



Women
With
Disabilities
Australia
(WWDA)

Five pillars of productivity inquiries

Delivering quality care more efficiently

For submission to 'Delivering quality care more efficiently',
Australian Government Productivity Commission

Women With Disabilities Australia (WWDA)

September 2025



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Publishing information

The moral rights of the authors have been asserted.

Author: Women With Disabilities Australia

Title: Delivering quality care more efficiently

Language note

This submission reflects the overlapping experiences of marginalisation experienced by women, girls, nonbinary and gender-diverse people in our membership and broader community. Though these groups will experience gender discrimination and marginalisation, not all identify as women. WWDA's submission may reflect the specific experiences of trans, non-binary and gender-diverse people with disability. However, the experiences of trans, non-binary and gender-diverse people with disability warrant specific and direct exploration, particularly how they intersect with employment. WWDA recognises the limitation in aggregating our submission at a broader level of gender-marginalised people. WWDA aims to work in coalition with, rather than replicate the core work of organisations who represent and advocate for LGBTQIA+ people with disability.

This submission uses 'person first' language (for example: women with disability). We acknowledge people describe their experience of disability in different ways, and for many people, 'identity first' language is a source of pride and resistance.

Acknowledgement of Country

The authors acknowledge the traditional owners of the land on which this publication was produced. We acknowledge First Nations people's deep spiritual connection to this land. We extend our respects to community members and elders past, present and emerging.

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WWDA has Special Consultative Status with the Economic and Social Council of the United States



About the authors

[Women with Disabilities Australia \(WWDA\)](#) is the National Disabled People's Organisation (DPO) and National Women's Alliance (NWA) for women, girls, feminine identifying, and non-binary people with disabilities in Australia. As a DPO and an NWA, WWDA is governed, run, led, staffed by, and constituted of, women, girls, feminine identifying, and non-binary people with disabilities. Our organisation operates as a transnational human rights organisation - meaning that our work, and the impact of our work, extends beyond Australia. WWDA's work is grounded in a human-rights based framework which links gender and disability issues to a full range of civil, political, economic, social and cultural rights.



Introduction

Women With Disabilities Australia (WWDA) welcomes the opportunity to respond to the Productivity Commission's Interim Paper *Delivering Quality Care More Efficiently*. This submission builds on, and should be read alongside, the joint submission of the National Women's Alliances (NWAs), to which WWDA is a signatory. The collective NWA submission addresses the broader gendered dimensions of care.

In the submission that follows, WWDA offers a complementary but distinct focus. We analyse the Interim Paper through a disability and gender-specific lens, highlighting where the proposed reforms do not engage with critical areas of disability service reform or reflect the fundamental differences between care sectors. Women, girls and gender-diverse people with disabilities hold essential expertise that is missing from this report. Our contributions span both paid and unpaid roles, often simultaneously. To strengthen the care economy, reforms must recognise and value these contributions, embedding our perspectives in the design and evaluation of care systems.

Valuing care work

Women and gender diverse people with disability have unique and essential expertise that is missing from this report. Women, girls and gender-diverse people with disabilities contribute to the care economy in many ways as workers, paid and unpaid providers, parents, family members and community leaders. We are present across disability and aged care, and often carry multiple roles at the same time. For example, a woman with disability may be both a support worker in aged care and the primary carer for a family member, while also accessing disability supports herself.

WWDA's 2025 Employment and Economic Security survey found that women with disabilities are not passive recipients of care, we are significant care providers in both the paid and unpaid care economy.

Half of WWDA survey respondents were NDIS participants, and more than 28% worked primarily in the Health Care and Social Assistance sector. This shows that women, girls and gender-diverse people with disabilities both access supports through the care economy and contribute to it as paid workers and providers. Yet policy frameworks consistently position us only as recipients of care, erasing the reality that we also provide essential unpaid care in families and communities and make up a significant share of the paid workforce. These frontline roles remain undervalued and low-paid, and without a gender-disability lens, care systems continue to leave women with disabilities poorer, over-worked and under-recognised.

Caring from the Margins, a 2024 consultation report led by Disability Advocacy Network Australia (DANA)¹, confirms that carers with disabilities shoulder significant financial and emotional loads. Participants described negotiating National Disability Insurance Scheme (NDIS) paperwork as a "second full-time job," especially in rural and remote areas where

travel logistics and costs are heightened. Eighty-six per cent reported declining mental health under the twin pressures of hands-on support and system navigation.

