SPRC UNSW Social Policy Research Centre

Australia's social and community services workforce

Characterisation, classification and value

FINAL REPORT

Prepared for: Australian Services Union

19 April 2024

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UNSW SYDNEY

Acknowledgements

We are grateful to the 3122 social and community service workers who generously shared their experiences, and to the Australian Services Union and their networks for assistance with survey distribution. We also thank Professors Gabrielle Meagher, Sara Charlesworth and Anne Junor for advice on content. Any errors or omissions are those of the authors.

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The Social Policy Research Centre is based in the Faculty of Arts, Design and Architecture at UNSW Sydney.

Suggested citation

Cortis, N. and Blaxland, M. (2024) *Australia's Social and Community Services Workforce: Characterisation, Classification and Value,* Sydney: UNSW Social Policy Research Centre.

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Executive Summary

Over 300,000 people work in Australia's social and community service industries, mostly women in non-government organisations doing work that is essential to meeting social, economic, health and cultural needs, and to promoting wellbeing and inclusion. This report provides detailed insight into what these workers do in their work, and how their work is characterised, classified and paid in the context of the regulatory arrangements set by the Social, Community, Home Care & Disability Services (SCHADS) Award.

Like other modern awards, the SCHADS Award establishes minimum conditions and pay, and sets the basis for enterprise agreements. Pay rates in the SCHADS Award are set across four classification streams. Each consists of different levels which are designed to recognise workers' duties, qualifications, skills and experience, and to provide a structure for accessing higher pay. This report draws on workers' experiences and perspectives to help understand the ways these regulatory arrangements are working, and how they recognise and value the contributions made by the social and community service workforce.

...Anyone working in the social and community services space takes on a huge level of responsibility, requires a huge number of skills beyond any role scope, and takes on a huge mental strain due to the complexities of working with individuals, and as such, deserves to be better compensated. When we work every day with people on their deepest hurts, struggles and life adversities the level of award pay should reflect that better. (Alcohol and Other Drugs Counsellor/Case Manager, Health related service, SCHADS Award SACS Level 4)

Survey participants and their roles

Evidence comes from Australia's largest survey of pay and conditions in social and community services. It was commissioned by the Australian Services Union (ASU) and captured the experiences of 3122 workers in late 2023. Overall, 73% of study participants were women, however, the gender profile differs across service systems, ranging from mental health (63% female) to family services (89% female).

Findings show the diversity of social and community service roles, many of which are tailored to meet the needs of particular programs, cohorts or communities. Over 70% of participants were frontline practitioners, working with people with disability, women affected by domestic and family violence, vulnerable children and young people, and people needing housing, health, and other supports. Common positions included disability support workers, case managers, caseworkers, counsellors, youth workers, lawyers, project officers and team leaders, but

frontline practitioners alone held over 900 unique formal job titles. Other workers were in policy, research and project roles, or in roles providing management and leadership, administration or facility support.

Knowledge and skills

Social and community service workers engage closely with clients, and with government. While not directly employed in the public sector, they deliver government funded programs, inform and implement statutory decisions and are essential to government supply chains, and to public sector capacity and impact.

Across diverse work roles and contexts, activities often involve carefully connecting with and attuning to clients, understanding context and need, and developing and coordinating sensitive processes to identify, prevent and address harm. Workers draw on repertoires of highly complex relational and communication skills which they select and apply with empathy and respect, to empower community members and affect change. However, beyond a few high-level references to 'interpersonal' and 'communication' skills in SCHADS Award descriptors, these skills are not articulated in the Award, contributing to workers' perceptions that the complexity and risk in their work lacks visibility and a basis for formal recognition and reward.

Relevant qualifications and experience

Survey participants were highly qualified and experienced.[1] Half held a university degree that was relevant to their role (50%), and a further 36% held a Certificate IV, diploma or associate degree level qualification. 39% had at least a decade of experience. Those in policy, research and project roles were most highly qualified, with 48% having a postgraduate qualification, but even among disability support workers and others classified at lower levels, large proportions were highly qualified and experienced.

Formal qualifications are not mandatory for disability support work but 13% had a relevant university qualification. While the SACS stream of the SCHADS Award consists of 8 levels, most disability support workers are classified by their employers at lower levels, mainly at Level 2. At this level, substantial experience is not a requirement under the Award, yet 43% of disability support workers in the study had ten years or more experience, and a further 23% had 5-10 years' experience.

…The work I do is a bit more complex than many others in the same role as I work only with our clients who have complex needs or challenging behaviours. … There should be better renumeration for those who have more challenging roles with challenging clients. (Disability support worker, Disability service, SCHADS Award SACS Level 2)

I'm a single parent, there has never been a second income in my household and almost my whole career has been in a Community Legal Centre, so I live MUCH more modestly than other lawyers of similar standing. It's a sacrifice my whole family makes. (Director, Community Legal Service, Individual agreement)

[1] Our sampling approach meant it was difficult to engage newer and more precarious workers (see Section 1.2.3)

Working hours and financial stress

46% of participants were working full-time, but full-time hours were most common among managers and service leaders (73%), and uncommon among disability support workers (13%). A further 43% were employed part time, working an average of 29 hours per week. To assess the adequacy of working hours, survey participants were asked if they worked enough hours to make a living. 18% disagreed. While casual workers faced most difficulty, even among full time workers, 1 in 10 felt their hours were insufficient to make a living, suggesting low rates of pay. Across the sample, 29% said they sometimes need help from family or friends to meet living costs, and even for full time workers this figure was high (25%).

Pay rates are not reflective of the work we undertake or the cumulative stress and burnout as a result of this work. As much as I enjoy the work I do and have been doing so for many years, I worry that it is not financially viable for me to stay in the industry long term. (Case manager, homelessness service, SCHADS Award SACS Level 4)

Classification and pay

Among survey participants, two thirds (66%) had their pay set by the Social, Community, Home Care & Disability Services (SCHADS) Award, and 21% had pay set by an enterprise agreement, which often closely replicates conditions and classifications, albeit with small pay premia.

Among disability support workers with pay set by the Award, most were employed at the lower of the Award's eight SACS levels, with the vast majority at SACS Level 2 (72%), and none classified above Level 4. Other practitioners were distributed across levels, with the majority employed around the middle of the classification structure, at either Level 4 (30%) or Level 5 (29%). Many social and community service workers described working in ways that were not consistent with Award classification descriptors.

Supervision and authority

Even at low classification levels, workers frequently work with very little supervision, and provide some supervision and guidance to others, even when it is not formally required or recognised. Almost half of disability support workers provided some kind of downward authority, most often this involved providing a little guidance to a small number of staff classified at lower levels (20%) or helping staff manage and plan their work (11%), but 15% provided more substantial guidance.

There is no higher level. People who have worked for a few months are getting paid the same as regular full-time staff that have been here for many years. (Support worker, Disability service, Enterprise agreement)

Across all SACS Levels of the SCHADS Award, large minorities said they work independently, with limited direction. Among those at lower classification levels (Level 1 and 2), more than a quarter said they receive 'general direction', rather than supervision as such. Many practitioners make complex decisions while working autonomously with little supervisory support.

Perspectives on classification and the SCHADS Award

Reflecting their high educational attainment, experience, and limited receipt of supervision, over half of survey participants (56%) felt they should be classified at a higher level. Among those classified at Levels 1 and 2, this figure was over 70%, but even among those at Level 6 and above, large minorities felt their classification was low given the work that they do, and their qualifications and experience.

Participants attributed low classification and pay to insufficient government funding for their service, and inadequacies in the SCHADS Award. Workers and managers alike pointed to ambiguous language in the Award which made it difficult to accurately apply. They expressed detailed concerns about pay rates, progression, and felt the nature of their work and the skills required were not well articulated nor recognised in the Award.

Disability support workers, as well as workers in youth, homelessness and mental health services expressed strong views that sleepover rates were inadequate for the work performed and the impacts of overnight shifts.

Workers drawing on their Aboriginal and Torres Strait Islander cultural knowledge and community connections, and peer workers with personal experience of mental ill health frequently felt their knowledge and experience was not well-valued.

Pay progression

Lack of pay progression is a major issue. Under the SCHADS Award, only some disability workers at Level 1, pay point 1 automatically progress to pay point 2. Others may be eligible to progress based on satisfactory performance and competency, however there is no entitlement to progress up pay points and levels; rather, promotion or reclassification is at employers' discretion.

Survey findings show that only a minority of workers had progressed up a pay point in the last year (41%). Problematically, progression was more common at higher levels. While 34% of SACS Level 1 staff had moved up a pay point in the last year, this was the case for 59% at Level 8. People employed under an enterprise agreement were no more likely to have progressed in the last year than those working under the SCHADS Award.

Expectations of future pay progression were low; few at Level 1 anticipated an increase in the coming year. Some workers had been shifted to lower classification levels when moving to another organisation or had seen colleagues experience a downgrade.

Poor progression opportunities undervalues skills, qualifications and experience, and disincentivises further upskilling. It also contributes to financial strain. Those who had not progressed up a pay point in the last year were more likely than others to report that working in the industry makes it hard to get ahead financially.

There seems to be no pay progression, even though my skills have increased, my experience has increased, the amount of senior type duties have increased. Unofficial leader duties have increased. There is a ceiling on pay that is not matched by a ceiling on required work. (Social worker, Mental health service, SCHADS Award SACS level 5)

Estimates of underclassification

As many survey participants felt they were underclassified, we took a closer look. We estimated underclassification using information about workers' relevant qualifications and experience; provision of supervision and guidance to staff at lower classifications; and their receipt of line management supervision. Estimation was restricted to the 1446 survey participants employed at SACS Level 1 to 5. Survey responses were coded against Award descriptors using conservative operational definitions and showed 43% of those at SACS Level 1 to 5 were underclassified on the basis of their qualifications and experience; 18% were underclassified based on the supervision and guidance they provided to lower-classified staff, and 43% were underclassified based on the line management they received.

Underclassification appears widespread. Two thirds (67%) of workers at SACS Level 1 to 5 were underclassified on at least one of the three measures; 30% on two measures; and 5% on all three measures. A very high proportion of disability support workers appear underclassified (91% on one measure, 52% on two). There is a risk of underclassification upon commencement in social and community services but underclassification increases over time: 31% of those in their first year of service were estimated to be underclassified on at least one measure, compared with 72% of those with 5 to 10 years of experience, and 90% of those with at least ten years of experience. Sensitivity testing confirmed underclassification is widespread.

Addressing undervaluation

Of course, there are many potential drivers of underclassification, including problems in the Award, such as unclear descriptors, and implementation problems, such as inaccurate classification by employers, or underfunding by government. Correspondingly, there are a range of potential solutions. Our analysis cannot definitively diagnose cause nor determine the regulatory and practical interventions needed to address the wide range of challenges affecting this workforce. However, findings give strong evidence of persistent workforce problems and undervaluation in the context of the SCHADS Award, which workers find does not fully recognise their skills and experience or provide opportunities to progress.

Addressing underclassification as a form of undervaluation is important for recognising social and community service workers' contributions, and essential to valuing and sustaining this female-dominated workforce, and Australia's care and support economy.

People need to be able to see their actual positions described within the award. Currently it is too ambiguous and open to interpretation which can then lead to underpaying and incorrect classification (Community support worker, Mental health, Enterprise agreement)

1 Introduction

Over 300,000 people work in Australia's social and community service industries. Around three quarters are women and 95% work in private, non-government organisations, including charities[2]. These workers deliver a heterogeneous patchwork of services, often in partnership with government, to help meet social, health, economic and cultural needs, and to promote capabilities, wellbeing and inclusion. While social and community services were not the focus of the Australian Government's recent draft strategy for a sustainable care and support economy,[3] these services provide essential forms of care and support, including to people affected by or at risk of poverty and disadvantage.

This report examines the main features of contemporary social and community service work, and how work is characterised, classified and paid. While some social and community service workers received pay increases phased in as part of the Equal Remuneration Order from 2012 to 2020, the report shows this work continues to be undervalued. Findings come from the first-hand accounts of 3122 workers captured in Australia's largest survey of pay and conditions in social and community services, conducted in late 2023. The survey was commissioned by the Australian Services Union, the largest union representing Australia's social and community service workforce.

Specifically, the report focuses on workers' roles, responsibilities, skills, and supervision, as these are the main factors that shape the ways community service work is characterised, classified and paid in the context of the industrial Award that covers the majority of this workforce, the Social, Community, Home Care & Disability Services (SCHADS) Award. Like other modern awards, the SCHADS Award sets out minimum conditions and wage rates for the industry, and sets a foundation for enterprise agreements. Under the SCHADS Award, minimum pay rates are set for different levels in four classification streams, according to workers' duties, qualifications, skills and experience. The Social and Community Services (SACS) stream covers the largest number of workers. It consists of eight levels, with three or four pay points within each level.[4] As workers classified at higher levels and pay points are entitled to higher rates of pay, award classification provides a structure through which workers' skills and experience can be recognised and rewarded, and a framework for improving earnings as they advance their careers.

Of the 3122 survey participants, over 70 percent were frontline practitioners, including support workers, counsellors, social workers, case managers and others working at the frontline of service systems, including to support people with disability; women and families affected by domestic and family violence; vulnerable children and young people; and people needing a range of housing,

[2] The 2021 Census indicates 302,913 people worked in the two industries which broadly align with social and community services: 'other social assistance' (ANZSIC 8790) and 'other residential services' (ANZSIC 8609). Of these, 287,896 (95%) were employed in the private sector, including not-for-profits. See https://www.abs.gov.au/statistics/classifications/australian-and-new-zealand-standard-industrial-classification-anzsic/latest-release

3 The draft National Strategy was developed with reference to aged care, disability care and support, early childhood education and care, and veterans' care, see Care and Support Economy Taskforce (2023) *Draft National Care and Support Economy Strategy*, Australian Government Department of Prime Minister and Cabinet, https://www.pmc.gov.au/sites/default/files/resource/download/draft-national-care-and-support-economy-strategy-2023.pdf

[4] The other streams are for Crisis Accommodation, Family Day Care and Home Care employees.

community health, or other supports. Most work in services which are funded by government to implement government policy and deliver government programs.

The data contributes a fresh understanding of the diverse roles in social and community services, activities at work, the skills required, and workers' responsibilities and relationships, based on the experiences and accounts of those doing the work. Together, workers' accounts are at odds with the ways community service work is depicted in the formal descriptions contained in the SCHADS Award, which define the ways community service work is classified and paid.

1.1 Background

Social and community services encompass a wide range of programs and activities to improve the lives of individuals, and strengthen families and communities. Services usually involve a highly feminised non-government sector workforce delivering care and support to clients facing adversity. The workforce is large, complex, and dynamic. Services adapt to need, with new, specialised skills and roles emerging in response to changing priorities, such as the rising incidence of mental illness and autism, and increased recognition of the previously 'hidden' social problems, like domestic violence. Skills and roles also change in response to new practice theories, such as person-centred care.

While frontline practitioners working directly with clients characterise the industry, the social and community service workforce includes workers focused on policy, research and specific projects; administrative and facility support; and service and organisational leadership. While some in the non-government sector work for private companies, most social and community service workers are employed in not-for-profit organisations run by boards or management committees, for which state and federal governments are the main funders. Although commercial and philanthropic funding is rarely the main funding source, many organisations supplement government funding with income from business activities and donations.[5] While some community service organisations are large and asset rich, many in receipt of government funding have low financial reserves and operate with poor short-term financial capacity.[6]

The social and community services workforce is characterised by strong working relationships with government. While workers are not directly employed by government, they deliver government funded programs, are integral to government capacity and well embedded in government supply chains. Community service workers both shape and implement major national social initiatives, such as the National Disability Insurance Scheme (NDIS), Australia's National Plan to End Violence against Women and Children 2022-2032, the National Agreement on Closing the Gap, and multiple state and territory and local plans and programs aimed at ending homelessness, enabling access to justice and social security, protecting vulnerable children and young people, settling new migrants, promoting health, developing community resources, and more. Social and

[5] Cortis, N. & Blaxland, M (2020): The profile and pulse of the sector: Findings from the 2019 Australian Community Sector Survey. Sydney: ACOSS, https://www.acoss.org.au/wp-content/uploads/2020/03/2020-ACSS_final-3.pdf; Cortis, N. (2017) Access to Philanthropic and Commercial Income Among Nonprofit Community Service Organisations. *Voluntas* 28: 798–821. https://doi.org/10.1007/s11266-016-9715-2

[6] Cortis, N., and Lee, I. (2019). Assessing the Financial Reserves of Social Service Charities Involved in Public Service Delivery. *Nonprofit and Voluntary Sector Quarterly*, 48(4), 738-758. https://doi.org/10.1177/0899764018815619

community service workers also provide the charitable support and emergency relief which provide a last resort and safety net when government service systems are inaccessible or inadequate.

Historically, the skills used in social and community services have lacked visibility and formal recognition. Rapid jobs growth in female dominated sectors since the 1980s was not accompanied by new definitions of skills, and the complex emotional and relational skills used by women in social services have remained framed and devalued as 'soft' and assumed to be extensions of women's natural predispositions, exacerbating invisibility and undervaluation[7]. Social and community service work was long assumed to be an extension of women's voluntarism and domestic work, and until the 1990s, the industry lacked coverage by an industrial award, limiting organisations' capacity to demand fair pay rates from government for contracted services.[8]

While the 2012 Equal Remuneration case advanced understanding of social and community service activities, and achieved increased pay rates for most workers covered by the SCHADS Award,[9] the skills used and the complexity of tasks and client groups remain under-recognised, leaving open risks of undervaluation. In 2022, only half of community service workers felt their pay was decent for the work that they do, and only a third expect to have enough superannuation when they retire.[10] While unpaid overtime is widespread in Australia especially among full time managers, tradespeople and professional workers[11], in social and community services it is driven by persistent underfunding by government and gendered expectations of voluntarism, such that around 15% of all hours worked by paid community service workers are estimated to go unpaid.[12] The cost-of-living crisis has heightened financial, housing and other pressures placing additional pressure on services and on staff, and better paid government job opportunities continues to contribute to difficulties for organisations in securing staff.

An important feature of the social and community service workforce is its diversity. There is substantial diversity across service systems in the ways work is organised and funded, and in the characteristics, status, and experiences of workers. Past research has shown that in disability services for example, where the NDIS has been a major driver of change, many workers have emphasised challenges relating to working time insecurity, including unexpected shift changes, and only a minority (37%) report being satisfied with their pay.[13] Under the NDIS, care and support funded by the hour with capped pricing along with an expanding role for online platforms enabling on-demand care labour have underpinned cutbacks in supervision, training, co-ordination and

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[7] Junor A, 2020, 'Emotional Labour: Valuing Skills in Service Sector Employment', in Sawer, M., Jenkins, F., and Downing, K. (eds) *How Gender Can Transform the Social Sciences: Innovation and Impact*, pp. 149 - 158, http://dx.doi.org/10.1007/978-3-030-43236-2_15

[8] Briggs, C. Meagher, G., Healy, K. (2007) Becoming an Industry: The Struggle of Social and Community Workers for Award Coverage, 1976—2001, *Journal of Industrial Relations* 49:4, 497-521, https://doi.org/10.1177/0022185607080319

[9] The Equal Remuneration Order applied to workers in two streams: Social and Community Services, and Crisis Accommodation, but not Home Care or Family Day Care.

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

[11] Macdonald, F. (2023) *Short Changed: Unsatisfactory working hours and unpaid overtime, 2023 update*, The Australia Institute https://australiainstitute.org.au/wp-content/uploads/2023/11/Short-Changed-GHOTD-2023.pdf

[12] Cortis, N. and Blaxland, M. (2022) *Carrying the costs of the crisis: Australia's community sector through the Delta outbreak*. Sydney: ACOSS. https://www.acoss.org.au/wp-content/uploads/2022/04/ACSS-Full-2021-Report-v6.pdf

[13] Cortis, N., & van Toorn, G. (2020). *Working in new disability markets: A survey of Australia's disability workforce* Sydney: Social Policy Research Centre, UNSW Sydney http://doi.org/10.26190/5eb8b85e97714.

oversight.[14] In the overlapping subsector of aged care, where workers care for older people, including in private homes, the workforce has confronted challenges arising from task-oriented models of care and understaffing which have made it difficult to comprehensively meet client needs[15]. In domestic and family violence services, a highly feminised subsector where a high proportion of workers hold formal post-school qualifications, intensification of work, and pressure to work faster, was experienced even before the pandemic[16], and despite risks of vicarious trauma, many practitioners lacked access to quality models of professional supervision.[17] In homelessness services, organisations have been unable to meet growing levels of demand in the context of Australia's housing affordability crisis, and growing inequality.[18]

The current research recognises the differentiation of social and community service work. It profiled all participants while also exploring differences across subsectors and groups of workers, giving voice to workers in different contexts, roles and ranks. Results indicate that many workers' skills and qualifications are not recognised in the descriptions of their levels contained in the SCHADS Award. Some groups of workers appear particularly affected by underclassification, such as disability support workers, lower classified staff, and experienced workers.

1.2 About the study

1.2.1 Defining the community services workforce

While community service systems are overlapping and do not have strictly defined boundaries, official occupational and industrial classification systems and datasets offer a way to depict the industry. Australia's Census of Population and Housing is a key source, categorising the whole working population using the Australian and New Zealand Standard Classification of Occupations (ANZSCO) and employers' industries, using The Australian and New Zealand Standard Industrial Classification (ANZSIC).[19] ANZSIC and ANZSCO have limitations in defining and describing the

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[14] Macdonald, F., & Charlesworth, S. (2021). Regulating for gender-equitable decent work in social and community services: Bringing the state back in. *Journal of Industrial Relations*, 63(4), 477-500. https://doi.org/10.1177/0022185621996782; Cortis, N., Macdonald, F., Davidson, B., and Bentham, E. (2017). *Reasonable, necessary and valued: Pricing disability services for quality support and decent jobs*, SPRC Report 10/17, Sydney: Social Policy Research Centre, UNSW Sydney. https://www.arts.unsw.edu.au/sites/default/files/documents/NDIS_Pricing_Report.pdf

[15] Meagher, G., Cortis, N., Charlesworth, S., & Taylor, W. (2019). *Meeting the social and emotional support needs of older people using aged care services*. Macquarie University, UNSW Sydney, and RMIT University. https://doi.org/10.26190/5da7d6ab7099a

[16] Cortis, N., Blaxland, M., Breckenridge, J., valentine, k. Mahoney, N., Chung, D., Cordier, R., Chen, Y., and Green, D. (2018) *National Survey of Workers in the Domestic, Family and Sexual Violence Sectors* (SPRC Report 5/2018). Sydney: Social Policy Research Centre and Gendered Violence Research Network, UNSW Sydney. http://doi.org/10.26190/5b5ab1c0e110f

[17] Cortis, N. Seymour, K., Natalier, K. and Wendt, S. (2021) Which Models of Supervision Help Retain Staff? Findings From Australia's Domestic and Family Violence and Sexual Assault Workforces, *Australian Social Work*, 74:1, 68-82, http://doi.org/10.1080/0312407X.2020.1798480

[18] Cortis, N. and Blaxland, M. (2023) *At the precipice: Australia's community sector through the cost-of-living crisis, findings from the Australian Community Sector Survey*. Sydney: ACOSS. https://www.acoss.org.au/wp-content/uploads/2023/04/At-the-Precipice_ACSS-2023.pdf

[19] For previous analysis using Census data see Meagher, G. and Cortis, N. (2010) *The social and community services sector in NSW: Structure, workforce and pay equity issues.* Report for the NSW Department of Industrial Relations. https://researchers.mq.edu.au/files/20887658/Meagher_Cortis_April2010_SACS_Industry_Profile.pdf Meagher, G., and Healy, K. (2005) *Who Cares? Volume 1: A profile of care workers in Australia's community service industries*, ACOSS, Sydney. Meagher, G., and Healy, K. (2006) *Who cares? Volume 2: employment structure and incomes in the Australian care workforce*, ACOSS, Sydney.

community services workforce, including inadequate detail.[20] While ANZSCO offers up to a 6-digit classification, community service jobs are not consistently detailed beyond a 4-digit level, perhaps reflecting the greater historical attentiveness to the detail of male jobs. By way of example, Welfare Support Workers' (ANZSCO 4117) and Counsellors (2721) have associated 6-digit sub-categories, but the large, female dominated Community and Personal Service Worker occupation of Aged and Disabled Carers (ANZSCO 4231) is not disaggregated further, consisting of only one 6-digit code (423111, Aged and Disabled Carer). The much smaller but male dominated Community and Personal Service Worker occupation of Security Officers and Guards (4422) contains *eight* subcategories at the 6-digit level. Similarly, there are extensive ANZSIC categorisations for male dominated industries such as mining but just one 4-digit code for the 'Other Social Assistance Services' (8790) category, which captures non-residential social support services provided to a wide range of people with highly diverse needs and circumstances and operating as different service systems, and so aggregates vastly different services such as disability, domestic violence, food and emergency relief, adoption and out-of-home care, non-residential aged care, self-help groups, family relationship services, and youth services. Further, even if categorisations could appropriately categorise the community service workforce, the Census and other ABS surveys do not provide comprehensive information about workers' perceptions of their work and pay.

Recognising that official datasets do not give full visibility to the diverse nature of social and community service work and workers' experiences, this research took a different approach. Rather than understand the workforce via the lens of existing classifications using secondary analysis, we sought to capture how people currently working in social and community services do their work, and how it is organised and paid, in the context of the SCHADS Award, and based on information collected from workers themselves.

1.2.2 Design

Specifically, the survey was designed to capture workers' perspectives on:

- the nature of the work (such as roles and activities);
- levels of responsibility and skill (including skills for working with complex client needs; use of authority, judgment, and initiative; and worker experience and qualifications); and
- conditions under which work is done (including classification and pay).

While not strictly shaped by legislative definitions or frameworks, our focus on the nature of work, skill, responsibility, working conditions and pay broadly reflects the factors that justify rates of pay as set out in the Fair Work Act.[21] In addition, we explored worker demographics, and some impacts of pay and conditions on workers, such as financial pressures.

Questions covered roles, responsibilities, skills and relationships, including with clients. To ensure comprehensive information was captured about the actual work performed including aspects which

[20] Cortis, N., Naidoo, Y., Wong, M. and Bradbury, B. (2023). *Gender-based Occupational Segregation: A National Data Profile*. Sydney: UNSW Social Policy Research Centre, see page 16.
[21] Section 157 (2A) states that: "Work value reasons are reasons justifying the amount that employees should be paid for doing a particular kind of work, being reasons related to any of the following: (a) the nature of the work; (b) the level of skill or responsibility involved in doing the work; (c) the conditions under which the work is done."

may be under-codified or poorly understood, the survey invited free-text responses about important aspects of jobs which were not captured in job descriptions or well understood by others and aspects of work which new starters tend to find challenging.[22] Questions about workers' relation to staff classified at lower levels, line management supervision received, relevant qualifications and experience in relevant roles, along with pay setting and classification levels under the SCHADS Award were used to understand underclassification. Questions were also asked about working time, the size of their employer, the location of work, and funding arrangements for their service, along with gender and age.

The survey methodology and instrument were designed by the UNSW research team and refined following expert academic input and discussion with the Australian Services Union advisory group, who advised on language and wording to ensure local appropriateness. Questions were informed by previous studies of the community services workforce.[23] The survey was administered via Qualtrics. As an incentive to participate, respondents were able to leave their details at the end of the survey to go into a draw to win one of five shopping vouchers. Ethics clearance was obtained from the UNSW Ethics Panel during early November 2023 (reference number iRECS4629).

1.2.3 Recruitment and response

Participants were recruited via the networks of the Australian Services Union, but participation was not restricted to union members. Recruiting research participants via trade unions is an established strategy which offers a way to access staff in a range of workplaces.[24] The approach was successful in enabling the survey to reach a large and diverse sample of workers: 3122 participants completed the survey in the 4-week period. It was the largest survey of Australia's community services workers' pay and conditions to date. While a goal was to understand diversity among community service workers and explore their range of experiences (hence the inclusion of several open-ended questions for qualitative analysis), response numbers and participant characteristics also give confidence in the survey results.

Social and community services consist of multiple overlapping service types and systems, which are not well described in official classifications or datasets, however the Fair Work Commission maps the SCHADS Award to two 4-digit ANZSIC industry classes: 'Other Social Assistance'

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[22] These questions were adapted from the discussion topics which were part of Junor's 'spotlight' analysis tool used to document the less-recognised work activities in aged care. See Junor, A. (2021) *Report of Honorary Associate Professor Anne Junor,* Fair Work Commission Matter AM2021/63, Amendment to the Aged Care Award 2010 and the Nurses Award 2010. https://www.fwc.gov.au/documents/sites/work-value-aged-care/submissions/am202099andors-sub-junorreport-anmf-291021.pdf

[23] For example: Cortis, N. and Van Toorn, G. (2020) *Working in new disability markets: A survey of Australia's disability workforce*, Social Policy Research Centre, Sydney, http://dx.doi.org/10.26190/5eb8b85e97714; Cortis, N., Blaxland, M., Breckenridge, J., valentine, k., Mahoney, N., Chung, D., Cordier, R., Chen, Y., and Green, D. (2018) *National Survey of Workers in the Domestic, Family and Sexual Violence Sectors*, Social Policy Research Centre, UNSW Sydney, Sydney, http://dx.doi.org/10.26190/5b5ab1c0e110f; Cortis, N. and Blaxland, M. (2020) *The profile and pulse of the sector: Findings from the 2019 Australian Community Sector Survey*, ACOSS, Sydney, https://www.acoss.org.au/wp-content/uploads/2020/03/2020-ACSS.pdf

[24] See, for example Baines, D. and Armstrong, P. (2019) Non-job work/unpaid caring: Gendered industrial relations in long-term care. *Gender Work and Organization* 26: 934– 947. https://doi.org/10.1111/gwao.12293; Trydegard, G. (2012) Care work in changing welfare states: Nordic care workers' experiences, *European Journal of Ageing*, 9:119-129. van Toorn, G., & Cortis, N. (2023). Marketisation and Regulatory Labour in Frontline Disability Work. *Work, Employment and Society*, *37*(4), 916-933. https://doi.org/10.1177/09500170211058024; Meagher, G., Cortis, N. Charlesworth, S., Taylor, W. (2019). *Meeting the social and emotional support needs of older people using aged care services*. Sydney: Macquarie University, UNSW Sydney and RMIT University. http://doi.org/10.26190/5da7d6ab7099a

(8790), consisting of 278,221 workers as of the 2021 Census and the smaller 'Other Residential Care' (8609) category consisting of 24,687 workers.[25] The vast majority were in the private, non-government sector (95%). While Census data does not provide a survey 'population' as such, these figures can help understand the sample.[26]

Although an accurate response rate cannot be calculated, the 3122 survey participants represent around 1.1% of the 287,892 private sector workers employed in these industry categories combined, as of the 2021 Census[27]. As sampling was via the ASU's networks of workers, participation was not at random. Recruiting via union networks with opportunities for 'snowballing' helped access a very large number of workers however the sample could be expected to over-represent particular groups, such as longer-term workers in the industry (who are more experienced and more likely to be union members), and those who as union members, are in workplaces which have better wages and conditions as a result of union presence and activity, such as union-negotiated agreements. Workers likely to be under-represented include those new to the industry, younger workers, those in smaller workplaces or working alone, self-employed or gig economy workers, and those with more marginal attachment to the industry such as very short hours or in casual roles. Findings are therefore likely skewed towards the 'better' end of the workforce.

Comparison with 2021 Census data shows that in terms of gender, the survey sample resembles the composition of the 'Other Social Assistance Services' and 'Other Residential Care Services' Industry class combined, with 73.9% of those in the sample being female, compared with 73.2% of non-government, private sector workers in these industries.[28] Comparison by age shows that while the survey sample broadly resembles the industry for those aged 25 to 54, it contains a relatively small proportion of younger workers and a higher proportion of workers aged over 55 (see Table 1.1). The survey sample is indeed more qualified than the wider industry (Table 1.2), consistent with the sample's older age profile, and likely reflecting the distribution method.

[25] Mapping of modern awards was completed for the Annual Wage Review 2012-2013. See https://www.fwc.gov.au/hearings-decisions/major-cases/annual-wage-reviews/annual-wage-reviews-archive/annual-wage-review-1#S. Methodology for mapping award to industries is in Preston, M., Pung, A., Leung, E., Casey, C., Dunn, A., Richter, O. (2012) *Analysing modern award coverage using the Australian and New Zealand Standard Industrial Classification 2006*: Phase 1 report, Research Report 2/2012, Fair Work Australia. https://www.fwc.gov.au/documents/sites/wagereview2012/research/2_2012.pdf

[26] 'Other Social Assistance Services (8790) includes organisations providing social support services directly to clients, defined by the ABS to include aged disabilities assistance, aged care, marriage guidance, soup kitchens, welfare counselling, and youth welfare services, see https://www.abs.gov.au/statistics/classifications/australian-and-new-zealand-standard-industrial-classification-anzsic/2006-revision-2-0/detailed-classification/q/87/879/8790. 'Other Residential Services' (8609) includes organisations operating children's homes, community mental health hostels, crisis care accommodation, hospices, respite and refuges, see https://www.abs.gov.au/statistics/classifications/australian-and-new-zealand-standard-industrial-classification-anzsic/2006-revision-2-0/detailed-classification/q/86/860/8609. Note that the survey sample is defined by the self-identification of workers. By contrast, ANZSIC classifications group organisations based on employers' main activities, and some employees may work outside their employers' main industry.

[27] Data source: Census of Population and Housing, 2021, TableBuilder. We note that the population of workers who self-identify as working in the social and community service industry may not perfectly map to these industry classifications, however, this adequately indicates the sample size in relation to the population.

[28] Data source: Census of Population and Housing, 2021, TableBuilder. Note that the private sector includes the private sector, non-government workforce includes those working in charities and other not-for-profits, as well as those in private businesses.

Table 1.1 Age groups in the survey sample and in the 2021 Census

	24 or under	25 to 34	35 to 44	45 to 54	55 to 64	65 and over	Total
Survey sample (n=3081)	1.8%	20.3%	23.4%	23.4%	24.9%	6.2%	100%
Relevant industries, private sector, Census (n=287886)	10.5%	22.8%	21.2%	22.6%	18.2%	4.7%	100%

Relevant industries are ANZSIC 8790 – (Other Social Assistance) and ANZSIC 8609 (Other Residential Care Services). Private sector, non-government employees only. Data source: Australian Bureau of Statistics, Census of Population and Housing, 2021, counting persons, 15 years and over, TableBuilder. Note: 41 survey participants did not report their age.

Table 1.2 Education levels in the survey sample and in the 2021 Census

	Postgraduate	Bachelor degree	Advanced diploma/ Diploma	Certificate III and IV	Other	Total
Survey sample (n=3122)	21.1%	27.7%	22.8%	21.2%	7.2%	100%
Relevant industries, private sector, Census (n=287896)	11.8%	21.8%	17.2%	25.1%	24.0%	100%

Relevant industries are ANZSIC 8790 – (Other Social Assistance) and ANZSIC 8609 (Other Residential Care Services). Private sector, non-government employees only. Data source: Australian Bureau of Statistics, Census of Population and Housing, 2021, counting persons, 15 years and over, 1-digit level HEAP Level of Highest Educational Attainment by 4-digit level INDP Industry of Employment, TableBuilder.

1.2.4 Analysis

Both closed survey questions and free-text responses were carefully analysed. Statistical analysis was conducted in SPSS and Excel using unweighted data.[29] Analysis involved examining frequencies in the survey sample overall and cross-tabulations and comparisons of means, to explore the factors affecting different parts of the social and community service workforce. To ensure accurate conclusions were drawn in relation to classification and pay, analysis of these issues focused on the subset of participants who were covered by the SCHADS Award, and for whom a classification level was reported. This sub-sample consisted of 1855 people, which was approximately 59% of participants.[30] Estimates of underclassification (Section 5.4) could be made for those classified in the Social and Community Service (SACS)[31] stream at SACS Level 1 to 5

[29] Some weighted data was used in Section 6.
[30] While 2070 participants (66.3%) said they were covered by the SCHADS Award, the sample for the pay and classification analysis is smaller as some participants were not employed under the SACS stream of the award, or were unsure of their SACS level, or did not report it.
[31] As indicated earlier, the SCHADS Award has separate streams for crisis assistance and supported housing, home care, and family day care, in addition to social and community services. Analysis was for those who reported a Level in the SACS stream only, or a crisis and supported housing level (which concords with SACS).

only (see Section 6). Conservative operational definitions were used. Sensitivity testing produced similar estimates using alternative assumptions, and weighted data (see Section 6.5).[32]

Free-text comments were analysed thematically to identify common and recurring issues, and experiences among different groups of workers. We grouped participants broadly by role for analysis, capturing them in five main categories: industry: disability support workers (the largest group of frontline practitioners); other practitioners (a highly diverse group including counsellors, social workers, youth workers, caseworkers lawyers and more); workers in office and facility support roles; policy, research and project workers, and those in leaderships and managerial positions. We also examined some differences across SACS levels. Comments on specific themes and case studies of individual circumstances are provided to illustrate workers' experiences.

1.2.5 Data reliability

With a sample size of 3122, the information provides a comprehensive dataset on pay and conditions in Australian social and community services, giving unprecedented detail about the nature and experience of work in the context of the regulatory arrangements set by the SCHADS Award. The data gives voice to issues considered important by different groups of workers and managers, and contributes workers' first-hand accounts, using their own words and frames.

Comparison with Census data shows older, more educated workers were over-represented in the sample, likely reflecting recruitment via unions, although participation was not exclusive to union members. As a result, findings should be considered slightly skewed to the 'better' end of the labour market, where workers are more established in the industry and where connection to unions likely result in better regulation and pay.[33] Nonetheless, the findings identify serious challenges affecting these workers, including widespread problems of underclassification (see Section 6). To test the reliability of our estimates of the extent and nature of underclassification, additional estimates were produced, and confirmed widespread underclassification (Section 6.5).

