



Submission

Fair Work Commission: Gender-based undervaluation – priority awards review

(Social, Community Home Care and Disability Services Industry Award 2010)

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Submitted by

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Acknowledgement of Country

The National Women's Equality Alliance and Women with Disabilities Australia acknowledge the Traditional Owners of the land on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and future. We value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We extend our respect to Aboriginal and Torres Strait Islander women who for thousands of years have preserved the culture and practices of their communities on country. This land was never surrendered, and we acknowledge that it ***always was and always will be Aboriginal land.***

We acknowledge the strength of Aboriginal and Torres Strait Islander people and communities. We acknowledge that Australian governments have been complicit in the entrenched disadvantage, intergenerational trauma and ongoing institutional racism faced by Aboriginal and Torres Strait Islander people. We recognise that Aboriginal and Torres Strait Islander people must lead the design and delivery of services that affect them for better life outcomes to be achieved.

About NWEA

The Working with Women Alliance (WWWA) represents two key portfolios: National Women's Safety (NWS) and National Women's Equality (NWE). The WWWA connects the critical areas of gender-based violence prevention and the advancement of women's economic equality and leadership, bridging these important policy fields for greater impact.

The **National Women's Equality Alliance** brings together a diversity of voices, expertise, and experience to inform and guide national policy on women's equality and leadership. The NWEA, established in 2025, connects the sector, experts, government, and individuals with a shared vision to ensure and advance women's equality and leadership. This is achieved through consultation, research, and the collaborative development of expert policy advice to government.

More information about NWEA is available on our [website](#).

About WWDA

[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.

More information about WWDA is available on our [website](#).

Executive Summary

The Fair Work Commission's Gender-Based Undervaluation – Priority Awards Review is an important recognition of the value of work historically performed by women. The National Women's Equality Alliance and Women with Disabilities Australia welcome the recent decision that workers employed under the five awards listed in the Review have been the subject of gender-based undervaluation. This decision will set a significant precedent and deliver essential reforms for working women across Australia.

The Fair Work Commission has found that the Social, Community, Home Care and Disability Services (SCHADS) Award is not fit for purpose and provided a provisional decision that the five separate classification structures within the Award should be simplified and streamlined into one structure. While we appreciate that the current structure is complex and rife for misinterpretation or misuse, we are concerned by the provisional classification drafted by the Fair Work Commission and its impacts on women who work in the sector, and the women supported by the sector.

Women comprise three quarters of the workers in the healthcare and social assistance sector. Women with disabilities constitute a significant portion of the peer support workforce in these sectors, and many have entered the workforce through non-tradition pathways rather than formal education routes due to systemic barriers in educational attainment.

The Fair Work Commission's proposed classification structure for the SCHADS Award has a qualification-centric approach that values formal qualifications over the invaluable lived experience expertise that many women with disabilities bring to the sector. Further, we are concerned that the Commission has inadvertently collapsed the diversity of care work in the sector into a single set of skills that can be benchmarked against the skills and qualifications required for work in the Aged Care sector. These misinterpretations and the associated proposed classification structure will result in financial disadvantage for many workers and confusion and instability for service providers in the sector.

We recommend the Commission design the new structure methodically, in consultation with interested parties and stakeholders to ensure no unintended consequences for women, and particularly women with disabilities who work in and are supported by the sector. The new Award structure should value lived experience, support workforce development and ensure that no worker is faced with a potential wage decrease.

Introduction

The National Women's Equality Alliance (NWEA) and Women with Disabilities Australia (WWDA) welcome the recent decision of the Fair Work Commission (FWC) confirming that workers employed under the five awards subject to the Review have been subject to gender-based undervaluation. This acknowledgment is long overdue and marks an important step toward securing long-term, systemic reform for working women across Australia.

We strongly support the Commission's determination that its findings justify variations to modern award minimum wage rates. We particularly welcome the wage increases that will benefit large numbers of women employed under the Pharmacy Industry Award and the Children's Services Award.

