



Working with
Women Alliance

POLICY BRIEF

EARLY RELEASE OF SUPERANNUATION

APRIL 2026

Acknowledgement of Country

The Working with Women Alliance (WwWA) acknowledge the Traditional Custodians of the land on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and future.

We value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We extend our respect to Aboriginal and Torres Strait Islander women who for thousands of years have preserved the culture and practices of their communities on country. This land was never surrendered, and we acknowledge that it always was and always will be Aboriginal land. We acknowledge the strength of Aboriginal and Torres Strait Islander people and communities.

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

About Us

The Working with Women Alliance (WwWA) represents two key portfolios: National Women's Safety (NWS) and National Women's Equality (NWE). The WwWA connects the critical areas of gender-based violence prevention and the advancement of women's economic equality and leadership, bridging these important policy fields for greater impact. We work with members and stakeholders, including the Australian Government, to provide expertise and advice on gender equality and women's safety.

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About the Artist

Sheri Skele, also known as Bigi Nagala, a proud Bidjara woman and contemporary Aboriginal artist, explores and shares her rich cultural tapestry, personal experiences, and healing aspirations.

Hailing from South West Queensland's vast Bidjara land, rich Indigenous cultural heritage, healing sites, pristine bushlands, lagoons, wildlife, and ancient waterways, Sheri's art captures this sacred landscape.

Preface

The Working with Women Alliance (WwWA) acknowledge that there are a range of early release schemes, such as those available under compassionate medical grounds, severe financial hardship and preventing foreclosure, that all play an important role in providing financial support when it's most needed.

In this report, WwWA has focused on compassionate medical grounds to prepare a targeted and evidence-informed exploration of this policy setting. A focus on compassionate medical grounds for early release allows us to see clearly where there are strains on the healthcare system, as well as the superannuation system.

Noting that publicly available data on other early release systems remain limited, concentrating on a single scheme ensures this brief can provide clear insights and practical recommendations that contribute meaningfully to broader discussions on women's economic security.

Note on Methodology

All calculations of potential loss to superannuation balances at retirement are based on ABS data relating to median wages, and ATO data on median superannuation balances. Figures were entered into the Australian Government's MoneySmart Superannuation Calculator.

Executive Summary

The Australian Government's compassionate release of super scheme currently acts as a safety net for those on lower incomes, – many of them women – who need financial assistance prior to retirement. However, the impacts of withdrawing superannuation early are significant; for an average woman in the mid-years, early release for dental work could mean \$50,000 less at retirement, equivalent to almost two years of income at the maximum Age Pension rate.

In 2024-25, \$1.3 billion was released from superannuation accounts for medical compassionate reasons.ⁱ Women are approved for compassionate release of superannuation at concerning rates. This is worrying given that women retire with significantly less superannuation than men.ⁱⁱ In 2024-25, more than 34,000 women accessed their retirement funds early, with amounts released increasing by over 200% from 2018 to 2025,ⁱⁱⁱ raising critical questions about the adequacy of regulatory oversight and consumer protections.

Most (96%) approved applications for release are for medical reasons. The top three procedure types – dental, weight loss, and IVF – are areas in which women are more commonly recipients. Further, Australians earning up to \$135,000 account for almost 90% of all approvals.^{iv} Most notably, 640 individuals were approved that reported having no taxable income.^v Given that women have lower and less secure incomes, they are disproportionately affected by the compassionate release scheme, and gender gaps in retirement savings and economic security are widened. Combined with evidence showing women are more likely to access early release overall,^{vi} it is reasonable to infer the gendered impacts of this growing trend are significant and likely under-recognised.

Despite this, regulatory and oversight mechanisms have not kept pace with emerging risks, nor ensured that women receive clear, consistent information about the lasting financial consequences of depleting their retirement savings. The absence of strong regulatory safeguards and the reliance on discretionary, case-by-case decision-making have resulted in outcomes that do not align with broader government objectives around gender equality and women's economic security.

Protecting women's financial and physical wellbeing requires a renewed policy focus on closing regulatory loopholes, curbing harmful or exploitative practices, and mandating clearer, upfront disclosure on the enduring consequences of using superannuation to fund medical treatments. Without systemic reform, early release practices will continue to undermine the intent of the superannuation system and deepen the gender gap in retirement outcomes.