1.3 Structure of this report

The report firstly introduces participants, including their location, age and gender, main roles and job titles, organisational contexts and employment arrangements (Section 2).

Section 3 explores the nature of community service work. It shows that most workers connect with clients most days, and draw on a wide range of skills. Workers saw an ability to communicate with, empathise with, and empower others to be essential skills. The social and community service

[32] The alternative definitions are explained in Section 6.5, along with the use of weighted data for cross-checking the estimates of underclassification were relevant to the wider industry, given differences in the age and education structure of the survey sample and wider industry. Weighted data was not used throughout the report as the primary purpose was to explore experiences and perceptions among different groups of workers, including through their qualitative accounts of their work, rather than project to the population. Further, not all variables shaping the sample of survey participants have reliable population-level information to inform weights, including participants' service focus, role and classification level. The weights used in Section 6.5 are based on demographics (age and education) which while helping to better represent less qualified and younger workers may skew results in unknown ways in relation to other relevant variables. As such, weighting was used sparingly, to test estimates of underclassification only (see Section 6.5).
[33] ABS (2022) *Trade Union Membership*, see https://www.abs.gov.au/statistics/labour/earnings-and-working-conditions/trade-union-membership/aug-2022

workforce interfaces with government, and some workers enact statutory responsibilities. Others have skills developed through personal experience and knowledge, including the cultural knowledge and community connections of Aboriginal and Torres Strait Islander workers, and peer workers with lived experience of mental health (Section 3).

Provision and receipt of line management supervision are key factors in determining award classification levels. Section 4 examines survey participants' supervision experiences.

Section 5 explores workers' perception of their pay, if they have experienced pay progression or expect to, and any financial stress experienced. As workers overwhelmingly attributed inadequate pay and financial stress to the Award, the section also examines their perspectives on the SCHADS Award.

Finally, Section 6 presents analysis of underclassification among survey participants, based on qualifications and years of experience, and provision and receipt of line management supervision, for a subsample of survey participants employed at SACS Level 1 to 5. This shows widespread underclassification, which is confirmed through alternative models.

Section 7 provides a concluding discussion reflecting on the research findings.

Supplementary tables and figures are in Appendix A and B, while material listing formal job titles is in Appendix C.

Case Study 1. Sarah's therapeutic casework with domestic violence offenders

Sarah has a permanent part-time position in a large organisation, delivering a state government funded domestic and family violence service in a regional centre. As a therapeutic caseworker, she works one-to-one with men who have used abusive behaviours. Sarah is part of the highly specialised perpetrator intervention workforce which is integral to Australia's capacity to end violence. Service delivery to perpetrators features in Australia's National Plan to End Violence against Women and Children 2022-2032 as a strategy to prevent violence and hold perpetrators to account.

The men Sarah works with are affected by a range of complex issues, including substance use, mental health, communication challenges, legal and justice issues, and trauma, in addition to domestic and family violence. They are often agitated or aggressive. Sarah's casework involves conducting intake assessments, safety assessments, and ongoing assessments of behaviour. She listens to men's accounts of their use of violence, which includes some very distressing content, including accounts of strangulation.

Sarah deploys high level judgment and communication skills, in order to provide feedback to the men regarding their behaviours, and develop safety plans that promote alternatives to using violence. She is a mandatory reporter, contributes to interagency meetings, and provides support to other practitioners regarding domestic and family violence. In describing the skills important in her job, she emphasises general skills such as listening, providing carefully considered feedback, holding firm boundaries, and maintaining a therapeutic relationship without coercion or collusion. Many of the men she works with are involved in family court matters, and subject to statutory orders, such as community corrections orders and domestic violence orders which she helps to monitor and implement. She provides authorities with evidence relating men's attendance, progress, and compliance with therapy, and exchanges information about breaches to corrections orders, to inform statutory decision making.

Sarah works in a feminist theoretical framework, recognising patterns of socialisation which normalise men's attitudes and behaviours, and underpin their use of violence. She recognises the importance of her work, and its real potential to decrease men's use of violence against women and children. Sarah has over a decade of experience and emphasises that the job is not suited to inexperienced workers. Challenges involve exposure to aggression and disrespectful attitudes to women, which she needs to carefully challenge. Sarah receives general direction but no supervision from a line manager. She can contact team leaders or more experienced staff for guidance if needed.

Sarah has a Bachelor's degree and is working towards an additional higher degree qualification. Her pay is set by an enterprise agreement and amounts to just under $50 per hour before tax, on par with the top pay point of SACS Level 5. She has not progressed up a pay point in the last year, and is not sure if she will in the next year. She finds working in social and community services makes it difficult to get ahead financially and while she likes her current role and organisation, she believes she should be paid at a higher level.

2 About participants

This section outlines the characteristics of the 3122 workers who completed the survey, including their location, age and gender (Section 2.1); their main roles and formal job titles (Section 2.2); their organisational contexts (Section 2.3); and employment arrangements (Section 2.4). Most (2070 or 66.3%) had their pay set by the SCHADS Award with most (1855) reporting a SACS level (Section 2.5). Section 2.6 profiles their qualifications and length of experience.

2.1 Location, age and gender

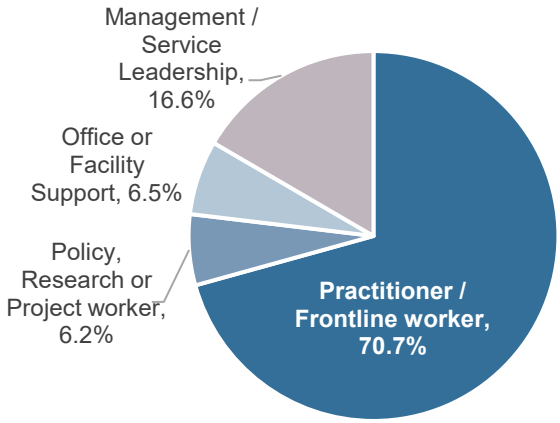
Participants came from all Australian jurisdictions, with the largest groups working in Queensland, New South Wales and Victoria. Just over half of study participants (53.3%) worked in the major cities, although there were larger proportions in regional and remote areas among participants working in QLD and NSW (see Appendix A, Table A 1).

Survey participants were spread across age groups (see Appendix A, Table A 2). Across each, women formed the majority, ranging from 69% of those aged 24 and under, to 77% of those aged 45 to 54. They comprised 73.3% overall. The proportion of women differed according to the main service, or service system, that was the focus of their work (Appendix Figure B 1), with those focused on family services, and domestic and family violence services, being most feminised. Participants focused on ageing were also highly feminised (84.2%)[34]. Among participants focused on disability; employment, education and training; and mental health, there were higher proportions of men, although no service category was over 40% male.

2.2 Main roles and job titles

Most participants (2206, or 70.7%) were frontline practitioners, and 519 (16.6%) were in management or service leadership roles. Smaller proportions were in either office or facility support roles (203, 6.5%) or in policy, research or project worker roles (194 people, 6.2%).

Figure 2.1 Survey participants' main role in community services (n=3122)



[34] 85% of the 113 workers who reported that their focus was 'ageing' were delivering services in people's homes.

2.2.1 Practitioners' job titles

Participants described working in a wide range of highly diverse jobs, reflecting the extensive range of specialised roles that characterise Australia's community service workforce. Together, the 2206 practitioners held over 900 unique job titles (see Appendix C, Table C 1, Table C 2). Among practitioners, the three most common formal job titles, shown in Table C 1 were:

- 'disability support worker' (326 people, equating to 14.7% of practitioners or 10.4% of all survey participants);
- 'support worker', also likely to include disability support workers along with others (201 people, constituting 9.0% of practitioners and 6.4% of survey participants);
- 'case manager' (73 people, 3.3% of practitioners and 2.3% of survey participants).

Other common job titles were youth worker, caseworker, community support worker, mental health support worker, financial counsellor, youth support worker, social worker, local area coordinator[35], lawyer, and counsellor. While some job titles indicate broad skills and focus, such as 'generalist counsellor', very large numbers of participants held unique job titles which indicate the very high levels of role specialisation in Australia's community service workforce. The job titles indicate job specialisation in working with a particular cohort or addressing a particular social issue, for example 'youth homelessness case manager', 'sexual assault counsellor', or 'specialist family violence practitioner' (see Appendix C, Table C 1 and Table C 2). In other cases, job titles indicate seniority, such as 'senior solicitor' or 'senior outreach worker', while others indicate a program specific specialisation, such as 'ParentsNext advisor'.

2.2.1 Policy, research and project workers' job titles

The 194 participants in policy, research and project roles also had highly diverse formal job titles, reporting 156 distinct titles. The most common were 'project officer', 'project coordinator', 'policy advisor' and 'senior project officer' but most were unique. Some titles indicated seniority (such as 'senior policy officer, project lead') or specialisation in a way of working, such as 'outreach solicitor'. Others referred to content specialisations, such as 'project coordinator: culturally responsive health' or a specialised set of skills and approach to providing support, such as 'lived experience project worker' (see Appendix C, Table C 3). Participants from this group tended to have very high educational qualifications that were relevant to their work (see Section 2.6).

2.2.2 Office and facility support workers' job titles

There were also a range of job titles reported by the 203 workers in office and facility support roles. This group provided 162 unique job titles. The most common was Administration officer (reported by 10 people), although others reported similar roles such as 'Administration' (6 participants), 'Administration assistant' or 'Administration support officer' (each reported by 4 participants). There were a diverse range of unique job titles relating to customer service, communications and media

[35] Local area coordinators are specific to the NDIS, see https://www.ndis.gov.au/understanding/what-ndis/whos-delivering-ndis/local-area-coordination-partners

roles, and to finance, which in some cases involved some quite specific roles in some cases in relation to government programs for example 'NDIS planner invoicing' or in relation to organisational functions, for example 'Individual giving coordinator' (see Appendix C, Table C 4).

2.2.3 Manager and Service Leaders' job titles

Among those in management and service leadership roles, the most common job title was 'Team leader' (60 people) followed by CEO (18 people), Manager, Program manager, and Co-ordinator (see Appendix C, Table C 5). More specialised job titles related to particular service leadership functions, such as 'Advocacy lead', 'Clinical lead', 'Team leader – intake' and 'Restrictive practices and compliance manager'. Some indicated broad functions across a location e.g. 'Neighbourhood centre coordinator', or across multiple locations, e.g. 'Regional manager' (Appendix C, Table C 6).

2.3 Organisational contexts and funding

Over half of participants (57%) worked in very large organisations (100 staff or more), while over 1 in 8 participants worked in small organisations, with less than 20 staff, (13.5%) (Appendix A, Table A 3). Around three quarters (75.8%) were aware that a government provided funding to deliver their program or service, although 13.2% were not sure. Receipt of government funding was reported at similar rates by workers across large, medium and smaller organisations, although it was less common among those where the participate was the sole employee.

Among the 2360 workers who said their service did receive government funding, in most cases it came from a state or territory government (48.8%) or from the Australian Government (36.0%). Some participants reported that their service received a mix of state and federal funding (1.2%) or local government (1.2%) and around one in eight were not sure of their funding source (12.8%). A significant government funding source is the NDIS, indeed, among all practitioners, 45.1% said they provided services and supports which were funded under the Scheme, and this was the case for almost all practitioners who were disability support workers[36].

2.4 Employment arrangements

The largest group of survey participants, albeit by a small margin, were employed on a full-time basis (46.3% in total), consisting of 37.5% employed on a permanent full-time basis and a further 8.8% employed on a fixed term contract with full time hours (46.3% combined). Full time workers reported working an average of 37.7 paid hours and 4.5 unpaid hours. Almost as many (43.0% in total) were employed part time, comprised of 35.9% employed on an ongoing, part-time basis, and

[36] Among the 543 disability support workers who participated, only 5 said they didn't provided services and supports funded under the NDIS, while 3 were not sure. Disability support workers were defined as those whose work was focused on disability services, and whose formal job titles were stated as any of the following: disability support worker, personal support worker, support worker, care worker, personal care worker, carer, care support worker, or unique variations of these terms, including care support employee, direct service worker, community support worker, active support worker, independent support worker, key support worker, personal care attendant, senior support worker, disability care worker, support, complex care support worker, carer/support worker, support professional, home support worker, care support worker, direct care worker, care giver, carer (disability support worker), care practitioner, community care worker, disability support leader, individual support, disabilities worker, disability support carer, disability support worker / mentor, lifestyle support worker, or therapeutic disability support worker.

a further 7.1% on fixed term contracts. Part time workers worked an average of 29 paid hours and contributed a further 2.6 unpaid hours.

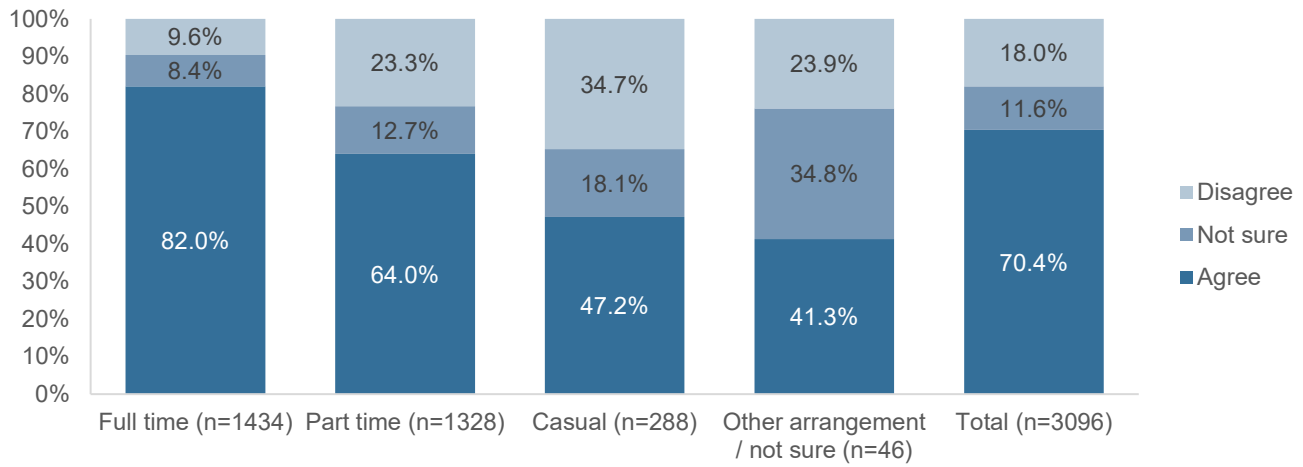
Full time employment was more common among managers and service leaders (72.7%, ongoing and fixed term combined), and very low among disability support workers (12.7%). Indeed, 57.0% of disability support workers were employed on a permanent part-time basis and a quarter (24.7%) were working casually (Table 2.1). Fixed term contracts were most common among policy, research and project workers.

Table 2.1 Basis of employment by role

	Disability support worker (n=542)	Practitioner (other than DSW) (n=1660)	Policy, Research, Projects (n=194)	Office or Facility Support (n=202)	Manager or Service Leader (n=517)	All roles (n=3115)
Permanent full time / ongoing	11.8%	37.5%	34.0%	48.5%	61.3%	37.5%
Permanent part time / ongoing	57.0%	35.4%	23.7%	30.2%	22.1%	35.9%
Fixed term contract -– full time	0.9%	8.9%	21.1%	9.9%	11.4%	8.8%
Fixed term contract -– part time	2.0%	8.3%	18.6%	8.4%	3.5%	7.1%
Casual (no paid leave entitlements)	24.7%	8.6%	1.5%	2.0%	1.4%	9.3%
Self-employed	3.1%	0.8%	0.5%	0.0%	0.2%	1.1%
Not sure / prefer not to say	0.4%	0.4%	0.5%	1.0%	0.2%	0.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

To assess the adequacy of working hours, survey participants were asked if they agreed with the statement “I work enough hours to make a living”. Overall, only 70.4% agreed, while 18% disagreed and 11.6% were unsure (Figure 2.2). Agreement was highest among full-time workers (82.0%) however almost one in ten (9.6%) full-time workers disagreed, suggesting receipt of low wages relative to living needs. For many part time and casual workers, working hours appear inadequate: 23.3% of part timers and 34.7% of casuals disagreed they worked enough hours to make a living (Figure 2.2).

Figure 2.2 Agreement with the statement “I work enough hours to make a living”



Case Study 2. Kay's concerns about pay in child welfare

Kay is a senior advisor in a very large organisation focused on children and youth. She has over 40 years of experience in child protection work and describes herself as 'an extremely experienced practitioner'. She is an expert on recognising child sexual assault, which is often hidden in other presentations and can be difficult for junior colleagues to identify. Her responsibilities and skills are wide ranging. She conducts specialised risk assessments and safety planning, develops interventions and resources, consults on complex cases, and provides training, supervision and mentoring relating to her specialisation. She consults with statutory authorities, provides group supervision and manages a professional network. As well as her specialised content knowledge, her skills relate to leadership; collaboration; problem solving and negotiation, or getting people "on the same page". Her skills are underpinned with a bachelor degree and she uses theory and evidence to inform her work.

Kay is approaching the end of her career. After spending most of her working life in the public sector in statutory child protection roles, she moved to the NGO sector to take the role which, in her words offered "a good step down to retirement." She saw the role as a way to use her skills and build capacity among others, before leaving the industry. Kay's pay is set via an individual arrangement with her employer and she salary sacrifices. Her pay equates to a little above SCHADS Level 8, which she considers 'about right'. She is nonetheless concerned about the financial circumstances of other staff, and the continued undervaluation of the industry:

"Pay and conditions equity across government and non-government services remain an issue – although this has improved (in my opinion) over the last decade or so. Many workers in community agencies (and also in government) live and work hand to mouth and this is deeply sad I think for a sector that is really an essential service in our society. This can also be very complex for Aboriginal and Torres Strait Islander staff who may have very complex financial and care obligations that are not visible to or accounted for in our white way pay systems. I have seen some staff working for less money than their clients make (through illegal means often). I would like to see staff in our sector paid in accordance with their value to our society – while I recognise that this is very difficult."

2.5 Pay setting and classification

Participants were asked how their pay is set in their main job in community services. Two thirds (66.2%) said their pay was set under the SCHADS Award, and a further 3.0% reported another award, most often the Labour Market Assistance Industry Award, Clerks Award, Health Professionals and Support Services Award, or a state award[37]. Around a fifth (20.5%) said their pay was set by an enterprise agreement. Smaller groups either had an individual arrangement with their employer (4.1%), were self-employed (0.8%), employed by a temp or labour hire agency (0.3%), working for an online platform (0.4%) or said they had another arrangement or were unsure (4.6%).

The proportion covered by the SCHADS Award, an enterprise agreement or another arrangement is shown in Figure 2.3, by main service type. Among participants, the proportions whose pay was set by the SCHADS Award was high in some service categories, being over 70% in migrant and multicultural services, housing and homelessness, domestic and family violence, health related services, and financial and emergency relief. The proportion with pay set by SCHADS was lowest among workers focused on employment, education and training, legal services, and other services, where pay setting via an enterprise agreement was relatively common, and where workers may be covered by other modern awards.

Those with pay set by the SCHADS Award were asked to indicate their level (but not their exact pay point). Of those who reported a level, the vast majority (96%) reported one of the eight SACS classification levels. Full information on SACS, Crisis Accommodation and Home Care streams is in Appendix Table A 7, with a summary of SACS Levels in Figure 2.4.[38] The largest groups, around a fifth each, were at Level 2 (19.4%), Level 4 (21.9%) and Level 5 (21.6%). More than half (56%) were classified at Level 4 or below; more than three quarters (78%) were classified at Level 5 and below. Appendix Figure B 2 shows that most disability support workers were employed at SACS Level 2 (72.4%), with none above Level 4. Other practitioners were distributed across SACS levels, with the majority at Level 4 (29.9%) or Level 5 (29.2%). SACS Levels for those in non-practitioner roles are in Appendix Figure B 3.

[37] While not directly comparable, it is worth noting that the proportion of survey participants whose pay was set via the SCHADS Award is high compared to the wider workforce. Among all employees in Australia, 23.2% had their pay set by an award only in May 2023, while 34% had their pay set by a collective agreement, 38.7% via an individual agreement, while 4.2% were owner managers of incorporated enterprises, see ABS (2024) Employee Earnings and Hours, Australia, May 2023, https://www.abs.gov.au/statistics/labour/earnings-and-working-conditions/employee-earnings-and-hoursaustralia/latest-release#data-downloads

[38] None indicated a Family Day Care classification.

Figure 2.3 Proportion covered by the SCHADS Award, an enterprise agreement or another arrangement, by main service type

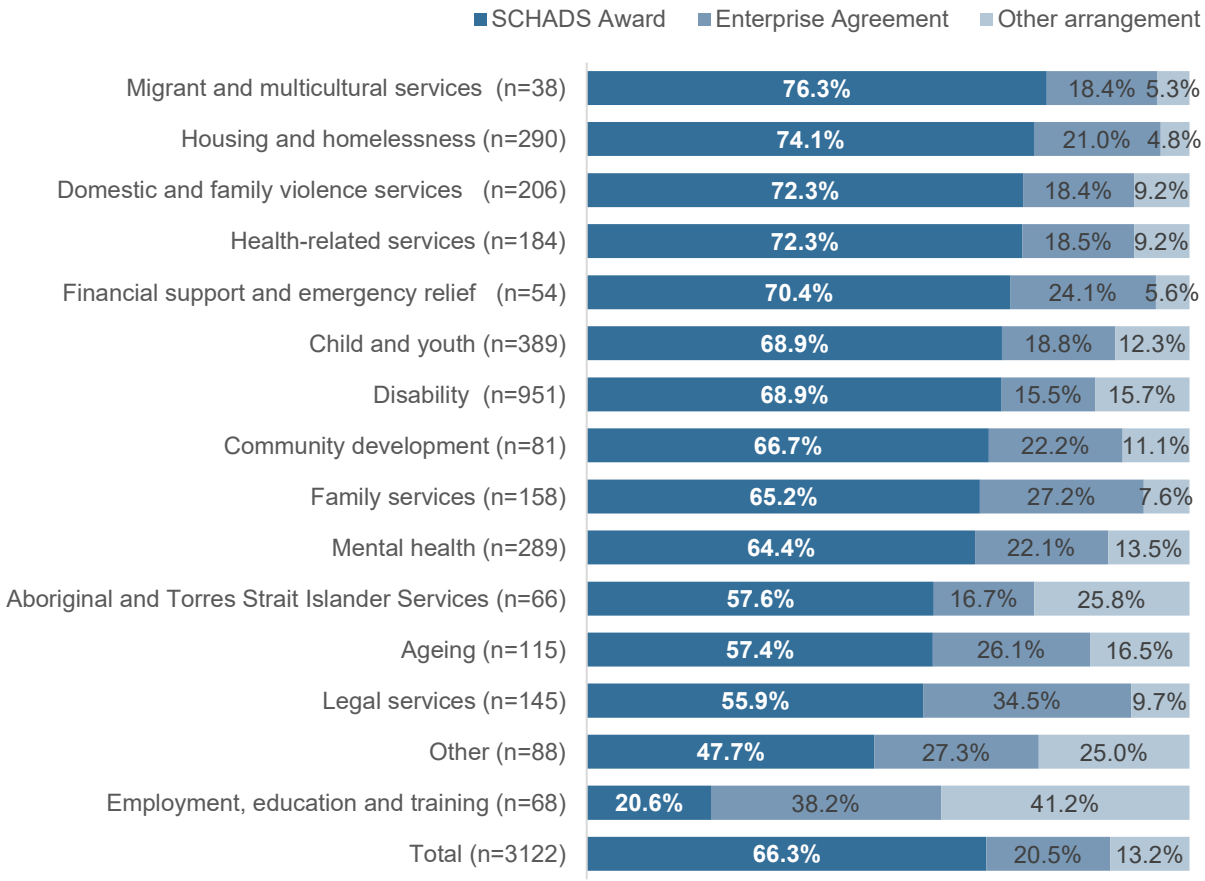
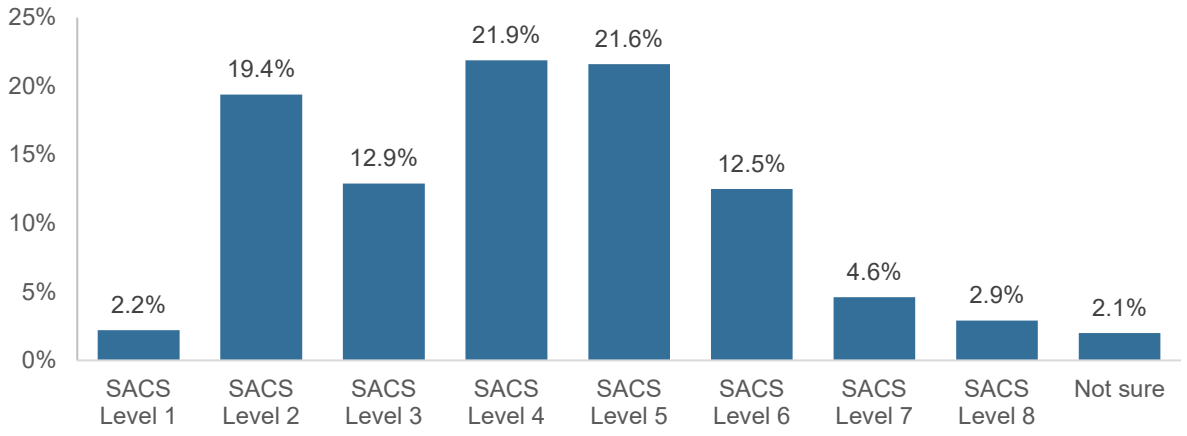


Figure 2.4 SACS levels under the SCHADS Award (n=1855)



Note: The 1855 cases include 1824 who reported their SACS Level, 29 participants who reported a level under the Crisis Accommodation stream and who could be assigned a proxy SACS Level, and 2 participants who reported their SACS Level in a free-text response. 44 participants classified under the Home Care stream were excluded due to lack of clear concordance with SACS levels.

2.6 Relevant qualifications and experience

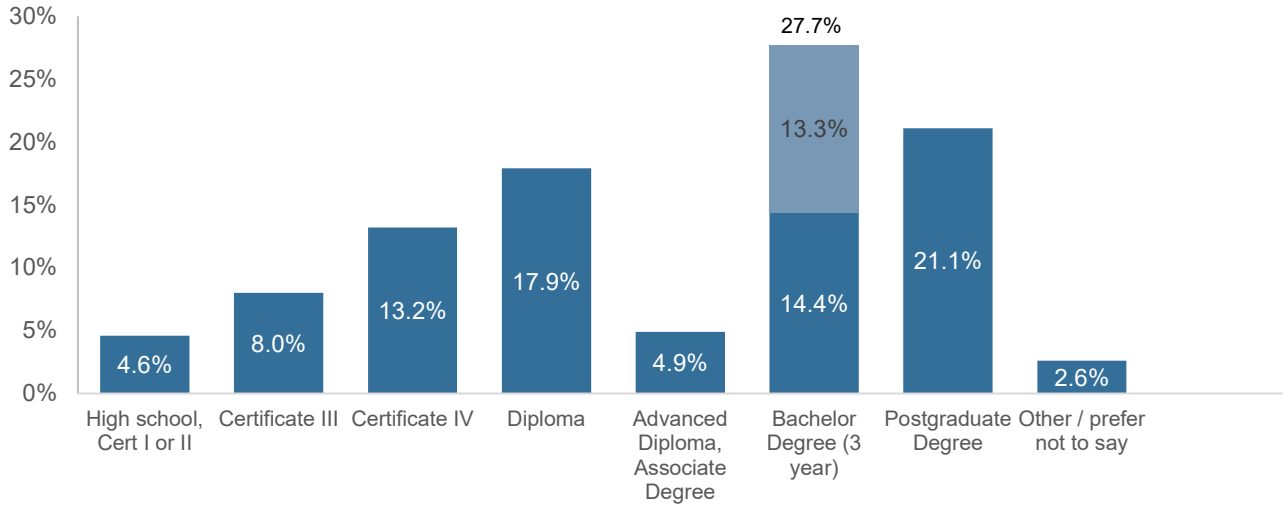
2.6.1 Relevant educational qualifications

Social and community service workers are highly qualified. Almost half of study participants held a university degree that was relevant to their role. A large group (27.7%) held a Bachelor level degree and a further 21.1% held a postgraduate qualification (Figure 2.5). This is higher than in the wider employed population; Census data indicates 23.2% of employees in Australia held a Bachelor degree while a further 12.2% held a postgraduate qualification.[39]

Those in policy, research and project roles were very highly qualified. Within this group, almost half (47.8%) had a relevant postgraduate qualification; indeed, postgraduate qualified policy, research and project workers outnumbered those with a Bachelor degree only (37.1%) (Figure 2.6). Large groups of managers and practitioners also had relevant university level qualifications (61.5% and 53.9% respectively, undergraduate and postgraduate combined) (Figure 2.6)

In the comments, many explained having multiple qualifications that were relevant to their role. While formal qualifications are not mandatory for disability support work, many disability support workers nonetheless had a university level qualification relevant to their work: 10.3% said they had a bachelor degree and a further 3.1% had a postgraduate qualification (Figure 2.6). The largest groups of disability support workers held either a Certificate IV (30.8%) or a Certificate II or III (25.0%). Among those employed under the SCHADS Award, the proportion of workers with a university qualification is higher at higher levels (Figure 2.7, see also Appendix Table A 4).

Figure 2.5 Highest relevant qualification (n=3122)



[39] Australian Bureau of Statistics (2021) Census - counting persons, 15 years and over, 1-digit level HEAP Level of Highest Educational Attainment by LFSP Labour Force Status. Table Builder. Also, as discussed in Section 1.2, survey participants were more educated than the wider industry, see Table 1.2.

Figure 2.6 Proportion with a degree-level qualification or higher, by main role

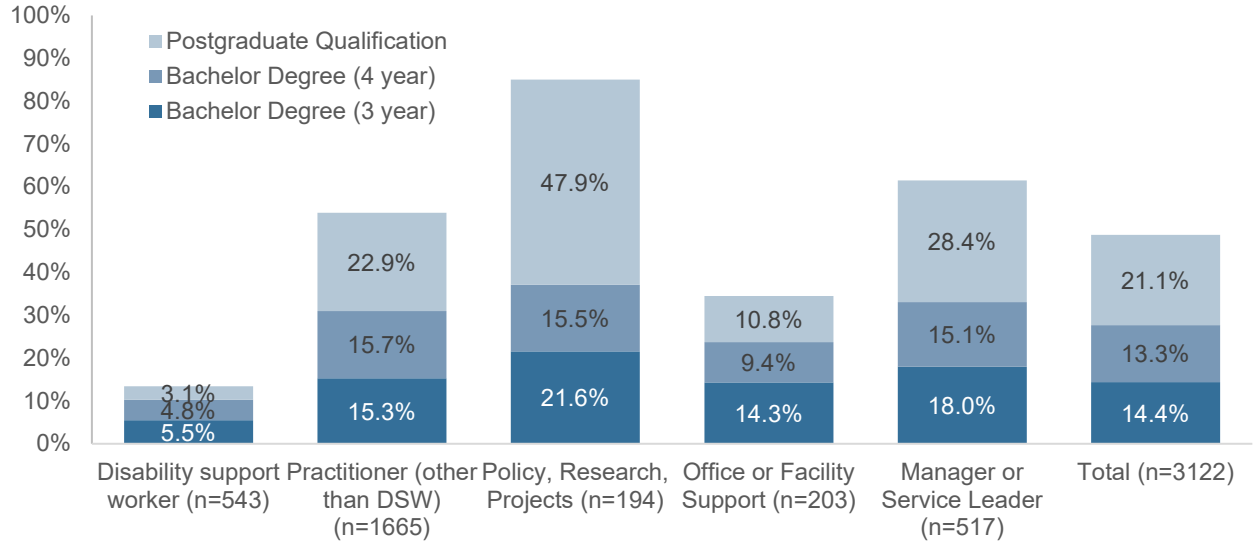
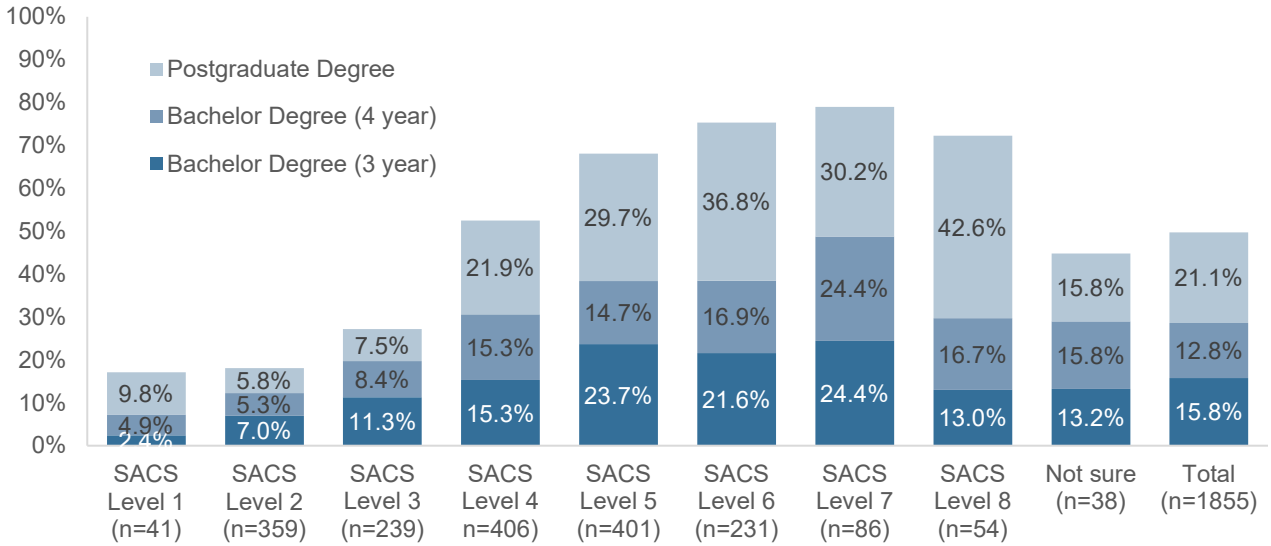


Figure 2.7 Proportion with a relevant university qualification, by SACS Level



2.6.2 Relevant experience

Survey participants were highly experienced. Among all participants, 38.9% had at least a decade of experience in their role, or in a role that was similar (Figure 2.8).[40] This figure was highest among managers and service leaders (48.5%). Although the NDIS has brought many new workers into the industry, among disability support workers a high proportion had at least a decade of experience in their role or a similar one (42.9%) (see Appendix Table A 5). Figure 2.9 shows that among the sub-group who reported a classification level under the SACS stream of the SCHADS Award, those at Level 8 were most likely to have over a decade of relevant experience (64.8%), followed by those at Level 7 and 6. However, a notable feature is the large proportion of staff at

[40] Presumably, some of this will be experience accumulated while working part time hours. The survey did not distinguish full time equivalent experience.

lower levels who have many years of experience in their role or a similar one, particularly at level 2, where 38.7% had ten years or more experience, and a further 24% had 5-10 years experience. Although different types of work are likely performed at different levels, the reported length of experience of Level 2 staff broadly resembles that of staff at Level 5. Across levels 2 to 5, large groups had over a decade of experience (ranging between 33.5% and 38.7%). Even at Level 1, 40% had over 5 years experience, with 14.6% having a decade of relevant experience, and 24.4% reporting 5-10 years of relevant experience.

The classification levels of full time, part time and casual workers who were very experienced, with at least 10 years of experience are shown in Table A 6. This shows that among very experienced casual workers, a disproportionately high number were employed at Levels 1 and 2 (62.7%). This figure was much lower among experienced full timers (5.3%) and experienced part timers (26.8%).

