of this scheme unless gender difference is recognised (for example, there have been substantially fewer women than men with disabilities in employment and employment support programs). Our concern is that unless gender is specifically noted, issues for women and girls with disabilities are not identified; mainstream agencies supporting women do not attend to women with disabilities; and disability support agencies do not recognise variations in lifestyle and life stages based on gender and therefore limit the opportunities for women and girls, men and boys. Further, we know that women are systematically disadvantaged across society – in employment, education, relationships, status, and life opportunities. The NDIS can and should assist to reduce such institutional disadvantage experienced by women with disabilities.

It is important that the lives of women and men with disabilities are recognised to be so much more than school, work and retirement. Women want options for diversity in relationships, marriage, mothering, control of fertility and reproduction, running a household, caring for

children and older family relatives and to live safely, as well as opportunities for employment and further education. Having secure, affordable housing is the cornerstone of community life in Australia. An effective disability support system in partnership with responsive mainstream services and the community would enable all of these possibilities.

The draft PC report does establish diversity as a principle to build a *real* system for people with disabilities. Differences within the population of people with disabilities are acknowledged in terms of language, culture and indigenous issues; rural, regional and urban factors; income levels and demographic and socio economic background; impairment and disability groups; age and lifestyle patterns and goals. Gender would then be placed alongside other aspects of diversity which the NDIS has already rightly recognised the need to respond differentially.

2. How the final PC report can acknowledge gender

Women with disabilities do not currently have access to support services to enable them to participate in the range of mainstream activities available to women in general. There are very few gender specific disability support services. Many services and supports relevant to women lie outside the areas proposed for direct funding by the NDIS (tier 3) or which are not referred to in the current description of what will be funded to support community participation. That is, employment, safety and protection from violence; sexuality, parenting and reproductive rights; women's health and well being; and women with disabilities as informal carers. All NDIS policies, responses and activities need to be supported by information that is accessible to women and girls with different disabilities.

We believe the broad directions proposed for the NDIS can readily incorporate recognition of gender and take steps to redress the current experience whereby women with disabilities are less likely to receive disability support than men with disabilities. Specific recognition of gender should be integral to the final PC report as part of the overall framing of the NDIS; in describing the access to, and collaboration, with mainstream services; and as part of assessment and tier 3 responses.

2.1 Overall framing of the NDIS

The overview and overall framing of the NDIS recognises a range of factors currently contributing to disadvantage within the population of people with disabilities. This can be easily extended to include gender, side by side with socio demographic factors such as non-English speaking, cultural and indigenous background; age; impairment group; and geographic residence. The impact of gender is relevant to the entire population of people with disabilities.

The NDIS can then reflect the perspective of women and men with disabilities. All data, quality measures, monitoring, research, complaints and governance systems should reflect gender, including the 2020 review of the NDIS. Attention to gender across all of these systems would be consistent with reporting other equity issues such as rural versus urban or non English-speaking access and best practice. There are logical further comparisons across several variables when considering the performance of the NDIS and best practice such as women and men in indigenous communities; access to employment for women and men in rural and urban settings.

The governance, structure and processes of the NDIS are of particular interest to people with disabilities. The draft PC report promotes the perspective of people with disabilities as the chief controllers and operators of the NDIS. The Board composition must include people with disabilities and follow best practice guidelines in gender balance from the outset. There must be gender balance in advisory bodies, and structural and governing entities. This is a critical element in positively influencing the culture and strategic thinking of the National Disability Insurance Agency (NDIA) Board. In addition there could be positive discrimination for the employment of people with disabilities as assessors and in other roles. This too would benefit the organisational culture and capacity of the NDIA. The United Nations has recently recommended that the Australian Government adopt urgent measures to ensure that women with disabilities are better represented in decision-making and leadership positions, including through the adoption of temporary special measures such as quotas and targets (CEDAW 2010). The inclusion of women with disabilities on NDIS advisory bodies, and structural and governing entities, would be consistent with these CEDAW recommendations.

2.2 Access to, and collaboration with, mainstream services

The inclusion of gender in the framing of the NDIS ‘sets the scene’ for the NDIS roles outlined for tiers 1, 2 and 3 to also be inclusive of gender. The NDIS is anticipating significant leverage in order to ensure that mainstream services for women and men are accessible, non discriminating and relevant for women and men with disabilities. Nowhere is this more critical than for access to affordable housing, allocated independently from disability support. Further, mainstream services for women, need the expectation that they will serve women with disabilities. Without encouragement to pursue education and program development, experience has shown that mainstream services do not reliably respond and do not see women with disabilities as ‘their responsibility’.

