

WWDA STATEMENT

LAUNCH OF THE NATIONAL AUTISM STRATEGY

Women With Disabilities Australia commends the Federal Government on its recent release of the National Autism Strategy (2025–2031). WWDA also acknowledges the many members of the WWDA community who informed the development of the Strategy, and commends the members of the Oversight Council for their leadership.

The release of the National Autism Strategy marks a significant milestone in recognising and addressing the needs of Autistic people across Australia. We welcome the Strategy and are encouraged by its commitments to inclusion, intersectionality, and neurodiversity-affirming practices, particularly in recognising women, girls, and gender-diverse people as a ‘priority cohort’.

WWDA published a [position statement](#) to inform The National Autism Strategy on June 18, 2024. This updated statement reflects The Strategy’s key areas of alignment with our pre-release recommendations, while also highlighting what must still be addressed to ensure equitable outcomes for the Autistic community.

What was addressed

Recognition of Women, Girls and Gender-Diverse People as a Priority Cohort

WWDA highlighted the need for gender-responsive policies to address systemic barriers for women, girls, and gender-diverse people. The Strategy explicitly identifies these groups as priority cohorts, acknowledging their experiences of delayed diagnosis, discrimination, and inadequate supports.

Intersectionality

WWDA’s call for an intersectional approach is reflected in the Strategy’s attention to multiple and overlapping forms of marginalisation. Refreshingly, The Strategy included examples of systemic contexts and circumstances, along with axes of identity, which compound experiences of disadvantage. Some examples of these intersectional considerations include:

- people in regional, rural, and remote areas
- people who use alternative or augmentative communication or are non-speaking or minimally speaking
- people with very high support needs
- people receiving supported independent living supports
- people living in segregated accommodation, group homes and institutions
- people with experience of trauma and violence

- people in child protection and justice systems

Gendered Barriers to Diagnosis

The Strategy acknowledges the significant barriers to diagnosis faced by women, girls, and gender-diverse people, including systemic biases and delayed identification. We welcome the initiatives to co-design resource materials and training for professionals involved in the identification and diagnosis of autism. Likewise, commitments to improve affordability, and promote neurodiversity-affirming approaches align with our recommendation to improve timely and equitable access to diagnosis. However, the Strategy must now focus on ensuring these reforms are implemented in ways that effectively reach marginalised gender cohorts.

Disaggregated Data

The Strategy acknowledges the importance of disaggregated data to understand the experiences of marginalised cohorts, addressing WWDA's concern about the lack of gender-specific data.

Violence, abuse and discrimination

WWDA's advocacy for recognising the disproportionate rates of violence experienced by Autistic women and girls is addressed through the Strategy's commitment to a 'trauma-informed' approach and alignment with Government action on gendered violence, including National Plan to End Violence Against Women and Children and the Working for Women Strategy.

Remaining Gaps

Explicit Rejection of Deficit-Based Approaches

WWDA called to prioritise acceptance and accommodation over "cure" models. The Strategy adopts a neurodiversity-affirming and rights-based framework, emphasising inclusion and acceptance. However, it does not *explicitly* address or reject deficit-based practices such as Applied Behavioural Analysis (ABA), leaving ambiguity in its stance on these harmful approaches.

Foundational Supports Outside the NDIS

WWDA's advocacy emphasised the importance of broader health, education, and community supports, which are critical for people who cannot access the NDIS. While the Strategy references mainstream services, actionable commitments are limited. In their current form, these systems often lack the capacity, integration, and understanding necessary to provide appropriate support. As the design of general foundational supports is yet to be released, it is critical for The Strategy to operate in tandem with future implementation.

Healthcare Gaps

Although The Strategy acknowledges barriers in accessing healthcare, it does not sufficiently address gender-specific needs, including reproductive and menstrual health. Instead, reference has been made to the *National Roadmap to Improve the Health and Mental Health of Autistic People* and *The Autism Health Roadmap*. This approach risks significant gaps for Autistic women and gender-diverse people if accountabilities are not clearly articulated and aligned.

Education, Employment and Economic Inclusion

While the Strategy identifies economic inclusion as a priority, targeted measures for addressing systemic gender disparities in employment and education remain vague. Targeted commitments and measures will be critical to ensure implementation of the Strategy's objectives.

Support for Autistic Women with Intellectual Disabilities

WWDA highlighted the compounded discrimination Autistic women with intellectual disabilities experience. The Strategy provides little specific reference to this cohort, however we welcome attention to contexts that can compound marginalisation for Autistic women with intellectual disabilities (eg. People living in segregated accommodation).

Implementation and Accountability

WWDA commends the Government on its commitment of funding for implementation of the Strategy, and a model of co-governance. Detailed timelines and accountability frameworks have not yet been developed. To address the inequities faced by women, girls, and gender-diverse people it is critical these commitments are translated into meaningful action.

WWDA's Recommendations

1. **Clarify the Role of Foundational Supports:** Establish a comprehensive framework for non-NDIS services, ensuring equitable access to education, healthcare, and housing for Autistic individuals outside the NDIS system.
2. **Co-ordinate Healthcare Commitments:** Ensure co-ordinated mechanisms exist for accountability where The Strategy defers jurisdiction to other government plans. This is critical to prioritise gender-specific healthcare initiatives, including reproductive and menstrual health programs.
3. **Resource the Autism Community to Lead Co-Design:** Invest in training for general practitioners, educators, and other professionals to enhance their capacity to provide autism-informed support. These initiatives should be led by the Autism community through appropriately remunerated roles.
4. **Address Employment Barriers:** Develop targeted employment programs that address the specific barriers faced by Autistic women and gender-diverse people, incorporating workplace training for employers and tailored job supports.
5. **Focus on Marginalised Cohorts:** Enhance the Strategy's inclusivity by explicitly addressing the needs of Autistic women with intellectual disabilities through targeted actions and dedicated consultation.
6. **Accountability and Metrics:** Implement a gender lens in monitoring and evaluation frameworks, ensuring that progress is tracked and reported transparently against specific gender-responsive goals.

Conclusion

The National Autism Strategy reflects key elements of WWDA's advocacy, including the prioritisation of women, girls, and gender-diverse people and a commitment to neurodiversity-affirming practices. To realise the full potential of the Strategy, future work must address the critical gaps identified.

WWDA welcomes The Strategy and is committed to supporting its implementation and advocating for the inclusion of gender marginalised cohorts in all aspects of its delivery.