We also recognise the Commission's finding that the Social, Community, Home Care and Disability Services (SCHADS) Award is not fit for purpose. The existing five-stream classification structure is complex, inconsistently applied, and prone to misinterpretation or misuse.

However, we are deeply concerned about the provisional classification structure proposed by the Commission. Without careful consideration, these changes risk unintended harm to both the women who work in the sector and the women supported by it. In particular, women with disabilities face compounded disadvantage—as both employees under this Award and recipients of disability supports. The new structure must be designed through an intersectional lens to ensure that reforms do not entrench existing inequalities or create new barriers to participation and progression.

Impacts on women working in the social and community services sector

Women comprise 76% of the health care and social assistance sector, including 83% of social workers, 81% of contract, program and project administrators, 79% of welfare, recreation and community arts workers, 74% of health and welfare service managers and 72% of aged and disabled carers. Further, three in five people in social housing are women and two in three of specialist homelessness services clients are women.¹ Women with

¹ Australian Institute of Health and Welfare, (2025), *Specialist Homelessness Services: monthly data – December 2024*, Australian Government

disabilities constitute a significant portion of the peer support workforce in these sectors, bringing invaluable lived experience to their roles. Many have entered the workforce through non-traditional pathways rather than formal education routes due to systemic barriers in educational attainment.

Most people who access domestic and family violence or sexual assault support services are women. The constitution of the workforce in this sector has a significant impact on women's safety and their economic participation.

NWEA and WWDA are concerned by the proposed new classification structure and its unintended consequences, including the reliance on formal credentials and the reduction of wages of women working in the sector. The reliance on formal qualifications would disproportionately disadvantage women with disabilities who often face barriers in accessing traditional education pathways but bring essential expertise through lived and workforce experience. The qualification-centric approach creates a hierarchy that privileges formal credentials over the invaluable expertise that comes from lived experience of disability.

Likewise, many workers, most of whom are women, will be financially worse off under the proposed new structure regardless of the translation methodology applied. For example, in translation option one, the discussion paper released by the Commission has noted 15 pay points at which workers' wages would decrease. In option two, there are 22 pay points at which wages would decrease. Positions currently classified in Schedules B and C would be particularly impacted by these changes.

We appreciate that the Commission has determined that no employee should have their pay reduced by the translation from the current classification structure to the new structure, and that employees who do translate to a classification with a lower rate of pay would retain their current rate of pay. However, this will impact job mobility and recruitment, as workers are unsure if their wages will go down if they change jobs.

In their most recent [community sector survey](#), ACOSS notes that most community sector organisations, who employ staff under the SCHADS Award, feel that recruitment challenges are worsening, and three in four leaders say it has become more difficult to attract and retain staff.² Many of these organisations name low wages as a significant barrier to workforce sustainability or growth.

² Cortis, N. and Blaxland, M. (2023) *At the precipice: Australia's community sector through the cost-of-living crisis, fundings from the Australian Community Sector Survey*. Sydney: ACOSS

The survey data shows that only 50% of workers in the community sector reported receiving decent pay for the work they do, and only 32% expected to have enough superannuation at retirement.³ More than half of staff in the sector report feeling under pressure due to understaffing. More than a third of staff respondents noted they were planning to leave their current role within 12 months.⁴

This situation – understaffing and recruitment challenges – will be exasperated by a grandparenting arrangement in which some staff are paid at higher wages than others. This would also be a significant administrative burden for organisations within the sector, especially smaller, specialised organisations that work with marginalised communities.

Diversity of care work

We believe that the flaws in the provisional structure are underpinned by an assumption that all forms of care work are like, or indeed the same as aged care work. This is not the case. Disability care work can differ from aged care work substantively, and the specialised care provided in domestic and family violence and sexual assault support services require different skills again.

