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# WDV Position Paper on Independent Assessments in the NDIS

## Position Statement

### Overview

The National Disability Insurance Scheme (NDIS) has committed to introducing independent assessments for people who want to enter the NDIS and for participants already in the NDIS.

Given that women with disabilities already have lower rates of entry into the Scheme, and face disadvantage from their experiences of violence, WDV is concerned about the introduction of independent assessments (IAs) within the National Disability Insurance Scheme (NDIS). Our members have expressed fear that the assessments will not be well run, and that issues particularly facing women will not be addressed. We believe that these concerns should be dealt with as soon as possible, and independent assessments should not be implemented until they have been resolved.

### Issues for girls and women

#### *The gendered nature of diagnosis and assessment*

Girls and women with disability can be underdiagnosed (as may be the case for girls and women on the autism spectrum), over-diagnosed (as may be the case with Borderline Personality Disorder) and/or have their level of functioning overestimated (as may be the case for women experiencing pain). The reasons for these differences are complex but include gendered social expectations. For example, society has a bias to believe women are more passive. That may mean women who are less likely to interact with others are not assessed for autism. Lower rates of diagnosis then mean that autism research relies more on men, which then reinforces what we already think we know.

Culturally accounting for gender bias in diagnosis and assessment requires expert advice, and ongoing monitoring of best practice. Independent assessments and should be tracked for gender bias with monitoring from academic and lived experience experts shared publicly. In particular, monitoring and evaluation of assessment tools needs to take into account the varied other identities women may have: for example, the way to conduct assessments in a culturally safe way for women who come from backgrounds where decision making can be very gendered.

#### *Gender diversity and independent assessments*

WDV is not an LGBTIQA led organisation and does not speak specifically for LGBTIQA people with disability. We do, however, recognise that some of our members identify as trans, non-binary and/or gender diverse people. Among some parts of the disability community, such as people who are neurodiverse, there is emerging evidence that there are also higher rates of gender diversity.

WDV recognises that issues affecting women discussed in this position paper also apply to trans, non-binary and gender diverse people who may identify as women or be identified as women by others. However, these issues can manifest differently for gender diverse people. For example, a person who identifies and/or presents as male might find it more difficult to discuss issues related to period management and hygiene in the context of an assessment. Support assessments may miss the needs of gender diverse people without safe and appropriate considerations and risk inadvertently traumatising participants.

It is important that the NDIA takes into account the needs of gender diverse people in the new assessment and planning process, and consults specifically with the LGBTIQA community to do so.

#### *The need to consider the impact of trauma*

Evidence shows that women and girls with disabilities experience more forms of violence from more perpetrators over a longer period in their lives than men with disabilities and people without disabilities. The impact of trauma needs to be considered through independent assessments in:

* In its current form, the IA process involves an assessor speaking to a person close to the applicant, familiar with her care needs **without her being present.** It should be optional to have a support person speak to the impacts of her condition at all.
* If she chooses to have a person speak to the impacts of her condition, she should be given the option to remain present during this component of assessment.
* Women should be able to choose who provides additional information about their needs. This is important because some perpetrators of abuse will actively seek to prevent women with disabilities from accessing outside supports.
* Ensuring that all staff involved in the independent assessment process – not just assessors - are trained to effectively provide a response to a disclosure of violence or trauma, whether historic or current;
* Appropriate intersectional attention should be accommodated. Women undergoing an independent assessment should be able to choose the gender of her assessor, the location of her assessment, and where appropriate, request an assessor experienced in health management of people with their cultural, linguistic and religious background.
* exemptions from independent assessments should be available to women and girls who are (a) not able to be connected with an assessor who can meet their intersectional needs (b) able to show that the process presents a risk of re-traumatisation or triggering, (c) are known to be in an abusive situation which may be made more unsafe by an assessment; or (d) have recently left an abusive situation.
* Information about a woman’s functioning if she is a victim survivor should be supplied by specialists working with that woman on an ongoing basis if the woman consents and must be reviewed by anyone assessing her functioning or developing a plan for her.
* All information from independent assessments should be kept as private as possible – and protocols should be in place to prevent otherwise authorised family members from seeing assessment information
* Well in advance of a scheduled assessment, women should be provided (in an appropriately accessible format) the questions that will be asked in each section of their assessment.
* Before commencing questions, at each point of the assessment, assessors are required to seek consent from the person, by asking if they would like their assessment to cover the proposed facets of their life.
* WDV seek an assurance that any sections of the assessment/ or any questions women do not feel comfortable answering will not impact their eligibility to access the NDIS.

#### *The gendered nature of parenting and caregiving*

Women – including women with disabilities - are more likely to bear the caring responsibilities for others. That means it is important that caring and parenting functions are covered in independent assessments. However, women with disabilities – especially women with intellectual disabilities – experience high rates of child removal. As a result, some women may be understandably resistant to an unknown assessor reviewing their ability to parent, especially at a time when child protection services have become involved or a child has recently been removed from her care. This means:

* It should be a standard part of any independent assessment process to check whether a woman wants one or more supporters during an assessment; this should include advocates if required.
* Women with disabilities should be given the opportunity to voluntarily disclose and discuss any plans they have to become parents, and whether their support needs are likely to be impacted by their plans. For example, some women can experience temporary or permanent lower functioning because of pregnancy.
* Women with disabilities should be given the option for a new independent assessment during pregnancy and/or the early years of raising children – but this should be entirely optional.
* Women with disabilities should be able to make informed decisions about whether, when and how their parenting skills are assessed as part of an independent assessment. In place of assessment, women should be given the option to provide reports and assessments completed by professionals who know them and their families.
* While child protection involvement and/or the removal of a child may trigger an independent assessment for a woman with disability, assessment **must not** be directly tied to a child remaining in the care of a woman with disability. The NDIA should state this clearly in assessment guidance and should work with state and territory authorities to ensure that the parental responsibility of a woman is not contingent on their participation in all, or part of, an assessment. This is especially important in the context of family violence, where children may be at risk but it may be unsafe for a woman to leave.

Statistics tell us that people with disabilities are more likely to live in a household with other people with disabilities. Women with disabilities may have other immediate family members – such as their partners or children – in the NDIS. This means:

* The complexity of families with multiple participants should be taken into account during independent assessments. This should be a specific area of examination for any pilot or trial related to assessment and planning, with input from women with disabilities, young people and children’s advocates.
* If budgets are set before planning for supports is undertaken, families with multiple participants may be at a disadvantage – the way support works across the family can really make a difference. For women with disabilities, this is especially important: the silent expectation that women will undertake more caregiving may not be challenged during assessments or planning. Participants need to have a clear path for budget adjustment without multiple reassessments and/or plan reviews.

#### *Gendered assessment and planning*

The assessment process will inform how much funding participants receive, which will then lead to a planning conversation. The issues raised above should also be accommodated in planning discussions with women through the creation of common principles for gender safe assessment and planning.

There are, however, some gender specific issues which will be more relevant to planning. Historically, women with disabilities tend to receive less support than men with disabilities. Although some of this may be attributed to differences in functioning gendered drivers – such as less confidence to ask for support and less confidence in understanding money – cannot be dismissed. Women with disabilities in particular need to be given the option to explore and build their financial capability and negotiation skills as part of their NDIS plans, and through links to mainstream community supports. This is especially key in preventing and responding to less direct forms of violence and control against women.

In addition, women with disabilities have specific support needs. As outlined above, these can include preventing and responding to current or historical violence, or parenting. Women with disabilities also need to plan for their access to sexual and reproductive health – such as pap smears, mammograms and contraception.