NDIS Community Feedback – Proposed Changes to NDIS List of Supports

Background

Pleasure Pixel is a small business, owned by Casey Payne. Casey is an Australian Registered Sexologist with a Master of Science in Medicine (HIV, STIs and Sexual Health), Bachelor of Counselling and Diploma of Counselling. Casey has 8 years of experience in Counselling and Psychosexual Therapy. Of those 8 years, Casey provided over 5000 hours of psychotherapy to people living with disabilities. Casey was also an advocate for many participants in the NDIS over that time.

At the core of Pleasure Pixel, Casey is committed to values that are sex-positive, grounded in the latest research, and expressed in ways that are straightforward and accessible. Casey believes in fostering an open, affirming approach to sexuality, guided by evidence-based insights and a dedication to making information clear and practical for everyone.

Current Supports Not Funded

Currently the NDIS has placed a blanket ban on "Sexual Services". Sexual Services are loosely defined in this instance on the NDIS website as:

"Sexual services is not defined in the legislation but is given its ordinary meaning by the NDIA. Sexual services are taken to include any sexual conduct undertaken with a participant for payment or reward, including direct physical activity between a participant and another person for the purpose of sexual gratification. This includes all services that may be provided by a sex worker. The NDIS will continue to provide reasonable and necessary funding to participants to access the disability related supports and services they need. This includes other sexuality related supports due to a participant's disability, for example adaptive equipment, sex counselling and individualised sexual education supports where reasonable

and necessary." (retrieved from https://www.ndis.gov.au/changes-ndis-legislation/frequently-asked-questions-about-legislation 14th July, 2025).

Requested Changes

Pleasure Pixel requests that the following changes be made to the legislation to allow for the following supports to be funded:

- Sexual Services

The National Disability Insurance Scheme Act 2013 states in section 9(a) that sexual supports are not to be funded by the NDIS, however, the Act also contradicts both human rights and sexual rights as stated by the World Health Organisation, World Association for Sexual Health and the NDIS Act 2013 itself. The following contradictions occur:

The World Health Organization (WHO) describes sexual health as *"...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."* (WHO, 2006a)

Sexual rights as determined by the World Association for Sexual Health (WAS) are described as human rights pertaining to sexuality. The sexual rights reaffirm *"that for sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."* (WAS, 2014)

Sexual Rights are as follows:

1. The right to equality and non-discrimination.
2. The right to life, liberty, and security of the person.
3. The right to autonomy and bodily integrity.
4. The right to be free from torture and cruel, inhuman, or degrading treatment or punishment.
5. The right to be free from all forms of violence and coercion.
6. The right to privacy.

7. The right to the highest attainable standard of health, including sexual health, with the possibility of pleasurable, satisfying, and safe sexual experiences.
8. The right to enjoy the benefits of scientific progress and its application.
9. The right to information.
10. The right to education and the right to comprehensive sexuality education.
11. The right to enter, form, and dissolve marriage and other similar types of relationships based on equality and full and free consent.
12. The right to decide whether to have children, the number and spacing of children and to have the information and means to do so.
13. The right to freedom of association and peaceful assembly.
14. The right to participation in public and political life.
15. The right to access to justice, remedies and redress. (WAS, 2014)

The National Disability Insurance Scheme Act 2013 (Australian Government, 2025) states:

Chapter One – Introduction

5 General principles guiding actions of people who may do acts or things on behalf of others

It is the intention of the Parliament that, if this Act requires or permits an act or thing to be done by or in relation to a person with disability by another person, the act or thing is to be done, so far as practicable, in accordance with both the general principles set out in section 4 and the following principles:

(a) people with disability should be involved in decision making processes that affect them, and where possible make decisions for themselves;

(b) people with disability should be encouraged to engage in the life of the community;

(c) the judgements and decisions that people with disability would have made for themselves should be taken into account;

(d) the cultural and linguistic circumstances, and the sex, gender identity, sexual orientation and intersex status, of people with disability should be taken into account;

(e) the supportive relationships, friendships and connections with others of people with disability should be recognised;

Chapter Two – Assistance for people with disability and others:

14 Agency may provide funding to persons or entities

(1) The Agency may provide assistance in the form of funding for persons or entities:

(a) for the purposes of enabling those persons or entities to provide information in relation to disability and disability supports and services; or

(aa) for the purposes of enabling those persons or entities to provide assistance in building capacity within the community in connection with the provision of goods and services to people with disability and their families and carers; or

(ab) for the purposes of enabling those persons or entities to assist people with disability to realise their potential for physical, social, emotional and intellectual development; or

(ac) for the purposes of enabling those persons or entities to assist people with disability, and their families and carers, to participate in social and economic life; or

(b) otherwise in the performance of the Agency's functions.

Chapter 3 – Participants and their plans

Part 1A – Principles

17A Principles relating to the participation of people with disability

(1) People with disability are assumed, so far as is reasonable in the circumstances, to have capacity to determine their own best interests and make decisions that affect their own lives.

(2) People with disability will be supported in their dealings and communications with the Agency so that their capacity to exercise choice and control is maximised.