We welcome the discussion paper’s indication that home care workers in disability care would experience wage increases. This was a recommendation included in the final report of the Royal Commission into the Violence, Abuse, Neglect and Exploitation of People with a Disability (Recommendation 10.9).⁵ We are, however, concerned that an emphasis on minimum qualifications would effectively restrict career progression for workers in this sector. As the Commission will know, while the Royal Commission into Aged Care Quality and Safety recommended setting a qualification standard of Certificate III, the Royal Commission into the Violence, Abuse, Neglect and Exploitation of People with a Disability did not issue the same recommendation.

The Commission acknowledge that along with immediate physical care, disability support workers are responsible for assisting clients to engage “in life activities in a way that maximises their capacity for self-determination and freedom of expression (p. 157)”. Despite this acknowledgement, the factual findings have focused on, firstly, the competencies involved in this work (e.g. “skills of interpersonal and contextual awareness, verbal and non- verbal communication, emotion management and dynamic workflow coordination p. 157”) and secondly, the expectation to perform work “almost entirely

³ *Ibid.*

⁴ *Ibid.*

⁵ Commonwealth of Australia (2023) *Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability: Final Report*

unsupervised and autonomously (p.158)”, likening this to work performed in the Aged Care sector. There are important nuances that may be overlooked in this distinction.

Disability support centres rights-based autonomy (see for example: NDIS Workforce Capability Framework), requiring workers to facilitate supported decision-making and self-determination. These nuances are evident in the case studies presented by the Commission, though they do not form an explicit focus of the findings. While both sectors involve supporting people with daily living, disability support is premised on a rights-based model that emphasises independence, choice and control, and community participation. As such, the disability sector has historically valued lived experience alongside formal qualifications. The 'Caring Skills benchmark rate' identified in the Stage 3 Aged Care decision embeds a care paradigm that many in the disability community actively reject in favour of a rights-based approach.

The NDIS Workforce Capability Framework offers a productive illustration of the core capabilities required within the disability care sector, and the diversity and complexity of work involved in supporting people to live full, rich and meaningful lives.⁶ While we appreciate the need to simplify the Award classification structure, we urge the Commission not to simplify the value of care work in the process.

Classification structures relying on qualifications would exacerbate workforce shortages in thin rural and remote markets where workers with local knowledge and cultural competency are already difficult to recruit and retain. We would also like to point out that creating a category of ‘basic’ care work goes against the principle of valuing care work as skilled and essential. The NDIS Workforce Capability Framework describes the work involved in disability care as ‘General’, ‘Advanced’ and ‘Ancillary’. We suggest adjusting the language of future iterations of the classification structure of the Award to reflect this. This stands in contrast to where the term 'basic' is more appropriately used in the context of registration requirements for disability supports, as in the graduated risk-proportionate regulatory model proposed by the NDIS Provider and Worker Registration Taskforce.

Recommendations

The gender-undervaluation review is a critical opportunity to deliver long-overdue reforms for working women. These reforms must not be rushed. We welcome the indicative wage

⁶ NDIS Quality and Safeguards Commission, (2021), *NDIS Workforce Capability Framework*, Commonwealth of Australia

increases for disability care workers and the Commission's assurance that no employee will have their pay reduced through translation to the new classification structure.

However, this safeguard may have unintended consequences—particularly for women with disabilities—by limiting job mobility and career progression, and potentially disrupting essential supports. We urge the Commission to ensure the new classification structure genuinely reflects a rights-based approach by recognising and valuing lived experience of disability alongside formal qualifications.

The NWEA and WWDA do not support the current provisional classification structure. We also oppose revoking the Equal Remuneration Order unless there is a clear guarantee that women's wages will be maintained or improved under the new SCHADS model.

The sector cannot provide meaningful feedback on the proposed structure while minimum rates leave some workers financially disadvantaged. We call on the Commission to design the new structure methodically and in full consultation with workers, advocates and stakeholders—ensuring that no one is left behind in this vital reform process.