Recommendations

1. Require clear and prominent disclosure of the financial risks of compassionate release of superannuation on all advertising encouraging the use of superannuation to pay for medical procedures.
2. Require fee disclaimers from third-party intermediaries on webpages and any marketing materials produced.
3. More stringent oversight on third-party intermediaries and their involvement in compassionate access to super on medical grounds.
4. Introduce independent assessment processes within the ATO's compassionate release of superannuation application requirements, clarifying that at least one of the doctor's reports must come from an independent practitioner with expertise in the field of treatment requested.
5. Require individuals to attend financial counselling before release of super to ensure informed financial decisions based on assets and liabilities.
6. Enforce stricter, nationally consistent oversight of the fertility, dental, and weight loss sectors, with emphasis on protecting consumers from financial and clinical harm.
7. Review Medicare benefits for dental treatment, IVF and weight loss surgery.
8. Require the ATO to publish data on gender, age, and region breakdown per subcategory of compassionate release of superannuation for medical reasons.

Economic Status of Women

Women approaching retirement age (60-64) have approximately \$52,000 less in superannuation savings than men.^{vii} This disparity reflects the compounding impact of gendered patterns of work and care across the life course. Women are more likely to be employed in lower-paid, part-time, or insecure roles that result in smaller superannuation contributions and carry a higher risk of underpayment. They are also more likely to take time out of the paid workforce to provide unpaid care for family and community members.

Further, women retire, on average, seven years earlier than men, and 12 years before their desired age of retirement,^{viii} often not out of choice but due to health issues, workplace conditions, or the absence of appropriate support. Earlier withdrawal from the workforce not only reduces women's immediate earnings but also the superannuation contributions and compound growth that accrue in later working years. In 2024-25, almost 1 in 3 retired women relied on their partner's income to meet their living costs.^{ix}

The fact that treatments most commonly accessed through early release schemes are more often used by women speaks to broader inequities in our health system. Structural inequality means women are in greater need of a financial safety net, such as the compassionate release of superannuation scheme. However, interventions, such as dental treatments being covered by Medicare and higher regulatory oversight of early release processes and facilitators, would increase financial security for women.

Dental

Women face significant oral health challenges, yet the growing and often encouraged use of superannuation to pay for dental treatments remains under-scrutinised. Data from the Australian Institute of Health and Welfare (AIHW) shows that women are overrepresented among hospital dental procedures, making up more than half (55%) of oral surgery patients.^x Women are also more likely to have decayed, missing or filled teeth.^{xi} In part, this is because women are at increased risk of injury to their face or neck due to intimate partner violence.^{xii}

The advertisement is for Smile Sensations dental implants. It features a central image of a dental model showing a full set of teeth with implants. The text is as follows:

- Header: Smile Sensations (Sponsored)
- Text: Transform your smile with Dental Implants! 😊 Enjoy life again with a Free Dental Implants C... See more
- Call to Action: Pay With Your Super
- Product: DENTAL IMPLANTS
- Price: FROM JUST \$65 PER WEEK*
- Website: smilesensationsm.smilexperts.com.au
- Footer: Payment Plans Available
- Button: Learn more

Dental treatments account for most of the approvals for compassionate release of superannuation. In the last five years, the amount of superannuation released on compassionate grounds for dental procedures has surged from \$66 million to over \$816 million.^{xiii} In 2024-25, the average amount withdrawn for dental treatments was \$24,842. While the intent of the scheme is for superannuation funds to be used to support medically necessary treatments that are not covered by Medicare, some dental work is priced excessively or inflated beyond patients' actual needs.

For instance, Perth-based dentist David Hurst convinced over 130 patients to withdraw from their superannuation – sometimes more than \$70,000 – for unnecessarily expensive dental implants that were never completed.^{xiv} Despite a prior criminal conviction in the United Kingdom for similar fraud, he was still permitted to operate in Australia. After Hurst's sudden death in 2024, investigations revealed \$2.3 million in patient prepayments missing,^{xv} while the clinic demanded patients pay an additional \$1,000 to access their own patient records.^{xvi} Some dental practices have gone into administration mid-treatment,^{xvii} leaving patients with painful, incomplete work and facing long delays to recover the thousands they paid upfront – savings meant for their retirement now lost with little recourse. According to creditor's reports, over 400 patients are owed more than \$2 million for treatment that was never delivered.^{xix}

Fertility Treatments

While for many, the possibility of having a child is worth the financial cost, the increasing reliance on compassionate release of superannuation to access IVF treatment highlights deeper structural and gendered inequities. Women, who already retire with less super, are being placed in the position of trading financial security for the chance to become parents, often amongst emotional vulnerability and unclear regulatory protections.

For some people, the costs associated with IVF have reduced as the Government has expanded access to Medicare rebates to single mothers and same-sex female couples. Despite Medicare rebates, out-of-pocket costs remain significant, and additional financial consequences are often poorly communicated. The current system allows super to be released on compassionate grounds where the applicant claims "acute or chronic mental disturbance," but the term is undefined in legislation and can be certified by doctors without psychiatric expertise, sometimes even by fertility specialists themselves – a clear conflict of interest. In a sector valued at more than \$800 million annually,^{xx} recent scandals of fraud and laboratory errors^{xxi} raise serious concerns about where women's retirement savings are ultimately going.