The same study highlights stark gender imbalances. One in three carers themselves identify as disabled, yet policy design rarely acknowledges these dual roles. When gender and culture intersect, such as for Aboriginal and Torres Strait Islander people and culturally and linguistically diverse carers, the resulting exclusion from culturally safe respite, income support and mental-health care is even sharper.

Parallel findings emerge from WWDA's 2024 Foundational Supports survey of 195 women and gender diverse people with disabilities. Almost three-quarters of respondents² were missing some form of support they needed (including respite, peer networks, self-advocacy training or rights education) including because services were either fee-based, metro-centric or contingent on NDIS eligibility. 39% were simultaneously juggling parenting or other caring responsibilities while living with disability themselves³. This unpaid workload compounds low wages in the feminised care workforce, where according to our 2025 economic security and employment survey, over 36% of WWDA respondents are employed.

WWDA is concerned that the pace of consultation and the framing of questions in the Interim Paper *Delivering Quality Care More Efficiently* do not reflect the complexity of care work. More dialogue is needed, with direct engagement of people with disabilities and their representative organisations, to ensure our expertise informs reform. At present, people with disability and their representative organisations are excluded from these conversations, while providers and carer organisations are invited to speak on our behalf.

Feminist economists have long argued that 'all economic activity depends on a web of social, cultural and environmental functions that sustain it in the long term'. They also point to the limitations of productivity measures for care work, saying that 'care-services also point to the unalterable fact that some processes are time-dependent and irreversible.'⁴

However, there are fundamental differences between aged care work, early childhood, and disability support (i.e. rights-based approach; support across the lifespan including for employment and education; skillsets in support for decision-making, autonomy, choice and participation; and the role of lived experience and peer support). Current discourse around 'pricing alignment' equates disability support, aged care and early childhood work as interchangeable which risks embedding existing undervaluation and disproportionately disadvantaging women with disabilities employed in these sectors, in addition to impacts on people accessing support.

WWDA strongly supports adequate and equitable pay for all care economy workers, recognising that women and gender-diverse people with disabilities are overrepresented in the lowest paid roles. We are concerned about undervaluation of all forms of care work, which exists in the context of devaluing care and who gives and receives care. Care work, both paid and unpaid, is at the heart of what makes any kind of productivity possible.

The 2023 NDIS Review found that the current pricing arrangements are not supporting reforms that uphold quality or value in care work for people with disability, instead providing incentives to increase the quantity of care provision with no measures to ensure value for people with disability. The NDIS Review heard that the fee-for-service pricing model 'is easy to administer and understand. However, it rewards providers for the volume of service they deliver, regardless of the 'value' for participants. Providers have a financial incentive to provide more and more services and/or increase staff ratios regardless of the benefit.'⁵

More recently, changes to the rules for Section 10 of the NDIS Act have further narrowed the range of services eligible for NDIS supports, pushing people with disability away from finding innovative, cost-effective solutions that work for their individual circumstances, and into using the much more expensive disability support worker direct support⁶.

Existing reform work

Significant work has been undertaken in how to reform the funding and delivery of disability services and supports, including through the NDIS, Foundational Supports and the wider disability ecosystem of organisations run by and for people with disability. Much of this work has focused on increasing the quality and outcomes of disability services, particularly to reduce violence and abuse towards people with disability.

This work includes, but is not limited to:

- The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
- NDIS Provider and Worker Registration Taskforce
- The 2023 NDIS Review
- The 2019 Tune Review
- The 2015 Independent Review of the NDIS Act
- The Joint Standing Committee on the NDIS inquiries
- Australia's Disability Strategy and Targeted Action Plans
- National Autism Strategy
- Foundational Supports
- Review of Information, Linkages and Capacity Building program
- Individual Disability Advocacy Program
- National Carers Strategy

In the wider not for profit sector, additional work has been done to develop the Not For Profit Blueprint⁷, stepping out key measures to improve the functioning and delivery of the sector. The National Agreement on Closing the Gap also has a range of essential measures to increase accountability and delivery.

Despite this work over the last five years, the Productivity Commission Interim Paper does not include the findings and recommendations, developed by and with people with disability, our families, kin and community.

