

## Submission to the Consultation on the Draft NDIS Supports List

### Key messages

- The National Disability Insurance Scheme (NDIS), when determining eligibility, must consider the social, cultural, and economic factors that influence the support needs of individuals.
- Menstrual products are a necessity not a lifestyle choice.
- Many women with disabilities require specialised, more expensive menstrual products, due to standard products being inaccessible.
- The draft NDIS support list, in its current form, risks exacerbating health inequities for women with disabilities.
- Going forward, the NDIS must continue to provide supports that are reasonable, necessary, and reflective of the diverse and individualised experiences and needs of women with disabilities.

### Purpose

The Australian Women's Health Alliance (AWHA) writes to express our serious concerns regarding the proposed National Disability Insurance Scheme support list and its potential impact on women with disabilities across Australia. As the national voice on women's health, the Alliance is committed to achieving gender equity in health by addressing systemic inequalities and discrimination based on factors such as disability, race, and gender.

Our [Organisational Anti-Discrimination Statement](#),<sup>1</sup> underscores our commitment to promoting equality and combating all forms of discrimination, including those intersecting with gender, disability, and other identities. In this submission, we emphasise that this principle is crucial in ensuring that the NDIS support rules do not exacerbate existing disparities.

### Social model of health and disability

The proposed NDIS support list fails to align with the social model of health,<sup>2</sup> which recognises that health is not merely the absence of illness but is significantly influenced by social determinants and barriers. This model highlights that health and well-being are shaped by a range of factors beyond individual medical conditions, including access to necessary supports and services.

The Alliance's [Policy Brief on Access and Equity](#)<sup>3</sup> further elaborates on the need for health care and support systems that are inclusive and responsive to the unique needs of women and gender-diverse people, particularly those facing compounded discrimination, such as women with disabilities.



## United Nations Convention on the Rights of Persons with Disabilities

The principle of equity is embedded in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which mandates that people with disabilities have the right to access supports that enable equitable participation<sup>4</sup> in society and achieve the highest attainable standard of health.<sup>5</sup> By narrowing the scope of available supports and excluding critical items, the proposed NDIS support list, risks exacerbating the equity gap between people with and without disabilities.

### Exclusion of menstrual products

One of the most troubling aspects of the proposed support list for women with disabilities is the exclusion of menstrual products, which are incorrectly categorised as ‘lifestyle’ items. Menstrual products are a necessity, not a ‘lifestyle’ choice, and should be recognised as such within the NDIS Framework. This exclusion fails to account for the specific needs of women with disabilities, many of whom require specialised menstrual products due to standard products being inaccessible for individuals with physical, sensory and neurological disabilities. The higher cost of these specialised products imposes an additional financial burden on women with disabilities, which is not comparable to that faced by non-disabled women.

Under current NDIS guidelines, menstrual care is specified as being an eligible support under ‘personal care supports,’<sup>6</sup> making it particularly concerning that it has been excluded from the proposed list. The Alliance, along with Women With Disabilities Australia (WWDA), believe that menstrual products should be included in the ‘Assistive Products for Personal Care and Safety’ category. While the draft list includes items such as ‘toilet and bathroom equipment, specialised clothing, and continence needs’ under this category, it erroneously places menstrual products alongside lifestyle items such as cigarettes and alcohol, disregarding their essential role in personal care for women with disabilities.

### The impact of limited access

In previous literature exploring the impact of lack of access to menstrual products (termed ‘period poverty’), it has been emphasised that a lack of adequate access to menstrual products can increase the risk of reproductive and urinary infections, and that it can have a isolating effect, resulting in a negative impact on psychological health.<sup>7</sup> For women with disabilities, in particular, those who rely on others for support and care, denying means to purchase accessible menstrual products can also increase their risk of being subject to restrictive practices, in the form of non-consensual contraception and sterilisation, which the UNCRPD Committee has previously urged Australian governments to monitor and prevent.<sup>8</sup>

As outlined in WWDA’s submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, forms of ‘long-acting reversible contraception’ (LARC) are often imposed non-consensually on women with disabilities by doctors, parents and carers for the purpose of making their caring responsibilities ‘easier.’<sup>9</sup>



## Conclusion

The proposed NDIS support list marks a troubling regression of the rights of women with disabilities in Australia, posing significant risks to their health, well-being and dignity. By excluding essential supports like menstrual products and neglecting the intersectional challenges faced by women with disabilities, the list fails to align with the social model of health and sits in contravention with UNCRPD principles.