The NDIS has the potential to counter the history of women with disabilities ‘falling through the cracks’ between the mainstream and disability support systems. The justice, domestic violence and homelessness sectors are specific examples within mainstream service delivery where this occurs. Women with individual support packages who are able to ‘purchase’ supports will still be limited if the supports they require are unavailable and inaccessible, such as, women’s refuges and emergency care packages. Even for women with disabilities who are hospital patients, personal care is not currently viewed as the role of the hospital, despite hospital-based initiatives for other specific groups, such as people who do not speak English.

There are situations where mainstream providers are not solely responsible for access. Working relationships between mainstream and disability support agencies would lead to situations where NDIS funds are used to ensure access to, for example, a women’s refuge or domestic violence response service either directly or with the assistance of a disability support provider. This would be consistent with the role of the NDIS ‘diffusing best practice among providers and breaking down stereotypes’ (p2, dot point 4). Describing best practice in these partnerships with women with disabilities will be a further role for the NDIS.

How the NDIS can work with mainstream services is critical to the success of the new directions. The mechanism proposed to ensure the NDIS can influence mainstream service development is through high level MOUs and, where possible, funding agreements and contractual obligations. Such MOUs could include expectations such as employment affirmative action on disability and women; having a disability action plan which incorporates a diversity and gender approach and

involvement of people with disabilities in governance; co-case management practices; and the incorporation of disability access in accreditation standards. Anti-discrimination legislation is another mechanism which could be utilised in this area.

Case study: Disability support enabling mainstream access

A woman with no speech was alleging sexual abuse and wanted to lay charges. The woman had cerebral palsy and could communicate only with her eyes, using a form of augmentative and alternative communication held by a communication support worker in front of the person, enabling her to choose letters with her eyes to spell sentences.

A specialist disability communication agency (Communication Rights Australia) supported the woman to make several statements to the police; liaised with police over an extensive period to ensure a proper investigation proceeded which was not compromised in any way due to the individual's communication disability or uninformed assumptions concerning their capacity. This involved an extensive process of meetings, letter writing, and complaints. There was also extensive liaison with the Office of Public Prosecutions, helping to educate the solicitors, barrister, social worker and judge about the individual's chosen method of communication; and investigation of a new communication technology with a view to it being used in court.

Throughout this process there were regular meetings with the individual to relay information from the police and solicitors and to help answer questions and address concerns. Liaison was also needed with DHS and attendant care providers to ensure the individual had adequate attendant care on court days. Communication Rights Australia then identified, employed, trained and coordinated a team of six speech therapists who acted in court as communication support workers for the person (who was cross-examined for seven days during committal). This was funded by Office of Public Prosecution which set a new precedent for the Department of Justice. The outcome was a successful committal hearing, and a full jury trial.

Such cooperation between government sectors has not been a strong feature of previous policy initiatives so the ability of the NDIS to be influential in a new and effective way is vital. A sophisticated understanding of the dynamics of power and control and its abuse will be essential to ensuring the safety of people with disabilities and women and girls with disabilities in particular. For example, the NDIS will want to ensure that personal carers are trained in understanding of respectful and appropriate relationships with service recipients and that service providers have effective responses to reports of abuse including protocols with violence response agencies.

a. Employment

Increasing employment opportunities for people with disabilities is a major thrust of the draft PC report. The social and economic advantages of being employed are well recorded. Gender is an important variable in the success of this employment strategy. There is longstanding CSTDA data highlighting many fewer women with disabilities than men in disability funded employment and in funded services overall. Research says that more men with disabilities (60%) are being assisted into employment than women with disabilities (40%). The unemployment rate for men with disabilities has dropped significantly since 1998, but has changed little for women with disabilities. Employment is an area where the NDIS could make a significant difference to women and girls.

b. Sexuality, Parenting and Reproductive Rights

Sexuality, sexual preferences, and options for parenting are fundamental issues for women that are rarely consistently discussed and are not alluded to in the draft PC report. The draft PC report seems to assume that people with disabilities are single, unmarried and not partners in relationships. Arising from these biases, our experience is that:

- Women with disabilities are 'protected' from information about healthy relationships and healthy sexual practices in the belief that this will keep them safe. In reality evidence suggests that women who are informed and empowered to understand their bodies, sexual health and healthy respectful relationships are safer from exploitation and unsafe sex.
- Parents/carers who seek sterilisation for girls with intellectual disabilities often do so because they lack the support they require – in relation to, for example, issues such as menstrual management and contraception. Parents/carers need to be able to access/purchase appropriate reproductive health care including education, training, products, and women-centred services.
- Women with disabilities, who wish to be parents, do not have the same access to IVF and other reproductive technology as women in general.
- Mothers with disabilities have often reported that their 'disability support' (such as, attendant carer, home help) does not extend to provide any assistance with a baby/child. Women with disabilities who have children are not currently served well by parenting-related services, including maternity/obstetric services such as mother/baby unit for a newborn and family support services. There is a lack of enabling equipment that supports mothers with disabilities, for example, visual alerts for a child's cry for the mother who is deaf; or a modified cot which assists a mother with poor balance to lift and cuddle her child.
- Family support services must be given opportunities to develop greater sensitivity and capacity to work effectively with women with intellectual disabilities to support them in their parenting role. Currently, support for mothers with disabilities is limited unless there are issues with child protection, a much more expensive and distressing intervention.

Case study: Supporting parenting for a mother with a disability

Just after the birth of her first child, a woman was diagnosed with multiple sclerosis. She received 2 hours home help from the Council. The MS stayed relatively stable, despite some challenging symptoms, until the birth of the youngest child. This child had a health condition leading to sleeplessness and constant crying from 2 weeks of age for 12 months. Towards the end of the year the mother was admitted to hospital with a full relapse/exacerbation of the MS. As a result of this relapse she became reliant on a wheelchair for mobility.

Historically, women in this situation have been told that any additional allocation of personal support hours 'under no circumstances were to assist with the children'. In these instances, the partner has been forced to resign from employment and apply for a carer's pension. The NDIS proposes an assessment which would consider the changes in the women's support needs arising from her disability and the context in which she is living: her role as a mother and housekeeper; her informal support network; and the relevance of other mainstream agencies. It is a priority for the NDIS to keep carers, in this example, the husband, in the workplace. Disability funded personal support hours could then be allocated to the woman's role as a mother in the home, which is her priority, thereby maintaining the husband's employment. At the same time strategies could develop to involve mainstream services which support children and parents.

c. Health and wellbeing

Support is not available to women and girls with disabilities. Our experience is that:

- Women with disabilities are more likely to be frequent users of health, human and welfare services, yet face a range of organisational, environmental and attitudinal barriers. These include for example: inaccessible buildings or information, service providers who are ill-equipped or unprepared to accommodate needs, and patronising and discriminatory attitudes.
- The increasing complexity of eligibility for services and benefits means that women with disabilities, as intensive users of such services, may be at a major disadvantage in receiving adequate support or gaining redress for discrimination.
- There is inadequate support for the additional cost of ancillary support for people with disabilities. Services such as massage, physiotherapy and counselling are important health services that prevent health breakdown.

2.3 Assessment and the NDIS

The NDIS assessment, planning and funding process will ‘translate the assessment process’s identified reasonable needs into a person’s individualized support package (ISP) to be funded by the NDIS, after taking account of natural supports’. Assessment tools and processes must reflect differences arising from gender at different life stages. This requires attention to someone’s socio demographic history (such as housing or institutional history; family and social support network) as well as recognition of the importance and impacts of gender based roles such as spouse/ wife, adult daughter of older parents and mother. Tier 3, disability support packages could legitimately support parenting as well as other roles consistent with community participation, such as employment.

a. Assessors need to understand issues for women with disabilities

Assessment is a critical aspect of the NDIS. There are several aspects relevant to women with disabilities. Assessors need to know how to determine the right supports for women with specific disabilities, for example:

- A woman who is blind: *‘I need support to know which clothes match, are my clothes dirty, so if someone asks: do I need help with dressing? I’d say ‘no’, but I do need help with managing my clothes.’*
- A woman with an intellectual disability: *‘I am seen as too able to get support but I need someone to go with me to explain things’.*

b. Safety and violence

One of the primary ways the NDIS can reduce the impact of disability for women and girls is by supporting program development aimed at ensuring safety and freedom from violence.