Key recommendations

Q1: Alignment of regulatory frameworks

Recommendation 1.1: The Productivity Commission must incorporate the extensive body of work led by people with disabilities on quality services and regulatory frameworks, and fund Disability Representative Organisations (DROs) including WWDA to coordinate engagement with key stakeholders.

Recommendation 1.2: Restrictive practices (including forced contraception and sterilisation) must be eliminated, not regulated. These practices constitute gender-based violence and violate the rights of women, girls and gender-diverse people with disabilities.

Recommendation 1.3: Introduce a gender and disability specific outcomes framework to monitor safety, quality and equity across care sectors, ensuring no dilution of protections when aligning regulation.

Q2: Embed collaborative commissioning to increase the integration of cared services

Recommendation 2.1: Resource WWDA to develop a gender-specific commissioning framework for women, girls and gender-diverse people with disabilities across the care sector.

Recommendation 2.2: Engage with women's health organisations such as the Australian Women's Health Alliance to ensure the framework incorporates gender-specific recommendations on chronic conditions.

Recommendation 2.3: Prioritise disability-led organisations, particularly those with place-based expertise, to lead and deliver commissioned care services.

Recommendation 2.4: Fund WWDA to deliver capacity-building programs that enable women, girls and gender-diverse people with disabilities to lead in commissioning processes.

Recommendation 2.5: Require co-design processes to include disability representative organisations (DROs) and women's organisations as equal partners in governance and decision-making.

Q3: A national framework to support government investment in prevention

Recommendation 3.1: Any Prevention Framework must embed the findings of the Disability Royal Commission and include people with disabilities as members of the Advisory Board.

Recommendation 3.2: Incorporate targeted measures to address health inequalities experienced by people with disabilities, including barriers to timely diagnosis, accessible services and culturally safe care.

Recommendation 3.3: Ensure the Prevention Framework explicitly rejects framing disability as something to be "prevented," consistent with a rights-based approach and the social model of disability.

Interim Paper Recommendations

Q1: Alignment of regulatory frameworks

The Disability Royal Commission and the NDIS Review both found that the regulatory frameworks for the NDIS and other disability services were fragmented, difficult to navigate and split between multiple levels of government and agencies.

Volumes 10 and 11⁸ of the Disability Royal Commission covered recommendations about regulating the NDIS, improving non-NDIS regulator mechanisms and improving quality services by reducing harm to people with disability. Recommendations 12 and 13⁹ from the NDIS Review discussed the need for additional market monitoring, quality frameworks and enforcement powers.

Over the last year, the NDIS Quality and Safeguards Commission, as well as the NDIS Provider and Worker Registration Taskforce, have outlined the detailed changes needed to ensure the Commission has the power to regulate disability services such as group homes. Significant consultation with the disability community has been completed, and key recommendations put forward.

Despite extensive work over the past five years, governments have not implemented the regulatory reforms needed to guarantee people with disabilities access to quality services that are free from violence and abuse.

The draft Productivity Commission recommendations of alignment of regulatory frameworks, particularly quality and safety regulation, ignore this existing work, and the different standards that need to exist between the sectors.

WWDA emphasises that efforts to align regulatory standards must not result in diluted protections. Instead, reforms should build on the highest standards developed through disability-specific inquiries and reviews. Drawing on knowledge derived through disability sector public inquiries is a necessary foundation to ensure high standards are set across the care sector, similar to the recent updates to the Aged Care Act¹⁰.

The elimination of restrictive practices needs to be included, along with support for decision making, rights-based frameworks and a commitment to non-institutional care. Restrictive practices against people with disability occur in a wide range of settings, including those not funded by the NDIS, and are subject to incomplete regulation and monitoring. The growing use of restrictive practices in NDIS services, schools and prisons highlights that current 'safeguards' are inadequate and must be strengthened to uphold the rights of people with disabilities.

Information request 1.3 focuses on regulating behaviour support plans and restrictive practices, rather than eliminating them. WWDA stresses that restrictive practices (including forced contraception and sterilisation) constitute forms of gender-based violence. Their

elimination is essential to upholding the rights of women, girls and gender-diverse people with disabilities, including older women. The end of the use of this kind of coercive, violent system is essential to the rights of people with disability, including older people and children.