Figure 2.8 Years of experience in current or similar role, all participants (n=3122)

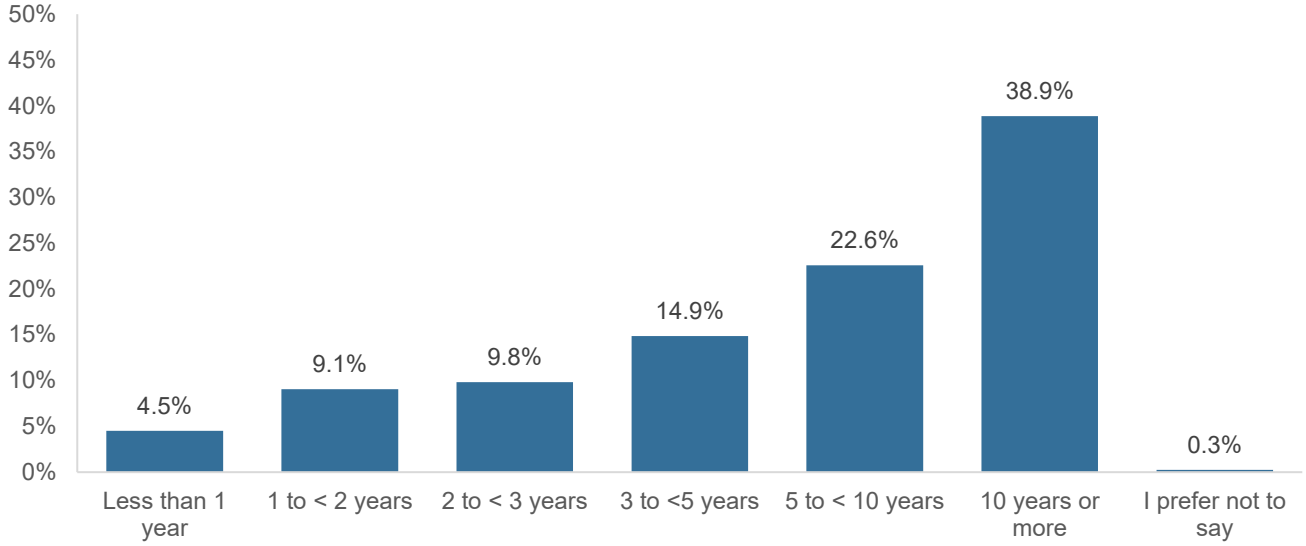
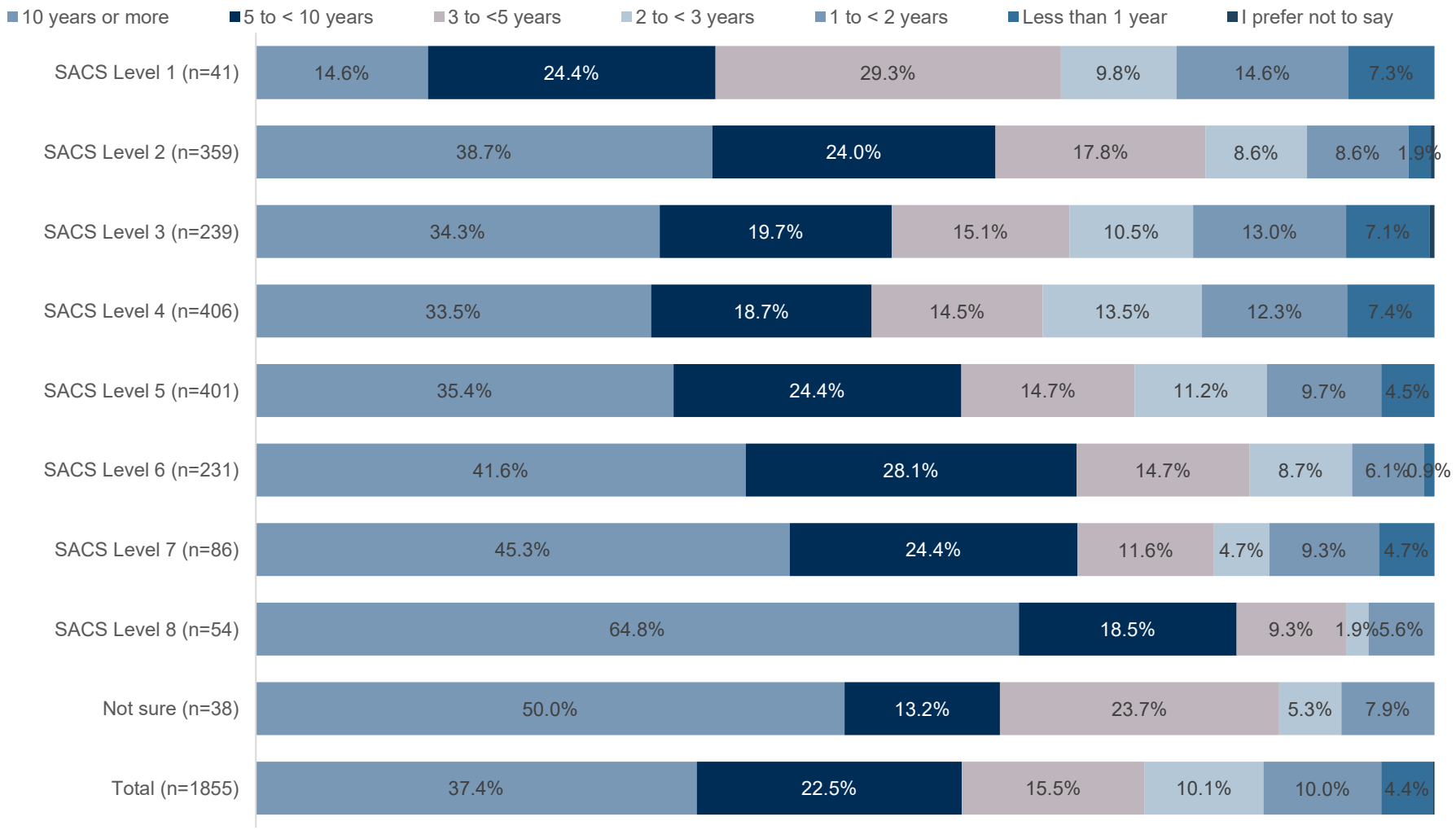


Figure 2.9 Years of experience by SCHADS level



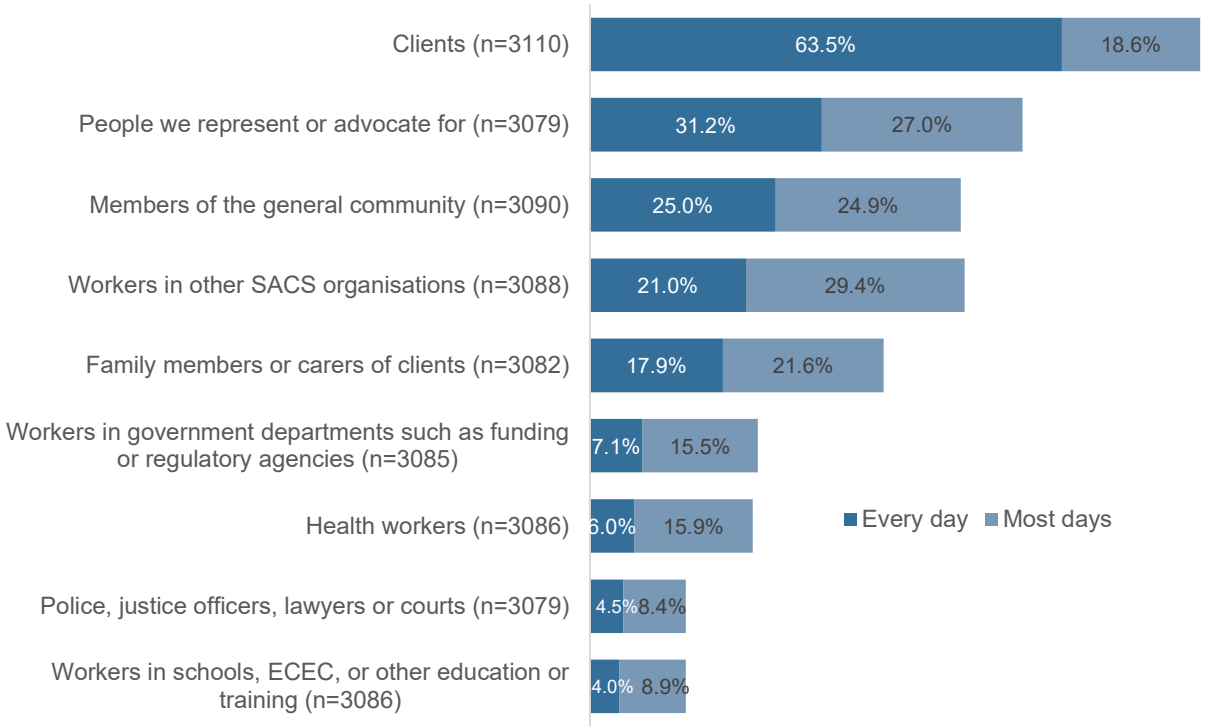
3 Work relationships, responsibilities and skills

This section explores the nature of community service work. It examines workers' contact with clients (Section 3.1); their work activities (Section 3.2), and their main responsibilities and skills (Section 3.3). It also examines some distinctive features of community service work, including working with government, and utilising cultural knowledge and lived experience (Section 3.4).

3.1 Organisational relationships

The community service workforce has broad interface with the general community, specific client groups, and workers in other community service organisations and in government. However, workers' key relationships are with clients. Survey responses show most workers are in regular contact with clients; 63.5% have contact with clients every working day, and a further 18.6% are in contact with clients most days. The large proportion reflects the dominance of practitioners in the sample, however, many workers in office and facility support roles (50.2%) and those in management and service leadership roles (40.9%) also had daily contact with clients (see Table A 9). Most participants also reported regular contact with people they represent or advocate for, with half having regular contact with the general community (see Figure 3.1). Around half (50.4%) collaborate with colleagues in other organisations most or every day, and over 20% have regular contact with government funders, regulators, or other government workers. Many also work regularly with health workers, justice workers such as police, and workers in school and other educational settings (Figure 3.1).

Figure 3.1 Proportion of participants in contact with different groups at least most days that they work



By far, the most important set of relationships social and community service workers have is with clients. In most cases, workers require skills to support clients who may experience a wide range of vulnerabilities. When asked about the issues affecting their clients or the people their work is focused on, three quarters reported mental health (76%), and over half also reported trauma, disability, health issues, isolation, homelessness, domestic and family violence, and poverty (Figure 3.2). Reflecting high complexity of need among client groups, workers said they worked with people affected by 8 of the 20 issues listed, on average. Importantly, while workers are in services with a particular service focus, such as mental health or homelessness, they work with clients with a range of needs, spanning multiple issues and beyond the main focus of their service. Workers in housing and homelessness services indicated over 11 sets of issues affecting clients they worked with, for example, while staff in Aboriginal and Torres Strait Islander Services and financial support and emergency relief services each reported over ten types of need, on average (Figure 3.3).

Figure 3.2 Proportion working with clients affected by each issue (n=3120)

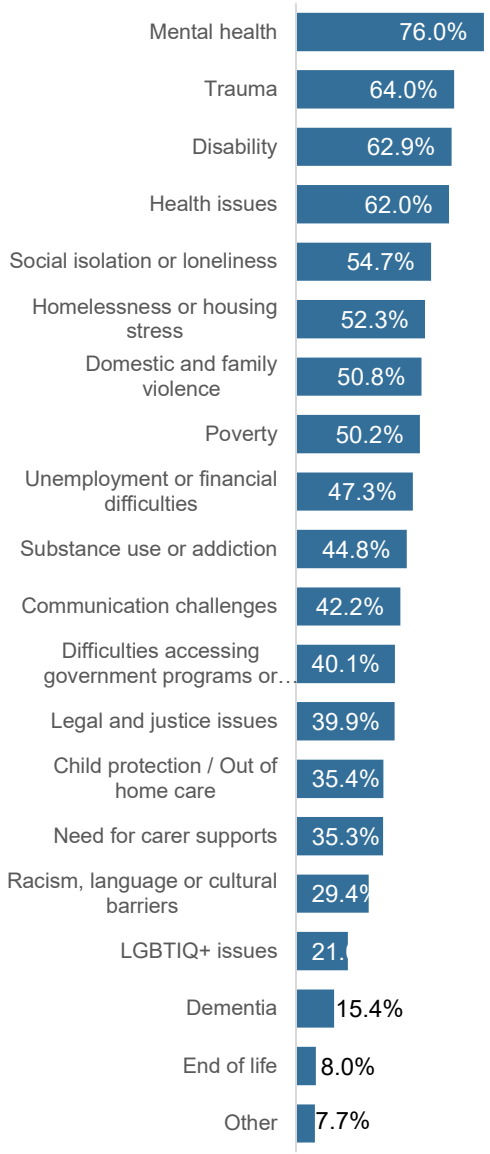
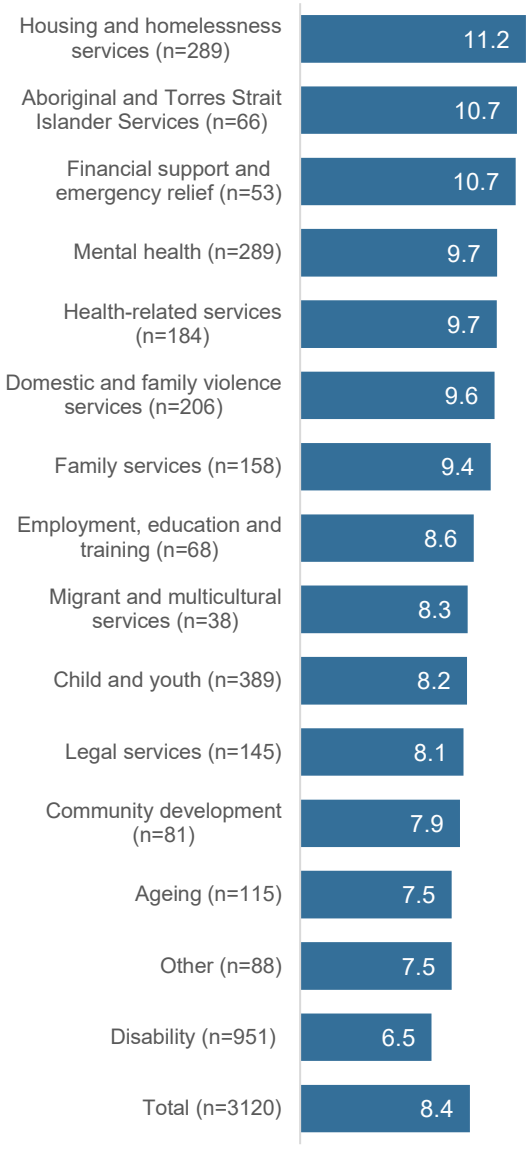


Figure 3.3 Mean number of issues affecting clients, by main service



3.2 Work activities

Meeting clients' multiple, complex needs is central to community service work, and evident in the activities survey participants reported. Importantly, a focus on meeting clients' needs is not restricted to frontline workers. Even participants in non-practice roles reported providing emotional support, supporting clients with communication or decision making, helping meet complex needs, and providing trauma informed support (Table 3.1). Assisting in situations where people are agitated or aggressive is a common feature of the work done by disability workers; 64.5% said they do this every day or most days, as did half of practitioners (49.0%). High proportions of disability support workers (66.8%) regularly advise on personal matters or provide intimate personal care, and 83.7% said they monitor taking of medicine or assist with medical devices at least most days (Table 3.1). Half of practitioners (52.5%) said that every day or most days they use cultural knowledge or language to work with specific communities, as was the case for a large minority of managers and service leaders (41.0%). Substantial minorities of DSWs (29.9%), other practitioners (41.9%) and managers (29.9%) also help people access government services daily or most days.

Table 3.1 Workers performing activities 'every day' or 'most days', by role (%)

	Disability support worker (n=541)	Practitioner (other than DSW) (n=1662)	Policy, Research, Projects (n=192)	Office or Facility Support (n=203)	Manager or Service Leader (n=541)	All roles (n=3115)
Provide emotional support	88.7%	85.2%	16.0%	38.4%	63.0%	74.8%
Support clients with communication or decision making	88.9%	76.4%	9.4%	39.9%	43.6%	66.6%
Help meet complex needs	77.3%	73.4%	13.9%	30.7%	57.2%	64.9%
Provide trauma informed support	39.8%	76.1%	15.5%	18.8%	51.5%	58.2%
Assist in situations where people are agitated or aggressive	64.5%	49.0%	6.7%	25.2%	30.0%	44.4%
Use cultural knowledge or language to work with specific communities	29.4%	52.5%	24.3%	25.3%	41.0%	43.0%
Advise on highly personal matters, or provide intimate personal care	66.8%	43.7%	7.2%	16.8%	31.3%	41.6%
Help people to access government services or entitlements	29.9%	41.9%	10.9%	20.8%	29.9%	34.4%
Monitor taking of medicine, or assist with medical devices (e.g. catheters)	83.7%	21.6%	2.0%	6.0%	16.3%	29.3%

3.3 **Main responsibilities and skills**

To explore the nature of their work in more depth, and from the perspective of workers themselves, survey participants were asked to describe their main work responsibilities. Specifically, they were requested to document "the responsibilities your job actually involves, even those which are not in your formal job description." Analysis shows incredible diversity in the duties performed by community services workers. While many practitioners engage in the direct personal care of people who need support with daily living, others in the sector support community members experiencing crisis, trauma or ongoing practical and emotional challenges, and provide legal or financial, social work support, counselling, training and treatment programs. The largest group of practitioners in the survey were disability support workers. Workers performing administrative or office and facility support roles also have direct contact with clients seeking support, sometimes as the first point of contact in times of crisis or sensitivity when they first reach out for help. The sector also includes people in research, policy and project roles, and team and service leaders and managers, who oversee service delivery, funding, systemic advocacy, staffing and organisational development.

Workers draw on a broad set of complex skills. Common throughout, though, are high level abilities to communicate with, have empathy for, and empower other people. The skills used in community services have historically been invisible or elusive, in part due to their historical associations as natural personal attributes of women, and lack of an established vocabulary of skill for female dominated work involving care and support. Skills may be hidden, under-defined, under-specified, and under-codified, contributing to invisibility and under-recognition in job descriptions and payment structures. Because lack of recognition is widespread across society, sometimes skills are invisible to workers themselves.[41]

Indeed, when survey participants were asked about the skills involved in their work, they often pointed to the importance of skills of listening, interpreting body language, reflecting, negotiating and problem solving. Importantly, community services workers apply these skills in the context of work performed with disadvantaged people, many of whom need support with communication or decision making due to disability, mental illness, experiences of trauma or other circumstances. Usually, practice is grounded in social and behavioural theory, and workers apply their skills with reference to practice theories and intervention models. As well as a knowledge base, this type of work involves ethical, relational and cognitive dimensions, enacted via complex, articulated labour processes that integrate emotional and technical competencies, and management skill as well as local or personal, context-specific knowledge[42]. While there are some skill taxonomies and observational techniques for making under-codified skills such as these visible[43], here our purpose is to use survey data to show the ways workers themselves described their skills. We recognise workers' accounts of their work are unlikely to give a full picture, as although they apply skill to perform community service roles, they may share the lack of recognition of these skills evident in the wider society, and lack vocabulary to describe

[41] Junor, A. (2021) Report of Honorary Associate Professor Anne Junor, Fair Work Commission Matter AM2021/63, Amendment to the Aged Care Award 2010 and the Nurses Award 2010. https://www.fwc.gov.au/documents/sites/work-value-aged-care/submissions/am202099andors-sub-junorreport-anmf-291021.pdf

[42] Junor, A., Hampson, I., and Barnes, A. (2008) Beyond emotion: interactive service work and the skills of women, *International Journal of Work Organisation and Emotion*, 2(4): 358-373. https://doi.org/10.1504/IJWOE.2008.022114

[43] See, for example, Junor (2021). Her 'spotlight' framework provides a tool for identifying many hidden skills relevant to social and community services, including 'contextualizing', such as perceiving contexts and situations, monitoring and guiding reactions and judging; 'connecting' such as negotiating boundaries, communicating verbally and non-verbally and working across communities; and 'coordinating', such as sequencing and combining, interweaving, and maintaining workflows.

them. Nonetheless, analysis of the perceptions among different groups of workers offers helpful insight into the nature of community service work.

3.3.1 Practitioners

Among survey participants, 70% were frontline practitioners, with disability support workers forming the largest single group (543 participants, or 24.6% of all practitioners). Given their large number and because 98.5% were providing supports funded under the NDIS, disability support workers are analysed separately from 'other practitioners'. 'Other practitioners' are a large, heterogeneous group which includes paraprofessional welfare workers and case workers who provide forms of support with daily living and accessing services, including for people in refuges and children in out-of-home care. The 'other practitioners' group also includes those who provide support or advice on specific aspects of people's lives, including professionals with qualifications in law, social work, finance and therapy. Analysing disability support workers and other practitioners separately helps to demonstrate the diversity of responsibilities and skills of the sector, while showing shared features, especially within the disability support worker category.

Disability support workers

Disability support workers undertake a wide and dynamic range of activities, which one participant summed up as, "Everything that the people require from personal care to community activities" (Disability support worker, Disability service, SCHADS SACS level 2). Others detailed a more specific range of activities including supporting people with disability with communication; shopping, community engagement and activities of interest; domestic work such as cleaning; assistance preparing and eating meals; personal care such as showering, toileting and dressing; and support with medical care, for example taking medication, changing catheters. Some gave lists of what their work entailed, such as:

> … completing household cleaning chores, cooking, administration tasks, administering medications, first aid, dementia support, ageing support, behaviour support, making appointments & supporting people to attend medical appointments & personal shopping, grocery shopping, providing transport, communicating to family members, reporting incidents, behaviours and work, health and safety issues. (Disability support worker, Disability service, Enterprise agreement)

> Individual support with the NDIS under 65 years in their homes. Taking them out on medical appointments and social outings, food shopping and light cleaning in their homes. (Disability support worker, Disability service, SCHADS Disability Home Care level 2)

> SIL [Supported Independent Living] Homes, personal care, sleepovers, night shifts, mental health carer, diabetes health, all forms of clients welling being, budgeting, health, physio, enemas, catheters, wound care, housework, washing, cooking, grocery shopping, yard and garden care, mediator. (Disability support worker, Disability service, SCHADS SACS level 2)

When asked what skills are involved in their work, workers went beyond these activities, usually listing interpersonal and communication skills such as the deployment of empathy, patience, care and understanding, including of individual's specific needs. For example:

> Patience, kindness, and empathy are the most important skills or attributes but the most important practical skills involve being able to assess a client's wellbeing and safety if

> concerned so that I can refer them; giving medication safely which includes knowing what medications are for and what doses are common and what reactions or effects to look for; and being able to provide meals which do not contain various allergens. Many people have many allergies. (Disability support worker, Disability service, SCHADS SACS level 4)

> Understanding of particular disabilities. Understanding of empowerment, dignity and empathy. (Disability support worker, Disability service, SCHADS SACS level 2)

These workers describe complex skills and capacities. Not only do they have detailed knowledge and understanding of health, medication and disability and the implications for clients, they manage their daily work to ensure that clients experiencing ill health or disability are empowered and feel dignified. To do so requires sophisticated coordination and responsiveness that is understated in these descriptions.

When asked if there are "aspects of your job that are important, but which are not well understood by others, or not reflected in your job description", disability support workers often referred to these same interpersonal and communication skills. Frequently they explained how there was much more that their work involved than is commonly understood. For example,

> We take on a lot of the mental load for people, some clients don't have any outside help or someone who understands, we need to provide a safe space for them as well as maintaining our duty of care and keeping professional boundaries. (Disability support worker, Disability service, pay setting not reported)

> Understanding of emotional and physical needs of people I support, every shift it is physically emotionally and psychologically draining. I care for four adult males who are very low IQ and are now ageing and have more complex health needs all living together with no understanding of each other's needs or concerns. Each looks for all decisions to be made in all daily living skills, they do not take initiative, are requiring prompts and instructions for each task, so I am constantly balancing, prioritising, scheduling, reviewing, undertaking needs and requirements for the individuals I support all within an allocated timeframe. (Support worker, Disability service, Enterprise agreement)

Like those quoted above, many disability workers explained that their work is complex and demanding. They use careful communication and connection to understand their clients' needs and to coordinate priorities. The close and trusted connections that they develop, forms the basis for supporting clients in distress, who may express themselves through challenging behaviours including aggressive language and violence. As a result, many reported that their work is 'very emotional as well as physical and mentally draining'. Managing these psychosocial aspects of their work, in addition to more practical activities, meant maintaining boundaries and balancing competing priorities such as:

> Being a friend while practicing professional boundaries. (Support worker, Disability Service, SCHADS Award SACS level 2)

> Duty of care over dignity of risk. (Disability support worker, Disability service, SCHADS Award SACS level 2)

> We are always balancing the needs and rights of our client as we may see them, with the wishes of her legal guardians (parents) and […] our employer (Disability support worker, Disability service, pay setting not reported)

Case Study 3. Linh's concerns about recognition of disability support work

Linh is a disability support worker in a rural area, who works in a large organisation that provides services and supports funded under the NDIS. She has five years' experience and a Certificate III qualification. Her work involves daily contact with clients, their family members and carers, and the general public. As well as living with disability, her clients are often affected by complexities of social isolation and trauma. She works to engage and empower them in everyday activities, assists with hygiene and personal care, helps with communication and decision making, provides emotional support, helps administer medication and reports and records information. Linh needs to be kind, caring, honest and patient at all times and with a wide range of people. She also needs to function calmly and competently in stressful situations. She stays aware of potential dangers, and knows how to step back and de-escalate difficult situations. Particularly demanding aspects of her work include managing clients' behaviours, doing personal care and working with clients who have challenging sexual behaviours and need boundaries to be set. She expresses strong client-centred values: "*I love making people's lives more positive and bringing some hope back into their day to day living*" , She feels frustrated with the ethos of her organisation, which has brought in a new CEO who she sees as too focused on making money rather than meeting clients' needs.

Linh receives general direction in her work, but no line management supervision as such. There is an on-call number she can call to obtain advice, but says they "hardly ever have the answers we need". She is employed as a casual with full time hours at SACS Level 2. While she feels pay is decent enough for now, she observes that her skills are growing and this is not recognised, and she is concerned about future prospects for progression:

"I would like to know how I get to the next pay point level and if it's training than I think this should be incorporated into my work hours. I feel that I have more experience than all my supervisors and am still gaining more knowledge in this area but continually be made to feel like I'm still just bottom of the line worker. I feel that Disability Support Workers are not recognised enough for the work they do every day."

Other practitioners

The group of 'other practitioners' work closely with clients. Many of these workers have job titles that included the phrase 'support worker', and often this group engages in support with daily living activities, but unlike many disability support workers they do not typically engage in personal care or domestic work. The nature of their work varied widely. This type of client support work is done by workers with job titles like case coordinator, youth worker, residential carer, family intervention practitioner, mentor, etc. The survey also included a number of people in case management or case worker positions who work closely with clients, but are more focused on facilitating access to services and less on assisting clients with daily living.

Most commonly this group described their work as involving case management; but also transport to appointments, shopping, school or community activities; teaching life skills; and modelling behaviour.

Other work activities include supporting children who been removed from their families, including supervising contact visits between children and parents; facilitating parenting programs; home visits; counselling; supporting community housing residents; support for people using or withdrawing from alcohol and other drugs; support with medication; and client advocacy.

The people supported by these workers are also diverse and include children and young people who are at risk; people who are homeless or at risk of homelessness; Aboriginal and Torres Strait Islander people; refugees and new migrants; people experiencing domestic and family violence; people who have experienced trauma, violence or sexual violence; users of alcohol and other drugs; and people with mental illness. Often their clients have many or all of these experiences.

Some examples of work responsibilities reported by these workers include:

> Driving clients to social events, school, appointments. Role modelling daily living tasks. Organising appointments, such as mental health services, family services and child and youth services. (Residential Youth Support Worker, Migrant and multicultural services, SCHADS Award SACS level 3)
>
> Verbal redirection to de-escalate clients back to baseline. Teaching life skills, cleaning and cooking. (Support worker, Mental health service, SCHADS Award SACS level 2)
>
> Supervising parents who have a court order for supervised visits with their children. (Family Support Worker, Family services, SCHADS Award SACS level 1)

Here workers describe complex work involving assessing situations, and responding by guiding clients and helping shape their reactions. They also sequence, combine and interweave their work with the complex lives of their clients.

Others worked with disadvantaged people to articulate connections with other organisations and institutions in the ways needed to achieve longer term goals such as housing, or access to government programs, such as the National Redress Scheme, as the following excerpts demonstrate:

> Placing homeless families into motel accommodation whilst I work with them to find longer term stable housing. (Crisis Support Worker; Housing and homelessness service, SCHADS Award SACS level 3)
>
> Supporting First Nations people in understanding and applying for the national redress scheme. Facilitating direct personal responses from offending institutions to the survivors of institutional child abuse. (Redress support worker, Aboriginal and Torres Strait Islander Services, SCHADS Award SACS level 4)

Here their work involves acting as an interface, facilitating access to government systems of support. Such systems do not always respond quickly or adequately to community members at times of crisis, which can exacerbate distress. Community service workers require careful skill to assist clients to navigate support systems, including in explaining eligibility rules, supporting clients to gather necessary documentation, and to complete forms, attend appointments, and find interim support while waiting on decisions.

Like disability support workers above, these workers reported that their jobs need interpersonal skills such as communication, empathy, listening, compassion and understanding. They also rely upon good knowledge of content areas relating to the specific needs of their client group, which might

include knowledge of mental illness, understanding alcohol and other drugs, cultural knowledge, and/or trauma informed practice.

> Multiple and diverse person skills; care, compassion and humanity; self-awareness; youth development focus; relational skills; quick rapport building skills; non-judgemental approach; understanding of the impacts of colonisation; working from 'First Nations First' approach; critical reflection; trauma informed practice; cultural competence. (Housing and homelessness support worker, Housing and homelessness services, SCHADS Award SACS level 5)

> Compassion and caring. Understanding of alcohol and other drugs. (AOD Support Worker, Other health-related services, SCHADS Award SACS level 1)

> Thick skin and easy-going personality (Crisis support worker, Housing and homelessness, SCHADS Award Crisis Accommodation Employee level 1)

Some workers, like the Crisis Support Worker above, described these skills in terms of personal qualities, reflecting how workers may themselves internalise the social devaluation and invisibility of women's skills. However, having an 'easy-going personality' actually points to accumulated, complex skills in judging situations and responding calmly to crisis and distress.

Another large group of practitioners includes social workers, clinicians, counsellors, lawyers, advocates and NDIS local area coordinators. This group of community sector workers tends to have professional training, often at a tertiary level, for the work they do. They facilitate group programs, group and individual therapy or counselling; advocate for access to services, compensation or redress programs; provide legal advice or representation; assist in the development and implementation of NDIS plans; facilitate drug and alcohol treatment programs; manage tenancies; and conduct child protection assessment and interventions. The following provide some examples.

> Advocating for people with a cognitive impairment who are navigating the criminal justice system as a defendant, witness or victim in crime. (Justice Advocate, Disability services, SCHADS Award SACS level 5)

> Observations of participants, assessments of participants, engagement with participants, their carers, supports and other stakeholders, preparation and writing reports and plans including Behaviour Support Plans, Functional assessments, and skill building, training supports in the plans and strategies, and much more. (Behaviour Support Consultant, Disability service, SCHADS Award SACS level 4)

> Prioritising high risk matters by making calls to clients who have experienced a DFV incident and offering supports. Predominantly doing risk assessment and safety planning but also advocating and escalating high risk matters. (Crisis response practitioner, Domestic and family violence services, SCHADS Award SACS level 6)

> Working with the allocations officer to ensure an appropriate property is offered to potential tenants, including intake and viewings of the property. Prepare leases and entry and exit condition reports. Work with trades, owners, and agents to ensure that the property is ready to be let and required ongoing maintenance is completed. (Tenancy Relation Officer, Housing and homelessness service, SCHADS Award SACS level 4)

> Providing therapeutic counselling and group facilitation. (DFV and Women's Health & Wellbeing Counsellor, Domestic and family violence service, SCHADS Award SACS Level 5)

> Providing mental health support to older people living in residential aged care. (Social Worker, Ageing service, SCHADS Award SACS level 4)

These workers also said that their work involved the interpersonal and communication skills needed to work with vulnerable members of the community, plus specific qualifications or training, time and team management skills, and knowledge of laws and systems:

> Attention to detail, dealing with emotionally and financially vulnerable people. Counselling skills, knowledge of Consumer Credit laws. (Senior Financial Counsellor, Financial support and emergency relief, SCHADS Award SACS level 5)

> Empathy, knowledge of the disability and community sector, communication skills, time management, knowledge of legislation, counselling skills, critical thinking and problem solving skills, resilience, good work life balance, team work and the ability to work alone. (Outreach Intake and Carer Support Planner, Other service type, SCHADS Award SACS level 3)

> Legal skills, client management, time management, multitasking and upskilling across different areas. (Senior Lawyer, Legal services, Enterprise agreement)

> Relationship building skills, Interpersonal skills, Counselling skills, Trauma informed skills, Child Protection skills (Family Practitioner, Family services, SCHADS Award SACS level 6)

When asked what aspects of their job are not well understood by others, some of these workers mentioned working with and empowering clients with complex needs plus the complex policy and service system that they navigate, for example:

> The barriers one must overcome through apply for help on behalf of a client and the systemic criteria they are required to comply with in order to receive the help. (Case worker, Legal service, SCHADS, SACS level 4)

> Advocacy for vulnerable workers whose complex needs intersect across issues, i.e. racism, intergenerational trauma, insecure housing, disability. (Lawyer, Legal service, Enterprise agreement)

> The emotional toll of guiding people through complex policy or funding issues. (Case manager, Ageing service, SCHADS Award, SACS level 5)

> Liaising with other stakeholders and promoting young people's wants, needs, and concerns. Being an integral figure to reflect in care team meetings to actually advocate and advise how the young person is on a day to day, and what the risk/safety concerns are from an intimate standing. We all do those things constantly and every day, but it's not in my job description, and it's rarely acknowledged. (Residential youth carer, Child and youth service, SCHADS, SACS level 3).

Case Study 4. Kimberley's suicide prevention skills

Kimberley is an accredited crisis support worker working part time on a fixed term contract, for a large government-funded mental health service. She is highly experienced but had a career gap to raise her family. Kimberley's role is to answer calls on a national helpline. She works in a regional workplace, alongside a mix of paid workers and volunteers. Kimberley provides support to people in crisis requiring suicide and other mental health and crisis supports. She is paid an hourly rate equivalent to SACS Level 2 when working weekday evenings between 5pm and 10pm, and a higher rate on Sundays.

Kimberley follows a framework to assist the caller, which involves listening, helping de-escalate callers' crisis situations, acknowledging and validating what they are communicating, and providing strategies, including referrals. She needs to be patient, non-judgemental and "absolutely attentive and kind" so she can prompt callers to "reach inside of themselves" and find inner strengths and resources to manage their situations. She needs to determine if someone is suicidal or self-harming, and must involve police and child protection authorities where there are instances of harm. Kimberley explains highly sophisticated skills, such as 'scanning', which she uses to help ensure safety:

"I find myself 'scanning' for anything in the background of the call which can help with assisting the caller/help-seeker. This is making an assessment of their immediate situation that is potentially helping or hindering them, such as other people nearby (they may not be able to talk freely) and I have to work out whether there's a safety concern. Where are they? At home, in a park, in hospital, near a train (potential suicide). I need to be constantly checking and assessing their safety while at the same time listening attentively to the person - as if I'm not doing anything else like 'scanning'!"

Kimberley's work exposes her to the 'heightened emotions' of others, and she needs to be firm and establish boundaries. She encounters some 'horrifying situations', and must manage the emotions of callers while keeping a calm and kind composure. Sometimes, it can be difficult to end calls as some callers want to keep talking.

Kimberley recognises her work is extremely demanding, and that people she speaks with are at risk. Kimberley receives reminders from management to follow self-care strategies after calls but works independently with no formal, regular line management supervision. Over time she has developed what she terms 'a mental shredder' after each call. She is required to receive a certain number of hours of (group) supervision, along with professional development and call coaching, however these sessions are often cancelled, and she finds the staff providing supervision are not qualified and experienced.

Kimberley is planning to leave her job as she needs better stability and a more regular, secure income from an ongoing, permanent job which has more in the way of health and safety support, and which better values employees. Currently, she feels her skills and experience aren't recognised:

Now that I'm at the tail end of my career, with a 20yr gap raising my family, I feel like on a snakes and ladders board game where I've slid back down to the beginning. All of my previous senior positions, experiences and qualifications count for nothing, I get paid exactly the same as someone new to the workforce.

3.3.2 Office or facility support

While frontline practitioners working directly with clients characterise social and community services, the workforce includes many other groups, including those in office or facility support roles. This group described a range of administrative activities, such as reception, answering telephone calls, booking appointments, filing, catering, payments and account keeping, data entry and management, and IT assistance.

Some provided a considerable detail on the context of their work and their work tasks, demonstrating ways their activities go beyond routine administrative work, for example:

> First point of contact for all phone, SMS and email enquiries to the individual advocacy service, and the organisation in general. Providing advice and referrals to enquirers to individual advocacy service. Processing enquiries through intake process and working with advocates throughout. Providing administrative support for wider team including scheduling, record keeping, financial services, event management, purchasing, ad hoc duties. (Intake and administration officer, Disability service, Enterprise agreement)

> Answering phones, handling referrals, managing hall bookings and scheduling, creating newsletter, applying for and acquitting grants, collating financial information, assisting with tech problems, revising policies, attending interagencies/meetings (Administration officer, Community development service, SCHADS Award SACS level 3)

Often first point of contact roles like those described above involve making referrals and connecting community members to services.

To undertake this work, they described drawing upon skills such as being well organised, good at time management, and also implementing good communication and interpersonal skills, demonstrating empathy, and being able to respond flexibility to unexpected situations. For example:

> Understanding, empathy, listening skills, negotiation skills, Award and Fair Work knowledge (Coordinator Human Resources, Disability service, Enterprise agreement)

> Time management, flexibility, communication, computer literacy (Administration Officer, Domestic and family violence service, unsure of how pay is set)

> Good phone manner, multi tasking, trouble shooting, understanding customer requirements, customer service, dealing with complaints, dealing with emergencies (Service Delivery Officer, Disability service, SACS level 3)

Office workers, especially those in reception or administration roles, have what one described as ‘Daily unplanned interactions’ with whoever contacts their services. At times they are the first person community members encounter when seeking support in times of crisis. This was evident in their responses to being asked what others often do not understand about their work. Some examples they offered included:

> Sitting with abused women while they cry. (Administration and community support worker, Community development service, SCHADS Award, level not stated)

> Providing whoever comes in the door with dignity. (Administration and reception, Child and youth service, SCHADS Award, level not stated)

> Dealing with unhappy/ aggressive/ agitated people/ people in mental health crisis; being completely judgment free; complaints handling; exposure to vicarious trauma; de-escalation (Office coordinator, Disability service, Enterprise agreement)

> Being empathetic – some of our clients are very isolated and being a friendly ear makes a world of difference to them (Consumer service officer, Health related service, unsure of how pay is set)

These workers draw on sophisticated verbal and non-verbal communication skills with empathy to interact with and support community members in distress. Their responses highlight the importance of these skills when working in office or administration in the community sector, skills which are likely to be a lesser part of the daily work of administration workers in other industries.

3.3.3 Policy, research and project staff

Staff working in policy, research or project officer roles tended to be highly qualified (see Section 2.5) and described their work as involving data collection and evaluation; planning, service coordination and project management; policy and strategy development; media engagement; legal advice; engaging with community and stakeholder planning and feedback; keeping abreast of or ensuring compliance with policy and regulatory developments; systemic advocacy; networking; and writing funding applications, tenders and submissions to government inquiries.

