Australian Women's Health Alliance

Thought Leadership Series

The Impact of NDIS Reforms on Women and Gender Diverse People

Key messages

- Women with disabilities suffer greater social, economic and health impacts than their counterparts including their experience of violence.
- The proposed NDIS reforms need to be more carefully assessed for their impact on women and gender diverse people both as recipients and carers.

Purpose of this brief

Australian Women's Health Alliance works to articulate the policies and actions necessary to improve health outcomes for women and gender diverse people. The purpose of this brief is to put a gender lens over barriers to the proposed NDIS reforms and how these will potentially impact women's health equity.

Background of the Proposed Changes to the NDIS

The Australian Government has introduced the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill. This Bill enables the government to make the changes needed to protect the NDIS for people with permanent and significant disability and for future generations who will rely on it. However, these changes will have consequences for many people already accessing services, who are currently being assessed and for those needing access in the future. Women and gender diverse people are one group that will be left vulnerable by the changes being introduced. Some of these changes proposed by the Government are tabled below.[1]

What is changing?	What does this mean for people accessing the NDIS?	When is the change starting?
Participant support budgets for some supports will be reset.	When your plan comes up for renewal or reassessment your social, civic and community participation supports and capacity building daily activities will be reset. There will be no changes to budgets for critical supports.	1 October 2026
Reasonable and necessary supports will be made clearer.	When you go through the planning process the NDIA will look at the new criteria to decide what supports are reasonable and necessary to fund. The NDIA will consider	1 February 2027

[1] Department of Health, Disability and Ageing, (2026). About the changes to the NDIS. Accessed via: https://www.health.gov.au/our-work/ndis-legislation-changes/amendments/ndis-amendment-securing-the-ndis-for-future-generations-bill-2026/about-the-changes-to-the-ndis?language=en

	this the same way across participants with similar needs and circumstances.	
Participants will start to transition to the new way of planning. This is called new framework planning.	New framework planning will provide fairer and more consistent plans through a new assessment process, called the support needs assessment. This assessment will consider your support needs based on your functional capacity, life stage and other environmental factors. This assessment will be the new way we make plan budgets. It will not be used to determine access to the scheme.	1 April 2027
Providers of higher risk supports will need to be registered.	All people who receive higher-risk supports will need to choose a registered provider for those supports. This might include personal care, daily living supports and support provided in closed settings. We will help you to identify registered providers who can deliver these supports in your area. You will still be able to choose unregistered providers for other, lower risk supports.	1 July 2027, with rollout finalised by December 2030.
A panel of plan management providers will be set up by the NDIA.	You will need to choose a plan management provider from a list approved by the government. If you use a plan manager who is not on the list, you will have 6 months to transition to an approved provider.	1 October 2027
A new support coordination and connection service will be set up by the NDIA.	You will no longer pay for support coordination services with funding from your NDIS plan. Instead, you will choose from a list of providers funded directly to deliver these services. You will be supported to transition to the new service.	1 July 2028

The Impact on Recipients

Women with Disabilities Australia gave evidence to the Senate Inquiry into the legislation. While accepting that NDIS reform was necessary, they warned that the bill would harm women with disability and their families in its current form and at its current pace. They argued that the bill should not proceed until government had published a comprehensive gender impact analysis, and until independent testing confirmed the reforms would not increase exclusion, unpaid gendered caring, exposure to violence, or preventable deterioration and crisis for women with disability.[2]

'Women with disability will pay the price of this gap in systems through increased isolation, unpaid care, poverty and exclusion, and exposure to harm.'[3]

[2] Women with Disabilities Australia, (2026). Women at higher risk of abuse under proposed NDIS changes, Accessed via: https://www.medicalrepublic.com.au/women-at-higher-risk-of-abuse-under-proposed-ndis-changes/126410.
[3] Ibid.

In their evidence, they identified three immediate risks: that people would lose essential supports with nowhere else to turn; that costs, care, and risk would be shifted onto people with disability and their families, particularly women; and that the rules, tools, and evidence base underpinning the reforms could entrench existing gender bias, further excluding women with disability from needed support.[4] These risks translate directly into health harms, for two overlapping groups of women:

1. For women with disability themselves, reduced social and community participation support removes a protective factor against isolation, a known driver of poor mental health. The ABS disability and violence statistics show women with disability face elevated psychological distress risk factors: they are more likely as women without disability to experience violence from a cohabiting partner. In this reporting, the ABS also reference the 2016 Personal Safety Survey which found that living with disability raised the likelihood of experiencing various types of violence for women but not for men. These include physical violence by any perpetrator, violence by a cohabiting partner (physical and/or sexual), emotional abuse by a cohabiting partner, sexual harassment by any perpetrator, and stalking by any perpetrator. Withdrawing supports that enable safe community participation is likely to compound, rather than relieve, these existing risks to safety and mental wellbeing.[5]
2. For the family members and informal carers who absorb the resulting shortfall, again, disproportionately women, the health costs are well documented. A 2025 Carers Australia survey found 61.1 per cent of carers reported low wellbeing, compared with 33.6 per cent of the general adult population, with high rates of psychological distress and loneliness.[6] Longitudinal Australian cohort research published in The Lancet Public Health found that time spent caring for a disabled spouse, adult relative, or ageing parent was associated with poorer mental health specifically for women. Physical health is affected too: Australian clinical studies have found unpaid carers are over six times more likely to report suboptimal health status than non-carers, with the effect more pronounced among female carers, and that carers over 40 years old show higher rates of anxiety, depression, insufficient exercise, and elevated cardiovascular risk markers relative to non-carers.[7] Further impacts on the reforms on carers is explored below.