Additionally, there are gender-specific use of restrictive practices, such as forced sterilisation, forced contraception and refusal of adult relationships within services and state and territory guardianship frameworks. The Productivity Commission must ensure that regulatory alignment both aims for elimination and includes the specific nature of restrictive practice.

Quality and safety regulation also needs to engage with the market failures of the current NDIS system and the lack of sufficient consumer advocacy and protection for people with disability. Foundational Supports and the new Individual Disability Advocacy Program are essential parts of the regulatory system and need to be funded long term and adequately to provide a disability-led ecosystem of support.

Critically, research has found that regulation alone is not sufficient to ensure people with disability are free from violence and abuse:

“Disability support services, specialist safeguarding bodies and mainstream agencies need to respond to the situational vulnerability experienced by NDIS participants and other people with disability in ways that support autonomy rather than undermine it. Rather than focusing on narrow mechanisms of protection, such as service quality and compliance, effective safeguarding approaches would provide people with disability with the resources they need to maintain autonomy and safety.”¹¹

The Disability Royal Commission and the NDIS Review found that the complexity of inter-governmental arrangements and jurisdictions were a significant load for people with disability, particularly in trying to ensure their services are free from harm. Regulatory systems are split across governments and agencies. The Royal Commission recommended a national Disability Commission and new legislation to create a cohesive framework. WWDA recommends the introduction of a Human Rights Act¹², along with revisions to the Disability Discrimination Act, as a key mechanism to bring regulatory harmonisation across different levels of government, and set a clear benchmark for the rights of people with disability.

Recommendations:

- The Productivity Commission must incorporate the extensive body of work led by people with disabilities on quality services and regulatory frameworks, and fund Disability Representative Organisations (DROs) including WWDA to coordinate engagement with key stakeholders.

- Restrictive practices (including forced contraception and sterilisation) must be eliminated, not regulated. These practices constitute gender-based violence and violate the rights of women, girls and gender-diverse people with disabilities.
- Introduce a gender and disability specific outcomes framework to monitor safety, quality and equity across care sectors, ensuring no dilution of protections when aligning regulation.

Q2: Embed collaborative commissioning to increase the integration of care services

The disability community has long called for alternative commissioning models, with clear evidence from the Disability Royal Commission and the NDIS Review that the market model alone is insufficient to ensure quality and adequate services for people with disability.

The 2023 NDIS Review identified:

- Recommendation 13: Strengthen market monitoring and responses to challenges in coordinating the NDIS market
- Recommendation 14: Improve access to supports for First Nations participants across Australia and for all participants in remote communities through alternative commissioning arrangements

The recent submission to the inquiry into the provision of Foundational Supports from all the Disability Representative Organisations (DROs), including WWDA, recommended that the Australian Government:

- Work with DROs to establish a commissioning framework that would allow disability led peak bodies and grassroots groups to partner together and seek funding for the vital local solutions to advocacy, peer support and capacity building already existing or vitally needed.

Additionally, DROs contributed to the development of the NFP Blueprint¹³ which outlined clear and well supported recommendations about strengthening the delivery of community services, including by those communities themselves.

The upcoming National Health Reform Agreement is connected to the funding for the Foundational Support program¹⁴, jointly funded by the Commonwealth and state and territory governments. On 20 August 2025, the Hon. Mark Butler, Minister for Disability and the NDIS, Health and Ageing, committed significant funding to the targeted Foundational Supports program, now called Thriving Kids, to support children with disability in community settings¹⁵.

This agreement is a significant opportunity to embed a commissioning framework to ensure that disability supports can truly deliver for people with disability, particularly women, girls and gender diverse people with disability.

People with disability must be central to the development of this framework, to ensure that our intersectional and deep expertise on quality care work, both paid and unpaid, is incorporated adequately.

Alongside the NDIS, the Information, Linkages and Capacity Building (ILC) grants and the National Disability Advocacy Program have been Commonwealth investments in place-based, disability services that have provided essential supports to people with disability and their families, particularly for those outside the NDIS. The lack of a strategic focus for the ILC program, along with the short term grant rounds¹⁶, have been a significant barrier to building a strong sector that can deliver well-structured commissioned programs. WWDA strongly supports longer term investment in disability-led organisations to build capacity to engage with this new commissioning model, and to develop outcomes frameworks that are appropriate for people with disability.