The skills they draw upon in their work include written and verbal communication, technical knowledge, capacity for project and time management, and analytic and critical thinking. For example:

> Technical knowledge of the program, interpersonal & communication skills, analytical & assessment skills, critical thinking and attention to detail. (Compliance and assessment officer, Housing and Homelessness service, SCHADS SACS level 4)

> Data analysis, evaluation design, searching academic databases, synthesising and summarising research, qualitative interviews (Research and Evaluation Analyst, SCHADS Award (unsure of level), Financial support and emergency relief service)

> Ability to work under pressure and meet project requirements and deadlines. Team work skills…Exceptional verbal and written communication skills…Engaging community to have a voice at all levels of program delivery and in external work with advocacy and leadership with other stakeholders and government including ministers to ensure that lived experience of workers remains as the collective voice of expertise. (Research officer, Mental health service, SCHADS Award SACS level 5)

> Organising the preparation of properties no longer suitable to our needs for sale and settlement. Organising subdivisions. (Asset officer, Housing and homelessness service, SCHADS Award SACS level 4)

Case Study 5. Haleema's leadership of a community legal service

Haleema is a Director in a community-based legal practice. She supervises a large team of lawyers and volunteers, manages several programs, ensures the service meets funding obligations, and directs client work, such as test case litigation. She also provides evidence to parliamentary committees and recommends legal reforms. As well as technical legal skills, she takes care of her team, solves problems and collaborates. The clients using her service are affected by poverty and complex disadvantage, including domestic and family violence, disability, racism, and trauma. When asked whether there are aspects of the job which are important, but not well understood by others or reflected in job descriptions, she points to the "sheer volume of complex (and high-stakes) decision making my team and I do every day and how hard it is to get that right."

Haleema's service is Australian government funded, she notes that "They definitely pay us less than they pay themselves to do comparable work, which is a bit rubbish to be honest." A difficult aspect of the work, and one which is not always visible, is the fraught process her team goes through in making decisions about allocating access to the service. As the service is 'grossly underfunded', intake decisions effectively ration access to justice. She notes that "saying no" to clients is difficult emotionally and politically for staff, and cites this, alongside the complexity of the legal work, as a challenging aspect of the job.

Haleema was able to negotiate her pay and has an individual arrangement with her employer that sets her pay at the SCHADS award plus a percentage, to reflect her responsibilities. She notes limitations of the Award for lawyers, which make it difficult for them to choose and remain in community legal work:

"The SCHADS award is difficult for lawyers because it is SO far below market value once you are more than two or three years experienced. This makes working in the community sector a vocation for more experienced lawyers – and not a good financial decision at all. I'm a single parent, there has never been a second income in my household and almost my whole career has been in a CLC so I live MUCH more modestly than other lawyers of similar standing. It's a sacrifice my whole family makes."

Haleema remains is deeply driven by the difference she makes: "*We know we're underpaid because we're mainly women – but I still feel committed to the work, and I'm good at it, and it's valuable. Imagine if all the SCHADS workers went into better paid work – society would collapse!*"

3.3.4 Management and service leadership

People who work in management and service leadership support and guiding the work of others in the sector. This group of workers said that their jobs involved: recruiting, onboarding and managing staff; allocating clients to practitioners; planning and coordinating service delivery; ensuring compliance with regulation, legislation and organisation policy and procedures; providing clinical supervision to staff. Many also continue a practitioner role, providing services to clients. Examples of how they described their responsibilities include:

> Managing team of front line staff, service delivery, community education, coordinating networks, front line service delivery, clinical supervision, budget management, practice development for whole staff team, research, advocacy. (Team leader, Domestic and family violence service, Enterprise agreement)

> Compliance with funding bodies and laws, including Fair Work, SCHADS Award, NDIS, HSQF. Program and project management. Managing IT systems and services that facilitate the work. Responding to crises in support work. Policies and procedures. Program audits. Support to service delivery Team Leaders. (Operations Officer, Disability service, SCHADS Award SACS level 6)

> Creating appropriate transport services for eligible service users living independently within the community, relating to health transport and social opportunities. Coordinating workers to provide these services. (Transport Manager, Ageing service, SCHADS Award SACS level 6)

> Coordination of clinical intake system. Allocation of clients to counsellors. Operational supervision of clinical intake worker. Coordination of team in data management- training team in all facets of data management, tracking data management errors. Trauma counselling and case management provision to 1-2 clients. Provision of debriefs and risk consults to counsellors. Attend stakeholder meetings. Stay up to date with all changes regarding National redress scheme and forced adoption sector. Induction of all new counsellors in our services. Ongoing training of counsellors in all facets of our services. (Senior Practitioner, Child and youth, Enterprise agreement)

Managers and team leaders draw on skills in strategic thinking, understanding and managing risk, financial administration, leadership, written and verbal communication, social work practice, interpersonal negotiation, as well as detailed knowledge of specific community sector service provision, policy and regulation.

3.4 Some distinctive work features

Survey information provides insight into three distinctive features of work in social and community services, which along with material above, attest to the breadth of responsibility and skills required: working at the interface with government (Section 3.4.1), utilising cultural knowledge (Section 3.4.2), and utilising lived experience (Section 3.4.3). Working with government has long been a feature of community service work, and this section explores the implications for workers having responsibility that relate to legal and statutory decisions about clients' lives. Employing workers because of their personal experience or cultural knowledge is increasingly common, but there is limited research evidence about the industrial implications of such employment. In analysing the qualitative data, it became clear that people employed for their cultural knowledge or lived experience of mental health faced unique challenges compared to other workers in the sector. This section explores the concerns of those workers, and how they find a healthy balance between their lived experience, work lives and home lives.

3.4.1 Working with government

As evident in many of the examples provided above, community services have a broad interface with government policies and programs. As shown in Section 2.3, over three quarters of participants

reported their service was funded by government. Correspondingly, in performing the activities and deploying the skills outlined above, workers are implementing government policies and programs, and supplementing government capacity, by helping vulnerable community members to access services and entitlements, including the NDIS, Centrelink payments, the National Redress Scheme, emergency relief payments, social housing, and more (see also Section 3.2). In addition, some practitioners play direct, statutory roles, implementing government requirements, and in some cases, discharging responsibilities on behalf of government.

To better understand these responsibilities, participants (other than workers focused on office and facility support) were asked whether their work relates to legal or statutory decisions or requirements, such as those of a court or government agency. The question explained that examples of decisions might relate, for example, to custody or family court matters, guardianship, out-of-home-care placements, coronial inquiries, or eligibility for NDIS, income support, or social housing.

Around a quarter (24.2%) said they implement legal or statutory requirements, such as making mandatory reports; monitoring court orders; or reporting non-compliance.

> We are required to monitor medication taken during court order compliance. We can be asked to report on issues of non-compliance with substance abuse or physical violence. We can be asked to make suggestions or observations based on our time with participants. (Mental health Peer Support Worker, Mental health service, SCHADS Award SACS level 2)

A further 20.4% said their work informs legal or statutory decisions, such as compiling and providing evidence used to determine policy or decisions, giving professional opinions to decision makers, or making recommendations. Often, workers gave examples of making recommendations to child protection authorities that informed decisions about child removals, for example:

> We write regular reports provided to Child Safety that inform a family's progress on goals that they are expected to achieve in relation to their children's case plan. These reports are often used in affidavits that inform Child Safety's decision to either apply for a custody order, revoke an order, or place a child at home / keep a child at home. (Family intervention practitioner, Family service, Enterprise agreement)

A small group was involved at a higher level, with 2.3% reporting that they are responsible for making legal or statutory decisions, such as ordering compulsory treatment. Those who provided examples often mentioned decision making in relation to behaviour support plans and the use of restrictive practices (e.g. administering use of chemical restraint), and making recommendations in relation to accessing resources such as social housing or temporary accommodation.

3.4.2 Utilising cultural knowledge

A further set of responsibilities and skills in the social and community service sector relate to cultural knowledge. Although 66 survey participants said their main focus was Aboriginal and Torres Strait Islander services, the survey did not specifically ask participants if they were Aboriginal or Torres Strait Islander, so we cannot determine the number of First Nations people who took part in the study. However, in their comments about the nature of their work, nine participants specifically discussed their work as Aboriginal or Torres Strait Islander people who use their cultural knowledge in their jobs. Mostly, they described their work as supporting Aboriginal and Torres Strait Islander community

members to access services and support; or ensuring that colleagues or staff in other institutions understand the cultural needs of Aboriginal and Torres Strait Islander peoples.

> The focus […] is to increase the number of Indigenous families and children who have access to parent/child services. And to give families an increased knowledge of services available in the […] Shire and to have access to those services. (Family Support Worker[44], Aboriginal or Torres Strait Islander service, SCHADS Award, SACS level 2)

> Holistic Case Management for Aboriginal and/or Torres Strait Islander Female Identifying People with contact with the justice system, to minimise their justice contact and divert them from future contact with the criminal justice systems. (Case Manager, Aboriginal or Torres Strait Islander service, SCHADS Award, SACS level 4)

> My role is to work alongside the staff members educating [them on] Aboriginal ways of working. (Case worker, Aboriginal or Torres Strait Islander service, pay setting not reported)

> Consult and advisor to Child Protection around significant decisions for Aboriginal children. (Case Advisor, Child and youth service, SCHADS Award, SACS level 4)

In response to a question about which aspects of their jobs are not well understood by others, these participants commented that they faced racism, were undervalued, and experienced a lack of cultural understanding among supervisors.

> Attempting to overcome racism, while I'm at the frontline… Line management is vastly under skilled in First Nations relationships, networks and cultural capability. (Senior advisor, Aboriginal and Torres Strait Islander Services, Enterprise agreement)

> As Aboriginal workers, working with Aboriginal clients involved with [child protection], we are not taken seriously by [child protection authorities]. (Case worker, Aboriginal and Torres Strait Islander Services, pay setting not reported)

In response to the same question, others spoke of the additional complexity and pressure they experience working in community services as Aboriginal community members. The quotes below demonstrate a need for careful self-management to avoid burnout and to maintain personal and professional boundaries, which is particularly challenging when their personal and community lives are interwoven with their work lives.

> Working in Community is not a 38 hour a week job. Community does not switch off and neither do you. You are a part of the Community and therefore fulfill your responsibility within its structure. (Case manager, Child and Youth Services, SCHADS Award SACS level 5)

> The way that we work with the Aboriginal community in the family violence and child wellbeing capacity is a lot more complex than mainstream clients. It is not well understood that it takes a lot more to build trust and the intersectionality makes working the cases more time consuming and emotionally taxing. (Team leader, Domestic and family violence service, SCHADS Award SACS level 7)

> I find that being an Aboriginal woman, I tend to get a lot of personal messages via Social Media asking for me to assist them outside business hours. There is always a cultural load afterhours that puts added pressure on myself and some of the other workers. There is an expectation that I follow up their issues afterhours, otherwise our community have the ability to

[44] To protect confidentiality, job titles of Aboriginal and Torres Strait Islander workers have been made more generic in this section.

> discredit our reputation professionally and standing in the community. It's important that we are able to walk down the street and attend community events etc, safely without any repercussions about decisions we have endorsed or may not endorse with child protection that the families may or may not agree with. (Case advisor, Child and youth services, SCHADS Award SACS level 4)

These comments suggest a need to further investigate the role of Aboriginal and Torres Strait Islander people in the sector, specifically exploring how their cultural knowledge is recognised by employers and in Award classification and pay rates, and how these might better respond to the cultural load carried by First Nations workers.

Other workers draw upon their personal cultural knowledge when working with migrant and refugee communities. The survey data could not be used to readily identify this group. While it could be anticipated that these workers may have some experiences in common with Aboriginal and Torres Strait Islander people employed for their cultural knowledge, there is also a need to explore the particular experiences of multicultural workers and their responsibilities and skills.

Case Study 6. Rochelle's use of cultural knowledge

Rochelle is a permanent full time worker, employed as a Indigenous family officer in a small Aboriginal and Torres Strait Islander service that is funded by a state government. She has worked in the role for almost 12 years and enjoys helping Aboriginal and Torres Strait Islander children and families in her community. Her work is aimed at increasing access of for families and children to parenting services in her local area. As well as having engagement in the child protection system, the families she works with are affected by racism, homelessness, violence, mental health, social isolation, health issues and financial difficulties. She works closely with workers in schools and early education settings, and with families in their homes, and uses her cultural knowledge and communication skills to do her work. Rochelle receives no supervision as the manager position in her organisation is currently vacant. She is employed at SACS Level 2 and believes she should be employed at a higher level. In her time at the organisation she hasn't received regular annual pay increases and feels her extensive experience is not sufficiently valued: "*My colleague that has been here for 4-5 years is on the same wage as me.*"

3.4.3 Peer work and the use of lived experience

Increasingly, community service providers employ staff who have unique skills and insights that enable them to connect with clients, on the basis of their personal experience of the key issues the service addresses. Among our respondents, some peer workers could be identified from their job titles or description of their work. Most of these were employed by mental health services. Many reported that having lived experience was an essential skill for their jobs. But they reported that their role as peer workers was not always well understood or recognised in the sector; by clients, colleagues, management or other services they liaise with in their jobs.

> Peer work is not well understood in the health space full stop. (Peer worker[45], Mental health service, SCHADS Award SACS level 3)

> Peer work is just making its way into the mainstream, with many consumers, particularly older ones, not understanding the role. Some don't see the value of support from someone without a postgraduate degree. (Peer support worker, Mental health service, SCHADS Award SACS level 3)

> Yes, the role of lived experience of mental health [is not well understood] and how to use that knowledge to connect with people and support change. (Peer worker, Mental health service, Enterprise agreement)

Moreover, peer workers reported that the nature of their jobs could impact more strongly on their own wellbeing because of their lived experience, and that this required careful and ongoing attention. This had two elements. Firstly, they explained that they had a heightened need to protect their own emotional and mental health because of the resonance between their own experience and those of clients.

> Self-care is hugely important for my work as a consequence of sharing personal details regularly. As is introspection, so as to be able to share things in a way that I deeply understand what I'm sharing and the implications of doing so with someone who is vulnerable. (Peer worker, Mental health service, pay setting not reported)

> Having greater responsibility to maintain self-care and mental health than workers who do not have a designation of "peer" in their job title. (Peer support worker, Mental health service, SCHADS Award SACS level 3)

> If you need special help, you are considered unfit for the job in some organisations. (Peer support worker, Mental health service, SCHADS Award not sure of level)

Secondly, some reported that they faced stigma and discrimination at work because of their personal circumstances, despite being employed because of the unique insights they bring from this experience.

> [The] challenge is to not become unwell while also experiencing stigma and discrimination. (Peer support worker, Mental health service, SCHADS Award not sure of level)

> Being a peer support worker which – by title – communicates a stigmatised identity (generally psychiatric diagnosis), working in multidisciplinary teams with staff who hold stigmatising attitudes towards Clients/Community Members also impacts lived-experience workers. Having to communicate professionally with others who have no recourse for interacting unprofessionally with you. (Peer support worker, Mental health service, SCHADS Award SACS level 3)

The comparably new practitioner role of peer worker or person with lived experience is currently not well enough understood in the sector, and not at all reflected in the SCHADS Award. As a result, workers, who draw upon their own experience to support others, work in contexts that can make them unwell, while feeling stigmatised and unsupported. More needs to be known about this role and how to ensure that lived is experience is appropriately valued, while workers are appropriately cared for.

[45] To protect confidentiality, job titles of peer workers have been made more generic in this section.

Case Study 7. Azriel's commitment to peer support work

Azriel has worked as a peer worker for nearly 7 years at a mental health service in Victoria. Their work involves "Assisting participants to improve their quality of life and assist in teaching skills to help improve independence and functionality." They want to keep doing this work, and, having completed a Diploma, are working towards counselling qualifications.

As a peer worker, Azriel draws on their lived experience to connect with clients. In addition, Azriel lists as essential skills:

The ability to listen. To be sociable and approachable. Being empathetic and honest. Ability to learn and adapt on the spot. These are skills I believe work well.

Azriel says, 'I love the job and I love what I do in the job.' Employed at SCHADS Award SACS level 2, Azriel feels the classification and pay is about right for the work they do. Although, typically working just 7.5 hours per week, Azriel said they sometimes rely on friends and family for support.

Nonetheless, the work poses two major challenges for Azriel. Most frustrating is being employed on a casual basis and being unable to secure a permanent part-time position. Azriel mentioned this several times in the survey, for example:

I feel at times as though I am not appreciated, especially as I have been asking for part time permanent work for 4 years minimum out of the 7 I been working here, and I am told I can't receive it, but then watch as others get the offers above myself.

Despite frustrations at the lack of job security, Azriel wants to continue in this current job, partly because "it's already hard to get and maintain a job whilst being disabled."

Azriel works with people with mental health issues who also face difficulties due to trauma, LGBTQI+ issues, poverty, poor health, disability, challenges with communication, substance use and social isolation. "Finding work life balance and not allowing yourself to reach burnout stage" is something Azriel believes is important, but difficult, for workers in her position.

As a person with mental health challenges, Azriel describes drawing on personal experience to support connection with clients, while also managing their own health and wellbeing as a particular struggle for peer workers.

"As a Peer worker we have to connect whilst maintaining a balance with our own personal disabilities which while give us advantage in assisting with skills and learning with previous experience. We have to be extra careful with how it affects our own recovery."

4 Supervision

The survey examined workers' experiences of both providing supervision and guidance to others (Section 4.1) and receiving supervision (Section 4.2). Supervision is important as a condition of work, as it is a source of support, and learning. It also reflects workers' independence and authority, and is an important factor determining classification and pay. In presenting analysis of this question, we note that the term supervision is used in two ways in social and community services. It is used to describe line management supervision, in which workers, like those in other industries, receive guidance, instruction and feedback about their work tasks. However, it can also be used to describe clinical or professional supervision, which provides an opportunity for workers to engage in supported reflection on the challenging and potentially triggering aspects of their work. This is aimed both at improving practice and supporting workers exposed to trauma or other challenging aspects of their work. All survey questions about supervision specifically referred to 'line management' supervision.

4.1 Supervising others

Participants were asked how many staff they provided line management supervision to, and how many volunteers (if any). While most participants had no line management responsibilities, overall 30.6% were providing supervision at least one staff member, and 15.4% supervised at least one volunteer (Figure 4.3). Staff supervision was much higher among managers and service leaders (Figure 4.3). Among those paid under the SCHADS Award, supervisory responsibilities were higher, as expected, among those classified at Level 6 and above (Figure 4.4). The average number of staff supervised ranged from 0.9 among policy, research and project staff, to 16.4 among managers and service leaders.

Many however, supervised staff, or provided guidance as part of their work, regardless of whether this was a formal responsibility delegated to them, or not. As such, we explored the actual practice of supervision, by asking survey participants about their relationship to lower-level staff, using a series of statements informed by the level descriptors contained in the Schedules in the SCHADS Award (concordance is provided in Table A 10). While participants could select more than one response option, the activity they selected that is associated with the highest levels under the Award is used for this analysis (see Appendix Table A 10).

Table 4.1 shows that as would be expected, managers and service leaders were most likely to report responsibility in relation to lower classified staff, in most cases reporting managerial responsibility (reflecting Level 6 and above) (62.5%), or that they manage, develop and motivate staff (24%, also reflecting Level 6). While supervision and guidance would not be an expectation of all roles, almost half of disability support workers provided some kind of downward authority, most often this involved providing a little guidance to a small number of staff (20.4%, broadly reflecting the supervisory relationships expected at Level 2) or helping staff manage and plan their work (11.2%, broadly reflecting Level 3) but a substantial minority (14.7%) provided higher level guidance (see Table 4.1). Table A 13 provides analysis for the subset of survey participants who reported a SACS Level, which also shows supervision is performed by staff classified at lower levels.

Table 4.1 Highest level of guidance provided to lower level staff, by role

	Disability support worker (n=543)	Practitioner (other than DSW) (n=1665)	Policy, Research, Projects (n=194)	Office or Facility Support (n=203)	Manager or Service Leader (n=517)	Total (n=3122)
None	53.6%	46.1%	27.8%	49.3%	3.3%	39.4%
A little guidance to a small number of staff classified at lower levels	20.4%	25.4%	27.8%	22.7%	2.5%	20.7%
Help staff at lower levels to manage and plan their work	11.2%	10.2%	12.9%	7.9%	1.5%	9.0%
Organise the work of staff classified at lower levels	1.5%	1.9%	2.1%	2.5%	1.9%	1.9%
Set priorities for and give expert advice to staff classified at lower levels	3.1%	5.5%	10.8%	4.9%	4.3%	5.2%
Manage, develop, and motivate staff classified at lower levels	6.4%	5.9%	9.3%	5.4%	24.0%	9.2%
Exercise managerial responsibility	3.7%	5.0%	9.3%	7.4%	62.5%	14.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

4.2 Receiving supervision

Participants were asked about the formal line management supervision they receive, captured on a scale ranging from close daily supervision (broadly consistent with SACS Level 1), to working independently, with limited direction (consistent with descriptors for SACS Level 6 or above) (for framework, see Table A 10).

Figure 4.1 shows that among all survey participants, only a small minority (5.2%) said they received very close supervision, most days, while over a quarter said they work independently, with limited direction (26.1%). Although disability support work is usually classified at low levels where there is an expectation of supervision, these workers rarely work with close or regular supervision. Notably, 30.6% of disability support workers worked independently with limited direction, which was the same as the proportion of managers and service leaders (30.8%). Figure 4.1 also shows that a large group of disability support workers does not receive supervision (14.2%), larger than any other group.

Figure 4.1 Receipt of supervision, by role (n=3122)

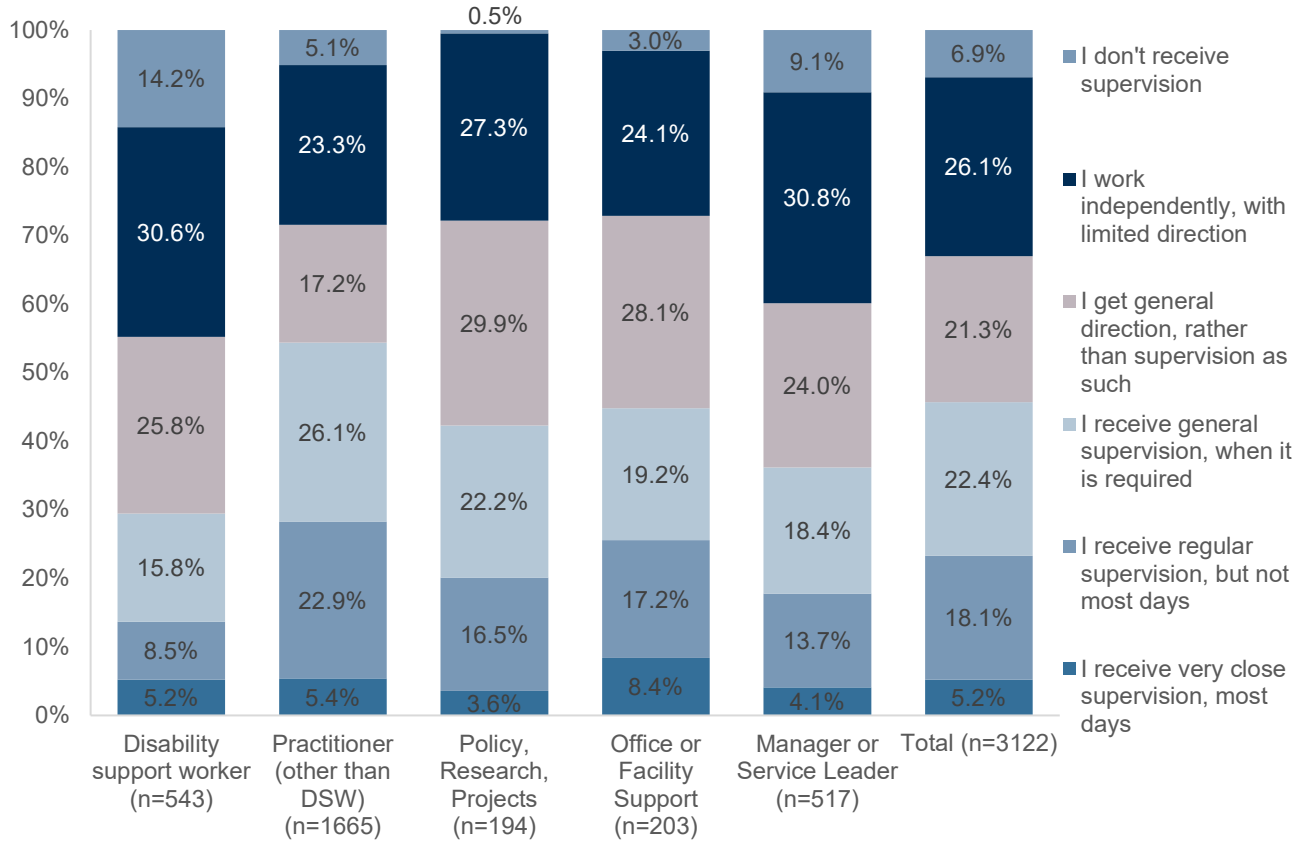
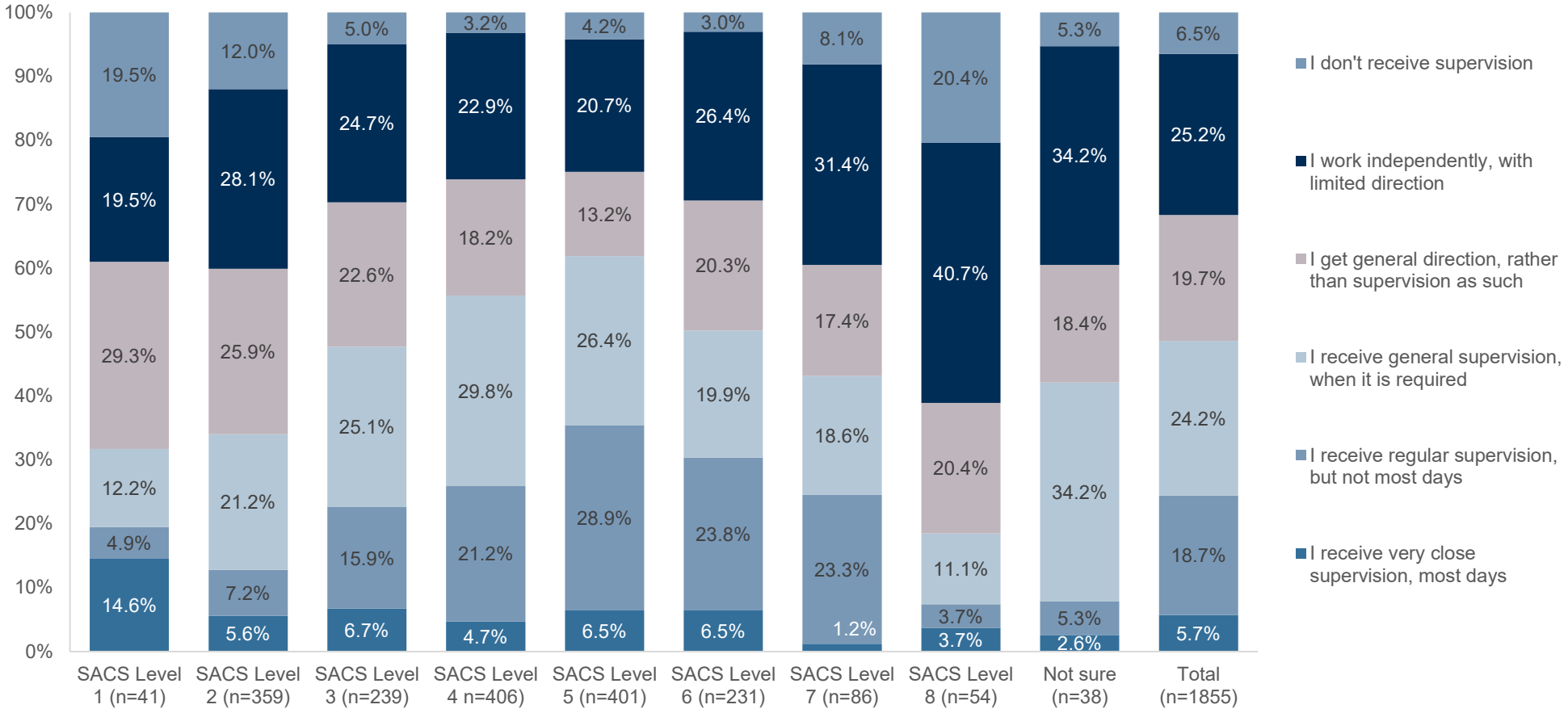


Figure 4.2 shows receipt of supervision, for those whose pay is set by the Award (SACS stream). As would be expected, a large proportion of those at Level 8 (20.4%) did not receive supervision, but the figure was similar for those at Level 1 (19.5%). However those at Level 1 were also more likely than others to receive 'close' supervision (14.6%). Across all SACS Levels, large minorities said they work independently, with limited direction, although this was highest among those at Level 7 and 8. Among those at Level 1 and 2, more than a quarter said they receive general direction, rather than supervision as such, which better resembles classification descriptors for SACS Level 4 than Levels 1 and 2, see Table A 10). As well as suggesting misclassification of lower-level staff (many of whom are disability support workers), lack of supervision may also raise safety risks for workers and clients.

It is also important to note that often, line management supervision is remote. Receipt of face-to-face, in-person supervision is relatively rare, received on a weekly or daily basis by 19.6% of those who answered the question, while around the same proportion (20.7%) said they only receive it every six months or less often (see Table A 14). Remote supervisory contact is more commonly received via an email, text message or an app, than via a phone or video call (see Table A 14).

Figure 4.2 Receipt of supervision by SACS Level, workers with pay set by SCHADS Award



4.3 Comments about supervision

Survey participants were asked if they had 'Any comments about line management supervision, that you either provide or receive'. Although the question clearly relates to line management supervision, some responses indicate that a few survey participants were probably responding with regards to clinical supervision. For example, one participant commented on supervision that there is 'Practically none even though we work with trauma daily'. For this reason, in analysing responses to the open-ended question on line management supervision, we have focused on those clearly referring to line management supervision only.

While analysis of workers' responses shows high levels of dissatisfaction with line management supervision, some made positive comments about their supervision, for example:

> Line management is supportive in all matters that concern the employee. (Therapeutic Youth Worker, Child and youth service, SCHADS Award SACS level 2)

> I receive high quality line management on a regular basis. (Family and domestic violence Advisor, Domestic and family violence service, Enterprise agreement)

Most often however, participants reported that their line management supervision is inadequate, infrequent or poorly practiced:

> My line management I have received has been very poor (Staff rostering officer, Disability service, Enterprise agreement)

> Not enough line management support available as manager is good but stretched and overworked. (Specialist family violence practitioner, Family and domestic violence service, SCHADS Award SACS level 6)

> Line management supervision is irregular and low key. (Community development worker, Other health related service, SCHADS Award SACS level 4)

Occasionally workers commented that they had no supervision at all:

> There is no line management supervision. My line manager is useless. (Project manager, Child and youth services, SCHADS Award SACS level 7)

Particular analysis of workers classified at SACS levels 1 and 2, the group who can be expected to work under the closest supervision, show that they also typically regard their supervision as insufficient.

> Team leader offers very little support (Disability support worker, Disability service, SCHADS Award SACS level 2)

> Not enough direct supervision from my Team Leader and Residential Manager during my shifts. (Disability support worker, Disability service, SCHADS Award SACS level 2)

> Communication is very poor in relation to line management supervision. (Mental health support worker, Mental health service, SCHADS Award SACS level 2)

Although the SCHADS Award assumes close supervision at SACS levels 1 and 2, workers' descriptions of their supervision at this level suggests it is frequently lacking. Moreover, under the

Award, staff at SACS levels 1 and 2 would not be expected to provide line management supervision, although those at Level 2 may give little guidance to a small number of staff classified at lower levels. However, many workers at these lower levels said that they did so, albeit not in a way that is formally articulated in their job description.

> I don't formally supervise anyone but I used to be a senior support worker (along with a couple of other staff). This role was made redundant and now there are none. It's still expected that I supervise new staff and mentor them (just like I used to) but don't get any formal acknowledgement or pay change for this. This included giving feedback to manager on how new staff are going alerting them to issues etc. (Disability support worker, disability service, SCHADS Award SACS level 2)

> I provide buddy shifts for new staff members for about 3 shifts to teach them what I know about specific customers. (Disability support worker, Disability service, SCHADS Award SACS level 2)

Case Study 8. Lee's workload in a homelessness service

Lee is a Housing Worker in a government-funded service in a major regional city. Employed at SACS Level 5, Lee has a Bachelor degree and is hoping to soon undertake a Masters. Lee's role involves case management and co-ordinating care for highly vulnerable people. Usual activities include risk assessments, supporting clients in crisis, referring clients to relevant services, outreach, sourcing funding, navigating risk, co-ordinating wellbeing checks with police, and coping with violence, trauma and death. Many clients have dual diagnoses and face barriers related to poverty, AOD use, cognitive difficulties and lack of trust in services. Despite the challenges of the work, Lee enjoys supporting clients to navigate complex systems and have their basic needs met.

Lee experiences high levels of work-related stress and describes housing and homelessness as 'an under-resourced, overwhelmed system' which cannot meet needs. Inadequate government responses to poverty and mental health, and systemic lack of funding have resulted in very high caseloads, and KPIs are unrealistic. Lee points out these systemic factors have contributed to unhealthy, unsafe working conditions which line managers do not address.

Lee receives regular supervision and knows to reach out when support is required. Lee has raised concerns about workloads with line managers in the past, but feels reluctant to do so again, as past feedback was 'badly received' by managers. Lee links recent burnout to workloads driven by unrealistic KPIs in the context of staff shortages:

Our program is obliged to meet KPI requirements each month, even in prolonged times of staff shortages, illness and leave. The lack of flexibility around KPIs, in my opinion and experience, created an unsafe workplace. I feel that things would be improved by governance/funding teams accepting that KPIs cannot be met when staff leave positions and recruitment to backfill positions takes months. I am also concerned about the workloads of my colleagues who are working part time. One colleague in particular, has a case load as big/complex as mine, despite working four days per week. ….Despite enjoying my work, being in my role on a full-time basis feels unsustainable. I would like to reduce my hours but will struggle with a reduced salary.

Figure 4.3 Proportion with formal responsibility for supervising at least one staff member or volunteer, by role

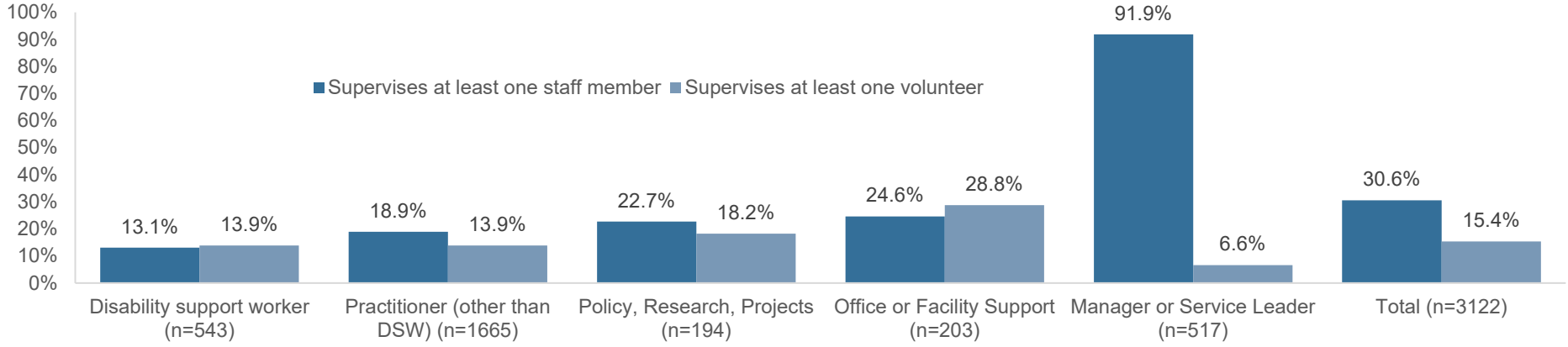
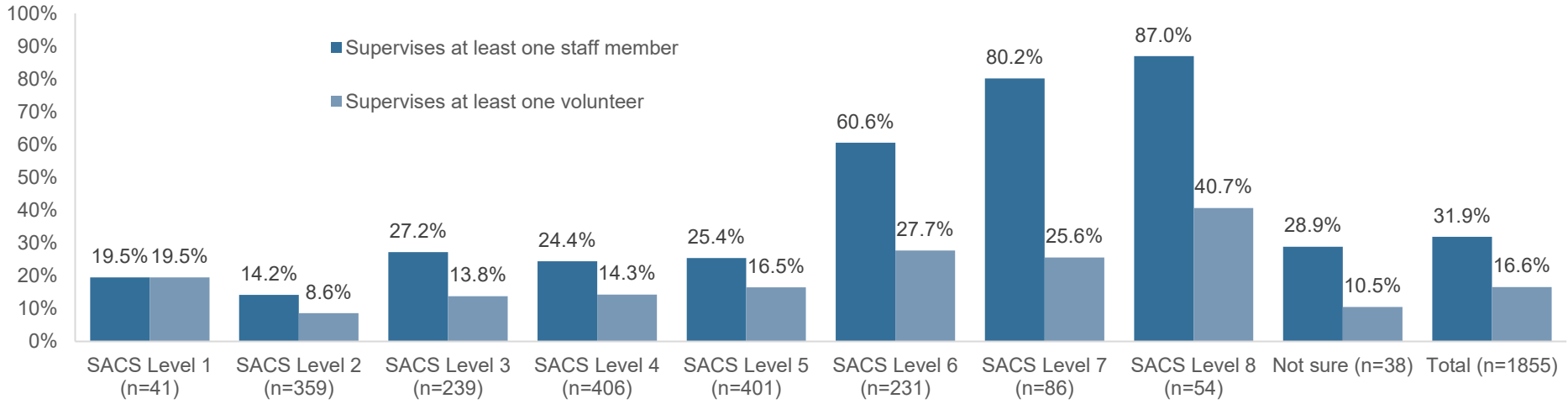


Figure 4.4 Proportion with formal responsibility for supervising at least one staff member or volunteer, by SACS Level



4.4 Problem solving without supervision

As indicated above, many staff classified at lower levels were working without, or with very little, supervision. This section analyses the experiences of thin supervision among workers at Levels 1 and 2, many of whom were support workers. Specifically, survey participants were asked what happens when an incident occurs and a supervisor is not nearby.