Taken together, this evidence indicates that cutting social and community participation budgets is not a health-neutral saving. It risks harming the health of women with disability directly, through increased isolation and unsafe exposure, while simultaneously degrading the health of the mostly female family carers who will be expected to fill the resulting gap. A formal gender impact analysis, of the kind Women with Disabilities Australia called for, would need to weigh these compounding

[4] Ibid.
[5] ABS, (2022). Disability and violence - In focus: Crime and justice statistics. Accessed via: https://www.abs.gov.au/statistics/people/crime-and-justice/focus-crime-and-justice-statistics/latest-release
[6] Carers Australia. (2025). Carer's wellbeing survey. Accessed via: https://www.carersaustralia.com.au/media-release/national-carers-week-2025-new-report-shows-carer-wellbeing-declining/
[7] Ervin, J. et al., (2023). The association between unpaid labour and mental health in working-age adults in Australia from 2002 to 2020: a longitudinal population-based cohort study," *The Lancet Public Health*.

health costs against any budgetary saving, rather than treating the reform as a straightforward fiscal measure.

The Impact on Carers

The most concerning proposal is a 50 per cent cut to social and community participation budgets, paired with a 10 per cent cut to capacity-building daily living supports. These supports build independence, relationships, and community engagement, treating them as secondary to personal care misreads the NDIS's purpose. The scheme exists not merely to meet basic safety and care needs, but also to enable independence, choice, control, and social and economic participation.[8]

The impact will be uneven. Those with the largest participation budgets typically have the highest support needs, so the heaviest dollar losses will likely fall on people in supported living, those with intellectual or psychosocial disability, Down syndrome, visual impairment, or lower functional capacity.

Cutting formal support doesn't remove the underlying need but shifts it onto families and informal carers, most often women. Official data demonstrates this consistently. According to the ABS Survey of Disability, Ageing and Carers, an estimated 3 million people, or 12 per cent of the population, provided informal care in Australia in 2022, of whom 38 per cent were primary carers. Primary carers were overwhelmingly female, 68 per cent, compared with 32 per cent of males and this gender gap held across all age groups, with women making up 80 per cent of primary carers aged 35–44 and 77 per cent of those aged 45–54.[9] The Workplace Gender Equality Agency similarly reports that women are more likely to be carers than men, with 12.3 per cent of all females providing care compared with 9.3 per cent of males.[10]

These figures make clear that reduced funding for formal disability supports does not simply produce a funding gap, it produces a labour transfer, and that labour falls disproportionately on women, often at a direct cost to their own workforce participation financial security, and ultimately health.

What does this mean for health equity?

'The NDIS plays a critical role in ensuring people with disability can live safely, with dignity, independence, inclusion and choice. Its effectiveness and sustainability are essential.'[11]

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[8] Grattan Institute, (2026). The trouble with the NDIS reform package. Accessed via: https://grattan.edu.au/news/the-trouble-with-the-ndis-reform-package/

[9] Australian Institute of Health and Welfare, (2025). Informal carers. Accessed via: https://www.aihw.gov.au/reports/australias-welfare/informal-carers.

[10] Workplace Gender Equality Agency, (2026). Gender equality and caring. Accessed via: https://www.wgea.gov.au/gender-equality-and-caring

[11] Law Council of Australia, (2026). Joint statement on NDIS reforms risk. Accessed via: https://nationallegalaid.org.au/news/joint-statement-ndis-reforms-risk)

People with disability rely on the NDIS for physical, social and psychological care. The evidence presented above points to a single conclusion: these reforms cannot be assessed as a purely fiscal measure. A 50 per cent cut to social and community participation budgets and a 10 per cent cut to capacity-building supports will not simply reduce program expenditure, it will transfer risk, care, and cost onto women, both as recipients and as carers, with measurable consequences for their safety, mental health, and physical health. Women with disability face compounded exposure to isolation and violence when protective community supports are withdrawn, while the female family members and informal carers expected to absorb the resulting shortfall already report substantially poorer wellbeing, higher psychological distress, and elevated physical health risk relative to the general population. These are not incidental side effects; they are the predictable result of a reform package that treats social participation as less essential than personal care, without testing that assumption against the gendered evidence base. Government should not proceed with these changes in their current form. At minimum, implementation should be paused pending a comprehensive, published gender impact analysis that quantifies these health and economic costs and ensures the reforms do not shift an already disproportionate burden further onto women.

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

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