People with disabilities are more likely than others to be the victims of interpersonal violence and less likely than others to receive proper assistance to deal with it and prevent its reoccurrence. (OPA 2010)

Women and girls with disabilities are often at greater risk than disabled men, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation. (Convention on the Rights of Persons with Disabilities 2007)

Family and domestic violence and sexual assault are real experiences for a significant proportion of people with disabilities and in particular women with disabilities. Disability services in general demonstrate a limited ability to recognise different patterns of violence, to assess safety concerns or to respond effectively to the issue of violence. The poor pattern of mainstream services responses to women with disabilities have meant women and girls may move from one violent situation to another. For example:

- Women with disabilities have been denied domestic/family violence services and support. Mainstream service providers can claim they are not equipped or resourced to 'deal' with women with intellectual disabilities.
- Women with disabilities have had to return home to a violent partner because the refuge could only access limited, immediate personal care and there was no guarantee of ongoing personal care.
- There is persistent concern about vulnerability and safety in emergency accommodation for women with intellectual disabilities. There are not places which are safe and accessible to live which are free from drugs, bullying and abuse from other residents.
- Women living in institutions are more likely to experience violence and assault than women living in community settings.
- Women with disabilities report abuse from paid carers and subsequent failure of service providers to respond effectively to reports of abuse.
- Women with disabilities report experiencing violence or feeling unsafe on public transport.

Case studies: Assessment which is sensitive to family violence

An indigenous woman was not believed by her case manager when she disclosed that her partner was abusive towards her. The perpetrator always presented with a caring persona and was able to say "the right things" to the right people. In this way he was using the woman's disability against her, as it was her disability that enabled him to be a carer. By being able to present himself in a credible way to people in a position of influence, the perpetrator became even more powerful in the relationship. His story was viewed as more plausible than hers, and this undermined her ability to exert influence on the relationship.

A fifty year old woman with a spinal cord injury was living with her much younger partner who was the primary carer. The domiciliary nurse visited daily and reported being intimidated by partner. The domiciliary nurse ultimately informed the case manager that there was neglect occurring, such as catheter not being emptied, woman not being showered regularly, and frequent verbal abuse from the partner to the woman. Property inspection revealed holes in the walls covered over by pictures. A financial administrator became involved due to abuse of the woman's finances by the partner. Neighbours reported disruption which resulted in a hearing and the couple were evicted from the transitional housing (transferred to long-term accommodation). The partner ultimately left the woman and moved away. The woman was now at risk of being put in care facility.

The case managers in these case studies would have to have met with the women alone, rather than always with the partner. The focus of intervention in the second case study above was narrowly defined around financial abuse and 'neglect'. The assessment of the woman's disability support needs should have recognised that the person's informal supports were inadequate, abusive and ultimately collapsed completely. Earlier referral was needed to family violence service.

The more global assessment described for the NDIS, includes a separation of the assessment for the individual and for the carer. These processes alone will not detect family violence unless assessors are specifically trained. Assessment is a very sensitive issue for women and girls with disabilities, especially in relation to safety and violence. They need to know that:

- Their assessment can be confidential and not automatically shared with a carer or family members.
- There will be sound assessment of the family/domestic situation with assessors trained to ask questions regarding safety in the home; and to understand, identify and respond to family violence and disclosures of sexual assault. It is not appropriate to assess the needs of the people with disabilities and the family at the same time. Equally, service providers should not be the source of judgments about what they consider to be someone's family supports and independence.
- It will not be assumed that the natural care families are able to provide what is needed or that all families are able to act in the best interests of a person with a disability.
- Exploitation by family members including taking advantage of individualised funding, or not being safe at home, are legitimate reasons for re-assessment.
- Their complaints are not compromised by the NDIS having an internal complaints system.

c. Women as givers and receivers of informal support

The current draft PC report assumes people with disabilities are only the receivers of informal support. There are frequent situations where women with disabilities may give *and* receive informal support. This could be identified as part of assessment and life stages relevant for women with disabilities and has implications for the nature of support women would find most relevant. For example:

- Women with disabilities are in relationships. Eligibility criteria for assistive equipment and personal support need to recognise these relationships. For example, a married WWDA member with a 'severe/profound' disability cannot get disability equipment/aids in her State to provide her with a double bed so she can sleep with her husband. Program guidelines say she is only eligible for equipment assessed as being required for 'her' disability.
- Another woman was advised that if she leaves her husband, she is more likely to get assistance than if she stays with him. This example illustrates an over reliance on informal family care which creates an imbalance within relationships. Women with disabilities need to be able to establish healthy reciprocal relationships that are not burdened by dependency on a partner for care. Personal care must be available as part of care packages regardless of the presence of a partner.
- Mothers with disabilities have a greater need for but less ability to afford childcare. Flexibility of support packages would allow cover of either home based and/or centre based child care in supporting parents with disabilities as part of her disability support package.
- Women with disabilities may be the primary carer for ageing parent/s. The Aged Care services for which the older parents are eligible may rely on the 'natural supports' that are supplied by carers without taking into account the more limited capacity of a carer with disabilities.
- Men get more support for domestic responsibilities. Women with disabilities, like other women, share the burden of responsibility for unpaid work in the private and social spheres, including for example, cooking, cleaning, caring for children and relatives. Experience shows that men with disabilities are more likely to get service support for these areas of domestic responsibility than women with disabilities.

d. Decision making in support arrangements

The NDIS could potentially enable people with disabilities to exercise control over key decision making with respect to support arrangements. It is not clear how the proposed NDIA will make decisions on who can take advantage of self-directed funding arrangements. It is a concern that there is potential for discrimination in who gets a right of self-control depending on how the criteria is set. In this context, it is worth noting that many women with disabilities are excluded from participating in decisions that affect their lives on a daily basis, with stereotypes of passivity, compliance, incompetence and irrationality being clear indicators of the attitudinal barriers faced by women with disability. These perceptions often result in women with disabilities being denied the right to participate in decision-making processes that affect their lives.

Women who choose to manage their own packages may also need assistance in this role and assessment needs to be conscious of how people are able to take on extra duties. Increasing women's skills for managing their ISPs might include building confidence and competence to manage budgeting, sourcing suppliers, how to advocate for themselves, and satisfying accountability requirements.

3. Persistent concerns from women about the new NDIS

While the broad directions of the NDIS are welcomed, women with disabilities have real concerns about the unintended consequences which could arise with the new scheme. It is important to include these points for the Commissioners as they show the extent of disabled women's uncertainty and lack of trust, that things can be different.

There is real concern:

- About what NDIS means in practice and whether many people will lose benefits and lose control of services. In particular what these changes mean for current recipients of HACC services.
- About whether some persistent cross sector barriers can ever be solved, such as assistance for dual diagnosis (intellectual disability and mental illness).
- Whether NDIS will just be another cumbersome bureaucracy, with delays and gate keeping arising from under costing. There is concern that the old system will still exist given the history of poor reforms in this field. '*When you hear about National Disability Insurance Scheme, you think 'great, everybody is going to get assistance – but read the report and not the case'. 'Don't want same thing under different name'.*
- About what 'rigorous assessment' means. Example of TAC and Workcover cases that went for a year at great emotional and mental health costs. '*We all know the present system is broken but we don't want the same thing under a different label.*' There is concern that re-assessment would be needed each year (as current system for aids and equipment) even if needs remain unchanged.
- About what definitions/labels really mean– for example, 'profoundly' disabled; a clear and explicit rationale and criteria for NDIS services that still allows for flexibility.

- That highest support needs won't get priority. For example, women expressed experience of a history of people less needy receiving packages due to more but smaller funding packages being issued.
- that that victims of crime and catastrophic injury not included.
- That there is no funding for peak advocacy and/or self-advocacy a critical component of women's experience of attaining support.
- that lack of competition in aids and equipment creates high costs. NDIS should guard against a lack of competition driving prices up.
- that the draft PC report is far too skewed towards ensuring a future for Service Provider organisations at the expense of the perspective of people with disabilities.

4. Recommendations

In the context of the issues highlighted in this Submission, WWDA and Women with Disabilities Victoria recommend that:

- 4.1. Gender is explicitly mentioned as part of the overall framing and conceptualisation of the NDIS.
- 4.2. Gender and acknowledgement of the needs of women with disabilities are explicitly mentioned as part of describing how the NDIS will enable the access to, and collaboration with, mainstream services.
- 4.3. The NDIS employment strategy reduce disadvantage experienced by women with disabilities in gaining employment and in the workplace.
- 4.4. Women with disabilities have the same access to mainstream services and supports as women in general.
- 4.5. People with disabilities who have additional ancillary health support needs are subsidised on an ongoing basis.
- 4.6. Gender considerations, the specific needs of women with disabilities, is explicitly mentioned as part of describing the NDIS assessment processes and tier 3 responses.
- 4.7. Assessors for the NDIS are trained in relation to family and relationship violence when working with women and girls.
- 4.8. The assessment of family and informal context recognises women's roles as givers *and* receivers of informal support.

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