Workers in office or facility support, or policy, research or project positions were more likely to say that someone else would be readily available to help:

> There is always someone else to call, a superior or similar level colleague who knows what to do. (Lived Experience Resourcing Coordinator, Mental Health service, SCHADS Award SACS level 1)

> I would ask a manager from a different team to help. (Project officer, Other health related service, SCHADS Award SACS level 2)

Practitioners were much more likely to report that support is available remotely, primarily via phone call or text message. This was the case whether or not practitioners reported that they work in people's homes, although those not working in others' homes more often had co-workers nearby.

> [I use] the work chat or text but usually follow protocol and processes in place if any incident should happen and report it. (Community support worker, Disability service, SCHADS Award SACS level 2)

> I call an incident response team member, these are trained professionals on duty 24 hours a day, and will support staff to achieve positive outcomes. (Therapeutic support worker, Child and youth service, SCHADS Award SACS level 2).

Some practitioners, especially those working in residential and private home settings, reported that on-call support posed challenges, often because phone support wasn't always available or useful, and meant they needed to be prepared to problem solve by themselves:

> I have to call the 1300 number but most calls are not answered I have to repeatedly call multiple times. (Support consultant, Disability service, SCHADS Award SACS level 1)

> You call on-call and hope for the best LOL. (Residential support manager, Disability service, SCHADS Award SACS level 2)

> I can call the supervisor if they are working that day, or can call someone from the management team for assistance. Usually though, you just need to work it out yourself. (Disability support worker, Disability service, SCHADS Award SACS level 2)

One practitioner explained in more detail the challenges of not having support close at hand during difficult times:

> When my client has stopped taking their medication, I get a lot of abuse from them and sometimes I feel a little uncomfortable. But I still need to continue with my shift. If you cannot contact the case manager (which is hardly ever) you have to deal with the rostering staff and hope they can help. (Disability support worker, Disability service, SCHADS Award Home Care level 5)

These responses attest to the autonomy with which staff classified at lower levels often work, and the complexity of their decision making, and the risky nature of their work in the absence of adequate supervisory support.

Case Study 9. Gerry's use of nursing skills in disability work

Gerry is a permanent part-time disability support worker in a regional area, with over a decade of experience in his role, and over three decades of previous experience as nurse. He works in people's homes to support NDIS participants in all aspects of their daily life, including personal care, meals, transport, entertainment, cleaning, medication and financial guidance. He assists in liaising with medical professionals and family, plans appointments, assists if people are agitated or aggressive and does "reams and reams of paperwork and computer work". He is committed to ensuring his clients can be the best they can be, and values stability. Staffing levels in the organisation are an issue, and he observes that changes to staff and routine can have a domino effect and influence the behaviour of participants.

Behaviour management is a challenging aspect of the work. Gerry notes that some new workers expect the work to be 'all going on outings and out to dinner or walks on the beach' and are then 'shocked at some of the abusive behaviours that we long termers go through every day'. Gerry also finds the 'crappy hours' difficult as the roster makes it difficult to plan life outside of work.

Gerry supervises new staff, and receives general direction but no line management as such. When needing advice, a senior leader or manager is on call, however, they don't always answer. Gerry has skills to self-manage challenging situations without supervisory support. He states: "we have been guided toward self management, any incident that we as a team on shift couldn't manage would require an ambulance or other emergency services."

Gerry is employed at SACS Level 2 and feels that 'the pay rate is ridiculous for what is expected of the frontline workers', citing the mental drain, abuse, lack of management and 'lack of just about anything but more paperwork from upper management'. The work he does draws on his nursing experience, but after several years of this not being recognised and paid, he decided to discontinue his nursing registration:

"I was a nurse for 33 years and most of that time was spent working in disability. SIL homes, high needs paediatrics etc, and yet I can never go as high as 2.4 because my employer does not recognise my nursing (other services do and pay up to lv3.4 or 4). The only time my nursing background is recognised is when medical care is needed for a participant. That's why I resigned my Nursing Registration 3 years ago."

5 Pay, pay progression and the SCHADS Award

This section provides workers' perspectives on the pay they received (Section 5.1), their perspectives on pay progression (Section 5.2) and their experiences of financial stress (Section 5.3). As workers overwhelmingly attributed inadequate pay and financial stress to the SCHADS Award, Section 5.4 focuses on their perspectives on the Award, showing the way it was considered confusing and ambiguous (Section 5.4.1) and to operate in ways that did not recognise and reward their skill, specialisation and complexity of their work (Section 5.4.2). A specific section on sleepover allowances is in Section 5.4.3.

5.1 Perspectives on pay

Less than half of study participants agreed that they receive decent pay (46.4%), however, this was higher for those in policy, research and project roles (61.9%), and lowest for disability support workers (34.2%) (see Table A 15). Among those whose pay was set by the SCHADS award, perceptions of decent pay rose with classification level (Figure 5.1).

In their comments, a few expressed general satisfaction with pay, for example:

> I have been happy working in the sector. The pay is not as high as working in the corporate sector but I feel job satisfaction is greater. (Receptionist and administrative support worker, Peak body, Enterprise agreement)

> Having worked in private companies prior to this role, I love the protections and benefits of the SCHADS award (especially the equal remuneration order and the yearly pay rise) (Financial counsellor, Financial support service, SCHADS Award SACS Level 5)

Others gave more cautious praise for arrangements:

> Pay under the SCHADS award has greatly improved over the–last 8 - 10 years but is still below what I could earn in government or the private sector based on my qualifications and experience. (Service development manager, Family service, SCHADS Award SACS level 6)

Overwhelmingly however, participants' comments about pay showed widespread perceptions it is too low, and does not recognise the skills and risks associated with the work:

> The pay does not match to the exposure to trauma or cover need for external therapeutic support (Senior specialist family violence worker, Domestic and family violence service, SCHADS Award SACS level 6)

> Over the past 13 years I have been in my role, the extent of verbal and risk of physical abuse due to the high increase in substance use has increased dramatically. The skills required to safely manage these has also increased…. Pay does not equal level of skills required. (Senior recovery worker, Mental health service, SCHADS Award SACS Level 4)

Often, survey participants explained that their pay rate was dependent on organisational funding, which could constrain opportunities for progression. As one summed up:

> Our funding is very limited for the work that we do and makes it difficult to expand our work and pay staff at the classification they deserve. Our sector 'runs on the smell of an oily rag' and the government is used to getting a lot for very little money. (Adviser, Health related service, SCHADS Award SACS Level 5)

Many highlighted how pay rates were held down by funding contracts which did not recognise the specialised skills and experience needed for service delivery. Funding contracts also frequently failed to account for organisational overheads, or were repeatedly rolled over or extended for many years without providing increases to cover increased costs or increased experience and productivity. Sometimes, comments highlighted the discrepancies between rates in social and community services, and the substantially higher rates paid for similar work in government:

> I previously worked in the NSW government child protection and took a $15,000 pay cut to work for an NGO. With the increased cost of living, I think I should be paid at least another $10,000 per year. (Intake officer, Child and family service, Enterprise agreement)

Rather than government funding, others emphasised poor classification and pay practices of employers, and barriers to obtaining correct entitlements:

> I have worked for several organisations some do not pay their workers correctly and these employees speak out they have their hours reduced. This is a very common problem within the industry (Disability support worker, Disability service, SCHADS Award SACS level 2)

> My employer pays me below the required classification level for my role by 4 classification levels [pay points]… There should be an increase in pay and mandatory requirements for employers to pay employees for the work they do in the correct classification not under pay at a lower rate or classification (Support coordinator, Disability service, SCHADS Award SACS level 2)

> We are constantly told [our government funder] doesn't pay overtime.. But our company gets an agreed amount from [the funder].... It's just not passed on to us. (Support worker, Child and youth service, SCHADS Award SACS level 1)

5.2 **Pay progression**

Under the SCHADS Award, workers are not entitled to progress up pay points or level. Only some disability workers at Level 1, pay point 1 are required to automatically progress to pay point 2 after a period of time. Other workers may be eligible to progress up a pay point or level based on satisfactory performance and competency. However there is no entitlement to progress through the award. Rather, promotion or reclassification is at employers' discretion.

Lack of pay progression is an important pay issue, evident in both the quantitative survey responses, and raised repeatedly in participants' free-text comments. Less than half of workers had progressed up a pay point in the last year (41.3%), see Appendix

Table A 16. Progression up a pay point was highest among managers and service leaders (46%) and lowest among policy, research and project staff (34.0%), and disability support workers (34.3%). Managers and service leaders were more optimistic than others about their prospects for progression in the coming year, around a third felt likely to go up a pay point, compared with only a

quarter of disability support workers (Table A 17). Only a minority of workers have been able to negotiate their classification level (14.5%). Most commonly this was policy, research and project workers (23.2% of whom were able to) and managers and service leaders (19.7%) (Table A 18). Only one in five (19.7%) have received training which would help them progress, with training that would aid progression more common among managers and service leaders (28.4%) than among disability support workers (10.6%) or other practitioners (13.1%) (Table A 19).

There was no significant difference in the proportions of participants who had progressed up a pay point in the last year among those with pay set by the SCHADS Award (42.3%) or those working under an enterprise agreement (40.2%), likely due to similarities between enterprise agreement and award pay structures. Among those paid under the SCHADS Award, lower-level staff tended to be less likely to have progressed in the last year (Figure 5.2). Only 34.1% of workers classified at Level 1, and 36.1% of those at Level 2, received a pay point increase in the last year, compared with 49.1% of those classified at Level 6, and 58.5% of those at Level 8. Expectations of pay progression were also fairly low. Figure 5.3 shows only small minorities were expecting increases in the coming year, with those classified at Levels 6 and 7 most optimistic, while few at Level 1 were expecting an increase. Figure 5.4 shows that those at lower levels were most likely to feel they should be classified and paid at a higher level based on their work, education and experience. While it was highest for those classified at Level 1 (73.2%) and Level 2 (70.8%), even many workers classified at Level 7 or 8 felt underclassified.

In their free-text responses which explored their experiences of pay progression, few felt progression related to the nature and quality of the work performed. Even where work was highly praised they were unable to progress:

> I was promised pay progression when starting and have not been given it even though I have been told my work is outstanding (Case manager, Health service, SCHADS Award SACS level 5)

Often, government funding levels were seen as the reason for lack of opportunity to progress, for example, from this worker at a service receiving Australian Government funding:

> I was denied my 12 month pay progression this year with funding being used as the excuse. (Disability support worker, Disability service, unsure of pay setting)

In one case, a worker had their classification level reduced which they understood to be because of government funding:

> I was classified at level 7 but due to funding by the government this was not viable by the organisation and I was lowered to level 6... (Family support team leader, Child and youth service, SCHADS Award SACS Level 6)

Some pointed out there were ceilings on their progression, and no possibility to progress up a paypoint beyond a certain level. For disability support workers, progression was considered possible only up to Level 2.4, a rate which workers did not consider gave appropriate recognition to their qualifications, experience, or the complexity of the work or risks involved:

> As a disability support worker, there is no progression up the levels as you get stonewalled once you reach level 2.4 - the pay rate is not a fair rate for the work that a support worker does. (Disability support worker, Disability service, SCHADS Award SACS Level 2)

> I am paid at the highest rate they can pay 2.4 even with all the extra work and paper work I do and my 17 years' experience. (Disability support worker, Disability service, SCHADS Award SACS Level 2)

> I have staff on level 1.3 and I myself is on 2.1. I believe no support worker should be getting less than 2.2 level and I should be on level 3 (Team leader, Disability service, SCHADS Award SACS Level 2).

Workers were well aware of the inequities caused by lack of opportunities to progress, as new and experienced workers received the same rates, and some workers lacked information about their classification:

> There is no higher level. People who have worked for a few months are getting paid the same as regular full-time staff that have been here for many years. There is no higher level than what we are currently on, and unless you message payroll it is not written anywhere what level or pay point you are at (Support worker, Disability service, Enterprise agreement)

Others found it problematic that the Award left progression decisions to individual employers and was not automatic, based on objective criteria like experience:

> Progression should be automatic each year on work anniversary not left at employer's discretion. (Therapist, Child and youth service, paid via an individual arrangement)

Lack of opportunity to progress left workers feeling acutely undervalued:

> At 26 I was on the same hourly rate as I am now at 50, I don't believe our work is taken seriously (Community support worker, Aboriginal and Torres Strait Islander Service, SCHADS Award SACS level 3)

Case Study 10. Lilly's contribution to government capacity

Lilly is a postgraduate qualified Specialist Domestic and Family Violence Practitioner employed in a very large organisation. Her service is funded by the government agency responsible for child protection in her state. Her organisation's contract with this government agency is due to end soon and Lilly does not know if it will be renewed, or when she will find out. Lilly would like to stay in her role as she finds the job satisfying and knows she is making a difference for children.

Lilly's role involves meeting with families who are being investigated by child protection authorities. The people she works with are affected by domestic violence and homelessness and often have other complex needs relating to poverty, mental health, substance use or addiction, and trauma.

Lilly works with clients each day, sometimes in their homes, and assesses needs, undertakes safety planning and links clients to appropriate services to meet unmet needs. She implements government policy and feels her contributions to government capacity are not well understood. In particular, she feels the work she performs to develop better domestic violence awareness and practice in the statutory child welfare system is not so visible to others. She sees her work to change the views of statutory authorities about the impacts of domestic and family violence, and to understand the risk that perpetrators present to families. This helps the Department make difficult decisions about risk, and about whether and how to intervene to protect vulnerable children. While Lilly doesn't have formal supervisory responsibilities, she is a specialist practitioner and so provides assistance, supervision and advice not only to colleagues, but also to government child protection workers.

Employed at SCHADS Award SACS Level 5, Lilly finds that working in the industry makes it hard to get ahead financially. While she was able to negotiate her classification level with her organisation in the past, she has not progressed up a pay point in the last year, and does not expect to progress in the coming year. She wants to progress her career without having to leave frontline practice:

I deal with high-risk domestic and family violence every single day. I am a 5.3 and at the top of my pay point, unable to progress unless I want to go into management, which I do not….

She knows she is doing valuable work and implores for wider recognition of the cost-saving impact of her interventions:

If governments actually realised the fiscal impact of reducing the perpetration of domestic and family violence in our community, they would/should pay me more.

Figure 5.1 Agreement with the statement "I receive decent pay", by Award Level

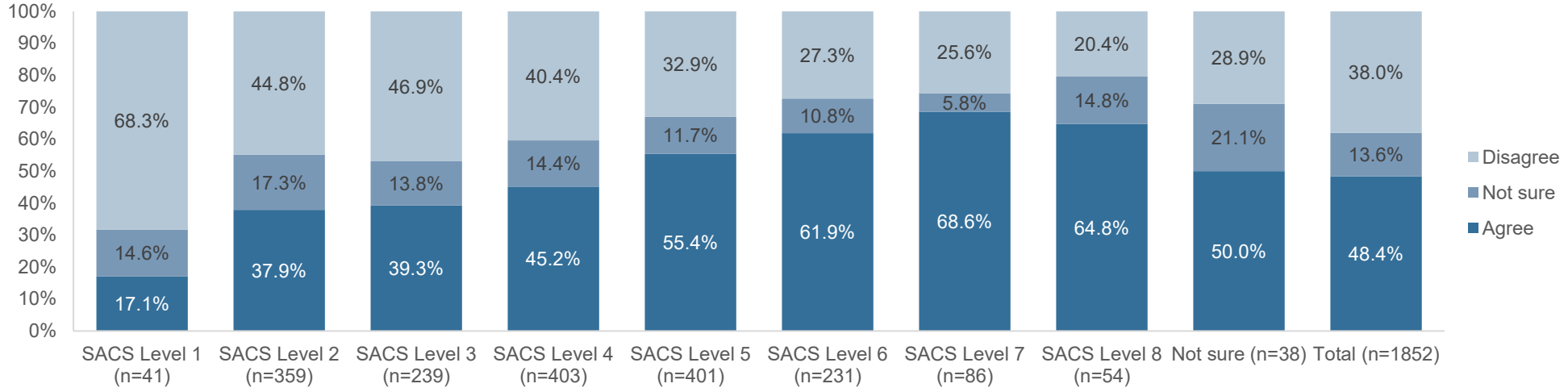


Figure 5.2 Agreement with the statement "I have progressed up a pay point in the last 12 months", by Award Level

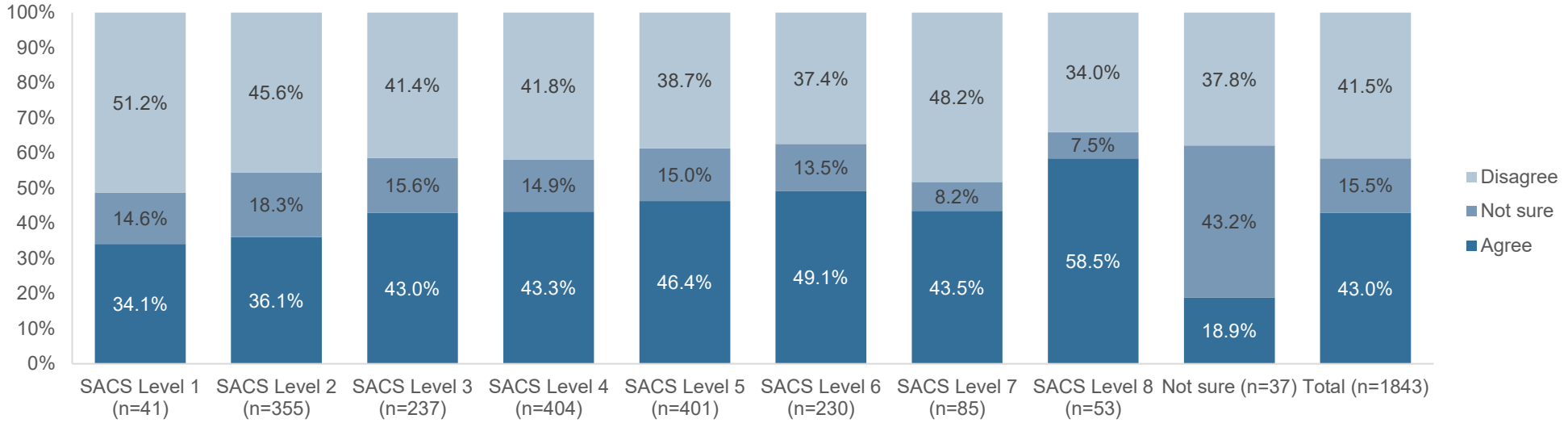


Figure 5.3 Agreement with the statement "I am likely to progress up a pay point in the next year", by Award Level

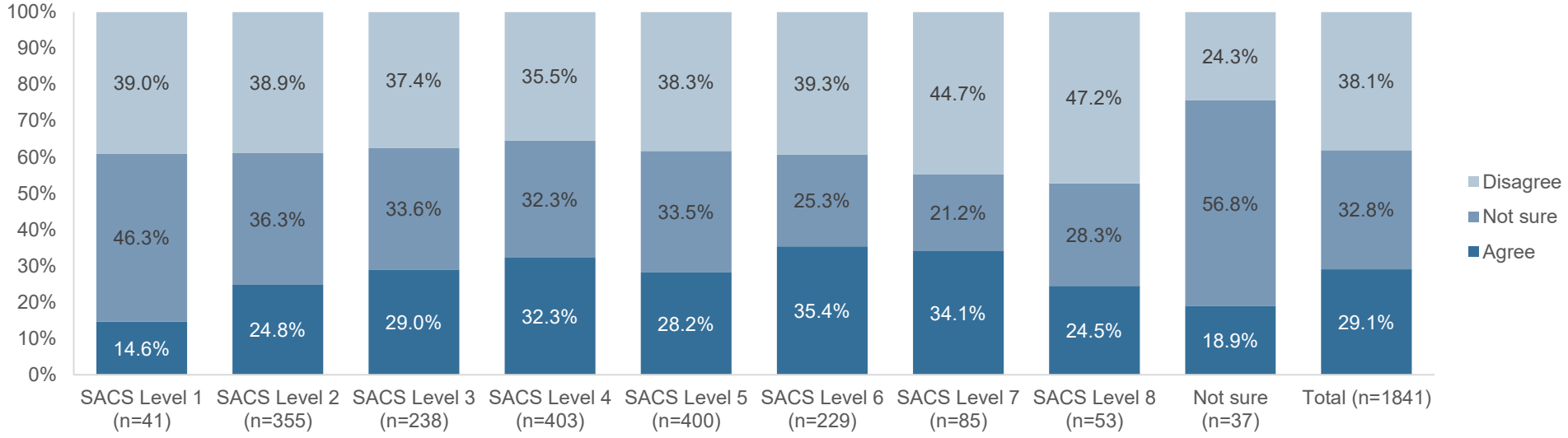
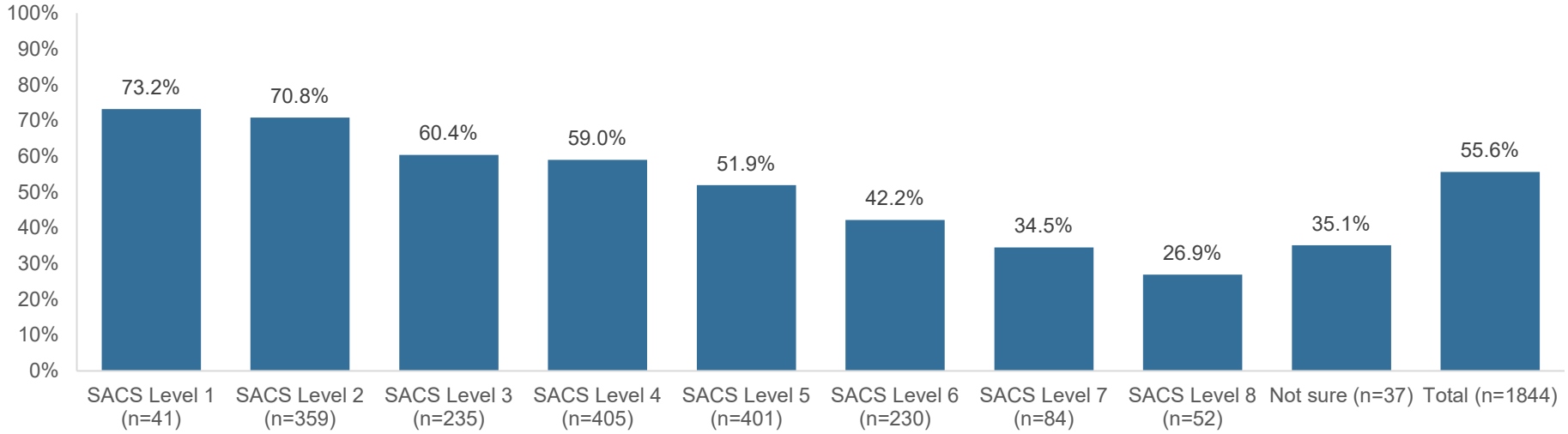


Figure 5.4 Proportion who felt they should be classified and paid at a higher level based on their work, education and experience, by Award level



5.3 Financial stress

As outlined in Sections 5.1 to 5.4, many workers felt pay rates did not reflect the value of their work, and that they lacked opportunities to progress. This was also reflected when asked questions about their financial capacity and stress. To capture whether their wages were adequate for meeting living costs independently, survey participants were asked if they agreed with the statement "Sometimes, I need help from family or friends to meet living costs". Overall, 29.0% of participants agreed they do sometimes need help, and while the figure was highest among casuals (42.2%), a quarter of full-time workers (25.4%) said they sometimes need help. Help with living costs was also sometimes required by many disability support workers (36.9%) but also by over one in five managers and service leaders (21.4%) (see Table A 20). Among those whose pay was set via the SCHADS Award, agreement was highest among those at SACS Levels 1 to 3 (Figure 5.5).

There was also strong perceptions that their industry makes it difficult to get ahead financially, but less diversity across groups of workers (Figure 5.6). Over half (55.3%) agreed with the statement "Working in this industry makes it difficult to get ahead financially" and while those at level 8 were slightly more positive, there was little difference in perceptions across roles and classification levels, it was a view widely shared.

Figure 5.5 Agreement with the statement "Sometimes, I need help from family or friends to meet living costs"

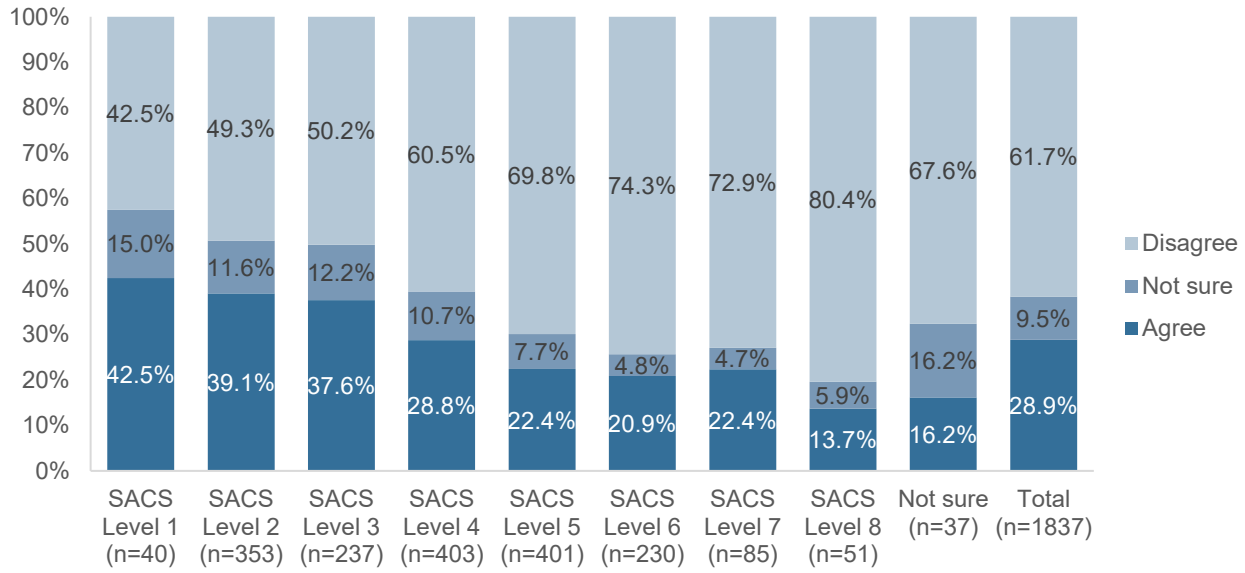
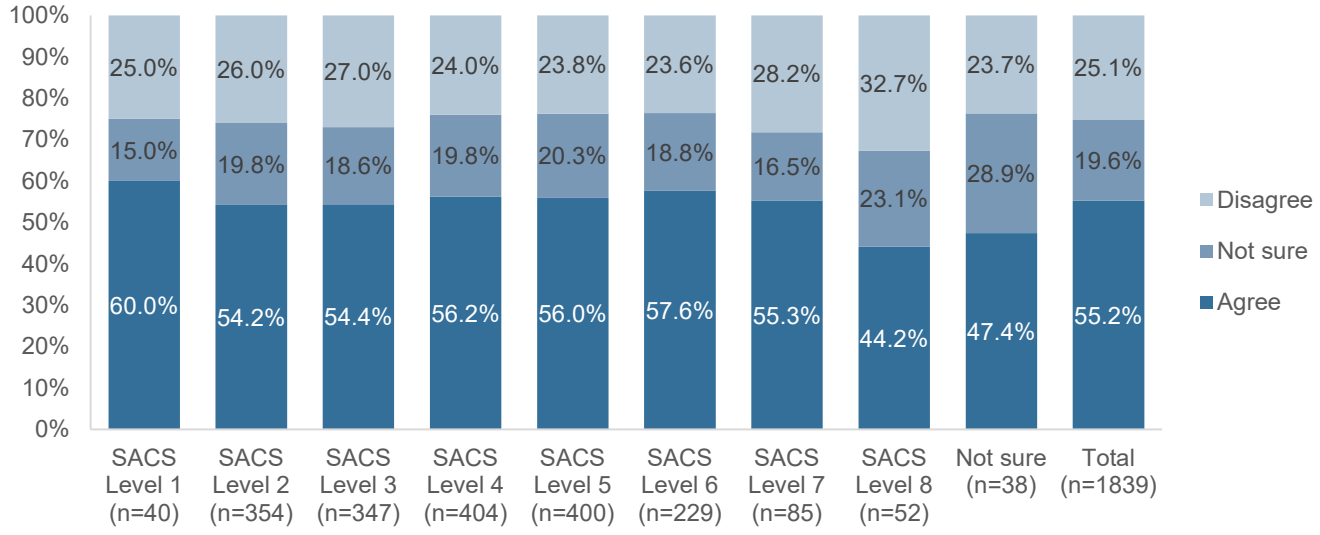


Figure 5.6 Agreement with the statement "Working in this industry makes it difficult to get ahead financially"



Workers' comments offer insight into the stress arising from pay rates in social and community services, with some experiencing considerable difficulty, which caused them to question remaining in the industry:

> I am on a higher rate in this role with a husband that also works full time but given the cost of living and housing crisis we are struggling to save any money or buy the things we need to stay afloat. Weighing up the physical and mental toll of this work in comparison to the amount we get paid, I don't think it equals out. Especially when there is a lot of after hours work and we don't get paid a whole lot for that and it is mostly only reflected in TOIL. (Case manager, Child and youth service, paid above SCHADS Award SACS level 4)

Others found it difficult to cover week to week living costs:

> I need to be working full-time hours. However, apparently we don't have funding for this. I can't even live week to week at this stage. After each pay, I only have $100 to feed my family of 4 (2 adults, 2 children [aged] 7 and 1). We are really struggling (Key worker, Child and youth service, Enterprise agreement)

Those depending on one income only for their household were under very high levels of financial stress, especially during challenging life circumstances:

> I love my job but, as the sole income due to my husband's stroke, I am struggling (Disability support worker, Disability service, SCHADS Award SACS level 2)

Importantly, workers were sensitive to pay constraints and inequalities, and managers experienced the distress and disappointment not only for themselves, but also when they saw their colleagues let down by the industry:

> It hurts a bit when I see a policy officer level public servant be paid more for much less responsibility and work hours than me (a CEO). But I also think when the people we are working to serve have so little it is important to keep salaries reasonable. But it also hurts when I see my team members especially who are single unable to ever purchase a place on the wage our organisation can afford to pay them. (CEO, Community development service, paid via an individual arrangement)

Case Study 11. Denise and the long-term impacts of financial counselling work

Denise is a full-time, degree-qualified Financial Counsellor with several years of experience. She works in a small organisation in a regional centre, which has recently experienced a surge in demand. She uses her advocacy skills to achieve debt waivers and interest rate reductions for clients, who she explains are affected by "a range of interconnected concerns such as domestic violence, financial instability, debt accumulation, gambling addiction, children not attending school, and insufficient access to basic necessities like food." She sees the value of her work, pointing out that by empowering individuals to navigate financial challenges before they escalate into crises, her work ultimately reducing the strain on emergency services and social support systems.

In her work, Denise applies her detailed knowledge of contracts, the terms and conditions of creditors including banks, and government services. She also needs to understand superannuation, tax, legal other systems, to determine financial and budgeting strategies and potential legal options for clients. Each day, she is in contact with clients, workers in other community services, lawyers, and government workers. She provides clients with emotional support alongside the financial support, helping with their decision making while ensuring they feel empowered. She also needs to understand a range of issues relating to mental health and addiction. Denise is conscious that her financial counselling work is a preventative measure, offering individuals facing adversity tools and knowledge to help to stabilise their lives and secure better futures. Denise knows that often, her advocacy does not achieve what clients hoped for, and explains that this can be difficult for workers too:

The unseen aspects of my work involve the emotional side, where I must bear the stress of someone else while striving to maintain composure in front of the client. This typically occurs when clients share their personal stories. The situation becomes even more challenging when I advocate for the client, and despite my efforts, the advocacy proves unsuccessful. For example, creditors may refuse to waive debts, children might be taken out of a client's care due to financial issues, homelessness may be imminent, and there might be nowhere to go while escaping domestic violence or financial abuse. The emotional impact is significant, lingering for months even after meeting the client's immediate needs. It leaves an unseen scar that affects one's sense of helplessness and performance in the role over the long term.

Although the Crisis Accommodation stream of the SCHADS Award is usually applied to workers providing temporary accommodation and support, Denise is employed as a Crisis Accommodation Employee Level 4. Despite her expertise on financial matters, sometimes, she needs help from family to meet living costs and feels that working in SACS makes it difficult to get ahead financially. She feels there is no room to progress her pay, she says she has: "*Been sitting on the maximum for a long time and no promotion because of the organisation structure. There is no room for promotion unless they create a new position*."

Denise feels opportunities for promotion would help to recognise financial counsellors' years of service and expertise, and boost morale. She is acutely aware of the vicarious trauma and wellbeing risks of her work, especially when performing it full time, and feels her job role could be better designed to sustain the financial counselling workforce.

5.4 Workers' perspectives on the SCHADS Award

When commenting on their pay, many comments centred on the strengths and limitations of the SCHADS Award. A few participants made positive comments about the award. Positive reflections stated for example "The SCHADS Award offer employees great rates of pay and conditions" (Regional coordinator, Mental health, SCHADS SACS level 5). More commonly, positive comments acknowledged that although award rates were not high, they felt grateful to be classified at a level that allowed them to meet their needs, such as paying basic living costs, for example:

> I have been grateful to receive the pay I do for my job, which has made working fewer hours achievable whilst focusing on study. I can still pay rent and bills, but I have very little left over. (Cognitive behaviour therapy coach, Mental health, SCHADS Award SACS Level 4)

Others felt Award rates were satisfactory but pointed to the way government funding constrained the fair progression of staff, as this manager explained:

> The SCHADS Award is fine. Government funding does not increase annually to account for progression or administrative costs. (Executive Officer, Community development service, SCHADS Award SACS Level 8)

Overwhelmingly however, participants' comments about the award expressed detailed concerns about Award rates of pay. Like this participant expressed, a common theme was that the Award did not fully recognise the nature of work and skills required:

> Although in comparison to other organisations, my organisation's pay rate is good, I believe anyone working in social and community services space takes on a huge level of responsibility, requires a huge number of skills beyond any role scope and takes on a huge mental strain due to the complexities of working with individuals, and as such, deserves to be better compensated. When we work every day with people on their deepest hurts, struggles and life adversities the level of awarded pay should reflect that better. (AOD counsellor/case manager, Health related service, SCHADS Award SACS level 4)

Issues raised relating to ambiguity in the Award are covered in Section 5.4.1, while Section 5.4.2 explores perceptions of lack of skill recognition, complexity and specialisation, and Section 5.4.3 focuses on sleepover allowances, which were seen as particularly low.

5.4.1 SCHADS is confusing and ambiguous, contributing to poor implementation and inequity

The Award was widely considered to be confusing for both managers and workers. SCHADS was seen as unclear and difficult to understand, which raised costs for the industry. Many comments pointed to ambiguities in the text which made it difficult to implement in general, and which contributed to specific difficulties in classifying staff at appropriate levels. Some comments conveyed exasperation:

> The SCHADS award is horrible and too difficult to understand. I have worked in many industries and have never seen such a grey and complicated Award. We have to pay an outside company $600 per month for Award compliance and information. (Director of a support provider, Disability service, SCHADS Award SACS level 5)

Specifically, the Award was seen as too broad and complicated, covering too many types of worker:

> The SCHADS award is the most confusing award to navigate. There are too many sectors in the one award, too many different pay rates, all specific to certain parts of the award (Practice leader, Disability service, SCHADS Award SACS level 3)

> The SCHADS award needs to be totally scrapped and started again. Fair Work is trying to shove too many community organisations into the one pigeon hole and it has come up with an award that is complicated, open to interpretation, and not easily understood. (HR manager, Child and youth services, SCHADS Award SACS level 7)

The wording in the level descriptors in the Schedules were considered too complicated, and too ambiguous, leaving classification levels open to too much interpretation. This resulted in confusion and disagreement over levels, and could result in misclassification and underpayment, and could make reclassification difficult:

> The SCHADS award is far too grey in the wording of its classifications. I work under an EA [enterprise agreement] currently but my employer was considering going straight to the award once our EA expires. My employer believes I fall under level 2.4 which would mean a pay decrease of $3 per hour. I believe as a mental health worker with many years of experience that I come under level 3 of SCHADS. People need to be able to see their actual positions described within the award. Currently it is too ambiguous and open to interpretation which can then lead to underpaying and incorrect classification of staff (Community support worker, Mental health service, Enterprise agreement)

> Earlier this year I was advocating for a staff member to be paid at a higher level but the Award was not very helpful in determining what the difference between levels is. (Project coordinator, Health related service, SCHADS Award SACS level 6)

Like this worker, many survey participants traced misclassification to the ambiguity in the wording, and provided numerous examples of differences in classification practices across organisations, which in some cases caused workers to move to other organisations:

> Underclassification at the frontline level is rampant in the sector and classification differs across organisations (e.g. a case management role that is a Level 5 role somewhere might be classified at 4 or even 3 in other orgs/sectors), however job descriptions in the SCHADS award are vague which make formal re-classification claims difficult. (Outreach coordinator, Housing and homelessness service, Enterprise agreement)

> The definitions of the levels in the SCHADS award are too broad. For example someone on SCHADS 4 will be supervising other staff members and managers don't have to up your pay level because the Award allows this to happen. This is the reason I left my previous job. I was being paid the same wage as Case Managers not responsible for supervising staff, whereas I was supervising staff. (Social worker, Mental health service, Enterprise agreement)

The presence of multiple streams in the Award also meant employers shifted workers between classification streams, namely from SACS to Home Care, which this participant found very unfair:

> I hold a Bachelor degree and a Certificate IV. My employment contract states that I'm classified as SCHADS (SACS) 3.1 but my employer unilaterally reclassified all of us from Social and Community stream to Home Care stream. How is that legal? My pay has not increased for a year and a half, yet SCHADS, whether SACS or Home Care, has been

> increased. How is that legal? (Mental health support worker, Mental health service, SCHADS Award SACS level 3)

Inconsistencies in how similar roles were classified across services arose repeatedly in the comments and were considered a major problem and source of inequity. Some pointed to inconsistency across agencies:

> Consistency between agencies is needed. I have worked in level 5.1 jobs who have less responsibility than my current level 3.1 role. (Program manager, Aboriginal and Torres Strait Islander service, SCHADS Award SACS level 3)

> Workers are often underpaid in the DV refuge sector and under-valued compared to "DV practitioners" in regional or larger DV services. Larger organisations often hire workers at a lower pay level yet the work they are expected to perform is the same as some orgs that pay workers two levels higher. (Collective member, Domestic and family violence services, Enterprise agreement)

> People's classifications are all over the place. We have peers in some organisations on level 2 and a some on level 4. We have people being paid level 3 to 5 as clinicians doing very similar tasks. (Needle and syringe program worker, Health related service, Enterprise agreement)

> Most intake workers in our legal centre are on SCHADS 2 but [I have learned] from talking to [staff at] other legal centre[s that] they are on at least SCHADS 3. Our CEO and director gaslight us and say this is not true. (Intake worker, Legal service, SCHADS Award SACS level 4)

These challenges contributed to movement of staff across agencies, to take up identical but better paid work:

> I moved to my current role as the last organisation I worked for classified the same role at a lower SCHADS level. There seems to be inconsistency across different organisations (Specialist family violence worker, Domestic violence service, SCHADS Award SACS level 5)

Inconsistency within the same organisations was also highlighted, albeit less frequently than inconsistencies in classification across levels:

> I am actually on a level higher than other people in my position at my workplace. When I was hired my organisation paid a level above the others and decreased it a couple of years ago, so I'm on a 6, and others are on a 5. To be honest though the work I do deserves a 6 not a 5, but 5 is standard in my industry (Financial counsellor, Financial support service, SCHADS Award SACS level 6)

Case Study 12. Elaine's misclassification as a home care worker

Elaine is a casual disability support worker in a major city, who works around 30 paid hours per week, providing services funded by the NDIS. Aged in her late 60s, she has many years of experience, along with a relevant bachelor degree. Elaine currently provides disability support for a terminally ill Aboriginal man with a range of severely complex needs. She works alone, under limited direction, as part of a larger team providing around the clock care and support. Elaine has supported this client for three years, and has moved between various companies to do so.