WWDA believes that disability-led organisations must be at the heart of any commissioning for disability services. These organisations need to be leads in any consortia and engaged in delivery. For example, Women with Disabilities Victoria (WDV, an allied but separate organisation to WWDA) has delivered a successful regional leadership program across Victoria for marginalised women with disability. This funding has led to the employment of significant numbers of women with disability who had not been in regular employment before. However, short term competitive grant rounds ended a number of these programs, without measuring the wider impact. WDV were successful in getting a one-year extension¹⁷, but the future of these programs is in doubt. This is emblematic of the challenges with the existing ILC program, and needs to be addressed in any commissioning framework.

WWDA is concerned that the Interim Paper's focus on efficiency and outcomes does not reflect the realities for women, girls and gender-diverse people with disabilities. Women with disabilities are less likely to access the NDIS, despite being more likely to have disability¹⁸, and experience higher rates of chronic health conditions that the current health system fails to address effectively¹⁹.

Current health outcome measures are not appropriate for disability care and support. The Disability Royal Commission and other inquiries have documented the significant costs of violence and abuse in care environments. People with disabilities are over-represented in health, child protection and justice systems, which respond in costly, crisis-driven ways. More suitable outcome measures would capture how adequate disability supports reduce crisis-driven responses and interaction with these systems.

Recommendations:

- Resource WWDA to develop a gender-specific commissioning framework for women, girls and gender-diverse people with disabilities across the care sector.
- Engage with the Australian Women's Health Alliance²⁰ to ensure the framework incorporates gender-specific recommendations on chronic conditions.
- Prioritise disability-led organisations, particularly those with place-based expertise, to lead and deliver commissioned care services.
- Fund WWDA to deliver capacity-building programs that enable women, girls and gender-diverse people with disabilities to lead in commissioning processes.
- Require co-design processes to include disability representative organisations (DROs) and women's organisations as equal partners in governance and decision-making.

Q3: A national framework to support government investment in prevention

WWDA is deeply concerned to see a focus on prevention in the disability context, as care and support for people with disability needs to be provided without judgement about the nature of disability. In addition, the Productivity Commission has not acknowledged the significant barriers to healthcare that women and gender diverse people with disability face.

Disability has historically been framed as something to be eliminated, hidden or removed. This framing has fuelled segregation, abuse and systemic exclusion. In contrast, women, girls and gender-diverse people with disabilities are proud of our community, our achievements and our right to full inclusion.

Framing prevention as a way to 'reduce demand for services' by preventing disability conflicts with both the legislation and the broader aims of the NDIS, which guarantee lifetime care and support.

The Disability Royal Commission outlined stark health inequalities for people with disability in their final report²¹. They found that:

- 85 per cent of people with disability aged 18 to 64 and 76 per cent of people with 'severe' disability report experiencing no barriers to accessing health care when needed in the last 12 months, compared with 97 per cent of people without disability.
- Australian Bureau of Statistics data for 2018 shows that around 84,000 people with disability aged 15 to 64 had difficulty accessing medical facilities (a GP, dentist, or hospital) in the previous 12 months.
- In the previous 12 months, 3.5 per cent (or 59,100) of people with disability aged 15 to 64 reported experiencing unfair treatment or discrimination by health staff (a GP,

nurse, or hospital staff). Of these people, 83 per cent had a 'physical restriction', and 58 per cent had a psychosocial disability.

- People with disability experience 79,000 potentially avoidable hospitalisations per year due to inadequate primary health care.

The Royal Commission also detailed significant diagnostic overshadowing and subsequent under-treatment, particularly for people with psychosocial disability and intellectual disability. People with intellectual disability have a significantly higher mortality rate compared to non-disabled people. This has led to the establishment of the National Roadmap²² and the National Centre of Excellence²³. The work of both need to be incorporated urgently in any discussion about a prevention framework.

Recommendations:

- Any Prevention Framework must embed the findings of the Disability Royal Commission and include people with disabilities as members of the Advisory Board.
- Incorporate targeted measures to address health inequalities experienced by people with disabilities, including barriers to timely diagnosis, accessible services and culturally safe care.
- Ensure the Prevention Framework explicitly rejects framing disability as something to be "prevented," consistent with a rights-based approach and the social model of disability.

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