We strongly urge the government to reevaluate the proposed list and remove menstrual products from the list of exclusions. Going forward, the NDIS must continue to provide supports that are reasonable, necessary, and reflective of the diverse and individualised experiences and needs of women with disabilities.

We appreciate the opportunity to provide input to this consultation and trust that the rights of women with disabilities will be central in the final decision-making process. We encourage the minister and the department to actively engage with women with disabilities and key representative organisations such as the Australian Women's Health Alliance and Women With Disabilities Australia in shaping policies that genuinely support their needs.

## Recommendations

**Recommendation 1:** That menstrual products be removed from the NDIS support exclusion list and placed under the 'Assistive Products for Personal Care and Safety' category, along with any other specialised products women with disabilities may require to support their sexual and reproductive health needs.

**Recommendation 2:** That the Australian Government conducts a re-evaluation and review of the use of a specific list of supports, noting that the support needs of people with disabilities are diverse and will vary according to their social, economic and cultural circumstances.

**Recommendation 3:** That the Australian Government and National Disability Insurance Agency work in collaboration and co-design with women with disabilities and key representative organisations, such as Australian Women's Health Alliance and Women With Disabilities Australia, in the development of any future policies or rules concerning NDIS.

## Related documents

[Organisational Anti-Discrimination Statement](#)

[Policy Brief: Eliminating Gendered Health Discrimination](#)

[Policy Brief: Enabling Agency in Health Care](#)

[Policy Brief: Addressing Intersecting Gendered Barriers to Universal Access and Equity](#)



## About us

Australian Women's Health Alliance provides a national voice on women's health. We highlight how gender shapes experiences of health and health care, recognising that women's health is determined by social, cultural, environmental, and political factors.

## Contact us

Enquiries: [Info@AustralianWomensHealth.org](mailto:Info@AustralianWomensHealth.org)

Web: [www.AustralianWomensHealth.org](http://www.AustralianWomensHealth.org)

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*We acknowledge the Traditional Custodians of the lands and waters on which we live and work.*

*We pay our respect to Elders past and present. Sovereignty has never been ceded.*

Last updated 23 August 2024.

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<sup>1</sup> Australian Women's Health Alliance, [Organisational Anti-Discrimination Statement](#), Australian Women's Health Alliance, 2023.

<sup>2</sup> C Yuill, I Crinson and E Duncan, 'The social model of health,' *Key Concepts in Health Studies*, 2010, pp 11-14.

<sup>3</sup> Australian Women's Health Alliance, [Addressing Intersecting Gendered Barriers to Universal Access and Equity Policy Brief](#), Australian Women's Health Alliance, 2023.

<sup>4</sup> United Nations, [Convention on the Rights of Persons with Disabilities – Article 19 – Living independently and being included in the community](#), United Nations, nd, states: 'Parties to the present Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community.'

<sup>5</sup> United Nations, [Convention on the Rights of Persons with Disabilities – Article 25 Health](#), United Nations, nd, states: 'Persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. And 'Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation.'

<sup>6</sup> National Disability Insurance Agency, [Including Specific Types of Supports in Plans Operational Guideline - Personal care supports](#), National Disability Insurance Agency, 2022.

<sup>7</sup> Following the 2013 Civil Society response to the UN Convention on the Rights of Persons with Disabilities Committee, the Committee recommended [that](#): 'Australia take immediate steps to end such practices, including by establishing an independent national preventive mechanism to monitor places of detention—such as mental health facilities, special schools, hospitals, disability justice centres and prisons—in order to ensure that persons with disabilities, including psychosocial disabilities, are not subjected to intrusive medical interventions.'

<sup>8</sup> United Nations, [Committee on the Rights of Persons with Disabilities reviews report of Australia](#), *United Nations Human Rights Office of the High Commissioner*, 2019.

<sup>9</sup> C Frohmader and L Steele, [Submission on Sexual and Reproductive Rights of Women and Girls with Disability to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#), Women With Disabilities Australia (WWDA), 2022.