Elaine's client has an acquired brain injury, mental illness, epilepsy, and post-traumatic stress disorder. He also has substance abuse issues, relating to alcohol, prescription drugs and opioids sourced from the street. The man hoards and lives in poor conditions in public housing, and sometimes engages in aggressive behaviour. He has a history of refusing services and supports and sometimes excludes carers and others from his home.

To support this man, Elaine draws on a complex array of skills to obtain the trust needed to help him maintain his health, hygiene, home, and service engagement. She regularly communicates with health professionals, police, paramedics and others about her client. Elaine works with flexibility, patience and tolerance, and applies her deep knowledge of health and welfare systems, including guardianship processes. Her work enables her client to participate in the health and welfare assessments and treatments he requires. Elaine needs to complete reports which she says "are extensive and cannot generally be done on shift in paid hours due to the nature of the work". She also trains and coaches other workers new to the role and who lack the knowledge, confidence and rapport needed to work alone to support this client.

In general, Elaine feels NDIS provider organisations poorly manage the workforce that supports people with highly complex needs. She believes her company receives sufficient funding but minimises pay for frontline workers while prioritising other parts of the business. She received no line management supervision for her first 18 months with this organisation, and received her first phone call about receiving supervision whilst on leave. Currently, contact with her manager is sporadic, and by phone. Conversations tend to be focused on compliance. She feels her manager is poorly equipped to engage with staff.

Elaine is employed under the Home Care stream of the SCHADS Award. She explains that in mid-2023 "My employer reclassified all DSW positions under the SCHADS award to the Home Care stream without notice." Currently, she is employed at the highest level (Level 5) of the Disability – Home Care Employee scale. As a casual, her pay is a maximum of $39.80 per hour. She feels she should be paid at a higher level, although there is none under this stream. She says "I resent my position being reclassified to the Home Care Stream when my duties are clearly highly skilled disability support work."

Despite the unsupportive work environment, the complexity of her work, and Elaine's age, she wants to remain in her role for as long as possible, to continue supporting her client. She says: "I am committed to the NDIS participant for as long as he survives and I'm able to support him and he is willing to let me do that."

5.4.2 SCHADS does not recognise skill, complexity and specialisation

Along with the ambiguity of the Award, its lack of recognition of the specific skills, responsibilities and risks associated with social and community service work was a strong theme, highlighted by workers involved in a range of service types, and at all levels. Participants explained the limitations of the Award with illustrations of the high level of skill and risk among workers, and the qualifications and experience required:

> It's rewarding work, however the general feeling amongst community services workers is that we are under paid for the level of skill and level of risk that we hold in our roles. There aren't many jobs that can land you in front of a child death review panel with them asking you about "what you did" to ensure the child's safety. And this can happen in an entry level position starting at $80,000 a year. (Child and family caseworker, Child and youth service, Enterprise agreement)

> I don't think the intellect required by financial counselling is reflected in the SCHADS Award. As a Financial Counsellor, I will forever be stuck at a SCHADS Level 5. I have a Law Degree and years of relevant experience which helps me to understand government processes and regulatory frameworks and how to achieve systemic advocacy. None of this is recognised in my current pay rate. (Financial counsellor, Financial support service, SCHADS Award SACS level 5)

> The award definitions around working in disability need to be reviewed to include those of us who are working with people with spinal disabilities. We do more than provide "home services" and the rates of pay are incredibly low. I could earn more serving coffee. (Personal support worker, Disability service, SCHADS Award SACS level 1)

A common perception was that the Award doesn't recognise experience and relevant skills, so in effect provides a ceiling or cap on pay, and disincentivises upskilling:

> I have worked on level 5 for over 5 years, and have been level 5.3 SCHADS for over 3 years. There seems to be no pay progression, even though my skills have increased, my experience has increased, the amount of senior type duties have increased. Unofficial leader duties have increased. There is a ceiling on pay that is not matched by a ceiling on required work. (Social worker, Mental health service, SCHADS Award SACS level 5)

Support workers in particular pointed out that gradations in the complexity of their work went unrecognised:

> Support workers should be paid more for the work they do, if you work 1:1 and with more complex need customers such as peg fed[46], you should get a higher pay level then another support worker just taking someone to the shops to buy their groceries. (Disability support worker, Disability service, SCHADS Award SACS level 2)

> I feel that the work I do is a bit more complex than many others in the same role as I work only with our clients who have complex needs or challenging behaviours. I feel it is unfair renumeration compared to people who just turn up and take someone to the shops for the day. There should be better renumeration for those who have more challenging roles with

[46] PEG feeding refers to a percutaneous endoscopic gastrostomy tube, which is inserted into the stomach via a surgical incision in the abdomen (known as a stoma). This enables people to safely eat and drink when they cannot do so through their mouth.

> challenging clients. (Disability support worker, Disability service, SCHADS Award SACS level 2)

Some workers noted that there were barriers to progression which affected disability support workers at lower levels, and often attributed these to the NDIS pricing model and its assumption of SACS level 2.4:

> As a disability support worker, there is no progression up the levels as you get stonewalled once you reach level 2.4 - the pay rate is not a fair rate for the work that a support worker does. (Disability support worker, Disability service, SCHADS Award SACS level 2)

> Our current SCHADS award is too ambiguous and gives employers too much leeway to do the wrong thing by the workers, added to which there is no incentive to do training as most companies are capped at 2.4. (Disability support worker, Disability service, SCHADS Award SACS level 2)

Others saw employers just defaulted to the minimum:

> SCHADS award is a joke. Employers pay the minimum level 1 rate regardless of skills or qualifications. (Disability support worker, Disability service, SCHADS Award SACS level 1)

As well as having rates they considered too low, workers often experienced disruption to their progression when they changed organisations:

> When you have done 20 years each time you move jobs your classification drops it is frustrating (Team Leader, Aboriginal and Torres Strait Islander service, SCHADS Award SACS level 4)

> Level 1 shouldn't exist, and staff should be able to move up the pay levels per years of service even if they change organisations (Manager, Disability Service, Enterprise agreement)

Many called for a classification system that enabled progression based on complexity of the work, and which reflected, and encouraged, the specialisation of frontline practice roles:

> High risk work in “intensive” trauma programs with complex clients deserves a massive loading to compensate for additional skills and risk. Partly to recognise the huge difference compared to standard/average work, and also as an incentive for people to upskill and step up with confidence and competence into the more difficult work. (House manager, Child and youth services, SCHADS Award SACS level 6)

> The SCHADS award does not define the difference between a specialist support coordinator or a support coordinator. The wording is vague and makes it hard to prove you should be paid at a higher level. (Specialist support coordinator, Disability service, paid via an individual arrangement with employer)

> Start making mental health care more pay SCHADS 3 or 4. The higher the level of care the higher in pay progression. Make it clear say if you did 30% or higher of complex high care clients you progress to SCHADS 4 as an example (Community mental health worker, Mental health service, SCHADS Award SACS level 2)

Several pointed to the need for pathways under the SCHADS Award which did not require skilled practitioners to leave their frontline roles:

> It would be good to have increases in SCHADS award, without having to opt for a management role as I would have to do in my current organisation. (Case manager, Child and youth service, SCHADS Award SACS level 5)

> I have worked at the same classification and pay grade for 8 years. There is no progression in my org for subject matter expertise. You can only get ahead if you become a team leader/manager and I've only ever been given the opportunity to act up for 10 days since being employed. (Senior policy and research advisory, Other service type, Enterprise agreement)

Specific streams for specialised workers were suggested. Lawyers in particular questioned the appropriateness of SCHADS for recognising their work, pointing to the investment made in their education, and the high cost of working in community legal services:

> Would be good if employer could explain more about SCHADS and why it is appropriate for a community legal centre. Also would potentially good to have “professional streams” like lawyers etc so we know what is reasonable at entry level etc (Lawyer, Legal Service, SCHADS SACS level 5)

> For lawyers working under the SCHADS Award, it is extremely challenging because our work doesn't really fit in the way other care and community work does. Lawyers may spend $70-100,000 on their HECS debt to become qualified. The SCHADS Award does not reflect this and the choice that lawyers who work in the Community Legal Centre space have to sacrifice by not working in a private firm with significantly higher pay rates. A lawyer has to be qualified via a Bachelor of Laws or Master of Laws plus College of Law. With indexation based on the inflation rates now, I have friends in the sector who will literally never pay off their HECS as their repayments (because of the low pay) don't even meet the indexation on the HECS sum for the year. It's really unfair. (Senior lawyer, Legal service, Enterprise agreement)

A final set of comments on the Award related to payment of allowances and travel time, which were perceived as inadequate:

> It would be better if the SCHADS Award stipulated clearly what provision of first aid on the job constitutes. I am not paid a first aid allowance yet my management hopes that I provide first aid when it is required. (Alcohol and other drug counsellor, Health-related service, SCHADS Award SACS level 5)

> If trades people were paid the way we were (casual in 2-hour blocks without travel pay) they would not work or accept the job. (Community care worker, Disability service, SCHADS SACS level 1)

5.4.3 Sleepover allowances

Frequently, disability support workers, as well as workers in youth, homelessness and mental health services expressed strong perspectives on sleepover rates. Nobody commented that sleepover pay rates were appropriate. To the contrary, they were seen as vastly unfair, and inadequate recognition for the work performed during shifts, for disruption to routine and separation from family, for sleeping away from your own bed and in some cases in inadequate accommodation, and for the longer term impacts of disrupted or insufficient sleep, including tiredness and burnout. They explained, for example:

> Working sleepovers is only paid at a total of $58 for the hours between 12am and 8am. We are only paid an hourly rate if a sleepover shift becomes active i.e. if we are woken. (Youth support worker, Housing and homelessness service, SCHADS Award SACS level 3)

> I do sleepover shifts which are 3pm-11pm active, and then 11pm to 7am inactive. For the inactive period I receive only one hour of overtime. I believe this is unfairly compensated because I am on call the entire night and I am unable to be at home with my family during this time. (Mental health support worker, Mental health service, Enterprise agreement)

> Sleepovers are not adequately classified or paid. The majority of workers are unable to sleep during a sleepover for various reasons, however, are only paid the allowance unless required to physically support a client during these hours. Lack of sleep then impacts on time away from work as staff spend the next day catching up on sleep instead of tending to home/family duties or engaging in activities they enjoy. (Youth worker, Child and youth service, SCHADS Award SACS level 3)

A support worker doing sleepover shifts pointed out the way the sleepover payment her organisation made was not appropriate compensation for the routine disruptions of the babies and young children she worked with:

> Of a night time, I receive $100 to work between the hours of 8pm and 8am. We all do. It's a flat $100 a night and still expected to wake up and feed babies or try to have children asleep in between 8pm and 8am.... What kid sleeps these hours? (Support worker, Child and youth service, SCHADS Award SACS level 1)

Another, in a disability service, pointed out the poor conditions of sleepovers, which were not recognised or compensated by the payment rate:

> Sleepover allowance is pitiful for once again not being able to spend time in your own home and the conditions of some of the houses for their sleepover staff is terrible. Beds shoved up beside printers and computers, no staff shower/toilet. Sleepover staff should have a dedicated bedroom where they can wind down and relax at the end of their shift, not be shoved in a corner of an office hoping to get some sleep for the $51.50 you are being paid to be on site (Support worker, Disability service, SCHADS Award SACS level 2)

One, whose pay was set via an enterprise agreement, pointed out how the sleepover shift allowance had not increased for over a decade:

> [My employer] pay does not compete with other services, they pay less, in particularly for sleep over for 8 hours. Only $51. This amount has not been increased over 15 years (Support worker, Disability service, Enterprise agreement)

Case Study 13. Sam's sleepover shifts in a youth service

Sam is a bachelor-degree qualified youth worker, currently completing postgraduate study. She works for a very large youth service in a capital city. She works on a permanent part time basis, with young people in a residential setting and her shifts include sleepovers. Her service is funded by State government. Her responsibilities include role modelling and teaching life skills in performing day to day duties of running of the house (including cooking, cleaning, and supervising), organising and attending appointments, administering medication, de-escalating clients, communicating with other teams about client needs, and maintaining safety. These responsibilities requires skills of careful client observation and engagement, use of therapeutic approaches, communication and documentation.

Sam is a mandatory reporter, and monitors court and bail conditions and any breaches. Most days, she encounters situations where people are agitated or aggressive, and every day she supports clients with communication or decision making, and provides emotional and trauma-informed support. Challenging aspects of the job are having to perform other roles due to high turnover and staff shortages, and deescalating situations while working alone. She receives general direction rather than supervision as such, and only sees a supervisor every few months. If there is an incident and advice is needed quickly, Sam has to make an executive decision, on her own. She doesn't formally supervise any workers but is expected to train her extended team of 12 because she has been there the longest, and because she is has read the manuals and is on top of policies and protocols.

Sam is not happy with her pay. She has not progressed up a pay point in the last year and doesn't expect to have an increase in the coming year. Sam is paid at SACS level 3 and has multiple concerns about her pay:

"I have been at my pay level for 2 years and since now informally training my team, I am expected to supervise their work. I believe I should be paid at level 4. My finance team also make it difficult to work out when I am meant to get paid overtime. I am often required to stay back late as staff are late, but my timesheet is then reverted to reflect my rostered hours, I don't get formal breaks and never get breaks uninterrupted."

Commenting about the Award, her focus is on sleepover shifts.

"The inactive pay rate is not realistic. If I complete a sleepover shift consisting of a 1500-2300 active shift, a 2300-0700 inactive shift then a 0700-1100active shift. I will only get paid $55.89 for the 8 inactive hours despite being expected to stay on site for the whole duration and if the clients keep staff up that is just bad luck. So only get paid for 12 hours + $55.90 for being at work for 20 hours."

6 Estimating underclassification under the SCHADS Award

As evident in the material provided in previous sections, pay rates in social and community services are generally considered low given the nature of the work, and many workers lack opportunities to progress through the classification structure in the SCHADS Award. To explore this in more depth, we developed estimates of the nature and extent of underclassification among workers currently classified at SACS Levels 1 to 5.[47] To do this, we examined the SCHADS Award Schedule B, which sets out how SACS roles should be classified, based on the characteristics of each of the eight levels. This includes work responsibilities, and requirements such as skills, knowledge, experience, qualifications and training, organisational relationships, and the extent of authority. As workers answered survey questions about these features of their work, the survey data offers a basis for estimating whether each workers' current classification level is broadly aligned with their SACS level descriptor, or whether they may be considered underclassified.

The estimates confirm that underclassification is widespread. Sensitivity testing confirms this evidence (see section 6.5). However, analysis cannot indicate how roles *should* be classified. A limitation is that a comprehensive legal interpretation of the Award was not used, nor were all dimensions which may be relevant to classification considered. The information was limited to three sets of information, which were captured in the survey in ways broadly aligned with information in Schedule B. These were:

- Workers' relevant qualifications and experience in their role or a similar role;
- The supervision and guidance they provided to lower classified staff; and
- Receipt of line management supervision.

These three sets of information provide a basis for estimating whether workers' current classification levels are appropriate, and correspondingly, whether a survey respondent appears underclassified. However, these three indicators do not give a comprehensive picture of the nature and context of work. In particular, the precise nature of workers' duties, their exercise of initiative, and the complexity of their problem solving and decision making, were not considered. Many survey participants helpfully outlined these features of their work in their free-text survey responses, but these were not provided in consistent detail nor in a way that could show concordance with Award levels.

As shown throughout this report, SACS workers' responsibilities, skills and knowledges are highly diverse and not appropriately reflected in the SCHADS Award schedules. Our analysis found Schedule B gives some insight into SACS work and in places recognises 'professional judgement' and 'duties of a specialised nature', however the language carries strong administrative legacy, referring to 'data input', 'stenographic duties', 'computer operations' and 'secretarial support', for example, with few references to client-facing activities or program development and delivery, nor

[47] The SACS stream was considered only, as there were insufficient responses under the home care and family day care streams for separate analysis. Participants who reported their level under the Crisis and Supported Accommodation streams were allocated a proxy SACS stream and included in the analysis.

the skills relating to emotional support, communication, collaboration, and problem solving, and other skills workers see as relevant and included in their descriptions of their work (see Section 3). As survey participants pointed out, and as shown in Section 5.4, employers and employees find it difficult to use the Award to classify (and reclassify) SACS roles, as the wording fails to characterise typical work activities, responsibilities and skills, and ambiguous language makes it difficult to map roles to appropriate levels. Notwithstanding the vague language in the award, estimates of underclassification could be produced, using information on qualifications and experience, relationships to lower classified staff, and receipt of supervision.

Estimating using a conservative approach

The main estimate uses a conservative approach, summarised in Table 6.1. The conservative approach recognises that the survey data describes key elements of workers' experience and responsibilities, but nonetheless gives a partial picture. The estimates are different to assessing if an individual worker is appropriately classified in a work setting with full information about the worker and the position.

Estimates are conservative as we considered SACS Levels only and not pay points within levels. Although misclassification may also occur within levels, the survey did not ask participants' pay points, to reduce participant burden. As such, the estimates pick up more substantial instances of underclassification only, across levels rather than paypoints.

Also in terms of the scope of analysis, our estimation of underclassification was restricted to the 1446 workers employed at SACS Levels 1 to 5. Those employed at SACS Levels 6 to 8 were excluded because Schedule B contains similar descriptions of the responsibilities, qualifications and supervisory expectations at these levels, which made it difficult to differentiate them and estimate underclassification. Schedule B for example does not set out distinct qualification and experience requirements for Levels 6 to 8; and at each level, workers may work independently without line management supervision. Further, it is stated that Level 6 'may' exercise managerial responsibility and Level 7-8 'will' exercise managerial responsibility, also precluding sufficiently clear distinctions between levels. As part of a cautious approach, we limited analysis to workers classified at SACS Levels 1 to 5. We recognise that workers at SACS Levels 6 and above may also experience underclassification but it was too difficult to determine using available information.

Further, we were conservative in how we dealt with the ambiguous language in the Award Schedules. Lack of a structured framework in the Award made it difficult to link characteristics and duties to Levels, and some wording needed to be operationalised to enable estimation, including language like 'substantial' and 'relevant' experience. We did so conservatively. Terms like 'general guidance' and 'general direction' which differentiate SACS levels in the Award were adapted into survey questions in a way that would be comprehensible for participants and would therefore enable self-categorisation. In the analysis, any vague or ambiguous terms such as 'substantial', 'general' and 'lesser qualifications' were also defined conservatively for the main estimates, however these were relaxed for the purpose of sensitivity testing (Section 6.5). Concordance tables containing definitions are available in Appendix Table A 10, Table A 11 and Table A 12.

A summary of the definitions that constitute our conservative approach are in Table 6.1 and discussed in more detail below.

Table 6.1 Summary of the conservative approach used in the main estimate

Scope of analysis	Underclassification is estimated based on SACS levels only, not pay points.
	Analysis is restricted to workers at SACS Levels 1 to 5 only, due to indistinct requirements and expectations at Levels 6 to 8.
Definitions of experience	'Substantial' or 'extensive' experience defined as at least 10 years
	'Relevant' experience defined as at least 5 years
Definitions of qualifications	'Lesser qualifications' or 'less formal qualifications' defined as Certificate Level IV, with Certificate I to III not included.

6.1 Underclassification based on qualifications and experience

First, we estimated underclassification based on workers' reports of their relevant qualifications and length of relevant experience. Estimation involved firstly assigning a minimum SACS Level to each survey participant, based on their qualifications and experience, with reference to Schedule B.[48] While employers may have different requirements in relation to levels and fields of education for particular SACS roles, Award Schedule B specifies qualification levels and length of experience as pre-requisites for each level. Statements in Schedule B were used to code participants based on their highest relevant qualification reported. For example, B.4.3(b) indicates that SACS Level 4 is appropriate for a worker with a four-year degree and one year experience, or a worker with a three-year degree and two years' experience. Survey participants fulfilling these criteria were treated as having a minimum appropriate classification, based on their education and experience, of Level 4. A full concordance is provided in Table A 12.

Where language in Schedule B referred ambiguously to 'substantial' or 'extensive' experience', following our conservative approach, and because our measure of years of experience did not account for full time equivalent years, we defined these terms as meaning 10 years of experience. 'Relevant experience' was also defined conservatively, as having at least 5 years of experience. Where language in the Award referred to 'lesser qualifications', we treated this as meaning Certificate IV only, and did not include Certificates I to III. Sensitivity testing (Section 6.5) provides an estimate when these definitions were relaxed (Estimate 2).

Even with the conservative approach in the main estimates, on the basis of workers' qualifications and experience, our estimate found that 42.6% of survey participants at SACS Levels 1 to 5 were underclassified on the basis of their qualifications and experience. As survey participants are more qualified and experienced than the wider social and community service workforce, this figure is

[48] The Australian Qualifications Framework provides a rationale for Award classification structures, and so was used in the survey to capture participants' highest relevant qualification.

likely above the figure that would be expected across the wider industry (explored in Estimate 3, using weighted data, see Section 6.5).

6.2 Underclassification based on relation to staff at lower levels

Second, we estimated underclassification based on workers' relation to staff classified at lower levels, including the supervision, guidance and managerial responsibility they exercised. Due to vague language in parts of Schedule B however, wording in survey options was adapted slightly from that in the award, to enable workers to clearly self-report. Concordance is provided at Table A 10. For example, if a survey respondent selected that they provided 'a little guidance to a small number of staff classified at lower levels', their relation to lower-level staff was coded as consistent with SACS Level 2. If they set priorities for, and gave expert advice to staff classified at lower levels, they were considered to have a relationship to lower level staff consistent with SACS Level 5. As participants could select more than one option, the highest they selected was used.

On the basis of this measure, we estimate that 18.3% of survey participants employed at SACS Levels 1 to 5 were employed below the level indicated by their reported relationship to lower-level staff. Importantly, this estimate only relates to workers who said they have a supervisory type relationship with staff classified at lower levels, and does not account for those working independently or who are not required to engage with staff classified at lower levels.

6.3 Underclassification based on receipt of supervision

Third, we estimated underclassification based on workers' reported receipt of line management supervision as specified in Schedule B.[49] 'For example, very close supervision, everyday', was treated as consistent with SACS Level 1. Supervision which was 'regular, but not everyday' was considered consistent with SACS Level 2, and 'general supervision, when required' was consistent with Level 3. 'General direction', rather than supervision was consistent with Levels 4 and 5. A full concordance is in Table A 11. As the survey has shown however, some workers rarely receive supervision, including at lower levels where it could be expected. Recognising there may be resource gaps precluding provision of adequate supervision in many SACS organisations, our estimate nonetheless treats receipt of line management supervision as an indicator of appropriate classification as outlined in the Award. On this measure, we estimate that 43.4% of SACS workers at Levels 1 to 5 are classified at a level which is lower than the level indicated by the line management supervision they receive.

6.4 Extent and incidence of underclassification

Among the 1446 survey participants employed at SACS Level 1 to 5 and applying a conservative definitions, our main estimate shows that 66.7% are underclassified on at least one of the three measures. A smaller group (29.6%) of survey participants at SACS Level 1 to 5 appear

[49] The survey question was specifically about line management supervision, not professional or clinical supervision, which some practitioners may receive. Schedule B also relates to line management supervision, not professional/clinical supervision.

underclassified on at least two of our three measures, most often due to their qualifications and experience and the supervision they receive. A smaller proportion (5.2%) are underclassified according to all three measures.

In terms of the incidence of underclassification, among survey participants at SACS Levels 1 to 5, a very high proportion of disability support workers are underclassified; we found 91.2% appear underclassified on at least one measure, and over half (51.9%) appear underclassified on at least two measures (Figure 6.1). Many (13.0%) were underclassified on all three measures. Underclassification was less common among other practitioners, but still, 59.3% were underclassified on one measure; 23.2% were on two measures and 3.4% were on all three measures.

Underclassification of Managers and Service Leaders appears high, with 84.1% underclassified on one measure, and 38.3% underclassified on two or more measures. However, these high figures likely reflect restriction of the analysis to managers and service leaders at Level 5 and below only. Although some managers and service leaders at Level 6 to 8 may be underclassified, it is less likely, and this could not be discerned from the analysis. Policy, research and project workers were least likely to be underclassified however even for this group, 55.6% were underclassified on at least one measure (Figure 6.1).

Analysis by level shows staff at the lowest SACS classifications are most affected, with all survey participants at Level 1, and 92.8% of those at Level 2, estimated to be subject to underclassification on at least one measure (Figure 6.2). Over half of survey participants employed at Level 2 were estimated to be underclassified on two measures (55.2%) and among those at Level 3, a third were on two measures (35.1%).[50]

Importantly, analysis also shows that the risk of underclassification on at least one measure is high on entry into social and community services and appears to rise throughout a career in the industry (Figure 6.3). Information from surveyed SACS workers indicates there is a substantial risk of underclassification among new staff. Indeed, among workers in their first year, 30.7% appear underclassified on at least one measure, and 5.3% appear underclassified on two of the three measures. The proportion subject to underclassification increases with experience. After 5 years of experience, 71.6% appear underclassified on one measure, and 31.9% on at least two. After 10 years, 89.5% appear underclassified on one measure, and almost half (48.7%) were underclassified on two.

6.5 Sensitivity testing

Sensitivity testing was conducted to check the reliability of our main estimates. This applied two alternative estimates, using relaxed definitions (Estimate 2) and weighted data (Estimate 3).

[50]As noted above, Level 6 to 8 were excluded from analysis because similar descriptions in Schedule B of responsibilities, qualifications and supervisory expectations made it difficult to determine underclassification. Assessing underclassification at these levels would require better definition of the characteristics and requirements of higher level roles, including decision making and leadership, and other factors relevant to classification.

6.5.1 Estimate 2: Relaxed definitions

For Estimate 2, rather than being defined as 10 years of experience, ‘substantial experience’ was defined as 5 years, and ‘relevant’ experience was defined as 3 years. ‘Lesser qualifications’ were defined as a Certificate at any level rather than being defined as a Certificate IV level qualifications. These changed definitions resulted in increases in apparent underclassification: 56.8% of workers at Levels 1 to 5 were underclassified on the basis of their highest relevant qualification and experience. Proportions underclassified on at least one measure, and on two and three, were also higher than the main estimate (see Table 6.2).

6.5.2 Estimate 3: Weighted data

Our third set of estimates reproduced the main estimate but with weighted data. Estimate 3 predicts levels of underclassification if the survey sample conformed to the wider social and community service workforce, according to age and highest education level. Cell weighting was used, using 2021 Census data for highest education and age for employees in private, non-government organisations in relevant industries (see Section 1.2.3). This approach assumes that responses from groups under-represented in the survey sample (such as younger workers and those without a post-school qualification) can count for more in the analysis, to more accurately reflect the wider population. Weights were calculated and assigned to each case based on their representation in the sample and in the Census, according to participants’ highest education (5 categories) and age (6 categories, 30 unique weights in total).Weights were then applied to the analysis, which resulted in slightly lower estimates of underclassification, showing 64.4% of workers were underclassified on one measure (compared with 66.7% using unweighted data), 26% were underclassified on two measures (29.6% using unweighted data), and 5.3% on three measures (5.2% when unweighted). Further results are in Table 6.2.

6.6 Summary of underclassification estimates

Our first set of estimates, which used conservative definitions, produced results which fell between the alternative approaches (see Table 6.2). Yet regardless of the approach to estimation applied, we found large proportions of community sector workers are being classified and paid at the wrong level.

Figure 6.4 compares our main estimate of underclassification on at least one measure with the proportions who, in another survey question, said they felt they should be classified and paid at higher levels. Our main estimate (Estimate 1) appears high relative to workers’ self-assessments at Levels 1 to 3, but closer among those at Level 4 and 5. While this comparison is interesting, not all workers’ impressions will be based on thorough understanding of Award classifications, and workers may share tendencies in broader society to undervalue their work. Discrepancies between estimates and workers’ own impressions suggests misclassification should be addressed at a structural and industrial level, rather than relying on individual workers to raise concerns.

Finally, it is important to note that there are many potential drivers of underclassification, including unclear descriptors in the Award, mischaracterisation of responsibilities and skills, inaccurate classification by employers, and underfunding by government. All of these take place in a wider

social and cultural context in which women's work is susceptible to undervaluation. While our analysis cannot show the precise causes of the underclassification we have revealed, our findings substantiate the concerns expressed by workers' and managers' about inadequate pay and lack of career progression.

Table 6.2 Proportion underclassified based on main estimate and sensitivity tests

	Main estimate	**Sensitivity tests**	
	Estimate 1	Estimate 2	Estimate 3
	Conservative	Relaxed definitions	Weighted data
Nature of underclassification			
Underclassified based on qualifications and experience	42.6%	56.8%	33.6%
Underclassified based on relation to lower level staff	18.3%	18.3%	17.8%
Underclassified based on supervision received	40.6%	40.6%	47.1%
Extent of underclassification			
Underclassified on at least one measure	66.7%	73.9%	64.4%
Underclassified on two or more measures	29.6%	35.5%	26.0%
Underclassified on three measures	5.2%	6.4%	5.3%

Figure 6.1 Estimate of underclassification, by role, SACS Level 1 to 5

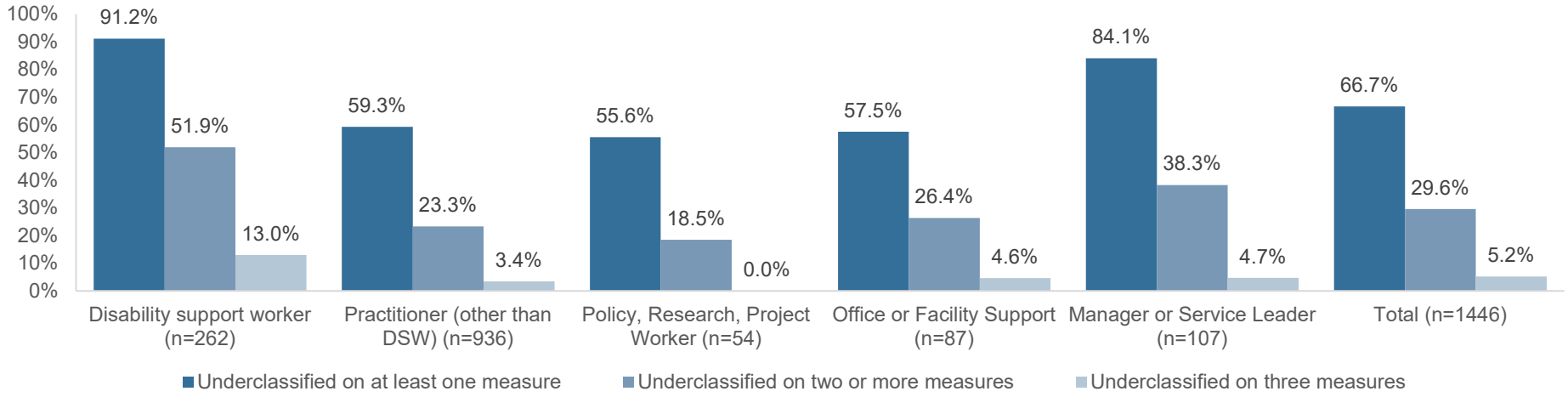


Figure 6.2 Estimate of underclassification, by level, SACS Level 1-5

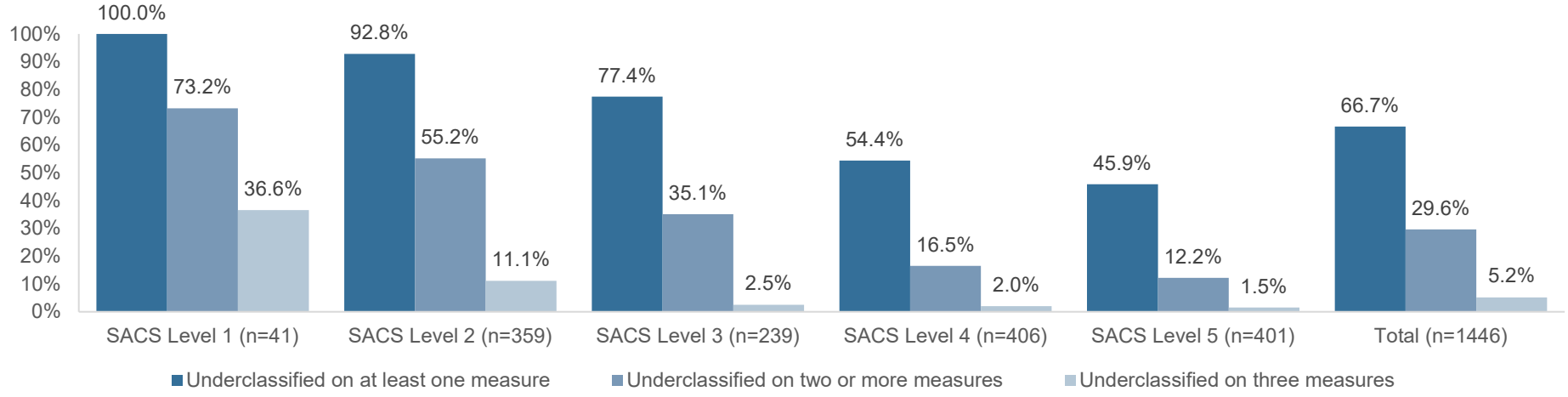


Figure 6.3 Estimate of underclassification, by years of experience in current or similar role, SACS Level 1 to 5

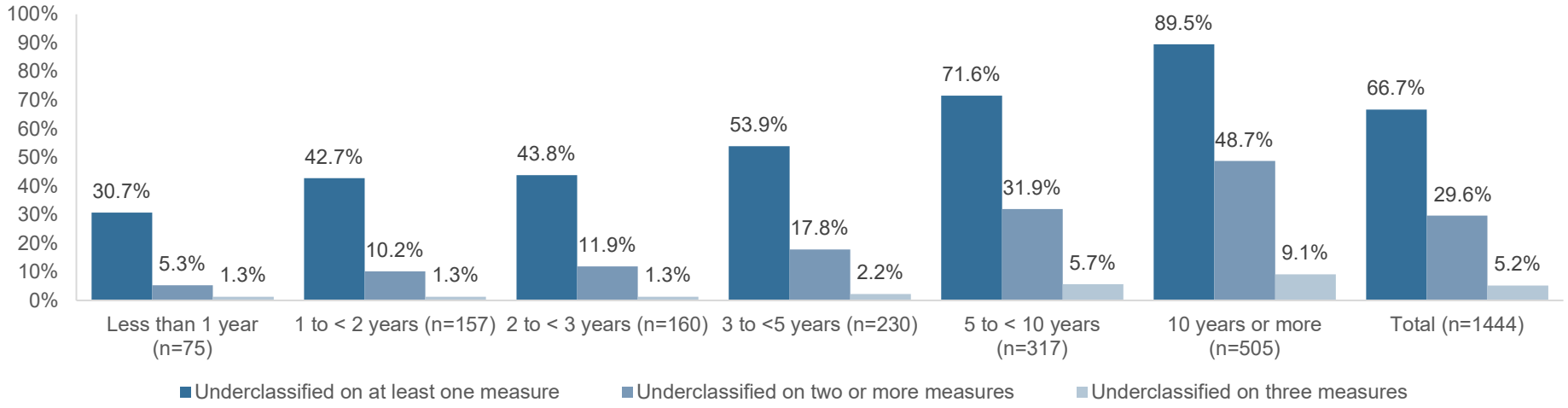
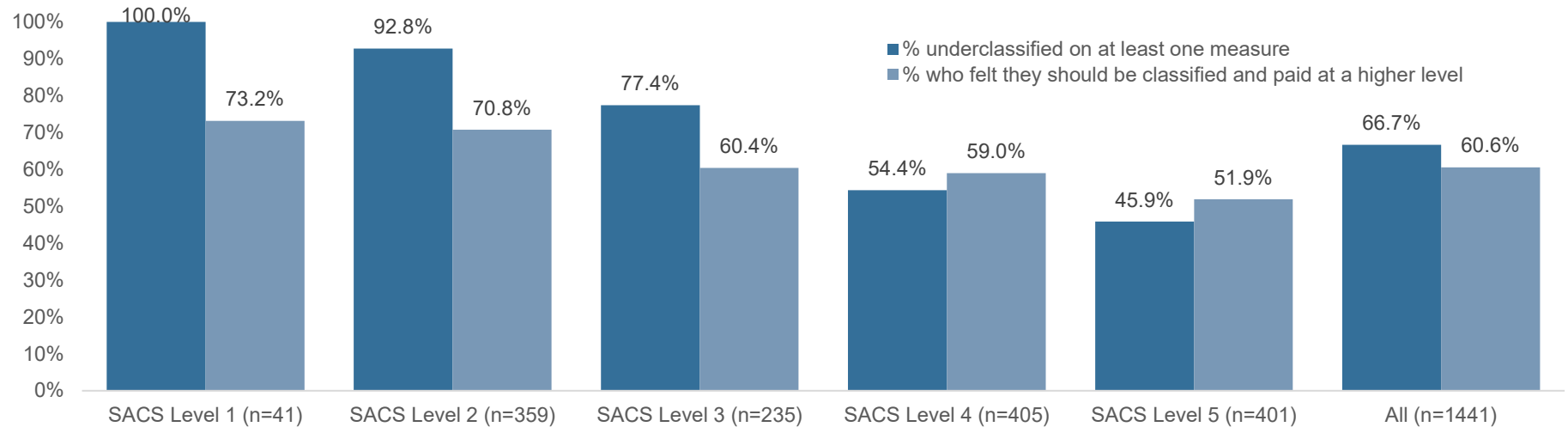


Figure 6.4 Proportion who felt they should be classified and paid at a higher level, and proportion found to be underclassified on at least one measure



7 Concluding discussion

Social and community service workers, most of whom are women, provide essential supports to individuals, families and communities. Their work is crucial to people's capability and wellbeing and to social and economic inclusion, and economic performance. Drawing on a large workforce survey, this report has provided a detailed analysis of what people employed in the industry do at work, and how their work is characterised, classified and paid in the context of the regulatory arrangements set by the SCHADS Award. By detailing 3122 workers' perspectives and experiences, the findings build a compelling, contemporary understanding of the nature of community service work, and show the ways community service workers are susceptible to misrecognition and misclassification, contributing to their undervaluation.