(3) The National Disability Insurance Scheme is to:

(a) respect the interests of people with disability in exercising choice and control about matters that affect them; and

(b) enable people with disability to make decisions that will affect their lives; and

(c) support people with disability to participate in, and contribute to, social and economic life.

34 Reasonable and necessary supports

(1) For the purposes of specifying, in a statement of participant supports, the general supports that will be provided, and the reasonable and necessary supports that will be funded, the CEO must be satisfied of all of the following in relation to the funding or provision of each such support:

(aa) the support is necessary to address needs of the participant arising from an impairment in relation to which the participant meets the disability requirements (see section 24) or the early intervention requirements (see section 25);

(a) the support will assist the participant to pursue the goals, objectives and aspirations included in the participant's statement of goals and aspirations;

(b) the support will assist the participant to undertake activities, so as to facilitate the participant's social and economic participation;

(c) the support represents value for money in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternative support;

(d) the support will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice;

(e) the funding or provision of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide;

(f) the support is an NDIS support for the participant.

Note: For the purposes of paragraph (aa):

(a) the time at which the disability requirements or the early intervention requirements need to be met is the time the CEO decides to approve the statement of participant supports; and

(b) a participant's disability support needs arising from an impairment in relation to which the participant meets the disability requirements or the early intervention requirements may be affected by a variety of factors, including environmental factors or the impact of another impairment in relation to which the participant does not meet either of those requirements.

Furthermore, the number of participants in the NDIS are approximately 717, 001 (NDIS, 2025) while approximately 130, or 0.02% of participants have used a sex worker. What we are talking about here is a small percentage of participants who are unable to have sexual relationships with peers due to their disability.

The following is an excerpt from the course by Pleasure Pixel, called Support the Sexual Health Needs of People with Disabilities:

Sexual Health Development of People Living with Disabilities

Research shows that globally, sexual health development for people with a disability is the same as a person without disabilities. Yet people with a disability are often neglected when the topic of sexual health appears in everyday life and in educational settings.

The World Association for Sexual Health (https://www.worldsexualhealth.net/was-declaration-on-sexual-rights) has set out a declaration of sexual rights that describes sexual health as an integral part of being human. The successful development of a person's sexual health is dependent on their ability to fulfil basic needs such as intimacy, desire, contact with others and love. For this to be possible, sexual rights for all should be upheld equally along with basic human rights. This includes the right to freedom of sexuality; sexual autonomy and safe sexual experiences; sexual privacy; access to comprehensive sexual health education; and access to sexual health services including contraception and abortion.

Historically, people with a disability have been pathologized, discriminated against and stigmatized as being less than those without disabilities. However, sexual health develops for all people, from birth through to death. The implication that people with disabilities have no sexuality or concerns about sexual health can be damaging. People with disabilities are twice as likely to experience sexual abuse than those without a disability and those who have no access to sexual health education are at an even higher risk of experiencing sexual abuse. People with a physical disability are often the most at risk of not developing a healthy sexuality. This can be due to carers and parents being uninformed about sexual health development for the person they are providing care to, or the need for dependence on adults for assistance with personal care.

People with disabilities are often seen as naïve, innocent or asexual. This leads carers, professionals and parents assuming that sexuality development is not required or is not important to the person with disabilities. Due to this perspective and the intensive care that is often required for people with disabilities, they can miss the important developmental milestone of exploring their sexuality through risk taking behaviours, emotional relationships with others and pleasure-seeking activities.

On the other end of the spectrum, that is, people with disabilities are naïve, innocent or asexual, is the belief that people with disabilities are hypersexual and unable to control their sexual urges. This can be identified through masturbation in public or inappropriate sexual behaviours. Often these behaviours have been labeled hypersexual and in some cases these behaviours can be from a lack of cognitive development and the individual wanting to fit in. These behaviours can sometimes be due to misinterpretation of sexual abuse; however, often the lack of sexual health education and the opportunity to develop their sexuality is the cause for these behaviours. Sexual health education for people with disabilities who display hypersexual behaviour is shown to be more successful in correcting hypersexual behaviours than any other approach.

Having a vague definition of sexual services and not funding sex workers has placed participants in a vulnerable state. A state where they are finding it difficult to have funding for comprehensive age-appropriate sexual health education unless they are part of a dating group. Assuming all participants are heterosexual and want to date. Again, contradicting the NDIS Act (2013) section 5(d). While also refusing to allow access to individualized comprehensive sexual health education via eBooks (www.pleasurepixel.com.au). Again, assuming that all participants must take part in a course that is centered around heterosexual dating.

Participants with limited physical abilities, are now expected to not experience sexual activity because they require physical supports from sex workers. This is in contradiction to the human rights and sexual rights stated above. While the NDIA staff may have personal opinions about sexual pleasure, everyone has a right to experience sexual pleasure. Restricting those with physical disabilities to never experience sexual pleasure is in direct contradiction to the already mentioned human rights and sexual rights.

In conclusion, assuming sexual services are for gratification only, is a restrictive and incorrect view to have for the reasoning behind not funding sexual services. Pleasure Pixel calls for an accurate definition of sexual services and for sex workers and comprehensive sexual health education to be funded by the NDIS to uphold the human rights, sexual rights and rights of the individual according to the NDIS Act (2013).

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