The financial risks compound over time: a 36-year-old woman withdrawing the average amount of \$19,585 to pay for two rounds of IVF could lose more than \$45,000 in retirement savings.

Weight Loss Surgery

Women undergo weight loss surgery at rates nearly four times higher than men,^{xxii} despite similar obesity prevalence between sexes. This disparity reflects deeply rooted societal pressures on women to adhere to narrow beauty standards that emphasise an ideal body shape, which heightens body dissatisfaction^{xxiii} and drives greater uptake of costly procedures compared to men.^{xxiv} Most bariatric surgeries are privately funded,^{xxv} prompting women to use their superannuation and exposing them to long-term financial harm from depleted retirement savings.

Third-Party Intermediaries

Third-party intermediaries that assist with compassionate release applications promise streamlined access to super balances in *5 simple steps* or with *fast approval times*, often partnering with clinics to advertise as preferred providers. Fees for application assistance from intermediaries are often hidden but can be up to \$1000. These firms make great efforts to appeal to those most in need by claiming high success rates while omitting costs from main webpages, operating with significant ambiguity. Buried at the bottom of their contractual agreements are refund policies that allow full fee retention for partial approvals or 80% if clients terminate early and provide no compensation if treating practitioners decline support after documentation is prepared, creating incentives to channel patients through affiliated providers rather than independent ones. In cases like Access My Super's operation under the entity IVF psychiatry, there are concerns about impartiality, as requirements for mental health approvals on applications could be compromised by internal referrals.

Coercion

The use of coercive control to access early release of superannuation is a hidden crisis affecting tens of thousands of Australian women. Many have been forced, humiliated, or threatened into draining their retirement savings under immense pressure.

In the rush to deliver economic relief during the COVID-19 pandemic, around 70,000 women were coerced into withdrawing their superannuation early,^{xxvi} often within abusive relationships where superannuation becomes an easy source of funds for perpetrators to exploit. Since then, no specific data on coerced super withdrawals has been reported, leaving the full extent of the harm invisible and sending a troubling signal that this form of abuse is not being taken seriously. The idea that "trade-offs"^{xxvii} are an acceptable price for speedy policy decisions implies that women's safety and lifetime financial security could be outweighed by administrative convenience.

Despite the Tax Ombudsman's review into the identification and management of financial abuse within the tax system^{xxviii} acknowledging that financial abuse also occurs within the superannuation system, most notably through inappropriate access to superannuation balances, the current regulatory framework for compassionate release of superannuation fails to acknowledge or address coercion adequately. States and territories have started introducing coercive control legislation, yet the ATO's guidance on illegal early access^{xxix} omits any mention of coercive control and provides no resources on recognising and responding to this type of abuse. Further, a lack of oversight of the shared responsibility between both super funds and the ATO allows perpetrators to pressure survivors repeatedly by exploiting multiple fund accounts.

This kind of financial abuse locks in lifelong disadvantage, deepening the gender gap in retirement savings and leaving many women significantly more vulnerable in older age. Without urgent reforms to acknowledge coercion explicitly and its potential prominence within the compassionate release scheme, women's financial security is at risk.

Advertising

There is an alarming amount of online advertising aimed at luring Australians to withdraw their superannuation for medical treatments, especially by medical practices and third-party intermediaries assisting with applications. Current guidelines from the Australian Health Practitioner Regulation Agency (AHPRA)^{xxx} require health practitioners to avoid false or misleading claims and prohibit advertising that encourages unnecessary treatments. However, these standards do not address the risks of exploitation of vulnerable people, especially women on lower incomes, by normalising the use of super for costly medical procedures.

Advertisements that emphasise time limited offers with phrases like *don't delay* or *don't miss out*, while not unlawful, prey on the urgency felt by people facing serious health issues, without providing adequate warning about the long-term financial consequences of early super withdrawal. Further, many of these campaigns use direct marketing methods based on personal data and past search behaviour, a practice that is predatory, unfair, and exploitative of the current gaps in privacy and consumer protection laws.

More stringent regulations for medical and financial advertising are needed to protect women from these deceitful messages that encourage them to tap into their super for medical treatments.

Future Directions

WwWA recognises that other early release of superannuation schemes are likely to have similar gendered impacts. For example, higher early withdrawal application rates are seen among those who have recently divorced, separated, or taken extended time off work due to illness or injury - life events that disproportionately impact a woman's financial security. Ongoing policy development should focus on minimising any unintended consequences for women and other marginalised groups already at risk of poorer retirement outcomes.

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