Findings enable nuanced exploration of groups within the social and community service workforce. A diverse, skilled and dedicated group of frontline practitioners, including disability support workers, form the majority of the sample. The sample also demonstrates that the social and community service workforce includes many highly qualified workers in policy, research and project roles, along with very experienced managers and leaders, and highly specialised staff in administration and facility support, who are frequently the first point of contact for people seeking support.

Frontline practice is very diverse with many roles tailored to specific cohorts, communities and programs. Practitioners alone provided over 900 unique formal job titles. Common across frontline roles are skills required to empathise, understand need and context, and relate to others in ways that convey respect, and which empower, secure access to resources for marginalised groups, and promote individual and community development. Scholars have noted that these skills and activities have lacked visibility and a comprehensive taxonomy[51].

As researchers with considerable knowledge of the sector built from years of empirical research with workers, managers and service users, we found it difficult to reconcile the SCHADS Award descriptors with evidence of the nature of work in community services. Historical legacies of higher attentiveness to the features of male jobs means there is limited differentiation of skill within feminised occupations and industries, including in social and community service, compounding these workers' high susceptibility to undervaluation. For example, although this research found that community service work is highly diverse, workers shared sophisticated skills in interpersonal communication, empowering others and engaging with empathy and understanding in the lives of people experiencing significant challenges. These were practiced in different ways, applied according to complex professional judgment about client's circumstances and needs, and knowledge and experience of navigating policies and systems of support. For many, these skills are particularly evident when they help de-escalate a situation or work with someone who is agitated or distressed – something 44.4% of the sector say they on most days. They are also evident in workers' contributions to statutory systems and government effectiveness.

[51] Hampson, I. and Junor, A. (2010) 'Putting the process back in: rethinking service sector skill', *Work, Employment and Society* 24(3): 526–545. Junor, A. (2021) Report of Honorary Associate Professor Anne Junor, Fair Work Commission Matter AM2021/63, Amendment to the Aged Care Award 2010 and the Nurses Award 2010. https://www.fwc.gov.au/documents/sites/work-value-aged-care/submissions/am202099andors-sub-junorreport-anmf-291021.pdf

Problematically, the skills considered important by workers and managers are not described in the SCHADS Award.

Among the community service workers who were surveyed, many felt their qualifications, skills and experience were inadequately recognised, and not reflected in the level at which they were employed. For example, most disability support workers were employed at SACS Level 2 under the SCHADS Award. At this level, substantial experience is not a requirement, yet 43% of disability support workers in the sample had ten years or more experience, and a further 23% reported 5-10 years experience. Correspondingly, over half of social and community service workers (56%) felt they were underclassified and underpaid given the nature of their work, and their qualifications and experience, although our estimates suggest actual underclassification is likely to be higher.

Workers perspectives' underline how the SCHADS award is ambiguous and difficult to use. Confusing language in the Award schedules, make it difficult to classify staff accurately across levels. Many social and community service workers described working in ways that were not consistent with their Award classification description. Among workers classified at lower levels, many said they worked independently with limited direction, made complex decisions with limited support, and provided supervision and guidance to others, even when not formally recognised or required. Workers repeatedly detailed how their skills and experience were not recognised by funders nor in the Award. Only a minority of survey participants had progressed up a pay point in the last year (41%), contributing to further undervaluation, while disincentivising workers from taking on work of greater complexity or acquiring further skills.

We examined more closely the classifications of 1446 survey participants employed at SACS Levels 1 to 5, comparing the qualifications, experience, and provision and receipt of supervision reported by participants with the specifications and pre-requisites established for those classifications in the SCHADS award. Using conservative operational definitions, we found two thirds (67%) were underclassified on at least one measure, 30% were underclassified on two measures, and 5% were underclassified on all three measures. Further, while many already appear underclassified early in their careers, the risk appears to increase with time in the industry. Sensitivity tests also showed high levels of underclassification and indicated our main estimates were reasonable.

Reflecting their accounts of inadequate pay and lack of progression, many survey participants experience financial stress. Casual workers appear to face most financial strain, but even among full time workers, 1 in 10 felt they did not work enough hours to make a living, and 1 in 4 full timers said they sometimes need help from family or friends to meet living costs.

Of course, the study has some limitations. There was no comprehensive sampling frame, so a non-probability sample was used, with self-reported data drawn from an opt-in sample of workers accessed via trade union networks, although union membership was not a requirement. The sample broadly resembles the wider industry in terms of gender, although younger and less qualified workers were more difficult to engage. As such, the sample likely provides a better depiction of experiences in 'better' parts of the industry where workers are more established in their roles and benefit from union presence and union negotiated pay and conditions. Estimates using data weighted to reflect the age and education structure of the broader industry, however, made little difference to levels of underclassification.

Overall, findings give strong grounds for concluding that the nature of social and community service work, and workers' skills and experience, are not being consistently recognised under current regulatory arrangements. Most often, workers attributed this to problems in the SCHADS Award; lack of fair application of Award classifications by employers; and inadequate government funding. Survey participants show that the complex nature of social and community service roles, workers' qualifications, experience, skills and work relationships are not fully recognised in the descriptors contained in the SCHADS Award. This leaves workers highly vulnerable to underclassification, a form of undervaluation which is institutionalised and maintained by current regulatory arrangements.

Of course, our conclusions are based on workers' and managers' accounts only, and do not incorporate potentially contending employer, government, or other perspectives. However, survey participants' concerns about inadequate Award descriptors, and lack of opportunity to progress through the Award classification system, appear well grounded, and worthy of further examination and regulatory response. Strategies to address undervaluation should recognise underclassification as a common feature of social and community services, which is depleting earning capacity in this feminised industry. Developing an appropriate classification structure that recognises the types of skills utilised and gradations in skill, as well as the exercise of responsibility, is critical to valuing social and community services, making workers' contributions visible, and sustaining Australia's care and support economy.

Appendix A. Supplementary Tables

Table A 1 Location of work

	NSW (n=822)	VIC (n=807)	QLD (n=918)	SA (n=257)	WA (n=187)	NT/TAS/ACT (n=102)	Total (n=3093)
Major city	37.3%	68.5%	43.0%	73.2%	72.2%	70.6%	53.3%
Regional centre	43.3%	24.0%	48.0%	18.3%	17.1%	17.6%	35.2%
Rural town	18.4%	7.2%	8.0%	7.4%	7.0%	7.8%	10.4%
Remote community	1.0%	0.2%	1.0%	1.2%	3.7%	3.9%	1.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A 2 Age and gender

	24 or under (n=55)	25 to 34 (n=620)	35 to 44 (n=719)	45 to 54 (n=713)	55 to 64 (n=761)	65 and over (n=187)	Prefer not to say (n=23)	Total (n=3078)
Female	69.1%	71.8%	71.5%	77.3%	74.2%	71.7%	43.5%	73.3%
Male	21.8%	21.3%	23.8%	20.9%	23.7%	28.3%	8.7%	22.7%
Other identity	9.1%	5.8%	4.4%	1.4%	1.6%	0.0%	8.6%	3.1%
I prefer not to say	0.0%	1.1%	0.3%	0.4%	0.5%	0.0%	39.1%	0.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A 3 Number of paid staff in participants' organisations, by role

	Disability Support worker (n=541)	Practitioner (other than DSW) (n=1658)	Policy, Research, Projects (n=194)	Office or Facility Support (n=203)	Managers and Service Leaders (n=517)	All roles (n=3113)
Sole employee	3.5%	1.1%	0.5%	0.0%	0.8%	1.3%
Small: 2 to <20 paid staff	6.5%	12.1%	22.2%	20.7%	11.2%	12.2%
Medium: 20 to <50 paid staff	11.5%	13.0%	23.2%	17.2%	13.2%	13.7%
Large: 50 to <100 paid staff	18.5%	15.3%	12.9%	18.2%	15.5%	15.9%
Very large: 100 or more	60.1%	58.5%	41.2%	43.8%	59.4%	56.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A 4 Highest relevant qualification among SACS classified workers

	SACS Level 1 (n=41)	SACS Level 2 (n=359)	SACS Level 3 (n=239)	SACS Level 4 (n=406)	SACS Level 5 (n=401)	SACS Level 6 (n=231)	SACS Level 7 (n=86)	SACS Level 8 (n=53)	Not sure (n=39)	Total (n=1855)
High school, or Certificate I-II	9.8%	9.7%	5.9%	3.4%	2.2%	0.4%	0.0%	0.0%	5.1%	4.2%
Certificate III	22.0%	18.7%	9.6%	3.4%	0.2%	0.4%	1.2%	0.0%	5.1%	6.4%
Certificate IV	17.1%	29.2%	21.3%	11.6%	4.2%	1.7%	2.3%	0.0%	17.9%	12.9%
Diploma	31.7%	18.4%	28.0%	22.2%	19.0%	15.6%	9.3%	17.0%	15.4%	20.0%
Advanced Diploma, Associate Degree	0.0%	1.7%	4.6%	5.2%	5.7%	6.1%	7.0%	9.4%	5.1%	4.7%
Bachelor Degree (3 year degree)	2.4%	7.0%	11.3%	15.3%	23.7%	21.6%	24.4%	13.2%	12.8%	15.8%
Bachelor Degree (4 year degree)	4.9%	5.3%	8.4%	15.3%	14.7%	16.9%	24.4%	17.0%	15.4%	12.8%
Postgraduate Degree	9.8%	5.8%	7.5%	21.9%	29.7%	36.8%	30.2%	43.4%	15.4%	21.1%
Other / prefer not to say	2.4%	4.2%	3.4%	1.7%	0.5%	0.4%	1.2%	0.0%	7.7%	2.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A 5 Total years of experience in current or similar role

	Disability support worker (n=541)	Practitioner (other than DSW) (n=1662)	Policy, Research, Projects (n=193)	Office or Facility Support (n=203)	Manager or Service Leader (n=515)	Total (n=3114)
Less than 1 year	2.4%	4.8%	9.3%	8.4%	2.5%	4.5%
1 to < 2 years	6.8%	9.2%	9.3%	18.2%	7.4%	9.1%
2 to < 3 years	9.6%	10.2%	9.3%	14.8%	7.2%	9.8%
3 to <5 years	15.3%	15.7%	12.9%	14.8%	12.6%	14.9%
5 to < 10 years	22.7%	23.2%	28.9%	13.8%	21.5%	22.6%
10 years or more	42.9%	36.7%	29.9%	30.0%	48.5%	38.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A 6 Classification levels of full time, part time and casual staff who have at least ten years of experience

	Full time (n=304)	Part time (n=320)	Casual (n=67)	All (n=691)
SACS Level 1	0.0%	0.9%	4.5%	0.9%
SACS Level 2	5.3%	25.9%	58.2%	20.1%
SACS Level 3	8.2%	14.4%	16.4%	11.8%
SACS Level 4	23.4%	18.8%	7.5%	19.6%
SACS Level 5	27.0%	18.1%	3.0%	20.5%
SACS Level 6	17.8%	12.8%	1.5%	13.9%
SACS Level 7	7.6%	4.7%	1.5%	5.6%
SACS Level 8	8.2%	2.5%	0.0%	4.9%
Not sure	2.6%	1.9%	7.5%	2.7%
Total	100.0%	100.0%	100.0%	100.0%

Table A 7 % at each level within each stream of the SCHADS Award

Crisis Accommodation (n=30)	
Crisis Accommodation Employee Level 1	26.7%
Crisis Accommodation Employee Level 2	16.7%
Crisis Accommodation Employee Level 3	20.0%
Crisis Accommodation Employee Level 4	33.3%
Not sure	3.3%
Total	100.0%
Social and Community Services (n=1826)	
SACS Level 1	2.2%
SACS Level 2	19.7%
SACS Level 3	12.7%
SACS Level 4	22.0%
SACS Level 5	21.6%
SACS Level 6	12.1%
SACS Level 7	4.7%
SACS Level 8	3.0%
Not sure	2.1%
Total	100.0%
Home Care (n=44)	
Disability - Home Care Level 1	9.1%
Disability - Home Care Level 2	20.5%
Disability - Home Care Level 3	15.9%
Disability - Home Care Level 4	4.5%
Disability - Home Care Level 5	15.9%
Aged Care - Home Care Level 1	2.3%
Aged Care - Home Care Level 2	9.1%
Aged Care - Home Care Level 3	0.0%
Aged Care - Home Care Level 4	2.3%
Aged Care - Home Care Level 5	4.5%
Not sure	15.9%
Total	100.0%

Table A 8 Roles of workers at SACS Level 1 to 8

	SACS Level 1 (n=41)	SACS Level 2 (n=359)	SACS Level 3 (n=239)	SACS Level 4 (n=406)	SACS Level 5 (n=401)	SACS Level 6 (n=231)	SACS Level 7 (n=86)	SACS Level 8 (n=54)	Not sure (n=38)	Total (n=1855)
Disability support worker	58.5%	54.9%	13.4%	2.2%	0.0%	0.0%	0.0%	1.9%	23.7%	14.7%
Practitioner (other than DSW)	31.7%	37.0%	64.0%	79.3%	78.6%	45.9%	9.3%	9.3%	57.9%	58.1%
Policy, Research, Projects	0.0%	1.4%	2.9%	3.2%	7.2%	10.0%	12.8%	11.1%	2.6%	5.1%
Office or Facility Support	9.8%	4.5%	11.7%	6.4%	3.2%	2.6%	3.5%	0.0%	0.0%	5.2%
Manager or Service Leader	0.0%	2.2%	7.9%	8.9%	11.0%	41.6%	74.4%	77.8%	15.8%	17.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A 9 Frequency of contact with clients, when working, by role

	Disability support worker (n=540)	Practitioner (other than DSW) (n=1660)	Policy, Research, Projects (n=191)	Office or Facility Support (n=203)	Manager or Service Leader (n=516)	Total (n=3110)
Every day	67.6%	76.6%	13.6%	50.2%	40.9%	63.5%
Most days	24.4%	16.6%	10.5%	16.7%	23.1%	18.6%
About half the days I work	2.0%	4.0%	13.1%	8.9%	10.9%	5.7%
Less often / Never	6.0%	2.8%	62.8%	24.1%	25.2%	12.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A 10 Definitions of supervision provided used in survey measures and estimates of underclassification

Level	Definitions - supervision provided	Reference in Schedule B
SACS Level 1	None	None
SACS Level 2	A little guidance to a small number of staff classified at lower levels	B.2.3(c)(ii))
SACS Level 3	Help staff at lower levels to manage and plan their workx	B.2.3(c)(ii))
SACS Level 4	Organise the work of staff classified at lower levels	B.4.1(e)
SACS Level 5	Set priorities for and give expert advice to staff classified at lower levels	B.5.1(e)
SACS Level 6	Manage, develop, and motivate staff classified at lower levels (B6.1(e)); May exercise managerial responsibility	B.6.1 (e) B.6.1(d)
SACS Level 7^	*Exercise managerial responsibility*	*B.7.1(a), B.7.2(a,b)*
SACS Level 8^	*Exercise managerial responsibility*	*B.8.1(a,b)*

^Note: No cases were coded to Levels 7 or 8 in the estimates of underclassification

Table A 11 Definitions of supervision received used in survey measures and estimates of underclassification

Level	Definition- supervision received	Reference in Schedule B
SACS Level 1	I receive very close supervision, every day	B1.1
SACS Level 2	I receive regular supervision, but not every day	B.2.1, B.2.3(c)
SACS Level 3	I receive general supervision, when it is required	B.3.3(ii)
SACS Level 4	I get general direction, rather than supervision as such	B.4.1(a), (B.4.3(e)(i)
SACS Level 5	I get general direction, rather than supervision as such	B.5.1(a), (B.5.3(c)(i)
SACS Level 6	I work independently, with limited direction	B.6.3(c)
SACS Level 7^	*I work independently, with limited directionx*	B.7.3(b)i
SACS Level 8^	*I don't receive supervision*	--

^Note: No cases were coded to Levels 7 or 8 in the estimates of underclassification

Table A 12 Qualifications and experience at each SACS Level, and coding for main estimate

Level	Reference in Award Schedule B	Coding for main estimate (conservative)	Coding for Estimate 2 (relaxed assumptions)
SACS Level 1	Not captured	Estimate starts with assumption of Level 1	Same
SACS Level 2	Certificate IV (Schedule B.2.1e) or Diploma qualification (B.2.1.f, B.2.3(b))	Relevant Certificate IV or Diploma	Same
SACS Level 3	Bachelor degree (B.3.1g, B.3.3(b)(i))	Bachelor degree or above	Same
	Associate diploma with relevant experience (B.3.3 (b)(iii)	Associate degree/ advanced diploma/ diploma with 5 years experience	Associate degree/ advanced diploma/ diploma with 3 years experience
	Relevant certificate with relevant experience (B.3.3 (b) (iv))	Certificate with 5 years experience	Certificate with 3 years experience
SACS Level 4	Sole employee (B.4.3(d)	Is the only employee in their organisation	Same
	Four year degree and one year experience (B.4.3 (b) (i))	Has a four year degree and at least one year of experience	Same
	Three year degree and two years' experience (B.4.3 (b) (ii))	Has a three year degree and at least two years experience	Same
	Associate diploma with relevant experience (B.4.3 (b) (iii))	Has an associate degree or advanced diploma and at least 5 years experience	Has an associate degree or advanced diploma and at least 3 years experience
	Lesser formal qualifications with substantial experience (B.4.3 (b) (iv)	Has a Certificate IV and at least 10 years experience	Has a Certificate I-IV and at least 5 years experience
	Equivalent expertise (B.4.3 (b) (v))	Not included	Not included
SACS Level 5	Relevant degree with relevant experience (B.5.3(b)(i)	Has a degree or above and 5 years experience	Has a degree or above and 3 years experience
	Associate diploma with substantial experience (B.5.3(b)(ii)	Associate degree or above and 10 years experience	Associate degree or above and 5 years experience
	Qualifications in more than one discipline (B.5.3(b)(iii)	Not included	Not included
	Less formal qualifications with specialised skills (B.5.3(b)(iv)	Not included	Not included
	Equivalent level of experience and expertise (B.5.3(b)(v)	Not included	Not included

SACS Level 6	Degree with substantial experience (B.6.3.(b)(i)) Postgraduate qualification, substantial experience (B.6.3.(b)(i,ii) Associate diploma with substantial experience (B.6.3.(b)(iii) Combination of experience, expertise and competence sufficient to perform duties (B.6.3.(b)(iiv)	Degree or above and 10 years experience Postgraduate qualification and 10 years experience Not included, not differentiated from Level 5. Not included	Degree or above and 5 years experience Postgraduate qualification and 5 years experience Not included, not differentiated from Level 5. Not included
SACS Level 7	*Completion of higher education qualifications to degree level and extensive relevant experience (B.7.3(a)(iii)* *Lesser formal qualifications with acquisition of considerable skills and extensive relevant experience (B.7.3a)(iv)*	*Not included*	*Not included*
SACS Level 8	*Substantial post graduate experience (B.8.3(b)(ii))* *Lesser formal qualifications and the acquisition of considerable skills and extensive and diverse experience relative to an equivalent standard (B.8.3(b)(iii))*	*Not included*	*Not included*

^Note: No cases were coded to Levels 7 or 8 in the estimates of underclassification

Table A 13 Level of guidance provided to lower level staff, by SACS Level

	SACS Level 1 (n=41)	SACS Level 2 (n=359)	SACS Level 3 (n=239)	SACS Level 4 (n=406)	SACS Level 5 (n=401)	SACS Level 6 (n=231)	SACS Level 7 (n=86)	SACS Level 8 (n=54)	Not sure (n=38)	Total (n=1855)
None	43.9%	59.1%	47.3%	43.6%	38.2%	13.0%	2.3%	3.7%	39.5%	38.9%
A little guidance to a small number of staff classified at lower levels	19.5%	17.8%	18.8%	24.4%	27.9%	19.5%	9.3%	3.7%	28.9%	21.2%
Help staff at lower levels to manage and plan their work	19.5%	9.5%	8.8%	8.9%	9.5%	10.0%	1.2%	3.7%	2.6%	8.8%
Organise the work of staff classified at lower levels	0.0%	1.4%	3.3%	1.5%	1.5%	2.2%	0.0%	0.0%	0.0%	1.6%
Set priorities for and give expert advice to staff classified at lower levels	9.8%	3.3%	2.9%	5.9%	5.0%	7.8%	5.8%	1.9%	5.3%	5.0%
Manage, develop, and motivate staff classified at lower levels	4.9%	5.0%	10.9%	8.4%	7.5%	15.2%	23.3%	13.0%	2.6%	9.3%
Exercise managerial responsibility	2.4%	3.9%	7.9%	7.4%	10.5%	32.5%	58.1%	74.1%	21.1%	15.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A 14 Types of supervision received from line manager

	Face-to-face (n=2846)	Over the phone or via video call (n=2717)	Text message, email or via an app (n=2655)
Most days	7.6%	10.1%	23.5%
Every week	12.0%	19.8%	23.4%
Every fortnight	14.7%	13.7%	8.0%
Every month	28.0%	16.2%	8.2%
Every few months	17.1%	9.0%	4.9%
Every 6 months	5.0%	2.8%	1.6%
Less often / Never	15.7%	28.4%	30.3%
Total	100.0%	100.0%	100.0%

Table A 15 Agreement with the statement "I receive decent pay"

	Disability support worker (n=541)	Practitioner (other than DSW) (n=1661)	Policy, Research, Projects (n=194)	Office or Facility Support (n=203)	Manager or Service Leader (n=515)	Total (n=3114)
Agree	34.2%	46.3%	61.9%	47.3%	53.6%	46.4%
Not sure	16.8%	13.1%	10.3%	18.7%	11.3%	13.6%
Disagree	49.0%	40.6%	27.8%	34.0%	35.1%	39.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A 16 Agreement with the statement "I have progressed up a pay point in the last 12 months"

	Disability support worker (n=539)	Practitioner (other than DSW) (n=1657)	Policy, Research, Projects (n=194)	Office or Facility Support (n=202)	Manager or Service Leader (n=513)	Total (n=3105)
Agree	34.3%	42.7%	34.0%	43.6%	46.0%	41.3%
Not sure	20.6%	16.4%	18.6%	19.3%	10.5%	16.5%
Disagree	45.1%	40.9%	47.4%	37.1%	43.5%	42.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A 17 Agreement with the statement "I am likely to progress up a pay point in the next year"

	Disability support worker (n=541)	Practitioner (other than DSW) (n=1654)	Policy, Research, Projects (n=194)	Office or Facility Support (n=202)	Manager or Service Leader (n=512)	Total (n=3103)
Agree	24.0%	28.3%	25.8%	32.2%	33.8%	28.6%
Not sure	37.0%	34.0%	36.6%	40.1%	23.4%	33.4%
Disagree	39.0%	37.7%	37.6%	27.7%	42.8%	38.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A 18 Agreement with the statement "I've been able to negotiate my classification level"

	Disability support worker (n=540)	Practitioner (other than DSW) (n=1652)	Policy, Research, Projects (n=194)	Office or Facility Support (n=201)	Manager or Service Leader (n=513)	Total (n=3100)
Agree	10.6%	13.1%	23.2%	15.9%	19.7%	14.5%
Not sure	19.1%	16.2%	16.0%	22.9%	12.3%	16.5%
Disagree	70.4%	70.7%	60.8%	61.2%	68.0%	69.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A 19 Agreement with the statement "In this organisation, I've received training which has helped me move up a level or pay point"

	Disability support worker (n=541)	Practitioner (other than DSW) (n=1656)	Policy, Research, Projects (n=194)	Office or Facility Support (n=202)	Manager or Service Leader (n=514)	Total (n=3107)
Agree	17.6%	18.6%	13.9%	18.3%	28.4%	19.7%
Not sure	17.0%	15.9%	17.0%	20.3%	16.1%	16.5%
Disagree	65.4%	65.5%	69.1%	61.4%	55.4%	63.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A 20 Agreement with the statement "Sometimes, I need help from family or friends to meet living costs"

	Disability support worker (n=536)	Practitioner (other than DSW) (n=1652)	Policy, Research, Projects (n=192)	Office or Facility Support (n=202)	Manager or Service Leader (n=513)	Total (n=3095)
Agree	36.9%	30.1%	19.8%	27.2%	21.4%	29.0%
Not sure	13.8%	9.2%	6.3%	12.9%	7.2%	9.7%
Disagree	49.3%	60.7%	74.0%	59.9%	71.3%	61.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Appendix B. Supplementary Figures

Figure B 1 Survey participants who were women, by main service focus (%)

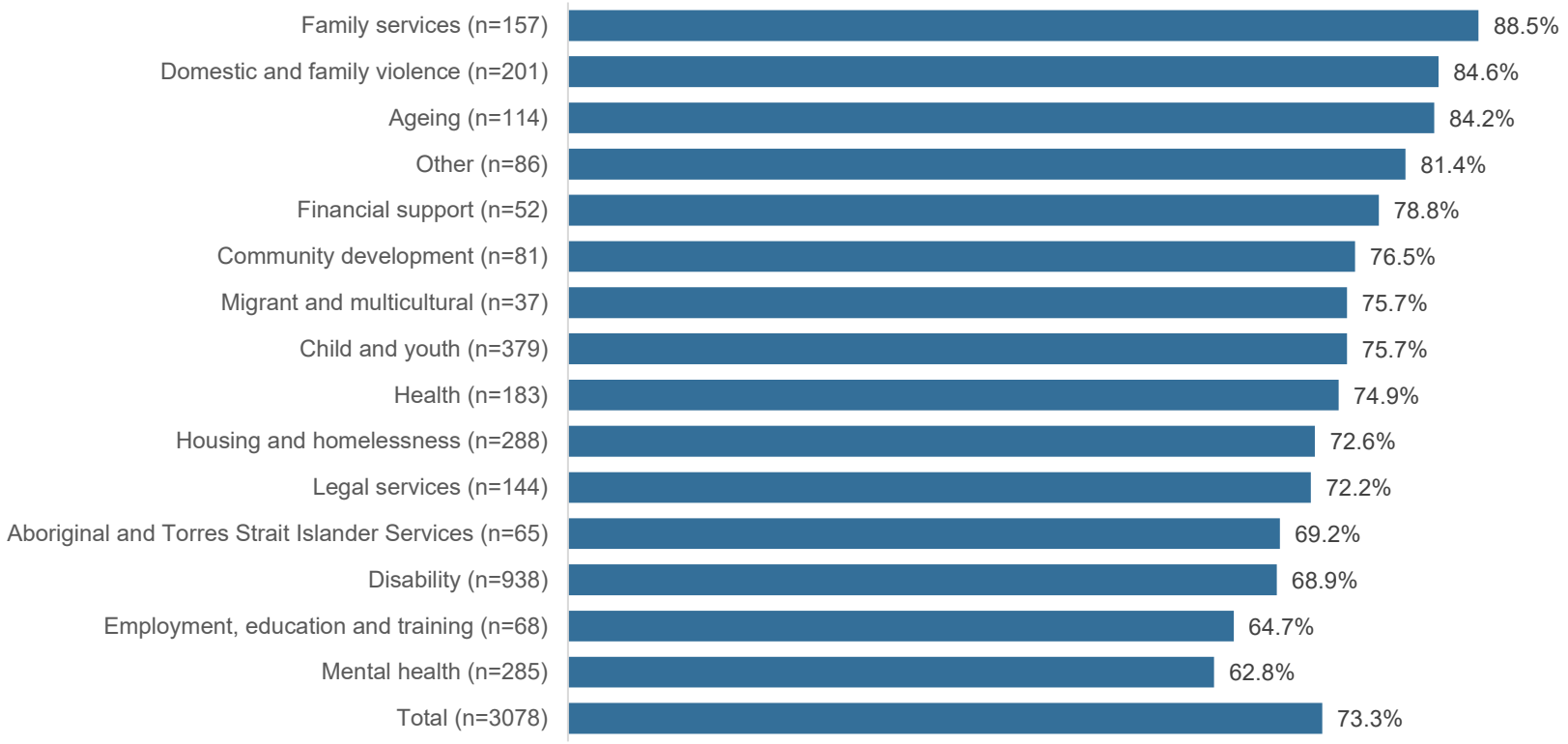


Figure B 2 SACS Levels of disability support workers and other practitioners

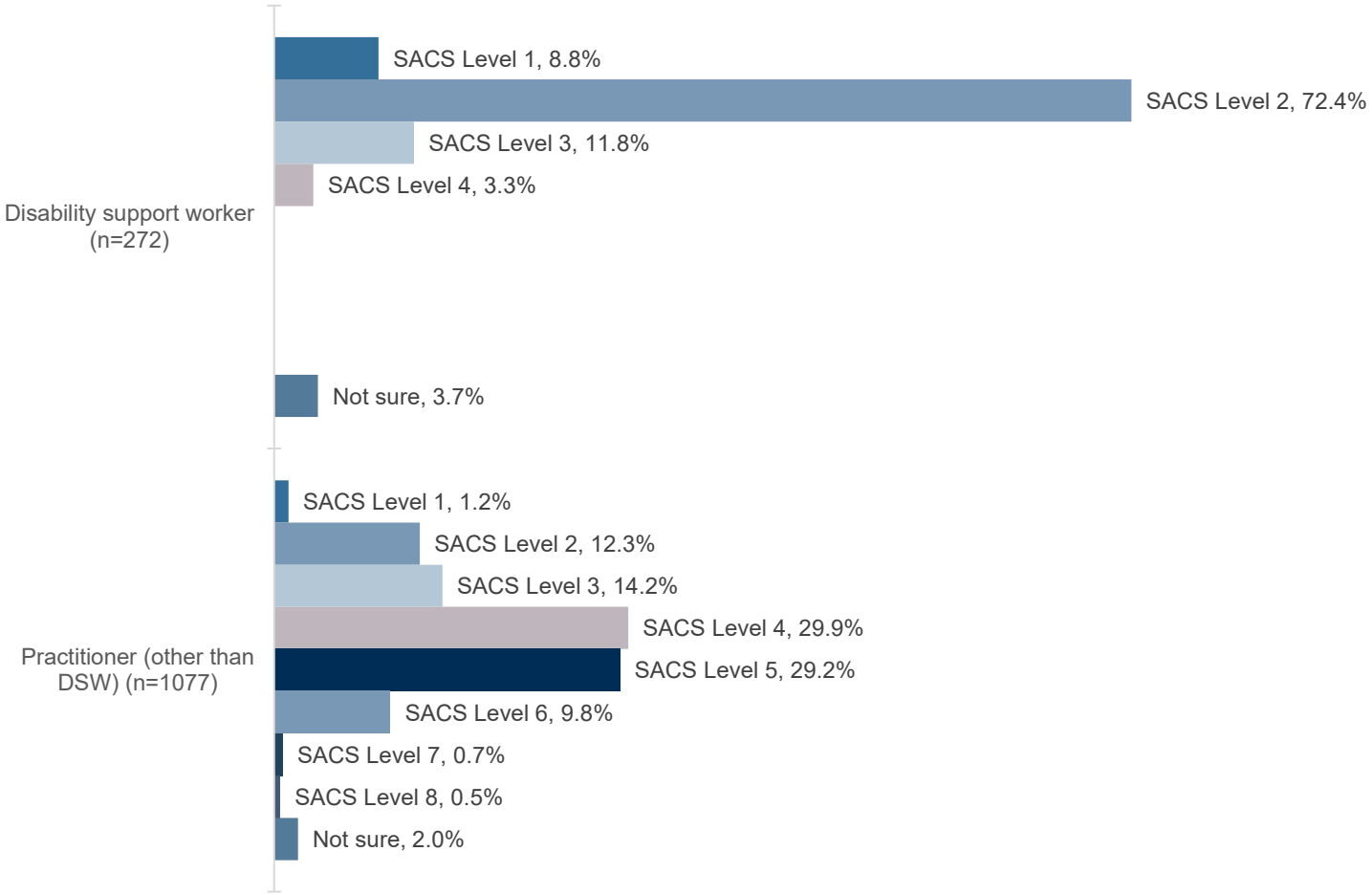
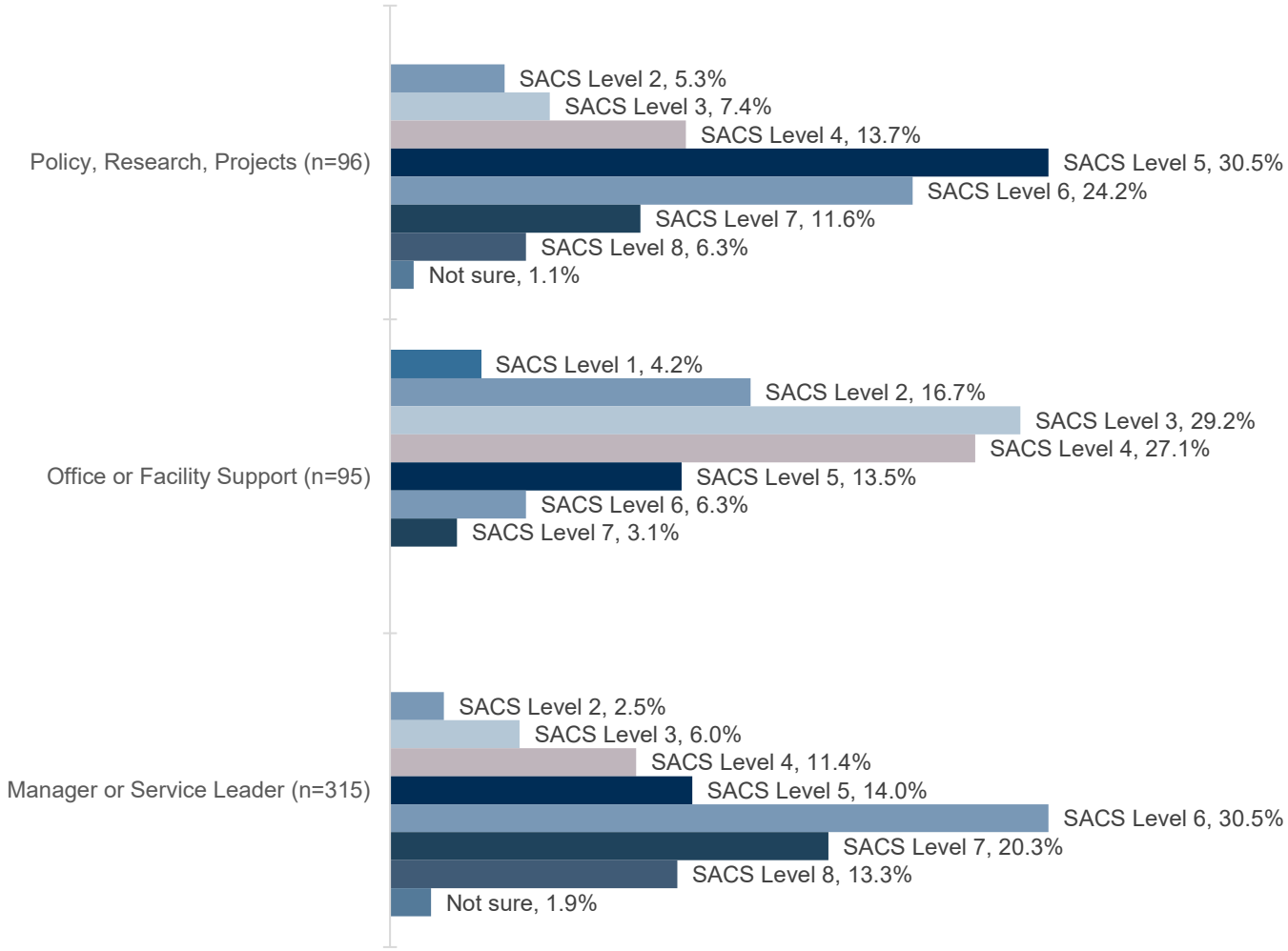


Figure B 3 SACS Levels of non-practitioner roles



Appendix C. Formal job titles

These lists contain job titles as listed by survey participants. Small edits have been made to spelling, to avoid some acronyms, or to protect individual privacy.

Table C 1 Practitioners' formal job titles (5 or more participants)

	n	%
Disability support worker	326	10.4%
Support worker	201	6.4%
Case manager	73	2.3%
Youth worker	42	1.3%
Caseworker	36	1.2%
Community support worker	35	1.1%
Financial counsellor	24	0.8%
Local area coordinator	23	0.7%
Mental health support worker	23	0.7%
Social worker	23	0.7%
Youth support worker	21	0.7%
Lawyer	17	0.5%
Counsellor	14	0.4%
Solicitor	14	0.4%
Support coordinator	14	0.4%
Residential care worker	13	0.4%
Residential youth worker	12	0.4%
Community rehabilitation support worker	11	0.4%
Family support worker	11	0.4%
Family intervention practitioner	10	0.3%
Peer worker	10	0.3%
Senior support worker	10	0.3%
Family dispute resolution practitioner	9	0.3%
Therapeutic youth worker	9	0.3%
Peer support worker	8	0.3%
Program coordinator	8	0.3%
Residential support worker	8	0.3%
Senior case manager	8	0.3%
Specialist family violence practitioner	8	0.3%
Specialist support coordinator	8	0.3%
Carer	7	0.2%
Senior lawyer	7	0.2%
Senior solicitor	7	0.2%
Team leader	7	0.2%
Advocate	6	0.2%
Crisis support worker	6	0.2%
Employment consultant	6	0.2%
Mental health clinician	6	0.2%
Mental health worker	6	0.2%
Psychosocial recovery coach	6	0.2%
AOD support worker	5	0.2%
Care support worker	5	0.2%
Child and family practitioner	5	0.2%
Clinician	5	0.2%
Community care worker	5	0.2%
Family partnership coordinator	5	0.2%
Intake officer	5	0.2%
Integrated practice worker	5	0.2%
NDIS support coordinator	5	0.2%
Nurse	5	0.2%
Senior financial counsellor	5	0.2%
Senior mental health clinician	5	0.2%

Table C 2 Practitioners' formal job titles (fewer than 5 survey participants)

Job titles reported by 2-4 survey participants	Care finder; Case coordinator; Community development worker; Direct support worker; Family caseworker; Family counsellor; Family violence case manager; Family violence practitioner; Family worker; Fostering caseworker; Lifestyle mentor; Lifestyle support worker; Personal support worker; Therapeutic carer; Therapeutic support worker; AOD clinician; Care practitioner; Care worker; Child and family consultant; Community care coordinator; Community development coordinator; Coordinator; Counsellor advocate; Disability advocate; Domestic violence case manager; Family practitioner; Group facilitator; House manager; Independent support worker; Individual advocate; Intake and assessment worker; Key worker; Lifestyle facilitator; Mental health practitioner; Mentor; Needle and syringe program worker; Outreach worker; Psychosocial support worker; Senior clinician; Senior disability support worker; Senior practitioner; Senior youth worker; Service coordinator; Sexual assault counsellor; Supported living facilitator; Team leader support worker; Therapeutic specialist; After hours support worker; Age care and disability support worker; Aged care coordinator; AOD counsellor; AOD counsellor/case manager; AOD practitioner; Assessment and service connect worker; Assessment coordinator; Associate solicitor; Care consultant; Case facilitator; Caseworker/counsellor; Client engagement officer; Client experience leader; Client inclusion officer; Client outcomes facilitator; Community engagement worker; Community housing officer; Community mental health practitioner; Community mental health support worker; Community mental health worker; Community service worker; Crisis intervention worker; Disability community support worker; Disability support carer; Disability support officer; Domestic and family violence practitioner; Dual diagnosis therapist; Early childhood coordinator; Employment coach; Family services practitioner; Family support practitioner; Family violence crisis specialist; Family violence lawyer; Financial capability worker; Foster and kinship care coordinator; Gambling counsellor; Home site supervisor; Home support assessor; Housing officer; In home support worker; Initial assessment and planning worker; Intake and administration officer; Intake and assessment officer; Intake worker; Intensive case manager; Job placement coach; Men's behaviour change practitioner; Mental health recovery worker; Outreach support worker; Peer education officer; Personal advisor; Personal care attendant; Principal solicitor; Program manager; Programs coordinator; Project officer; Recovery coach; Recovery support worker; Recovery worker; Reintegration caseworker; Relationship counsellor; Residential care youth worker; Residential youth carer; Residential youth support worker; Senior AOD counsellor; Senior caseworker; Senior local area coordinator; Senior therapeutic support worker; Specialist DFV advocate; Specialist family violence case manager; Support; Support and advocacy worker; Support worker age care; Supportive housing worker; Tenancy officer; Therapeutic counsellor; Women's counsellor; Youth and family worker; Youth career coach; Youth caseworker
Job titles reported by one participant	Aboriginal child specialist advice and support services case advisor; Aboriginal community liaison officer; Aboriginal liaison worker; Access and support officer; Access rapid response; Accommodation options for families support worker; Accredited crisis support worker; Acting team leader; Active support worker; Adolescent and family counsellor; Adolescent and family practitioner; Advocacy coordinator; Advocate manager; After hours crisis and accommodation support worker; After hours crisis support worker; After hours practitioner; Aftercare coordinator; Aged care advocate; Aged care navigator and advocacy support worker; Aged carer; Ageing well lead; Assistant in nursing; Alcohol and drug youth consultant; Alcohol and drug youth support worker; Alcohol and other drug counsellor; Alcohol and/or other; Allied health assistant/link worker; Allied health clinician - provisional psychologist; AOD and residential youth worker, women's advocate; AOD case manager; AOD caseworker; AOD counselling practice lead; AOD counsellor / group leader; AOD counsellor and case manager; AOD counsellor case manager; Area coordinator; Arts therapist /social inclusion worker; Assertive outreach; Assertive outreach worker; Assessment and planning officer; Assessment and service connect; Assessment officer; Assessment worker; Assessor; Assessor/ project officer; Assistant in nursing; Bail support practitioner; Behaviour support consultant; Better futures practitioner; Brief intake and intervention worker; Brief intervention clinician; Brighter futures caseworker; Business supervisor; Care advisory partner; Care coordination service link worker; Care coordinator; Care coordinator for care finder program.; Care coordinator- social worker; Care giver; Care leader; Care manager; Care support employee; Careers consultant; Carer (disability support services); Carer gateway support officer; Carer support; Carer support practitioner; Case management/counsellor; Case manager - children's contact service; Case manager (statutory icms); Case manager home care packages; Case manager homelessness; Case manager ihrf; Case manager outreach worker; Case manager women's supportive housing; Case manager YPSP;

	Case manager. Brighter futures.; Case work support; Caseworker - out of home care; Caseworker early intervention; Caseworker for homelessness; Caseworker/group facilitator; Certified interpreter; Child & youth counsellor; Child and adolescent counsellor; Child and family case manager; Child and family caseworker; Child and family practitioner (DFV); Child and family specialist; Child and family specialist caseworker; Child and family worker; Child and young people family violence counsellor and group facilitator; Child and youth counsellor; Child and youth protection professional; Child and youth protection services liaison officer; Child and youth worker; Child psychological assessment; Child youth adolescent counsellor; Child, youth and family practitioner; Children with complex disabilities support practitioner; Children with complex disability needs practitioner; Children's contact service social worker; Client advisor; Client care assessment specialist; Client intake officer; Client service specialist; Client support officer; Clinical lead family and systemic practice; Clinical practitioner/group facilitator; Clinical worker; Clinician (social worker); Co-ordinator; Collective member /general support worker; Communication guide.; Community lawyer; Community access worker; Community care nurse; Community caseworker; Community connect worker; Community development advisor; Community disability support worker; Community education and caps development worker; Community education and development officer; Community engagement; Community engagement and training officer; Community engagement assistant; Community engagement coordinator; Community garden officer; Community health counsellor; Community health promotion officer; Community health worker; Community health worker; Community housing workers; Community integration worker; Community mental health clinician; Community mental health peer practitioner; Community mental health practitioner peer worker; Community of support worker; Community officer with horticultural practices; Community outreach worker; Community programs coordinator; Community referral worker; Community rehabilitation and support worker; Community rehabilitation support worker mental health; Community services; Community support worker SIL; Community support worker with aged, disabled and drug and alcohol; Community transport and assessment worker; Compensation advocate; Complex care support worker; Complex support worker; Comprehensive support worker; Consumer group program facilitator; Contractor as a support worker; Coordinated support worker; Coordinator mental health services; Coordinator of support; Coordinator or support; Counselling; Counsellor - community health counselling; Counsellor and intake and triage officer; Counsellor crisis and advocacy; Counsellor support worker; Counsellor/coordinator; Counsellor/intervention officer; Country LGBTIQA+ inclusion program coordinator; Couple and relationship counsellor; Crisis accommodation support worker; Crisis assessment and planning worker; Crisis intervention counsellor; Crisis intervention practitioner; Crisis response practitioner; CRSW - community rehabilitation support worker; CRSW mental health worker; Cultural advisor foster care workers; Custody notification service solicitor; Dads and partners worker; Dental practitioner; DES employment consultant; FV and women's health and wellbeing counsellor; DFV caseworker; DFV crisis counsellor; DFV women's advocate (caseworker) and women's court support worker; Direct care worker; Direct service worker; Director and support coordinator/recovery coach; Director of a support provider; Disability support worker; Disabilities worker; Disability and inclusion worker; Disability and mental health support worker; Disability care worker; Disability carer; Disability forensic support worker; Disability mentor; Disability sector call centre operator; Disability service officer; Disability support; Disability support worker; Disability support leader; Disability support practitioner; Disability support worked; Disability support worker (paid under home care worker rates); Disability support worker / mentor; Disability support worker and WHS officer; Disability support worker, residential; Disability team leader; Disability youth support worker; Disability/psychosocial support worker; Disability/youth support worker; Dispute practitioner; Diversity and inclusion youth support worker; Domestic and family violence specialist worker; Domestic violence crisis service; Domestic violence hearing support worker; Drop-in case manager; Drug education support service worker; Dual diagnosis practitioner; Dual diagnosis therapist/ team leader; DV specialist; DV specialist worker; DVRS intake officer; Eap clinician; Early intervention case manager; Early intervention response worker; Eating disorder practitioner; Emergency care worker; Emergency relief assessor.; Emergency respite carer support worker; Emergency respite case support; Employment development coordinator; Employment mentor; Employment solutions partner; Employment specialist; Employment support; Engagement and referral practitioner; Engagement support worker; Engagement worker; Enhancing the quality of my client's life; Facilitated coach; Facilitation; Family advocacy and social support; Family and community support worker; Family and domestic violence case manager; Family and individual therapist; Family and relationship counsellor; Family and relationship practitioner- counsellor; Family and youth worker; Family AOD clinician; Family community worker; Family counsellor - family intervention services; Family dispute practitioner; Family dispute relationship practitioner; Family dispute resolution practitioner and counselling; Family domestic violence coordinated response service support worker; Family links coordinator;

	Family participation program convenor; Family partnerships coordinator; Family preservation and reunification response senior practitioner; Family preservation caseworker; Family relationship counsellor; Family relationships practitioner; Family resource practitioner; Family safety contact worker; Family support caseworker; Family support facilitator; Family support specialist; Family supports coordinator; Family therapist; Family violence children's worker; Family violence counsellor; Family violence intake and assessment practitioner; Family violence key worker; Family violence practitioner; Family violence practitioner - the orange door; Family well-being caseworker; Family wellbeing practitioner; Family worker team leader; Fathering services lead; Financial capability programs manager; Financial counselling lead - elder abuse; Financial inclusion / neighbourhood centre worker; Financial resilience worker; First aid trainer assessor; First response caseworker; Flood support worker; Food program/complex client support; Forensic alcohol and other drug clinician; Forensic AOD assessor; Forensic caseworker; Foster and kinship care practitioner; Foster and kinship care support coordinator; Foster care coordinator; Foster care practitioner; Foster care support worker; Foster caseworker; Fostering case manager; Function recovery manager; Gamblers help financial counsellor; Gambling help counsellor; General carer; Generalist counsellor; Generalist solicitor; Gambler's help counsellor; Graduate clinical practitioner; Graduate lawyer; Group facilitator AOD; Group home support worker to 4 high behaviour house; Harm reduction coordinator; Harm reduction peer worker; Harm reduction practitioner; Health educator; Health justice partnership lawyer; Health promotion officer; Health support worker; Healthy ageing coordinator; Helpline information and referral officer; Helpline worker; Homeless assessment worker; Home and community consultant; Home care package case manager; Home care package partner / case manager; Home care service; Home support worker; Homelessness case manager; Homelessness family support worker; Homelessness housing worker; Homelessness outreach caseworker; Homelessness response practitioner; House leader; House manager at SIL accommodation; Housing and homelessness support worker; Housing case manager; Housing connector; Housing pathways coordinator; Housing specialist; Housing support for the aged . Case manager; Housing support worker; Housing support worker - intake and referral; Housing worker; Hub coordinator; IAP; In home therapy assistant; Inclusion support professional; Individual disability supports; Individual recovery support program support facilitator; Individual support; Industrial officer; Informal carer, support coordination, support worker; Initial assessment and planning homelessness support worker; Intake; Intake and assessment practitioner; Intake and assessment team leader; Intake and recruitment coordinator/ foster and kinship care coordinator; Intake and referral worker; Intake and response worker; Intake and targeted support practitioner; Intake officer disability employment support services; Intake practitioner; Integrated family services case manager; Integrated family services caseworker; Integrated family support practitioner; Intense therapeutic support worker; Intensive case manage; Intensive family support worker; Intensive family support practitioner; Intensive family support worker; Intensive foster and kinship care practitioner; Intensive foster care case manager; Intensive housing support worker; Intensive therapeutic care worker; Intensive therapeutic worker significant disabilities; Integrated family services; Intervention worker; Intensive therapeutic care case manager; Intensive therapeutic care youth worker; Job advisor; Job development officer; Justice advocate; Key support working; Key worker/team leader; Kin finder practitioner; Kinship care caseworker; Kinship case contracting case manager; Koorie women's diversion program case manager; Lad support worker; Land lease communities solicitor; Leader father inclusive programs; Learning club coordinator; Legal advocate; Legal service; LGBTQIA+ AOD intensive case manager; LGBTQIA+ suicide prevention peer practitioner; Life mentor; Life skills supporter; Lifestyle assistant; Lifestyle assistant - disability support worker; Lifestyle attendant; Lifestyle facilitator, or assistant; Lifestyle support facilitator; Lived experience worker; Local level alliance coordinator; Low intensity CBT coach; Maintenance; Manage a women's domestic violence specialist service; Men's behaviour change assessor and facilitator; Men's family violence case manager; Men's therapeutic caseworker - men's behaviour change program; Men's behaviour change case manager; Men's behaviour change facilitator; Men's behaviour change program senior practitioner; Men's family violence counsellor; Mental health and wellbeing coach; Mental health case manager; Mental health clinician; Mental health clinician; Mental health clinician / functional recovery clinician; Mental health community rehabilitation support worker; Mental health community support worker; Mental health disability support worker; Mental health outreach worker; Mental health peer support worker; Mental health peer worker; Mental health peer worker/coach; Mental health practitioner.; Mental health support; Mental health support coordinator; Mental health support worker/peer support worker; Microfinance officer; Mst-can therapist; National illicit drug strategy practitioner; NDIS appeals advocate; NDIS case manager; NDIS coordinator of supports; NDIS local area coordinator; NDIS mental health officer; NDIS support coordinator (specialist in mental health); NDIS support coordinator and recovery coach; NDIS support worker; NDIS support worker - mental health; Needle and

	syringe exchange program support worker; Neighbourhood centre officer; Neighbourhood officer; Neighbourhood officer ageing in place; Night/weekend supervisor; Non-residential rehabilitation program facilitator; NRAS compliance officer; Needle and Syringe Program and data management; Needle and Syringe Program/community development worker; Nursing worker; Occupational therapist assistant; Older person high rise support program case manager; Online counsellor; Orange door hub practitioner - Aboriginal response team; Orange door practitioner; Out of home carer; Outreach case manager; Outreach financial counsellor; Outreach intake and carer support planner; Outreach officer; Paediatric counsellor; Paralegal; Parent pathways support worker; Parenting educator; Parents next advisor; ParentsNext consultant; ParentsNext mentor; Pathway officer; Pathways consultant/ training officer; Peer educator; Peer HIV/STI test facilitator; Peer mentor; Peer recovery worker; Peer support coach; Peer support worker in the emergency department; People who help the disabled; Perinatal mental health counsellor; Personal assistant; Personal care worker; Pharmacotherapy case manager; Place manager; Placement support worker; Placement worker; Plan manager call centre operator; Play facilitator; Positive behaviour support practitioner; Post placement field officer; Post placement support consultant for disability employment service; Practice and quality lead; Practitioner; Practitioner foster and kinship care; Practitioner, child youth mental health; Practitioner, family mental health support service; Pregnancy and early parenting practitioner; Prioritisation list worker; Prison facilitator; Prison housing worker; Prison transition worker/prison programs facilitator; Private rental assistance program team leader; Proactive overdose response initiative worker; Production team leader; Program facilitator; Program leader; Program specialist; Program support worker; Program support worker - family violence; Program worker; Project officer and youth development worker; Project worker; Project worker/support worker; Provisional psychologist and behaviour support practitioner; PSP case manager; PSP caseworker; Psychological counsellor; Psychologist; Psychosocial recovery coach/ mental health support worker; Psychosocial recovery coach/ support coordinator.; Psychosocial/disability support worker; Quitline counsellor; Raft worker resourcing adolescence and family team; Ramp coordinator; Relationships coordinator; Reception/administration; Reconnect worker/social worker; Recovery partner; Redress counsellor; Redress support worker; Regional assessor (RAS); Regional education coordinator; Reintegration coordinator; Relationship therapist; Renter advocate; Research and development manager; Residential care giver; Residential care officer; Residential care practitioner; Residential carer (child/youth); Residential case manager; Residential disability care worker; Residential therapeutic youth worker; Residential youth worker/youth worker; Respite behavioural worker; Road safety worker; Safety and support hub practitioner; Saver plus coordinator; Senior advocate; Senior after hours support worker; Senior alcohol and other drug youth worker; Senior alcohol and other drugs counsellor; Senior and disability rights advocate; Senior AOD clinician; Senior asset officer; Senior autism engagement advisor; Senior behaviour support practitioner; Senior care coordinator; Senior case manager/clinician (psychologist); Senior caseworker child protection; Senior child and family counsellor; Senior child and family practitioner; Senior child youth and family practitioner; Senior community lawyer; Senior coordinator; Senior counsellor; Senior couple and family counsellor; Senior dual diagnosis practitioner; Senior employment consultant; Senior family and domestic violence worker; Senior family caseworker; Senior family engagement practitioner; Senior family peer worker; Senior family services practitioner; Senior family violence practitioner; Senior harm reduction practitioner; Senior housing coordinator; Senior information and resources officer; Senior integrated family services practitioner; Senior key worker; Senior mental health support worker; Senior mental health worker; Senior outreach worker; Senior peer rehabilitation and recovery worker; Senior practice leader; Senior practice leader / CRSW; Senior practitioner counsellor advocate; Senior practitioner- family violence; Senior pregnancy outreach worker; Senior recovery worker, specialist residential rehabilitation program; Senior residential care worker; Senior retirement housing worker; Senior specialist FV practitioner; Senior support coordinator; Senior youth justice caseworker; Service access worker; Settlement services worker for migrant women and their family; SHS caseworker; Snr family dispute resolution practitioner; Social engagement coordinator; Social justice advocate; Social planning and policy officer; Social support coordinator; Social support worker; Social worker / care coordinator; Social worker and art therapist; Social worker/ mental health counsellor; Sole trader; Solicitor - disability discrimination law; Solicitor and tenants' advocate; Specialist child and family practitioner; Specialist child and family, family violence intake practitioner; Specialist children's practitioner; Specialist disability practitioner; Specialist domestic and family violence practitioner; Specialist domestic violence practitioner; Specialist family support worker; Specialist family violence advisor AOD; Specialist family violence worker; Specialist FV worker; Specialist men's family violence practitioner; Specialist placement worker; Specialist trauma counsellor; Speech pathologist; Student lawyer; Suicide prevention support practitioner; Supply reduction officer; Support and advocacy; Support and

	community education worker; Support and networking coordinator; Support assistant; Support consultant; Support coordination/service navigation; Support coordinator and community engagement; Support facilitator; Support older people; Support professional; Support staff; Support worker (non-clinical); Support worker aged care; Support worker aged care home care; Support worker and coordinator; Support worker mental health and disability; Support workers; Supporting connections coordinator; Supporting people with different disabilities; Supporting renters and advocating for renters; Tailored support coordination; Tailored support coordinator; Talent acquisition disability; Targeted care package key worker; Teaching; Team leader contact services; Tenancy advice and education service; Tenancy advice and education services; Tenancy advocacy and support caseworker; Tenancy advocate; Tenancy and property manager; Tenancy management officer; Tenancy manager; Tenancy relation officer; Tenancy relations officer; Tenant support coordinator; Tenant support worker; Therapeutic (youth) care worker; Therapeutic case manager; Therapeutic caseworker; Therapeutic community key worker; Therapeutic disability support worker; Therapeutic family violence practitioner; Therapeutic key worker; Therapeutic practitioner; Therapist; Therapist - functional family therapy - child welfare; Trainee lawyer; Trainer; Trainer/assessor; Trainer/facilitator; Training officer; Transition coach; Transition support worker; Transitional housing caseworker; Transitional housing support coordinator; Translation, facilitating; Treatment facilitator; Treatment facilitator - residential services; Unit coordinator; Values for life coordinator; Victim response worker; Vinnies support centre coordinator; Virtual counsellor; Vocational trainer; Wayout community engagement officer; Well-being practitioner; Wellbeing mentor; Woman's refuge after hours support worker; Women and children's family violence practitioner; Women's case manager; Women's leadership and development project coordinator; Women's advocate; Work and learning advisor; Young parent caseworker; Youth (Intensive Therapeutic Care) and disability support worker; Youth alcohol and drug outreach worker; Youth and disability support worker; Youth and disability worker; Youth and families case manager; Youth and family AOD worker; Youth AOD case management; Youth care worker; Youth development coach; Youth development practitioner; Youth development worker; Youth facilitator; Youth homelessness case manager; Youth housing support worker; Youth Indigenous family support officer; Youth justice caseworker/ training ATSI health practitioner; Youth mentor; Youth outreach worker; Youth practitioner; Youth residential carer; Youth residential out of home care worker; Youth residential worker; Youth services after hours practitioner; Youth services intake worker; Youth specialist AOD practitioner; Youth support officer; Youth work coordinator/youth work support; Youth worker and mentor; Youth worker- child protection; Youth worker/ volunteer coordinator; Youth worker/residential care worker

Table C 3 Policy, program and project workers' formal job titles

Job titles reported by more than one survey participant	Project officer; Project coordinator; Senior policy officer; Policy advisor; Senior project officer; Librarian; Policy officer; Campaign manager; Education coordinator; Health promotion coordinator; Health promotion officer; Policy and advocacy manager; Senior research officer
Job titles reported by one participant	Advocacy and policy officer; Advocacy lead; Alliance coordinator; Asset and rejuvenation project officer; Business analyst; Business continuity manager; Campaigner; Capacity building officer; Children's resource program worker; Client participation and feedback project lead; Clinical business analyst; Communication and social policy officer; Communications and engagement manager (employment); Communications and engagement officer; Communications coordinator; Community and volunteer coordinator; Community capacity building lead; Community communications officer; Community development and community education; Community development assistant; Community lawyer; Community partnership lead; Community prevention projects coordinator; Compliance officer; Consultant; Coordinator; Data assurance and training officer; Deputy chief executive officer; Director of policy and advocacy; Director policy and advocacy; Diversity and inclusion projects officer; Economic development manager; Editor; Education program coordinator; Employment outcome and progress performance specialist; Energy strategist; Evaluation officer; Executive assistant and policy support officer; Executive officer; Family and domestic violence advisor; Family partnership coordinator; Financial counsellor- team lead; Gender equality advisor; Gender equity officer; Government relations manager; Health promotion coordinator; Homelessness systems reform; Justice reinvestment coordinator; Law reform and advocacy officer; Leader policy & research; Learning and development specialist; Legal aid counsel; Lived experience program lead; Lived experience project worker; Local area coordinator; Local level alliance coordinator; Manager - women's health and gender equity; Manager policy and partnerships; Mental health counsellor; Mental health promotion officer; Mental health wellbeing promotion coordinator; National director; National strategy director; Navigating my way project officer; NDIS support coordinator/psychosocial recovery coach; Network technician; NRAS compliance & assessment officer; Needle and syringe program harm reduction officer; Outreach solicitor; Performance analyst; Personal safety initiative coordinator; Policy advisor, climate change; Policy and advocacy advisor; Policy and communications support officer; Policy and prevention advisor; Policy and research officer - regional and remote; Policy and strategic communications lead; Policy officer, energy and water; Policy research and advocacy officer; Port Phillip baykeeper; Practice lead, disability; Practice leader; Principal advisor; Principal research fellow; Program director; Program manager; Project and compliance officer; Project coordinator: culturally responsive health; Project director; Project lead; Project manager; Project officer, community testing and treatment; Project support officer; Project worker; Property inspector; Psychological counsellor; Quality advisor; Quality and compliance officer; Quality and policy officer; Quality and privacy officer; Quality, policy, systems coordinator; Refugee education support program project officer; Regional collaborations coordinator; Regional development coordinator; Renewables campaigner; Reporting and data officer; Research and evaluation analyst; Research assistant; Research editor; Research officer; Research, monitoring and evaluation; Researcher; Risk analyst; Schools education services; Secretariat and project officer; Sector development educator; Sector support development officer; Sector sustainability coordinator; Senior advisor strategy, planning and analysis; Senior business development officer; Senior community development officer; Senior evaluation specialist; Senior health promotion officer; Senior lawyer; Senior media advisor; Senior policy and research advisor; Senior strategist; Senior training and practice development officer; Service design officer; Sex worker outreach program state coordinator; Social demographer; Social worker; Special counsel; Strategic adviser; Strategic engagement lead; Strategic engagement project officer; Student placement officer; Suicide prevention project manager; Systemic advocacy and policy lead; Traineeship support advisor; Trainer and assessor; Training coordinator

Table C 4 Office and facility support workers' formal job titles

Job titles reported by more than one survey participant	Administration officer; Administration; Administration assistant; Administration support officer; Local area coordinator; Receptionist; Support worker; Administration coordinator; Administration/ reception; Executive assistant; Intake and administration officer; IT project officer; Media and communications manager; Medical administration officer; Office manager; Paralegal; Rostering officer; Senior administration officer; Service confirmation officer; Service coordinator; Welcome support officer
Job titles reported by one participant	Accountant; Accounts; Accounts & administration support; Accounts officer; Accounts payable officer; Admin/ program officer; Administration and community support; Administration and reception; Administration and services coordinator; Administration trainee; Administration and finance assistant; Administration officer; Administrationsupervisor; Administrator; Aged care/ disability driver; Branch secretary; Business analyst; Care finder; Career consultant; Case manager; Centre operations assistant manager; Centres manager; CHSP coordinator; Client intake and support officer; Client liaison coordinator; Client service coordinator; Client services assistant; Client services representative; Client services role frontline; Communications; Communications coordinator; Communications lead; Communications officer; Community and intake worker; Community engagement coordinator; Community transport officer; Consumer service officer; Contact officer; Coordinator; Coordinator human resources; Corporate affairs; Cultural healing practice lead; Customer experience and training coordinator; Customer relations specialist; Customer service; Customer service and administration officer; Customer service officer; Customer service operator; Customer support coordinator; Digital communications coordinator; Digital communications officer; Digital marketing officer; Digital workplace lead; Disabilities support workers; Disability support worker; Employment support officer; Engagement and coordination officer; Executive administrator and hr officer; Executive assistant to the chief executive officer; Executive officer; Family housing caseworker; Family information officer; Family partnership coordinator; Finance; Finance administrator; Finance assistant; Finance manager; Finance officer; Financial administration assistant; Group exercise instructor; Health translations project officer (collections); House coordinator; Housing officer; HR manager; HR officer; Inclusion professional; Indigenous family and child support officer; Individual giving coordinator; Information-reception officer; Intake worker; It support; Knowledge and database administrator; Legal administrator; Legal assistant/advocate; Lived experience resourcing coordinator; Logistics coordinator (event and asset management); Maintenance help desk officer; Marketing officer; Media and advocacy specialist; Media and communications advisor; Media and communications coordinator; Medical receptionist; Mental health counsellor; Mentor; NDIS planner invoicing; Office administrator; Office coordinator; Operational support officer; Operations support coordinator; Peer worker; People and culture advisor; Plan manager and NDIS support officer; Positive ageing officer; Program administrator; Program coordinator; Program officer; Program support and engagement officer; Program support officer; Progress payment consultant; Quality and systems coordinator and learning and development coordinator; Receptionist and administration support; Regional training coordinator; Regional vocational trainer; Rent arrears recovery/housing manager; Rent subsidy specialist; Restrictive practices and compliance manager; Roster coordinator; Rostering; Rostering coordinator/ disability support worker; Senior IT support and development officer; Senior librarian; Senior officer; Senior project manager; Senior regular giving and digital engagement specialist; Service access and administration support; Service delivery officer; Staff resource officer/rostering; Supported independent living administration assistant; Switchboard operator; System administrator; Tech worker, cams support and projects worker; Technical business analyst; Tenancy assistant; Training officer; Veterinary nurse and receptionist; Vocational support officer; Volunteer program and administration coordinator; Website lead; Wellbeing coordinator; WHS support officer; Workforce planner

Table C 5 Managers' and service leaders' formal job titles (5 or more participants)

Job title	Frequency	% of participants
Team leader	60	1.9%
Chief executive officer	18	0.6%
Manager	16	0.5%
Program manager	16	0.5%
Coordinator	11	0.4%
Service manager	9	0.3%
General manager	7	0.2%
Manager shared living	7	0.2%
Executive officer	5	0.2%
Operations manager	5	0.2%
Regional manager	5	0.2%
Service coordinator	5	0.2%
Service delivery manager	5	0.2%

Table C 6 Managers' and service leaders' formal job titles (fewer than 5 participants)

Job titles reported by 2 to 4 survey participant	Director; Executive director; Practice leader; Project manager; Senior manager; Assistant manager; Community services manager; House manager; Project coordinator; Senior practitioner; Centre manager; Chief operations officer; Client services manager; Clinical lead; Home site supervisor; Practice lead; Practice manager; Principal solicitor; Program coordinator; Programs coordinator; Project officer; Regional coordinator; Senior local area coordinator; Senior team leader; Service lead; Site manager; Support coordinator; Volunteer coordinator; Volunteer manager
Job titles reported by one participant	Aboriginal and Torres Strait Islander initiatives manager; Aboriginal hub team leader; Accommodation services team leader; Accommodation coordinator; Accountant; Acting community manager; Acting resident engagement coordinator; Advance family violence practice leader; Advanced family violence practice leader; Advocacy lead; After hours practitioner; Aged care volunteer visitor scheme program manager; Agency manager; AOD program team leader; AOD supervisor; Area coordinator; Area manager; Assistant coordinator community care scheduling; Assistant coordinator community care; Assistant principal; Assistant service coordinator; Assistant team leader; Associate director, research; Business manager; Capacity building coordinator; Care coordinator; Carer compliance manager; Carer development team leader; Carer/support worker; Case manager; Case manager - residential youth care; Case manager family support worker + director ECT; Case work team leader; Centre coordinator; Centre director; Chief operating officer; Child and family practitioner; Child safeguarding consultant; Child safety manager; Clinical manager AOD; Clean Needle Program peer projects coordinator; Communications manager; Community care coordinator; Community care manager (operation); Community development officer; Community development manager; Community engagement facilitator; Community engagement lead and project lead; Community engagement manager; Community mental health practitioner- team leader; Compliance intake manager; Compliance manager;

	Coordinator - supervision and practice support; Coordinator gay bisexual queer + community periodic survey; Coordinator family law services; Coordinator of community engagement; Coordinator of finding safety project; Coordinator OOHC services; Coordinator settlement; Coordinator staying home leaving violence, specialist domestic violence; Coordinator/ team leader; Customer admission; Customer fulfilment NDIS team leader; Department manager; Deputy director; Director of programs; Director, human rights and civil law practice; Disability programs manager; Disability service manager; Disability support coordinator; Disability support leader; Disability support SIL team leader; Disability support worker; Diversity and inclusion lead; Employee relations manager; Employment manager; Engagement manager; Executive manager; Executive manager - di project; Executive manager - people and infrastructure; Facilities and fleet coordinator; Family and relationship counselling services team leader; Family relationship centre team coordinator; Family services program manager; Family services team leader; Family support team leader; Family violence coordinator; Finance and business manager; Finance and operations coordinator; Finance manager; Financial counsellor and food diversion coordinator; Foster and kinship carer support agency team leader; Founder chief executive officer; Fundraising; Fundraising manager; General manager corporate services; General manager HR business partnering; Groups team leader, creative arts therapist; Head of innovation and new business; Heritage manager; Home care manager; Homelessness coordinator; House facilitator; House site supervisor; Housing and homelessness program manager; Housing connect support coordinator; Housing manager; Hub manager; Human resources; IAP coordinator; Immediate supported accommodation coordinator; Intake /general manager; Intake and accommodation manager; Intake team leader; Integrated team leader; Intensive therapeutic care-significant disability house manager; Lead advocate; Lead practitioner; Learning and development lead; Lifestyle support manager; Lived experience engagement lead; Local area coordination team leader; Local area coordinator; Manage team and support staffs and clients; Manager and clinical lead - behaviour support team; Manager casework; Manager child and family services; Manager children, youth and families; Manager community programs; Manager early childhood and community programs; Manager of clinical care; Manager of mental health and counselling; Manager of volunteers; Manager service development; Manager therapy services; Manager youth services; Manager, community; Manager, learning and practice development; Manager: heritage and landscape; Media and communications manager; Membership officer; Mental health team leader; National business manager - operations, governance and systems; National practice and research lead; Ndis consultant; Neighbourhood centre coordinator; Northern outreach coordinator; Nursery coordinator; Operations manager community housing; Operations officer; Ops manager; Orange door team leader; Organising lead; Out of home care team leader; Outreach coordinator; Peer support lead; People and culture manager; Practice lead - support coordination; Practice lead bail support service; Practice manager financial counselling; Practice supervisor; Practice support coordinator; Prevention practice and workforce development manager; Principal advisor - child sexual abuse and exploitation; Principal lawyer; Program and inclusion coordinator; Program lead; Program manager; Program manager carer recruitment and intake; Program manager, domestic and family violence program; Qlife manager; Quality and compliance manager; Quality assurance officer; Rainbow families program manager; Ramp coordinator; Recovery facilitator; Refuge manager; Regional care coordination facilitator; Regional housing services coordinator; Regional leader; Regional lifestyle attendant coordinator; Regional manager lower south west; Regional youth programs manager; Residential manager; Respite coordinator; Risk and compliance coordinator; Rostering and administration clerk; Senior advisor first nations partnerships; Senior AOD consultant; Senior area manager; Senior care coordinator; Senior clinician; Senior coordinator, consumer participation; Senior domestic and family violence specialist; Senior employment consultant; Senior finance officer; Senior hub coordinator; Senior lawyer; Senior lead; Senior lead medical practice; Senior leader; Senior manager - compliance; Senior manager monitoring evaluation and learning; Senior manager social services; Senior practice administrator; Senior practice lead; Senior practice leader; Senior practise leader; Senior program manager - case management system; Senior project lead; Senior social worker, family services; Senior supervising key worker; Senior support coordinator; Senior support leader; Service leader; Service leader of a single site; Service manager child and family; Service manager FIS; Service specialists; Site supervisor SIL residence; Social emotional well-being manager; Social, emotional and well-being coordinator; Specialist family violence advisor;

	State AOD manager; State community housing operations manager; State coordinator; State manager; State youth manager; Statewide coordination; Statewide manager; Supervisor; Support services manager; Supported independent living coordinator; Supported independent living team leader; Systems and process improvement manager; Tackling Indigenous smoking coordinator; Team coordinator; Team house leader; Team lead; Team leader - AOD; Team leader - community support; Team leader - family services; Team leader - housing services; Team leader - intake; Team leader - support workers; Team leader /counsellor; Team leader accommodation; Team leader and project coordinator; Team leader at service delivery in mental health; Team leader carer training, assessment and support; Team leader casework; Team leader client service coordination team/ care advisor home care; Team leader coordination and support; Team leader EVP program; Team leader family violence; Team leader of a SIL accommodation; Team leader operations/volunteer coordinator; Team leader youth and family services; Team leader, navigator program; Team leader/programs manager; Team leader/senior clinician; Tenancy management worker; Tenancy service manager; Therapeutic services manager; Therapeutic support manager; Transport manager; Trust distributions manager; Volunteer coordinator- community food services; Volunteer engagement officer; Volunteer services coordinator; Volunteer strategy and mobilisation manager; Warehouse manager; Workplace health and safety manager; Youth service manager; Youth services coordinator